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March 17, 2026

The Honorable Luke E. Torian, Chair, House Appropriations Committee  
The Honorable L. Louise Lucas, Chair, Senate Finance and Appropriations Committee

Subject: Report on State Employee Health Insurance Program's Proposed Premiums and Benefits Structure

Pursuant to Item 75F of Chapter 725, 2025 Acts of Assemble, the attached report details the assumptions included in the Governor's introduced budget for the state employee health insurance program. It includes the proposed premium increase for fiscal year 2026-27.

Please contact me if there are any questions.

Sincerely,

A handwritten signature in blue ink that reads "Janet L. Lawson".

Janet L. Lawson  
Agency Director  
Department of Human Resource Management

cc: The Honorable Traci J. Deshazor, Secretary of Administration  
Gary Johnston, Director, Office of Health Benefits

**State Employee Health Plan Proposed Premium and Benefit  
Structure for Fiscal Year 2026-2027**

Pursuant to Item 75F of Chapter 725, 2025 Acts of Assembly, this report details the assumptions included in Governor Youngkin's introduced budget for the 2026-2028 biennium to the state employee health insurance program. This report includes the provisional premium schedule and proposed benefit changes (provided to the Secretary, Healthcare Council and legislative committees). Consistent with Fiscal Year (FY) 2026 premiums, all premium schedules assume that available premium rewards have been earned by the employee (and spouse). Premiums will be finalized at the conclusion of the legislative process.

The budget assumes a 13.0 percent premium increase in FY2026-2027. The HIF's cash balance is expected to be at \$134million in June of 2026. The minimum balance of the HIF to cover the Terminal Liability (Incurred but Not Paid Claims) is \$320 million.

Proposed benefit changes:

- \$150 pharmacy deductible for COVA Plans
- Biosimilar use requirement (if available) for COVA Care, COVA HDHP and COVA HealthAware Plans
- Body Mass Index requirement for GLP1 for weight loss increased to 35

#### **Description of Exhibit A - Aon Premium Schedule—November 15, 2025**

Exhibit A contains the provisional premiums submitted on November 15, 2025, by Aon, the health plan's actuary. Aon is recommending a 19.9% increase however plan changes (provided to the Secretary, Healthcare Council and legislative committees) may achieve the 13% in the budget. The Health Insurance Fund balance is not sufficient to cover the Incurred But Not Paid (IBNP) claims without additional funding in FY 2027.

#### **Description of Exhibit B - Department of Planning and Budget Premium Schedule and General Fund Breakout – December 17, 2025**

Exhibit B contains the proposed premium schedule and general fund breakout developed by the Department of Planning and Budget for Governor Youngkin's 2026-2028 introduced budget. The proposed premium schedule reflects enrollment as of September 1, 2025, based on data provided by the Department of Human Resource Management. The premiums assume two policy changes to the state employee health insurance plan: (i) a new \$150 pharmacy only deductible for employees on the COVA Care plan and (ii) a requirement to first use approved biosimilar medications for certain prescriptions. The proposed premiums also assume a lower cost for GLP-1 medications that may result from negotiations with pharmaceutical manufacturers. The premiums for the state's two fully insured plans, Kaiser Permanente and Sentara Health, are funded at the contractually determined premiums.

## **Exhibit A - Aon Premium Schedule**

**EXHIBIT A - AON SCHEDULE**

**FY2026 Final Rates**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Active Employees</b>					
<b>HDHP (with basic dental)</b>					
Enrollment as of July 2025	440	96	29	238	803
<b>Employee Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$0	\$0	\$0	\$0	\$0
<b>State Portion</b>					
Base Actuarial Rate	\$755	\$1,397	\$1,397	\$2,039	\$11,905,284
HIF Funding Supplement Pay - State	(\$16)	(\$31)	(\$31)	(\$41)	(\$248,076)
State Pays	\$739	\$1,366	\$1,366	\$1,998	\$11,657,208
<b>Total</b>					
Base Actuarial Rate	\$755	\$1,397	\$1,397	\$2,039	\$11,905,284
HIF Funding Supplement Pay - Total	(\$16)	(\$31)	(\$31)	(\$41)	(\$248,076)
Total	\$739	\$1,366	\$1,366	\$1,998	\$11,657,208
<b>HDHP w/Expanded Dental</b>					
Enrollment as of July 2025	255	75	31	211	572
<b>Employee Portion</b>					
Base Actuarial Rate	\$33	\$60	\$60	\$88	\$400,116
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$33	\$60	\$60	\$88	\$400,116
<b>State Portion</b>					
Base Actuarial Rate	\$755	\$1,397	\$1,397	\$2,039	\$9,250,032
HIF Funding Supplement Pay - State	(\$16)	(\$31)	(\$31)	(\$41)	(\$192,204)
State Pays	\$739	\$1,366	\$1,366	\$1,998	\$9,057,828
<b>Total</b>					
Base Actuarial Rate	\$788	\$1,457	\$1,457	\$2,127	\$9,650,148
HIF Funding Supplement Pay - Total	(\$16)	(\$31)	(\$31)	(\$41)	(\$192,204)
Total	\$772	\$1,426	\$1,426	\$2,086	\$9,457,944
<b>HealthAware with basic dental</b>					
Enrollment as of July 2025	2,281	429	164	1,305	4,179
<b>Employee Portion</b>					
Base Actuarial Rate	\$5	\$59	\$59	\$81	\$1,825,164
HIF Funding Supplement Pay - Employee	(\$3)	(\$29)	(\$29)	(\$45)	(\$993,180)
Employee Pays	\$2	\$30	\$30	\$36	\$831,984
<b>State Portion</b>					
Base Actuarial Rate	\$842	\$1,511	\$1,511	\$2,210	\$68,408,100
HIF Funding Supplement Pay - State	(\$12)	\$0	\$0	\$5	(\$250,164)
State Pays	\$830	\$1,511	\$1,511	\$2,215	\$68,157,936
<b>Total</b>					
Base Actuarial Rate	\$847	\$1,570	\$1,570	\$2,291	\$70,233,264
HIF Funding Supplement Pay - Total	(\$15)	(\$29)	(\$29)	(\$40)	(\$1,243,344)
Total	\$832	\$1,541	\$1,541	\$2,251	\$68,989,920

**FY2027 - No HIF Subsidy**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Active Employees</b>					
<b>HDHP (with basic dental)</b>					
Enrollment as of July 2025	440	96	29	238	803
<b>Employee Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$0	\$0	\$0	\$0	\$0
<b>State Portion</b>					
Base Actuarial Rate	\$937	\$1,735	\$1,735	\$2,531	\$14,778,396
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$937	\$1,735	\$1,735	\$2,531	\$14,778,396
<b>Total</b>					
Base Actuarial Rate	\$937	\$1,735	\$1,735	\$2,531	\$14,778,396
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$937	\$1,735	\$1,735	\$2,531	\$14,778,396
<b>HDHP w/Expanded Dental</b>					
Enrollment as of July 2025	255	75	31	211	572
<b>Employee Portion</b>					
Base Actuarial Rate	\$33	\$60	\$60	\$88	\$400,116
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$33	\$60	\$60	\$88	\$400,116
<b>State Portion</b>					
Base Actuarial Rate	\$937	\$1,735	\$1,735	\$2,531	\$11,482,632
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$937	\$1,735	\$1,735	\$2,531	\$11,482,632
<b>Total</b>					
Base Actuarial Rate	\$970	\$1,795	\$1,795	\$2,619	\$11,882,748
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$970	\$1,795	\$1,795	\$2,619	\$11,882,748
<b>HealthAware with basic dental</b>					
Enrollment as of July 2025	2,281	429	164	1,305	4,179
<b>Employee Portion</b>					
Base Actuarial Rate	\$12	\$79	\$79	\$115	\$2,691,528
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$12	\$79	\$79	\$115	\$2,691,528
<b>State Portion</b>					
Base Actuarial Rate	\$995	\$1,786	\$1,786	\$2,611	\$80,832,576
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$995	\$1,786	\$1,786	\$2,611	\$80,832,576
<b>Total</b>					
Base Actuarial Rate	\$1,007	\$1,865	\$1,865	\$2,726	\$83,524,104
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,007	\$1,865	\$1,865	\$2,726	\$83,524,104

