

**Non-Medicare Retiree Monthly Premiums
July 1, 2024 - June 30, 2025**

The following chart includes your plan choices and monthly premiums starting July 1, 2024. 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.

Plan	Single	Two-Person	Family
COVA Care (with preventive dental)	\$886	\$1,640	\$2,379
COVA Care + Out-of-Network	\$907	\$1,679	\$2,436
COVA Care + Expanded Dental	\$919	\$1,700	\$2,467
COVA Care + Out-of-Network + Expanded Dental	\$940	\$1,739	\$2,524
COVA Care + Expanded Dental + Vision and Hearing	\$939	\$1,737	\$2,521
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	\$960	\$1,776	\$2,578
COVA HealthAware (with preventive dental)	\$785	\$1,457	\$2,110
COVA HealthAware + Expanded Dental	\$818	\$1,517	\$2,198
COVA HealthAware + Expanded Dental & Vision	\$828	\$1,537	\$2,226
COVA HDHP (with preventive dental)	\$665	\$1,239	\$1,810
COVA HDHP + Expanded Dental	\$698	\$1,299	\$1,898
Kaiser Permanente HMO* + Dental & Vision	\$869	\$1,597	\$2,327
Sentara Health Plans HMO* + Expanded Dental & Vision	\$855	\$1,584	\$2,293
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.