



Employee Monthly Premiums for July 1, 2016 – June 30, 2017

Full-time employees pay the "Employee Pays" amount. Part-time salaried employees pay the Total Premium.

Please note: Get a Premium Reward if you are enrolled in COVA Care or COVA HealthAware. You or your enrolled spouse must complete certain healthy actions to save \$17 a month or \$34 when both of you meet the requirements.

HEALTH CARE PLANS		Premium			Premium with Rewards				
		You Only	You Plus One	You Plus Two or More	You Only	You Plus Spouse		You Plus Spouse and More	
					Employee	Employee or Spouse	Employee & Spouse	Employee or Spouse	Employee & Spouse
COVA Care	Employee Pays	\$82	\$188	\$254	\$65	\$171	\$154	\$237	\$220
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$677	\$1,254	\$1,817	\$660	\$1,237	\$1,220	\$1,800	\$1,783
COVA Care + Out-of-Network	Employee Pays	\$98	\$210	\$284	\$81	\$193	\$176	\$267	\$250
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$693	\$1,276	\$1,847	\$676	\$1,259	\$1,242	\$1,830	\$1,813
COVA Care + Expanded Dental	Employee Pays	\$111	\$243	\$338	\$94	\$226	\$209	\$321	\$304
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$706	\$1,309	\$1,901	\$689	\$1,292	\$1,275	\$1,884	\$1,867
COVA Care + Out-of-Network + Expanded Dental	Employee Pays	\$127	\$265	\$368	\$110	\$248	\$231	\$351	\$334
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$722	\$1,331	\$1,931	\$705	\$1,314	\$1,297	\$1,914	\$1,897
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays	\$128	\$272	\$377	\$111	\$255	\$238	\$360	\$343
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$723	\$1,338	\$1,940	\$706	\$1,321	\$1,304	\$1,923	\$1,906
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	\$144	\$294	\$407	\$127	\$277	\$260	\$390	\$373
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$739	\$1,360	\$1,970	\$722	\$1,343	\$1,326	\$1,953	\$1,936
COVA HealthAware	Employee Pays	\$21	\$76	\$87	\$4	\$59	\$42	\$70	\$53
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$616	\$1,142	\$1,650	\$599	\$1,125	\$1,108	\$1,633	\$1,616
COVA HealthAware + Expanded Dental	Employee Pays	\$49	\$131	\$170	\$32	\$114	\$97	\$153	\$136
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$644	\$1,197	\$1,733	\$627	\$1,180	\$1,163	\$1,716	\$1,699
COVA HealthAware + Expanded Dental & Vision	Employee Pays	\$59	\$147	\$191	\$42	\$130	\$113	\$174	\$157
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$654	\$1,213	\$1,754	\$637	\$1,196	\$1,179	\$1,737	\$1,720
COVA HDHP	Employee Pays	\$0	\$0	\$0					
	State Pays	\$511	\$949	\$1,387					
	Total Premium	\$511	\$949	\$1,387					
COVA HDHP + Expanded Dental	Employee Pays	\$28	\$55	\$83					
	State Pays	\$511	\$949	\$1,387					
	Total Premium	\$539	\$1,004	\$1,470					
Kaiser Permanente HMO (available primarily in Northern Virginia)	Employee Pays	\$65	\$154	\$220					
	State Pays	\$530	\$941	\$1,375					
	Total Premium	\$595	\$1,095	\$1,595					
TRICARE Voluntary Supplement	Total Premium	\$61	\$120	\$161					

Premiums and plan benefits may change subject to final state budget approval.