**FY2027 / FY2026**

	\$	%
<b>DIFFERENCE</b>		
Base Actuarial Rate	\$0	0.00%
HIF Funding Supplement Pay - Employee	\$0	0.00%
Employee Pays	\$0	0.00%
Base Actuarial Rate	\$2,873,112	24.13%
HIF Funding Supplement Pay - State	\$0	0.00%
State Pays	\$3,121,188	26.77%
Base Actuarial Rate	\$2,873,112	24.13%
HIF Funding Supplement Pay - Total	\$0	0.00%
Total	\$3,121,188	26.77%
Base Actuarial Rate	\$0	0.00%
HIF Funding Supplement Pay - Employee	\$0	0.00%
Employee Pays	\$0	0.00%
Base Actuarial Rate	\$2,232,600	24.14%
HIF Funding Supplement Pay - State	\$0	0.00%
State Pays	\$2,424,804	26.77%
Base Actuarial Rate	\$2,232,600	23.14%
HIF Funding Supplement Pay - Total	\$0	0.00%
Total	\$2,424,804	25.64%
Base Actuarial Rate	\$866,364	47.47%
HIF Funding Supplement Pay - Employee	\$0	0.00%
Employee Pays	\$1,859,544	223.51%
Base Actuarial Rate	\$12,424,476	18.16%
HIF Funding Supplement Pay - State	\$0	0.00%
State Pays	\$12,674,640	18.60%
Base Actuarial Rate	\$13,290,840	18.92%
HIF Funding Supplement Pay - Total	\$0	0.00%
Total	\$14,534,184	21.07%

**EXHIBIT A - AON SCHEDULE**

**FY2026 Final Rates**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Active Employees</b>					
<b>HealthAware with Expanded Dental</b>					
Enrollment as of July 2025	1,439	385	182	1,097	3,103
<b>Employee Portion</b>					
Base Actuarial Rate	\$38	\$119	\$119	\$169	\$3,690,576
HIF Funding Supplement Pay - Employee	(\$3)	(\$29)	(\$29)	(\$45)	(\$841,500)
Employee Pays	\$35	\$90	\$90	\$124	\$2,849,076
<b>State Portion</b>					
Base Actuarial Rate	\$842	\$1,511	\$1,511	\$2,210	\$53,912,940
HIF Funding Supplement Pay - State	(\$12)	\$0	\$0	\$5	(\$141,396)
State Pays	\$830	\$1,511	\$1,511	\$2,215	\$53,771,544
<b>Total</b>					
Base Actuarial Rate	\$880	\$1,630	\$1,630	\$2,379	\$57,603,516
HIF Funding Supplement Pay - Total	(\$15)	(\$29)	(\$29)	(\$40)	(\$982,896)
Total	\$865	\$1,601	\$1,601	\$2,339	\$56,620,620
<b>HealthAware with Expanded Dental &amp; Vision</b>					
Enrollment as of July 2025	2,782	629	374	1,696	5,481
<b>Employee Portion</b>					
Base Actuarial Rate	\$48	\$139	\$139	\$197	\$7,284,780
HIF Funding Supplement Pay - Employee	(\$3)	(\$29)	(\$29)	(\$45)	(\$1,365,036)
Employee Pays	\$45	\$110	\$110	\$152	\$5,919,744
<b>State Portion</b>					
Base Actuarial Rate	\$842	\$1,511	\$1,511	\$2,210	\$91,273,644
HIF Funding Supplement Pay - State	(\$12)	\$0	\$0	\$5	(\$298,848)
State Pays	\$830	\$1,511	\$1,511	\$2,215	\$90,974,796
<b>Total</b>					
Base Actuarial Rate	\$890	\$1,650	\$1,650	\$2,407	\$98,558,424
HIF Funding Supplement Pay - Total	(\$15)	(\$29)	(\$29)	(\$40)	(\$1,663,884)
Total	\$875	\$1,621	\$1,621	\$2,367	\$96,894,540
<b>COVA Care (with basic dental)</b>					
Enrollment as of July 2025	5,346	1,500	677	3,327	10,850
<b>Employee Portion</b>					
Base Actuarial Rate	\$92	\$217	\$217	\$312	\$24,027,180
HIF Funding Supplement Pay - Employee	(\$1)	(\$3)	(\$3)	(\$6)	(\$382,068)
Employee Pays	\$91	\$214	\$214	\$306	\$23,645,112
<b>State Portion</b>					
Base Actuarial Rate	\$842	\$1,511	\$1,511	\$2,210	\$181,721,388
HIF Funding Supplement Pay - State	(\$12)	(\$23)	(\$23)	(\$31)	(\$2,608,320)
State Pays	\$830	\$1,488	\$1,488	\$2,179	\$179,113,068
<b>Total</b>					
Base Actuarial Rate	\$934	\$1,728	\$1,728	\$2,522	\$205,748,568
HIF Funding Supplement Pay - Total	(\$13)	(\$26)	(\$26)	(\$37)	(\$2,990,388)
Total	\$921	\$1,702	\$1,702	\$2,485	\$202,758,180

**FY2027 - No HIF Subsidy**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Active Employees</b>					
<b>HealthAware with Expanded Dental</b>					
Enrollment as of July 2025	1,439	385	182	1,097	3,103
<b>Employee Portion</b>					
Base Actuarial Rate	\$45	\$139	\$139	\$203	\$4,395,108
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$45	\$139	\$139	\$203	\$4,395,108
<b>State Portion</b>					
Base Actuarial Rate	\$995	\$1,786	\$1,786	\$2,611	\$63,704,808
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$995	\$1,786	\$1,786	\$2,611	\$63,704,808
<b>Total</b>					
Base Actuarial Rate	\$1,040	\$1,925	\$1,925	\$2,814	\$68,099,916
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,040	\$1,925	\$1,925	\$2,814	\$68,099,916
<b>HealthAware with Expanded Dental &amp; Vision</b>					
Enrollment as of July 2025	2,782	629	374	1,696	5,481
<b>Employee Portion</b>					
Base Actuarial Rate	\$55	\$159	\$159	\$231	\$8,451,156
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$55	\$159	\$159	\$231	\$8,451,156
<b>State Portion</b>					
Base Actuarial Rate	\$995	\$1,786	\$1,786	\$2,611	\$107,852,448
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$995	\$1,786	\$1,786	\$2,611	\$107,852,448
<b>Total</b>					
Base Actuarial Rate	\$1,050	\$1,945	\$1,945	\$2,842	\$116,303,604
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,050	\$1,945	\$1,945	\$2,842	\$116,303,604
<b>COVA Care (with basic dental)</b>					
Enrollment as of July 2025	5,346	1,500	677	3,327	10,850
<b>Employee Portion</b>					
Base Actuarial Rate	\$109	\$256	\$256	\$369	\$28,412,268
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$109	\$256	\$256	\$369	\$28,412,268
<b>State Portion</b>					
Base Actuarial Rate	\$995	\$1,786	\$1,786	\$2,611	\$214,730,268
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$995	\$1,786	\$1,786	\$2,611	\$214,730,268
<b>Total</b>					
Base Actuarial Rate	\$1,104	\$2,042	\$2,042	\$2,980	\$243,142,536
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,104	\$2,042	\$2,042	\$2,980	\$243,142,536

**FY2027 / FY2026**

	\$	%
<b>DIFFERENCE</b>		
HealthAware with Expanded Dental - Employee Portion	\$704,532	19.09%
HealthAware with Expanded Dental - State Portion	\$9,791,868	18.16%
HealthAware with Expanded Dental & Vision - Employee Portion	\$1,166,376	16.01%
HealthAware with Expanded Dental & Vision - State Portion	\$16,578,804	18.16%
COVA Care (with basic dental) - Employee Portion	\$4,385,088	18.25%
COVA Care (with basic dental) - State Portion	\$33,008,880	18.16%
<b>Total</b>	\$40,384,356	19.92%

