



COBRA Monthly Premiums
Effective January 1, 2027

Sentara Health Plans

PPO Health Insurance	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 872.80	\$ 17.46	\$ 890.26
Participant & Spouse	\$ 1,919.92	\$ 38.40	\$ 1,958.32
Participant & Child	\$ 1,309.20	\$ 26.18	\$ 1,335.38
Participant & Children	\$ 1,657.88	\$ 33.16	\$ 1,691.04
Family	\$ 2,705.00	\$ 54.10	\$ 2,759.10

POS Health Insurance	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 886.36	\$ 17.73	\$ 904.09
Participant & Spouse	\$ 1,950.20	\$ 39.00	\$ 1,989.20
Participant & Child	\$ 1,330.08	\$ 26.60	\$ 1,356.68
Participant & Children	\$ 1,684.00	\$ 33.68	\$ 1,717.68
Family	\$ 2,747.84	\$ 54.96	\$ 2,802.80

HMO Health Insurance	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 879.08	\$ 17.58	\$ 896.66
Participant & Spouse	\$ 1,934.56	\$ 38.69	\$ 1,973.25
Participant & Child	\$ 1,319.64	\$ 26.39	\$ 1,346.03
Participant & Children	\$ 1,671.44	\$ 33.43	\$ 1,704.87
Family	\$ 2,725.88	\$ 54.52	\$ 2,780.40

CDHP Health Insurance	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 830.00	\$ 16.60	\$ 846.60
Participant & Spouse	\$ 1,824.92	\$ 36.50	\$ 1,861.42
Participant & Child	\$ 1,244.48	\$ 24.89	\$ 1,269.37
Participant & Children	\$ 1,576.44	\$ 31.53	\$ 1,607.97
Family	\$ 2,572.44	\$ 51.45	\$ 2,623.89

Aetna Dental

Aetna Basic

Dental Plan	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 29.44	\$ 0.59	\$ 30.03
Participant & Spouse	\$ 60.08	\$ 1.20	\$ 61.28
Participant & Children	\$ 76.56	\$ 1.53	\$ 78.09
Family	\$ 113.20	\$ 2.26	\$ 115.46

Aetna Enhanced

Dental Plan	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 37.04	\$ 0.74	\$ 37.78
Participant & Spouse	\$ 75.52	\$ 1.51	\$ 77.03
Participant & Children	\$ 96.24	\$ 1.92	\$ 98.16
Family	\$ 142.40	\$ 2.85	\$ 145.25

Davis Vision

Davis Vision

Basic Plan	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 5.08	\$ 0.10	\$ 5.18
Participant & Spouse	\$ 8.80	\$ 0.18	\$ 8.98
Participant & Children	\$ 10.08	\$ 0.20	\$ 10.28
Family	\$ 14.56	\$ 0.29	\$ 14.85

Davis Vision

Enhanced Plan	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 5.80	\$ 0.12	\$ 5.92
Participant & Spouse	\$ 10.24	\$ 0.20	\$ 10.44
Participant & Children	\$ 11.64	\$ 0.23	\$ 11.87
Family	\$ 16.80	\$ 0.34	\$ 17.14