Final 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.

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.