**EXHIBIT A - AON SCHEDULE**

**FY2026 Final Rates**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Active Employees</b>					
<b>COVA Care Plus Out-of-Network</b>					
Enrollment as of July 2025	780	256	95	476	1,607
<b>Employee Portion</b>					
Base Actuarial Rate	\$115	\$260	\$260	\$374	\$4,307,808
HIF Funding Supplement Pay - Employee	(\$1)	(\$3)	(\$3)	(\$6)	(\$56,268)
Employee Pays	\$114	\$257	\$257	\$368	\$4,251,540
<b>State Portion</b>					
Base Actuarial Rate	\$842	\$1,511	\$1,511	\$2,210	\$26,868,972
HIF Funding Supplement Pay - State	(\$12)	(\$23)	(\$23)	(\$31)	(\$386,268)
State Pays	\$830	\$1,488	\$1,488	\$2,179	\$26,482,704
<b>Total</b>					
Base Actuarial Rate	\$957	\$1,771	\$1,771	\$2,584	\$31,176,780
HIF Funding Supplement Pay - Total	(\$13)	(\$26)	(\$26)	(\$37)	(\$442,536)
Total	\$944	\$1,745	\$1,745	\$2,547	\$30,734,244
<b>COVA Care Plus Expanded Dental</b>					
Enrollment as of July 2025	6,919	2,756	1,271	6,120	17,066
<b>Employee Portion</b>					
Base Actuarial Rate	\$125	\$277	\$277	\$400	\$53,140,248
HIF Funding Supplement Pay - Employee	(\$1)	(\$3)	(\$3)	(\$6)	(\$668,640)
Employee Pays	\$124	\$274	\$274	\$394	\$52,471,608
<b>State Portion</b>					
Base Actuarial Rate	\$842	\$1,511	\$1,511	\$2,210	\$305,229,540
HIF Funding Supplement Pay - State	(\$12)	(\$23)	(\$23)	(\$31)	(\$4,384,428)
State Pays	\$830	\$1,488	\$1,488	\$2,179	\$300,845,112
<b>Total</b>					
Base Actuarial Rate	\$967	\$1,788	\$1,788	\$2,610	\$358,369,788
HIF Funding Supplement Pay - Total	(\$13)	(\$26)	(\$26)	(\$37)	(\$5,053,068)
Total	\$954	\$1,762	\$1,762	\$2,573	\$353,316,720
<b>COVA Care Plus Out-of-Network &amp; Expanded Dental</b>					
Enrollment as of July 2025	1,447	700	222	1,208	3,577
<b>Employee Portion</b>					
Base Actuarial Rate	\$148	\$320	\$320	\$462	\$12,807,504
HIF Funding Supplement Pay - Employee	(\$1)	(\$3)	(\$3)	(\$6)	(\$137,532)
Employee Pays	\$147	\$317	\$317	\$456	\$12,669,972
<b>State Portion</b>					
Base Actuarial Rate	\$842	\$1,511	\$1,511	\$2,210	\$63,374,352
HIF Funding Supplement Pay - State	(\$12)	(\$23)	(\$23)	(\$31)	(\$912,216)
State Pays	\$830	\$1,488	\$1,488	\$2,179	\$62,462,136
<b>Total</b>					
Base Actuarial Rate	\$990	\$1,831	\$1,831	\$2,672	\$76,181,856
HIF Funding Supplement Pay - Total	(\$13)	(\$26)	(\$26)	(\$37)	(\$1,049,748)
Total	\$977	\$1,805	\$1,805	\$2,635	\$75,132,108

**FY2027 - No HIF Subsidy**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Active Employees</b>					
<b>COVA Care Plus Out-of-Network</b>					
Enrollment as of July 2025	780	256	95	476	1,607
<b>Employee Portion</b>					
Base Actuarial Rate	\$137	\$309	\$309	\$444	\$5,119,956
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$137	\$309	\$309	\$444	\$5,119,956
<b>State Portion</b>					
Base Actuarial Rate	\$995	\$1,786	\$1,786	\$2,611	\$31,749,864
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$995	\$1,786	\$1,786	\$2,611	\$31,749,864
<b>Total</b>					
Base Actuarial Rate	\$1,132	\$2,095	\$2,095	\$3,055	\$36,869,820
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,132	\$2,095	\$2,095	\$3,055	\$36,869,820
<b>COVA Care Plus Expanded Dental</b>					
Enrollment as of July 2025	6,919	2,756	1,271	6,120	17,066
<b>Employee Portion</b>					
Base Actuarial Rate	\$142	\$316	\$316	\$457	\$60,622,440
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$142	\$316	\$316	\$457	\$60,622,440
<b>State Portion</b>					
Base Actuarial Rate	\$995	\$1,786	\$1,786	\$2,611	\$360,671,364
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$995	\$1,786	\$1,786	\$2,611	\$360,671,364
<b>Total</b>					
Base Actuarial Rate	\$1,137	\$2,102	\$2,102	\$3,068	\$421,293,804
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,137	\$2,102	\$2,102	\$3,068	\$421,293,804
<b>COVA Care Plus Out-of-Network &amp; Expanded Dental</b>					
Enrollment as of July 2025	1,447	700	222	1,208	3,577
<b>Employee Portion</b>					
Base Actuarial Rate	\$170	\$369	\$369	\$532	\$14,746,368
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$170	\$369	\$369	\$532	\$14,746,368
<b>State Portion</b>					
Base Actuarial Rate	\$995	\$1,786	\$1,786	\$2,611	\$74,886,540
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$995	\$1,786	\$1,786	\$2,611	\$74,886,540
<b>Total</b>					
Base Actuarial Rate	\$1,165	\$2,155	\$2,155	\$3,143	\$89,632,908
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,165	\$2,155	\$2,155	\$3,143	\$89,632,908

**FY2027 / FY2026**

	\$	%
<b>DIFFERENCE</b>		
Base Actuarial Rate	\$812,148	18.85%
HIF Funding Supplement Pay - Employee	\$868,416	20.43%
State Portion		
Base Actuarial Rate	\$4,880,892	18.17%
HIF Funding Supplement Pay - State	\$5,267,160	19.89%
Total		
Base Actuarial Rate	\$5,693,040	18.26%
HIF Funding Supplement Pay - Total	\$6,135,576	19.96%
COVA Care Plus Expanded Dental		
Employee Portion		
Base Actuarial Rate	\$7,482,192	14.08%
HIF Funding Supplement Pay - Employee	\$8,150,832	15.53%
State Portion		
Base Actuarial Rate	\$55,441,824	18.16%
HIF Funding Supplement Pay - State	\$59,826,252	19.89%
Total		
Base Actuarial Rate	\$62,924,016	17.56%
HIF Funding Supplement Pay - Total	\$67,977,084	19.24%
COVA Care Plus Out-of-Network & Expanded Dental		
Employee Portion		
Base Actuarial Rate	\$1,938,864	15.14%
HIF Funding Supplement Pay - Employee	\$2,076,396	16.39%
State Portion		
Base Actuarial Rate	\$11,512,188	18.17%
HIF Funding Supplement Pay - State	\$12,424,404	19.89%
Total		
Base Actuarial Rate	\$13,451,052	17.66%
HIF Funding Supplement Pay - Total	\$14,500,800	19.30%

**EXHIBIT A - AON SCHEDULE**

**FY2026 Final Rates**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Active Employees</b>					
<b>COVA Care Plus Expanded Dental Plus Vision &amp; Hearing</b>					
Enrollment as of July 2025	9,862	4,293	1,739	7,575	23,469
<b>Employee Portion</b>					
Base Actuarial Rate	\$145	\$314	\$314	\$454	\$81,157,056
HIF Funding Supplement Pay - Employee	(\$1)	(\$3)	(\$3)	(\$6)	(\$880,896)
Employee Pays	\$144	\$311	\$311	\$448	\$80,276,160
<b>State Portion</b>					
Base Actuarial Rate	\$842	\$1,511	\$1,511	\$2,210	\$409,906,872
HIF Funding Supplement Pay - State	(\$12)	(\$23)	(\$23)	(\$31)	(\$5,902,860)
State Pays	\$830	\$1,488	\$1,488	\$2,179	\$404,004,012
<b>Total</b>					
Base Actuarial Rate	\$987	\$1,825	\$1,825	\$2,664	\$491,063,928
HIF Funding Supplement Pay - Total	(\$13)	(\$26)	(\$26)	(\$37)	(\$6,783,756)
Total	\$974	\$1,799	\$1,799	\$2,627	\$484,280,172
<b>COVA Care Plus Out-of-Network Plus Expanded Dental Plus Vision &amp; Hearing</b>					
Enrollment as of July 2025	4,930	3,006	739	4,243	12,918
<b>Employee Portion</b>					
Base Actuarial Rate	\$168	\$357	\$357	\$516	\$52,255,116
HIF Funding Supplement Pay - Employee	(\$1)	(\$3)	(\$3)	(\$6)	(\$499,476)
Employee Pays	\$167	\$354	\$354	\$510	\$51,755,640
<b>State Portion</b>					
Base Actuarial Rate	\$842	\$1,511	\$1,511	\$2,210	\$230,241,420
HIF Funding Supplement Pay - State	(\$12)	(\$23)	(\$23)	(\$31)	(\$3,321,936)
State Pays	\$830	\$1,488	\$1,488	\$2,179	\$226,919,484
<b>Total</b>					
Base Actuarial Rate	\$1,010	\$1,868	\$1,868	\$2,726	\$282,496,536
HIF Funding Supplement Pay - Total	(\$13)	(\$26)	(\$26)	(\$37)	(\$3,821,412)
Total	\$997	\$1,842	\$1,842	\$2,689	\$278,675,124
<b>Kaiser Permanente HMO - available in Fredericksburg area and Northern Virginia</b>					
Enrollment as of July 2025	768	292	118	662	1,840
<b>Employee Portion</b>					
Base Actuarial Rate	\$92	\$217	\$217	\$312	\$4,394,040
HIF Funding Supplement Pay - Employee	(\$1)	(\$3)	(\$3)	(\$6)	(\$71,640)
Employee Pays	\$91	\$214	\$214	\$306	\$4,322,400
<b>State Portion</b>					
Base Actuarial Rate	\$829	\$1,476	\$1,476	\$2,155	\$32,021,304
HIF Funding Supplement Pay - State	\$1	\$3	\$3	\$6	\$71,640
State Pays	\$830	\$1,479	\$1,479	\$2,161	\$32,092,944
<b>Total</b>					
Base Actuarial Rate	\$921	\$1,693	\$1,693	\$2,467	\$36,415,344
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$921	\$1,693	\$1,693	\$2,467	\$36,415,344

