

**Proposed Non-Medicare Retiree Monthly Premiums
July 1, 2026 - June 30, 2027**

The following chart includes your plan choices and monthly premiums starting July 1, 2026. If you enroll in either a COVA Care or COVA HealthAware Plan, the premiums (see shaded premiums) can be reduced by completing the requirement to earn a premium reward. See more in the non-Medicare retiree rate notification.

PREMIUM AND PLAN BENEFITS MAY CHANGE SUBJECT TO FINAL STATE BUDGET APPROVAL.

Plan	Single	Two-Person	Family
COVA Care (with preventive dental)	\$1,096	\$2,030	\$2,947
COVA Care + Out-of-Network	\$1,124	\$2,083	\$3,022
COVA Care + Expanded Dental	\$1,129	\$2,090	\$3,035
COVA Care + Out-of-Network + Expanded Dental	\$1,157	\$2,143	\$3,110
COVA Care + Expanded Dental + Vision and Hearing	\$1,149	\$2,127	\$3,089
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	\$1,177	\$2,180	\$3,164
COVA HealthAware (with preventive dental)	\$1,010	\$1,872	\$2,720
COVA HealthAware + Expanded Dental	\$1,043	\$1,932	\$2,808
COVA HealthAware + Expanded Dental & Vision	\$1,053	\$1,952	\$2,836
COVA HDHP (with preventive dental)	\$922	\$1,708	\$2,492
COVA HDHP + Expanded Dental	\$955	\$1,768	\$2,580
Kaiser Permanente HMO* + Dental & Vision	\$1,000	\$1,837	\$2,677
Sentara Health Plans HMO* + Expanded Dental & Vision	\$1,010	\$1,868	\$2,705
TRICARE Voluntary Supplement**	\$61	\$120	\$161***

** New York residents contact the Office of Health Benefits for TRICARE premium amount

***If an employee covers multiple children without a spouse the rate is \$120

*Kaiser Permanente HMO and Optima Health Vantage HMO are only available to participants living in the plans' defined services areas. If you enroll in one of these plans but do not live in the service area, you will be required to change plans. Contact Kaiser or Optima directly for specific information.