COMMONWEALTH OF VIRGINIA STATE HEALTH BENEFITS PROGRAM

FINAL 2026 - 2027 Employee Monthly Premiums

Salaried employees **working 30 hours or more a week** pay the "**Employee Pays**" amount.
Salaried employees **working less than 30 hours a week** pay the "**Total Premium**" amount.

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

COMPARE PLANS

HEALTH CARE PLANS			2025-2026 MONTHLY PREMIUMS			FINAL 2026-2027 MONTHLY PREMIUMS		
			You Only	You Plus One	You Plus Two or More	You Only	You Plus One	You Plus Two or More
COVA Care		Employee Pays	$108	$248	$340	$123	$285	$394
		State Pays	$830	$1,488	$2,179	$973	$1,745	$2,553
		Total Premium	$938	$1,736	$2,519	$1,096	$2,030	$2,947
COVA Care	+ Out-of-Network	Employee Pays	$131	$291	$402	$151	$338	$469
		State Pays	$830	$1,488	$2,179	$973	$1,745	$2,553
		Total Premium	$961	$1,779	$2,581	$1,124	$2,083	$3,022
COVA Care	+ Expanded Dental	Employee Pays	$141	$308	$428	$156	$345	$482
		State Pays	$830	$1,488	$2,179	$973	$1,745	$2,553
		Total Premium	$971	$1,796	$2,607	$1,129	$2,090	$3,035
COVA Care	+ Out-of-Network + Expanded Dental	Employee Pays	$164	$351	$490	$184	$398	$557
		State Pays	$830	$1,488	$2,179	$973	$1,745	$2,553
		Total Premium	$994	$1,839	$2,669	$1,157	$2,143	$3,110
COVA Care	+ Expanded Dental + Vision & Hearing	Employee Pays	$161	$345	$482	$176	$382	$536
		State Pays	$830	$1,488	$2,179	$973	$1,745	$2,553
		Total Premium	$991	$1,833	$2,661	$1,149	$2,127	$3,089
COVA Care	+ Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	$184	$388	$544	$204	$435	$611
		State Pays	$830	$1,488	$2,179	$973	$1,745	$2,553
		Total Premium	$1,014	$1,876	$2,723	$1,177	$2,180	$3,164
COVA HealthAware		Employee Pays	$19	$64	$70	$29	$110	$141
		State Pays	$830	$1,511	$2,215	$981	$1,762	$2,579
		Total Premium	$849	$1,575	$2,285	$1,010	$1,872	$2,720
COVA HealthAware	+ Expanded Dental	Employee Pays	$52	$124	$158	$62	$170	$229
		State Pays	$830	$1,511	$2,215	$981	$1,762	$2,579
		Total Premium	$882	$1,635	$2,373	$1,043	$1,932	$2,808
COVA HealthAware	+ Expanded Dental & Vision	Employee Pays	$62	$144	$186	$72	$190	$257
		State Pays	$830	$1,511	$2,215	$981	$1,762	$2,579
		Total Premium	$892	$1,655	$2,401	$1,053	$1,952	$2,836
COVA HDHP		Employee Pays	$0	$0	$0	$0	$0	$0
		State Pays	$739	$1,366	$1,998	$922	$1,708	$2,492
		Total Premium	$739	$1,366	$1,998	$922	$1,708	$2,492
COVA HDHP	+ Expanded Dental	Employee Pays	$33	$60	$88	$33	$60	$88
		State Pays	$739	$1,366	$1,998	$922	$1,708	$2,492
		Total Premium	$772	$1,426	$2,086	$955	$1,768	$2,580
Kaiser Permanente HMO *(available primarily in Northern Virginia)*	+ Expanded Dental & Vision	Employee Pays	$91	$214	$306	$106	$251	$360
		State Pays	$830	$1,479	$2,161	$894	$1,586	$2,317
		Total Premium	$921	$1,693	$2,467	$1,000	$1,837	$2,677
Sentara Health Plans (HMO) *(Hampton Roads/Eastern Shore)*	+ Expanded Dental & Vision	Employee Pays	$91	$214	$306	$106	$251	$360
		State Pays	$816	$1,464	$2,125	$904	$1,617	$2,345
		Total Premium	$907	$1,678	$2,431	$1,010	$1,868	$2,705
TRICARE Voluntary Supplement*		Total Premium	$61	$120	$161**	$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*

UPDATED JULY 2026