**FY2027 - No HIF Subsidy**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Active Employees</b>					
<b>COVA CarePlus Expanded Dental Plus Vision &amp; Hearing</b>					
Enrollment as of July 2025	9,862	4,293	1,739	7,575	23,469
<b>Employee Portion</b>					
Base Actuarial Rate	\$162	\$353	\$353	\$511	\$91,173,180
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$162	\$353	\$353	\$511	\$91,173,180
<b>State Portion</b>					
Base Actuarial Rate	\$995	\$1,786	\$1,786	\$2,611	\$484,370,004
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$995	\$1,786	\$1,786	\$2,611	\$484,370,004
<b>Total</b>					
Base Actuarial Rate	\$1,157	\$2,139	\$2,139	\$3,122	\$575,543,184
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,157	\$2,139	\$2,139	\$3,122	\$575,543,184
<b>COVA Care Plus Out-of-Network Plus Expanded Dental Plus Vision &amp; Hearing</b>					
Enrollment as of July 2025	4,930	3,006	739	4,243	12,918
<b>Employee Portion</b>					
Base Actuarial Rate	\$190	\$406	\$406	\$586	\$59,322,816
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$190	\$406	\$406	\$586	\$59,322,816
<b>State Portion</b>					
Base Actuarial Rate	\$995	\$1,786	\$1,786	\$2,611	\$272,068,716
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$995	\$1,786	\$1,786	\$2,611	\$272,068,716
<b>Total</b>					
Base Actuarial Rate	\$1,185	\$2,192	\$2,192	\$3,197	\$331,391,532
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,185	\$2,192	\$2,192	\$3,197	\$331,391,532
<b>Kaiser Permanente HMO - available in Fredericksburg area and Northern Virginia</b>					
Enrollment as of July 2025	768	292	118	662	1,840
<b>Employee Portion</b>					
Base Actuarial Rate	\$109	\$256	\$256	\$369	\$5,195,400
Contrib Adj for COVA Care Basic Subsidy	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$109	\$256	\$256	\$369	\$5,195,400
<b>State Portion</b>					
Base Actuarial Rate	\$891	\$1,581	\$1,581	\$2,308	\$34,324,728
Contrib Adj for COVA Care Basic Subsidy	\$0	\$0	\$0	\$0	\$0
State Pays	\$891	\$1,581	\$1,581	\$2,308	\$34,324,728
<b>Total</b>					
Base Actuarial Rate	\$1,000	\$1,837	\$1,837	\$2,677	\$39,520,128
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,000	\$1,837	\$1,837	\$2,677	\$39,520,128

**FY2027 / FY2026**

	\$	%
<b>DIFFERENCE</b>		
COVA CarePlus Expanded Dental Plus Vision & Hearing - Employee Portion	\$10,016,124	12.34%
COVA CarePlus Expanded Dental Plus Vision & Hearing - State Portion	\$74,463,132	18.17%
COVA CarePlus Expanded Dental Plus Vision & Hearing - Total	\$84,479,256	17.20%
COVA Care Plus Out-of-Network Plus Expanded Dental Plus Vision & Hearing - Employee Portion	\$7,067,700	13.53%
COVA Care Plus Out-of-Network Plus Expanded Dental Plus Vision & Hearing - State Portion	\$41,827,296	18.17%
COVA Care Plus Out-of-Network Plus Expanded Dental Plus Vision & Hearing - Total	\$48,894,996	17.31%
Kaiser Permanente HMO - available in Fredericksburg area and Northern Virginia - Employee Portion	\$801,360	18.24%
Kaiser Permanente HMO - available in Fredericksburg area and Northern Virginia - State Portion	\$2,303,424	7.19%
Kaiser Permanente HMO - available in Fredericksburg area and Northern Virginia - Total	\$3,104,784	8.53%

**EXHIBIT A - AON SCHEDULE**

**FY2026 Final Rates**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Active Employees</b>					
<b>Sentara Health (Hampton Roads area)</b>					
Enrollment as of July 2025	1,292	262	221	668	2,443
<b>Employee Portion</b>					
Base Actuarial Rate	\$92	\$217	\$217	\$312	\$5,185,092
HIF Funding Supplement Pay - Employee	(\$1)	(\$3)	(\$3)	(\$6)	(\$80,988)
Employee Pays	\$91	\$214	\$214	\$306	\$5,104,104
<b>State Portion</b>					
Base Actuarial Rate	\$815	\$1,461	\$1,461	\$2,119	\$38,089,620
HIF Funding Supplement Pay - State	\$1	\$3	\$3	\$6	\$80,988
State Pays	\$816	\$1,464	\$1,464	\$2,125	\$38,170,608
<b>Total</b>					
Base Actuarial Rate	\$907	\$1,678	\$1,678	\$2,431	\$43,274,712
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$907	\$1,678	\$1,678	\$2,431	\$43,274,712
<b>Summary Active Total</b>					
Enrollment as of July 2025	38,541	14,679	5,862	28,826	87,908
<b>Employee Portion</b>					
Base Actuarial Rate					\$250,474,680
HIF Funding Supplement Pay - Employee					(\$5,977,224)
Employee Pays					\$244,497,456
<b>State Portion</b>					
Base Actuarial Rate					\$1,522,203,468
HIF Funding Supplement Pay - State					(\$18,494,088)
State Pays					\$1,503,709,380
<b>Total</b>					
Base Actuarial Rate					\$1,772,678,148
HIF Funding Supplement Pay - Total					(\$24,471,312)
Total					\$1,748,206,836

**FY2027 - No HIF Subsidy**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Active Employees</b>					
<b>Sentara Health (Hampton Roads area)</b>					
Enrollment as of July 2025	1,292	262	221	668	2,443
<b>Employee Portion</b>					
Base Actuarial Rate	\$109	\$256	\$256	\$369	\$6,131,616
Contrib Adj for COVA Care Basic Subsidy	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$109	\$256	\$256	\$369	\$6,131,616
<b>State Portion</b>					
Base Actuarial Rate	\$901	\$1,612	\$1,612	\$2,336	\$42,037,632
Contrib Adj for COVA Care Basic Subsidy	\$0	\$0	\$0	\$0	\$0
State Pays	\$901	\$1,612	\$1,612	\$2,336	\$42,037,632
<b>Total</b>					
Base Actuarial Rate	\$1,010	\$1,868	\$1,868	\$2,705	\$48,169,248
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,010	\$1,868	\$1,868	\$2,705	\$48,169,248
<b>Summary Active Total</b>					
Enrollment as of July 2025	38,541	14,679	5,862	28,826	87,908
<b>Employee Portion</b>					
Base Actuarial Rate					\$286,661,952
HIF Funding Supplement Pay - Employee					\$0
Employee Pays					\$286,661,952
<b>State Portion</b>					
Base Actuarial Rate					\$1,793,489,976
HIF Funding Supplement Pay - State					\$0
State Pays					\$1,793,489,976
<b>Total</b>					
Base Actuarial Rate					\$2,080,151,928
HIF Funding Supplement Pay - Total					\$0
Total					\$2,080,151,928

**FY2027 / FY2026**

	\$	%
<b>DIFFERENCE</b>		
Employee Portion Base Actuarial Rate	\$946,524	18.25%
Employee Portion Employee Pays	\$1,027,512	20.13%
State Portion Base Actuarial Rate	\$3,948,012	10.37%
State Portion State Pays	\$3,867,024	10.13%
Total Base Actuarial Rate	\$4,894,536	11.31%
Total Total	\$4,894,536	11.31%
Employee Portion Base Actuarial Rate	\$36,187,272	14.45%
Employee Portion Employee Pays	\$42,164,496	17.25%
State Portion Base Actuarial Rate	\$271,286,508	17.82%
State Portion State Pays	\$289,780,596	19.27%
Total Base Actuarial Rate	\$307,473,780	17.35%
Total Total	\$331,945,092	18.99%

**EXHIBIT A - AON SCHEDULE**

**FY2026 Final Rates**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Early Retirees/COBRA</b>					
<b>HDHP (with basic dental)</b>					
Enrollment as of July 2025	52	12	0	3	67
<b>Employee Portion</b>					
Base Actuarial Rate	\$755	\$1,397	\$1,397	\$2,039	\$745,692
HIF Funding Supplement Pay - Employee	(\$16)	(\$31)	(\$31)	(\$41)	(\$15,924)
Employee Pays	\$739	\$1,366	\$1,366	\$1,998	\$729,768
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$755	\$1,397	\$1,397	\$2,039	\$745,692
HIF Funding Supplement Pay - Total	(\$16)	(\$31)	(\$31)	(\$41)	(\$15,924)
Total	\$739	\$1,366	\$1,366	\$1,998	\$729,768
<b>HDHP w/Expanded Dental</b>					
Enrollment as of July 2025	24	7	3	0	34
<b>Employee Portion</b>					
Base Actuarial Rate	\$788	\$1,457	\$1,457	\$2,127	\$401,784
HIF Funding Supplement Pay - Employee	(\$16)	(\$31)	(\$31)	(\$41)	(\$8,328)
Employee Pays	\$772	\$1,426	\$1,426	\$2,086	\$393,456
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$788	\$1,457	\$1,457	\$2,127	\$401,784
HIF Funding Supplement Pay - Total	(\$16)	(\$31)	(\$31)	(\$41)	(\$8,328)
Total	\$772	\$1,426	\$1,426	\$2,086	\$393,456
<b>HealthAware with basic dental</b>					
Enrollment as of July 2025	31	18	0	3	52
<b>Employee Portion</b>					
Base Actuarial Rate	\$847	\$1,570	\$1,570	\$2,291	\$736,680
HIF Funding Supplement Pay - Employee	(\$15)	(\$29)	(\$29)	(\$40)	(\$13,284)
Employee Pays	\$832	\$1,541	\$1,541	\$2,251	\$723,396
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$847	\$1,570	\$1,570	\$2,291	\$736,680
HIF Funding Supplement Pay - Total	(\$15)	(\$29)	(\$29)	(\$40)	(\$13,284)
Total	\$832	\$1,541	\$1,541	\$2,251	\$723,396

**FY2027 - No HIF Subsidy**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Early Retirees/COBRA</b>					
<b>HDHP (with basic dental)</b>					
Enrollment as of July 2025	52	12	0	3	67
<b>Employee Portion</b>					
Base Actuarial Rate	\$937	\$1,735	\$1,735	\$2,531	\$925,644
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$937	\$1,735	\$1,735	\$2,531	\$925,644
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$937	\$1,735	\$1,735	\$2,531	\$925,644
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$937	\$1,735	\$1,735	\$2,531	\$925,644
<b>HDHP w/Expanded Dental</b>					
Enrollment as of July 2025	24	7	3	0	34
<b>Employee Portion</b>					
Base Actuarial Rate	\$970	\$1,795	\$1,795	\$2,619	\$494,760
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$970	\$1,795	\$1,795	\$2,619	\$494,760
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$970	\$1,795	\$1,795	\$2,619	\$494,760
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$970	\$1,795	\$1,795	\$2,619	\$494,760
<b>HealthAware with basic dental</b>					
Enrollment as of July 2025	31	18	0	3	52
<b>Employee Portion</b>					
Base Actuarial Rate	\$1,007	\$1,865	\$1,865	\$2,726	\$875,580
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$1,007	\$1,865	\$1,865	\$2,726	\$875,580
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$1,007	\$1,865	\$1,865	\$2,726	\$875,580
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,007	\$1,865	\$1,865	\$2,726	\$875,580

**FY2027 / FY2026**

	\$	%
<b>DIFFERENCE</b>		
Base Actuarial Rate	\$179,952	24.13%
HIF Funding Supplement Pay - Employee	\$195,876	26.84%
Base Actuarial Rate	\$92,976	23.14%
HIF Funding Supplement Pay - Employee	\$101,304	25.75%
Base Actuarial Rate	\$138,900	18.85%
HIF Funding Supplement Pay - Employee	\$152,184	21.04%
Base Actuarial Rate	\$138,900	18.85%
HIF Funding Supplement Pay - Total	\$152,184	21.04%

**EXHIBIT A - AON SCHEDULE**

**FY2026 Final Rates**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Early Retirees/COBRA</b>					
<b>HealthAware with Expanded Dental</b>					
Enrollment as of July 2025	22	5	0	1	28
<b>Employee Portion</b>					
Base Actuarial Rate	\$880	\$1,630	\$1,630	\$2,379	\$358,668
HIF Funding Supplement Pay - Employee	(\$15)	(\$29)	(\$29)	(\$40)	(\$6,180)
Employee Pays	\$865	\$1,601	\$1,601	\$2,339	\$352,488
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$880	\$1,630	\$1,630	\$2,379	\$358,668
HIF Funding Supplement Pay - Total	(\$15)	(\$29)	(\$29)	(\$40)	(\$6,180)
Total	\$865	\$1,601	\$1,601	\$2,339	\$352,488
<b>HealthAware with Expanded Dental and Vision</b>					
Enrollment as of July 2025	30	8	0	2	40
<b>Employee Portion</b>					
Base Actuarial Rate	\$890	\$1,650	\$1,650	\$2,407	\$536,568
HIF Funding Supplement Pay - Employee	(\$15)	(\$29)	(\$29)	(\$40)	(\$9,144)
Employee Pays	\$875	\$1,621	\$1,621	\$2,367	\$527,424
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$890	\$1,650	\$1,650	\$2,407	\$536,568
HIF Funding Supplement Pay - Total	(\$15)	(\$29)	(\$29)	(\$40)	(\$9,144)
Total	\$875	\$1,621	\$1,621	\$2,367	\$527,424
<b>COVA Care (with basic dental)</b>					
Enrollment as of July 2025	423	70	10	12	515
<b>Employee Portion</b>					
Base Actuarial Rate	\$934	\$1,728	\$1,728	\$2,522	\$6,763,032
HIF Funding Supplement Pay - Employee	(\$13)	(\$26)	(\$26)	(\$37)	(\$96,276)
Employee Pays	\$921	\$1,702	\$1,702	\$2,485	\$6,666,756
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$934	\$1,728	\$1,728	\$2,522	\$6,763,032
HIF Funding Supplement Pay - Total	(\$13)	(\$26)	(\$26)	(\$37)	(\$96,276)
Total	\$921	\$1,702	\$1,702	\$2,485	\$6,666,756

**FY2027 - No HIF Subsidy**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Early Retirees/COBRA</b>					
<b>HealthAware with Expanded Dental</b>					
Enrollment as of July 2025	22	5	0	1	28
<b>Employee Portion</b>					
Base Actuarial Rate	\$1,040	\$1,925	\$1,925	\$2,814	\$423,828
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$1,040	\$1,925	\$1,925	\$2,814	\$423,828
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$1,040	\$1,925	\$1,925	\$2,814	\$423,828
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,040	\$1,925	\$1,925	\$2,814	\$423,828
<b>HealthAware with Expanded Dental and Vision</b>					
Enrollment as of July 2025	30	8	0	2	40
<b>Employee Portion</b>					
Base Actuarial Rate	\$1,050	\$1,945	\$1,945	\$2,842	\$632,928
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$1,050	\$1,945	\$1,945	\$2,842	\$632,928
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$1,050	\$1,945	\$1,945	\$2,842	\$632,928
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,050	\$1,945	\$1,945	\$2,842	\$632,928
<b>COVA Care (with basic dental)</b>					
Enrollment as of July 2025	423	70	10	12	515
<b>Employee Portion</b>					
Base Actuarial Rate	\$1,104	\$2,042	\$2,042	\$2,980	\$7,993,344
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$1,104	\$2,042	\$2,042	\$2,980	\$7,993,344
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$1,104	\$2,042	\$2,042	\$2,980	\$7,993,344
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,104	\$2,042	\$2,042	\$2,980	\$7,993,344

**FY2027 / FY2026**

	\$	%
<b>DIFFERENCE</b>		
HealthAware with Expanded Dental Employee Portion	\$65,160	18.17%
HealthAware with Expanded Dental Employee Pays	\$71,340	20.24%
HealthAware with Expanded Dental and Vision Employee Portion	\$96,360	17.96%
HealthAware with Expanded Dental and Vision Employee Pays	\$105,504	20.00%
COVA Care (with basic dental) Employee Portion	\$1,230,312	18.19%
COVA Care (with basic dental) Employee Pays	\$1,326,588	19.90%

**EXHIBIT A - AON SCHEDULE**

**FY2026 Final Rates**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Early Retirees/COBRA</b>					
<b>COVA Care Plus Out-of-Network</b>					
Enrollment as of July 2025	54	14	2	1	71
<b>Employee Portion</b>					
Base Actuarial Rate	\$957	\$1,771	\$1,771	\$2,584	\$991,176
HIF Funding Supplement Pay - Employee	(\$13)	(\$26)	(\$26)	(\$37)	(\$13,860)
Employee Pays	\$944	\$1,745	\$1,745	\$2,547	\$977,316
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$957	\$1,771	\$1,771	\$2,584	\$991,176
HIF Funding Supplement Pay - Total	(\$13)	(\$26)	(\$26)	(\$37)	(\$13,860)
Total	\$944	\$1,745	\$1,745	\$2,547	\$977,316
<b>COVA Care Plus Expanded Dental</b>					
Enrollment as of July 2025	478	96	8	24	606
<b>Employee Portion</b>					
Base Actuarial Rate	\$967	\$1,788	\$1,788	\$2,610	\$8,529,816
HIF Funding Supplement Pay - Employee	(\$13)	(\$26)	(\$26)	(\$37)	(\$117,672)
Employee Pays	\$954	\$1,762	\$1,762	\$2,573	\$8,412,144
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$967	\$1,788	\$1,788	\$2,610	\$8,529,816
HIF Funding Supplement Pay - Total	(\$13)	(\$26)	(\$26)	(\$37)	(\$117,672)
Total	\$954	\$1,762	\$1,762	\$2,573	\$8,412,144
<b>COVA Care Plus Out-of-Network &amp; Expanded Dental</b>					
Enrollment as of July 2025	142	37	0	10	189
<b>Employee Portion</b>					
Base Actuarial Rate	\$990	\$1,831	\$1,831	\$2,672	\$2,820,564
HIF Funding Supplement Pay - Employee	(\$13)	(\$26)	(\$26)	(\$37)	(\$38,136)
Employee Pays	\$977	\$1,805	\$1,805	\$2,635	\$2,782,428
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$990	\$1,831	\$1,831	\$2,672	\$2,820,564
HIF Funding Supplement Pay - Total	(\$13)	(\$26)	(\$26)	(\$37)	(\$38,136)
Total	\$977	\$1,805	\$1,805	\$2,635	\$2,782,428

**FY2027 - No HIF Subsidy**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Early Retirees/COBRA</b>					
<b>COVA Care Plus Out-of-Network</b>					
Enrollment as of July 2025	54	14	2	1	71
<b>Employee Portion</b>					
Base Actuarial Rate	\$1,132	\$2,095	\$2,095	\$3,055	\$1,172,436
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$1,132	\$2,095	\$2,095	\$3,055	\$1,172,436
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$1,132	\$2,095	\$2,095	\$3,055	\$1,172,436
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,132	\$2,095	\$2,095	\$3,055	\$1,172,436
<b>COVA Care Plus Expanded Dental</b>					
Enrollment as of July 2025	478	96	8	24	606
<b>Employee Portion</b>					
Base Actuarial Rate	\$1,137	\$2,102	\$2,102	\$3,068	\$10,028,712
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$1,137	\$2,102	\$2,102	\$3,068	\$10,028,712
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$1,137	\$2,102	\$2,102	\$3,068	\$10,028,712
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,137	\$2,102	\$2,102	\$3,068	\$10,028,712
<b>COVA Care Plus Out-of-Network &amp; Expanded Dental</b>					
Enrollment as of July 2025	142	37	0	10	189
<b>Employee Portion</b>					
Base Actuarial Rate	\$1,165	\$2,155	\$2,155	\$3,143	\$3,319,140
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$1,165	\$2,155	\$2,155	\$3,143	\$3,319,140
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$1,165	\$2,155	\$2,155	\$3,143	\$3,319,140
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,165	\$2,155	\$2,155	\$3,143	\$3,319,140

**FY2027 / FY2026**

	\$	%
<b>DIFFERENCE</b>		
Base Actuarial Rate	\$181,260	18.29%
HIF Funding Supplement Pay - Employee	\$195,120	19.96%
Base Actuarial Rate	\$181,260	18.29%
HIF Funding Supplement Pay - Total	\$195,120	19.96%
Base Actuarial Rate	\$1,498,896	17.57%
HIF Funding Supplement Pay - Employee	\$1,616,568	19.22%
Base Actuarial Rate	\$1,498,896	17.57%
HIF Funding Supplement Pay - Total	\$1,616,568	19.22%
Base Actuarial Rate	\$498,576	17.68%
Employee Pays	\$536,712	19.29%
Base Actuarial Rate	\$498,576	17.68%
HIF Funding Supplement Pay - Total	\$536,712	19.29%

**EXHIBIT A - AON SCHEDULE**

**FY2026 Final Rates**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Early Retirees/COBRA</b>					
<b>COVA Care Plus Expanded Dental Plus Vision &amp; Hearing</b>					
Enrollment as of July 2025	637	127	16	24	804
<b>Employee Portion</b>					
Base Actuarial Rate	\$987	\$1,825	\$1,825	\$2,664	\$11,443,560
HIF Funding Supplement Pay - Employee	(\$13)	(\$26)	(\$26)	(\$37)	(\$154,644)
Employee Pays	\$974	\$1,799	\$1,799	\$2,627	\$11,288,916
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$987	\$1,825	\$1,825	\$2,664	\$11,443,560
HIF Funding Supplement Pay - Total	(\$13)	(\$26)	(\$26)	(\$37)	(\$154,644)
Total	\$974	\$1,799	\$1,799	\$2,627	\$11,288,916
<b>COVA Care Plus Out-of-Network Plus Expanded Dental Plus Vision &amp; Hearing</b>					
Enrollment as of July 2025	445	119	18	35	617
<b>Employee Portion</b>					
Base Actuarial Rate	\$1,010	\$1,868	\$1,868	\$2,726	\$9,609,312
HIF Funding Supplement Pay - Employee	(\$13)	(\$26)	(\$26)	(\$37)	(\$127,704)
Employee Pays	\$997	\$1,842	\$1,842	\$2,689	\$9,481,608
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$1,010	\$1,868	\$1,868	\$2,726	\$9,609,312
HIF Funding Supplement Pay - Total	(\$13)	(\$26)	(\$26)	(\$37)	(\$127,704)
Total	\$997	\$1,842	\$1,842	\$2,689	\$9,481,608
<b>Kaiser Permanente HMO - available in Fredericksburg area and Northern Virginia</b>					
Enrollment as of July 2025	19	10	1	0	30
<b>Employee Portion</b>					
Base Actuarial Rate	\$921	\$1,693	\$1,693	\$2,467	\$433,464
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$921	\$1,693	\$1,693	\$2,467	\$433,464
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$921	\$1,693	\$1,693	\$2,467	\$433,464
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$921	\$1,693	\$1,693	\$2,467	\$433,464

**FY2027 - No HIF Subsidy**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Early Retirees/COBRA</b>					
<b>COVA Care Plus Expanded Dental Plus Vision &amp; Hearing</b>					
Enrollment as of July 2025	637	127	16	24	804
<b>Employee Portion</b>					
Base Actuarial Rate	\$1,157	\$2,139	\$2,139	\$3,122	\$13,413,768
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$1,157	\$2,139	\$2,139	\$3,122	\$13,413,768
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$1,157	\$2,139	\$2,139	\$3,122	\$13,413,768
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,157	\$2,139	\$2,139	\$3,122	\$13,413,768
<b>COVA Care Plus Out-of-Network Plus Expanded Dental Plus Vision &amp; Hearing</b>					
Enrollment as of July 2025	445	119	18	35	617
<b>Employee Portion</b>					
Base Actuarial Rate	\$1,185	\$2,192	\$2,192	\$3,197	\$11,274,288
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$1,185	\$2,192	\$2,192	\$3,197	\$11,274,288
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$1,185	\$2,192	\$2,192	\$3,197	\$11,274,288
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,185	\$2,192	\$2,192	\$3,197	\$11,274,288
<b>Kaiser Permanente HMO - available in Fredericksburg area and Northern Virginia</b>					
Enrollment as of July 2025	19	10	1	0	30
<b>Employee Portion</b>					
Base Actuarial Rate	\$1,000	\$1,837	\$1,837	\$2,677	\$470,484
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$1,000	\$1,837	\$1,837	\$2,677	\$470,484
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$1,000	\$1,837	\$1,837	\$2,677	\$470,484
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,000	\$1,837	\$1,837	\$2,677	\$470,484

**FY2027 / FY2026**

	\$	%
<b>DIFFERENCE</b>		
COVA Care Plus Expanded Dental Plus Vision & Hearing - Employee Portion	\$1,970,208	17.22%
COVA Care Plus Expanded Dental Plus Vision & Hearing - Employee Portion	\$2,124,852	18.82%
COVA Care Plus Out-of-Network Plus Expanded Dental Plus Vision & Hearing - Employee Portion	\$1,664,976	17.33%
COVA Care Plus Out-of-Network Plus Expanded Dental Plus Vision & Hearing - Employee Portion	\$1,792,680	18.91%
Kaiser Permanente HMO - available in Fredericksburg area and Northern Virginia - Employee Portion	\$37,020	8.54%
Kaiser Permanente HMO - available in Fredericksburg area and Northern Virginia - Employee Portion	\$37,020	8.54%

**EXHIBIT A - AON SCHEDULE**

**FY2026 Final Rates**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Early Retirees/COBRA</b>					
<b>Sentara Health (Hampton Roads area)</b>					
Enrollment as of July 2025	19	2	0	0	21
<b>Employee Portion</b>					
Base Actuarial Rate	\$907	\$1,678	\$1,678	\$2,431	\$247,068
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$907	\$1,678	\$1,678	\$2,431	\$247,068
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$907	\$1,678	\$1,678	\$2,431	\$247,068
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$907	\$1,678	\$1,678	\$2,431	\$247,068
<b>Summary Retiree/COBRA Total</b>					
Enrollment as of July 2025	2,376	525	58	115	3,074
<b>Employee Portion</b>					
Base Actuarial Rate					\$43,617,384
HIF Funding Supplement Pay - Employee					(\$601,152)
Employee Pays					\$43,016,232
<b>State Portion</b>					
Base Actuarial Rate					\$0
HIF Funding Supplement Pay - State					\$0
State Pays					\$0
<b>Total</b>					
Base Actuarial Rate					\$43,617,384
HIF Funding Supplement Pay - Total					(\$601,152)
Total					\$43,016,232

**FY2027 - No HIF Subsidy**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Early Retirees/COBRA</b>					
<b>Sentara Health (Hampton Roads area)</b>					
Enrollment as of July 2025	19	2	0	0	21
<b>Employee Portion</b>					
Base Actuarial Rate	\$1,010	\$1,868	\$1,868	\$2,705	\$275,112
HIF Funding Supplement Pay - Employee	\$0	\$0	\$0	\$0	\$0
Employee Pays	\$1,010	\$1,868	\$1,868	\$2,705	\$275,112
<b>State Portion</b>					
Base Actuarial Rate	\$0	\$0	\$0	\$0	\$0
HIF Funding Supplement Pay - State	\$0	\$0	\$0	\$0	\$0
State Pays	\$0	\$0	\$0	\$0	\$0
<b>Total</b>					
Base Actuarial Rate	\$1,010	\$1,868	\$1,868	\$2,705	\$275,112
HIF Funding Supplement Pay - Total	\$0	\$0	\$0	\$0	\$0
Total	\$1,010	\$1,868	\$1,868	\$2,705	\$275,112
<b>Summary Retiree/COBRA Total</b>					
Enrollment as of July 2025	2,376	525	58	115	3,074
<b>Employee Portion</b>					
Base Actuarial Rate					\$51,300,024
HIF Funding Supplement Pay - Employee					\$0
Employee Pays					\$51,300,024
<b>State Portion</b>					
Base Actuarial Rate					\$0
HIF Funding Supplement Pay - State					\$0
State Pays					\$0
<b>Total</b>					
Base Actuarial Rate					\$51,300,024
HIF Funding Supplement Pay - Total					\$0
Total					\$51,300,024

**FY2027 / FY2026**

	\$	%
<b>DIFFERENCE</b>		
Employee Portion	\$28,044	11.35%
State Portion	\$0	0%
Total	\$28,044	11.35%
Employee Portion	\$7,682,640	17.61%
State Portion	\$0	0%
Total	\$7,682,640	17.61%
Employee Portion	\$8,283,792	19.26%
State Portion	\$0	0%
Total	\$8,283,792	19.26%

EXHIBIT A - AON SCHEDULE

**FY2026 Final Rates**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Active Employees/Early Retirees/COBRA</b>					
<b>Grand Total</b>					
Enrollment as of July 2025	40,917	15,204	5,920	28,941	90,982
<b>Employee Portion</b>					
Base Actuarial Rate					\$294,092,064
HIF Funding Supplement Pay - Employee					(\$6,578,376)
<u>Employee Pays - IBNR Funding</u>					\$0
Employee Pays					\$287,513,688
<b>State Portion</b>					
Base Actuarial Rate					\$1,522,203,468
HIF Funding Supplement Pay - State					(\$18,494,088)
Program Reserves Pay					\$0
Funding Gap					\$0
<u>State Pays - IBNR Funding</u>					\$0
State Pays					\$1,503,709,380
<b>Total</b>					
Base Actuarial Rate					\$1,816,295,532
HIF Funding Supplement Pay - Total					(\$25,072,464)
Program Reserves Pay					\$0
Funding Gap					\$0
<u>IBNR Funding</u>					\$0
Total					\$1,791,223,068

**FY2027 - No HIF Subsidy**

Health Care Plans	You Only	You Plus Spouse	You Plus Child	Family	Total
<b>Active Employees/Early Retirees/COBRA</b>					
<b>Grand Total</b>					
Enrollment as of July 2025	40,917	15,204	5,920	28,941	90,982
<b>Employee Portion</b>					
Base Actuarial Rate					\$337,961,976
HIF Funding Supplement Pay - Employee					\$0
<u>Employee Pays - IBNR Funding</u>					\$0
Employee Pays					\$337,961,976
<b>State Portion</b>					
Base Actuarial Rate					\$1,793,489,976
HIF Funding Supplement Pay - State					\$0
Program Reserves Pay					\$0
Funding Gap					\$0
<u>State Pays - IBNR Funding</u>					\$0
State Pays					\$1,793,489,976
<b>Total</b>					
Base Actuarial Rate					\$2,131,451,952
HIF Funding Supplement Pay - Total					\$0
Program Reserves Pay					\$0
Funding Gap					\$0
<u>IBNR Funding</u>					\$0
Total					\$2,131,451,952

**FY2027 / FY2026**

\$	%
<b>DIFFERENCE</b>	

\$43,869,912	14.92%
\$50,448,288	17.55%
\$271,286,508	17.82%
\$289,780,596	19.27%
\$315,156,420	17.35%
\$340,228,884	18.99%

**Exhibit B - Department of Planning and Budget Premium  
Schedule and General Fund Breakout – December 17, 2025**

## Proposed Health Insurance Premium Changes

(Premiums Shown Are Monthly Premiums and Include Premium Rewards)

FY 2027 Plan/Coverage	Enrollment		FY 2026 Premiums Paid				Proposed FY 2027 Premiums				Change Over FY 2026		
	Active Employees	Retirees	Employer	Employee	Total Active	Retirees	Employer	Employee	Total Active	Retirees	Employer	Employee	Retirees
COVA Care, Single	29,215	2,134	\$830	\$91	\$921	\$921	\$938	\$103	1,041	\$1,041	\$108	\$12	\$120
COVA Care, Family	23,001	107	\$2,179	\$306	\$2,485	\$2,485	\$2,461	\$346	2,807	\$2,807	\$282	\$40	\$322
COVA Care, Dual-Minor	4,738	54	\$1,488	\$231	\$1,719	\$1,719	\$1,681	\$261	1,942	\$1,942	\$193	\$30	\$223
COVA Care, Dual-Spouse	12,346	454	\$1,488	\$214	\$1,702	\$1,702	\$1,681	\$242	1,923	\$1,923	\$193	\$28	\$221
COVA HealthAware, Single	6,612	78	\$830	\$2	\$832	\$832	\$1,004	\$2	1,007	\$1,007	\$174	\$0	\$175
COVA HealthAware, Family	4,159	4	\$2,179	\$72	\$2,251	\$2,251	\$2,637	\$87	2,724	\$2,724	\$458	\$15	\$473
COVA HealthAware, Dual-Minor	722	0	\$1,488	\$70	\$1,558	\$1,558	\$1,800	\$85	1,885	\$1,885	\$312	\$15	\$327
COVA HealthAware, Dual-Spouse	1,455	31	\$1,488	\$53	\$1,541	\$1,541	\$1,800	\$64	1,865	\$1,865	\$312	\$11	\$324
COVA High Deductible, Single	712	76	\$739	\$0	\$739	\$739	\$937	\$0	937	\$937	\$198	\$0	\$198
COVA High Deductible, Family	464	3	\$1,998	\$0	\$1,998	\$1,998	\$2,533	\$0	2,533	\$2,533	\$535	\$0	\$535
COVA High Deductible, Dual-Minor	59	3	\$1,366	\$0	\$1,366	\$1,366	\$1,732	\$0	1,732	\$1,732	\$366	\$0	\$366
COVA High Deductible, Dual-Spouse	178	21	\$1,366	\$0	\$1,366	\$1,366	\$1,732	\$0	1,732	\$1,732	\$366	\$0	\$366
Kaiser Permanente, Single	752	18	\$830	\$77	\$907	\$907	\$893	\$107	1,000	\$1,000	\$63	\$30	\$93
Kaiser Permanente, Family	668	0	\$2,179	\$261	\$2,440	\$2,440	\$2,315	\$362	2,677	\$2,677	\$136	\$101	\$237
Kaiser Permanente, Dual-Minor	118	1	\$1,488	\$183	\$1,671	\$1,671	\$1,585	\$252	1,837	\$1,837	\$97	\$69	\$166
Kaiser Permanente, Dual-Spouse	292	10	\$1,488	\$183	\$1,671	\$1,671	\$1,585	\$252	1,837	\$1,837	\$97	\$69	\$166
Sentara Health Plans, Single	1,297	21	\$816	\$77	\$893	\$893	\$903	\$107	1,010	\$1,010	\$87	\$30	\$117
Sentara Health Plans, Family	665	0	\$2,125	\$261	\$2,386	\$2,386	\$2,343	\$362	2,705	\$2,705	\$218	\$101	\$319
Sentara Health Plans, Dual-Minor	230	0	\$1,464	\$183	\$1,647	\$1,647	\$1,616	\$252	1,868	\$1,868	\$152	\$69	\$221
Sentara Health Plans, Dual-Spouse	263	2	\$1,464	\$183	\$1,647	\$1,647	\$1,616	\$252	1,868	\$1,868	\$152	\$69	\$221
Waived Coverage	11,802	2,889	\$0	\$0	\$0	\$0	\$0	\$0	-	\$0	\$0	\$0	\$0
<b>Total/Average Amounts</b>	<b>99,748</b>	<b>5,906</b>	<b>\$1,256</b>	<b>\$146</b>	<b>\$1,401</b>	<b>\$571</b>	<b>\$1,433</b>	<b>\$167</b>	<b>1,600</b>	<b>\$649</b>	<b>\$177</b>	<b>\$21</b>	<b>\$78</b>

FY 2028 Plan/Coverage	Enrollment		Proposed FY 2027 Premiums				Proposed FY 2028 Premiums				Increase Over FY 2027		
	Active Employees	Retirees	Employer	Employee	Total Active	Retirees	Employer	Employee	Total Active	Retirees	Employer	Employee	Retirees
COVA Care, Single	29,215	2,134	\$938	\$103	1,041	\$1,041	\$985	\$108	1,093	\$1,093	\$47	\$5	\$52
COVA Care, Family	23,001	107	\$2,461	\$346	2,807	\$2,807	\$2,584	\$363	2,947	\$2,947	\$123	\$17	\$140
COVA Care, Dual-Minor	4,738	54	\$1,681	\$261	1,942	\$1,942	\$1,765	\$274	2,039	\$2,039	\$84	\$13	\$97
COVA Care, Dual-Spouse	12,346	454	\$1,681	\$242	1,923	\$1,923	\$1,765	\$254	2,019	\$2,019	\$84	\$12	\$96
COVA HealthAware, Single	6,612	78	\$1,004	\$2	1,007	\$1,007	\$1,054	\$3	1,057	\$1,057	\$50	\$1	\$50
COVA HealthAware, Family	4,159	4	\$2,637	\$87	2,724	\$2,724	\$2,769	\$91	2,860	\$2,860	\$132	\$4	\$136
COVA HealthAware, Dual-Minor	722	0	\$1,800	\$85	1,885	\$1,885	\$1,890	\$89	1,979	\$1,979	\$90	\$4	\$94
COVA HealthAware, Dual-Spouse	1,455	31	\$1,800	\$64	1,865	\$1,865	\$1,891	\$67	1,958	\$1,958	\$91	\$3	\$93
COVA High Deductible, Single	712	76	\$937	\$0	937	\$937	\$984	\$0	984	\$984	\$47	\$0	\$47
COVA High Deductible, Family	464	3	\$2,533	\$0	2,533	\$2,533	\$2,660	\$0	2,660	\$2,660	\$127	\$0	\$127
COVA High Deductible, Dual-Minor	59	3	\$1,732	\$0	1,732	\$1,732	\$1,819	\$0	1,819	\$1,819	\$87	\$0	\$87
COVA High Deductible, Dual-Spouse	178	21	\$1,732	\$0	1,732	\$1,732	\$1,819	\$0	1,819	\$1,819	\$87	\$0	\$87
Kaiser Permanente, Single	752	18	\$893	\$107	1,000	\$1,000	\$938	\$112	1,050	\$1,050	\$45	\$5	\$50
Kaiser Permanente, Family	668	0	\$2,315	\$362	2,677	\$2,677	\$2,431	\$380	2,811	\$2,811	\$116	\$18	\$134
Kaiser Permanente, Dual-Minor	118	1	\$1,585	\$252	1,837	\$1,837	\$1,664	\$265	1,929	\$1,929	\$79	\$13	\$92
Kaiser Permanente, Dual-Spouse	292	10	\$1,585	\$252	1,837	\$1,837	\$1,664	\$265	1,929	\$1,929	\$79	\$13	\$92
Sentara Health Plans, Single	1,297	21	\$903	\$107	1,010	\$1,010	\$949	\$112	1,061	\$1,061	\$46	\$5	\$51
Sentara Health Plans, Family	665	0	\$2,343	\$362	2,705	\$2,705	\$2,460	\$380	2,840	\$2,840	\$117	\$18	\$135
Sentara Health Plans, Dual-Minor	230	0	\$1,616	\$252	1,868	\$1,868	\$1,696	\$265	1,961	\$1,961	\$80	\$13	\$93
Sentara Health Plans, Dual-Spouse	263	2	\$1,616	\$252	1,868	\$1,868	\$1,696	\$265	1,961	\$1,961	\$80	\$13	\$93
Waived Coverage	11,802	2,889	\$0	\$0	-	\$0	\$0	\$0	-	\$0	\$0	\$0	\$0
<b>Total/Average Amounts</b>	<b>99,748</b>	<b>5,906</b>	<b>\$1,433</b>	<b>\$167</b>	<b>1,600</b>	<b>\$649</b>	<b>\$1,504</b>	<b>\$175</b>	<b>1,679</b>	<b>\$681</b>	<b>\$72</b>	<b>\$8</b>	<b>\$32</b>

### Annual Cost Summary

	GF (Employer)	NGF (Employer)	Employee Share	Early Retiree Share	TOTAL
FY 2027	\$99,423,507	\$103,684,459	\$24,257,322	\$5,293,511	<b>\$232,658,799</b>
FY 2028	<b>\$144,095,199</b>	\$150,025,896	\$34,742,970	\$7,724,007	<b>\$336,588,072</b>