



Employee Monthly Premiums for July 1, 2017 – June 30, 2018

Salaried employees working 30 or more hours a week pay the “Employee Pays” amount. Salaried employees working less than 30 hours a week 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. See page 2.

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	\$88	\$201	\$273	\$71	\$184	\$167	\$256	\$239
	State Pays	\$647	\$1,159	\$1,699	\$647	\$1,159	\$1,159	\$1,699	\$1,699
	Total Premium	\$735	\$1,360	\$1,972	\$718	\$1,343	\$1,326	\$1,955	\$1,938
COVA Care + Out-of-Network	Employee Pays	\$105	\$225	\$305	\$88	\$208	\$191	\$288	\$271
	State Pays	\$647	\$1,159	\$1,699	\$647	\$1,159	\$1,159	\$1,699	\$1,699
	Total Premium	\$752	\$1,384	\$2,004	\$735	\$1,367	\$1,350	\$1,987	\$1,970
COVA Care + Expanded Dental	Employee Pays	\$119	\$260	\$364	\$102	\$243	\$226	\$347	\$330
	State Pays	\$647	\$1,159	\$1,699	\$647	\$1,159	\$1,159	\$1,699	\$1,699
	Total Premium	\$766	\$1,419	\$2,063	\$749	\$1,402	\$1,385	\$2,046	\$2,029
COVA Care + Out-of-Network + Expanded Dental	Employee Pays	\$136	\$284	\$396	\$119	\$267	\$250	\$379	\$362
	State Pays	\$647	\$1,159	\$1,699	\$647	\$1,159	\$1,159	\$1,699	\$1,699
	Total Premium	\$783	\$1,443	\$2,095	\$766	\$1,426	\$1,409	\$2,078	\$2,061
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays	\$137	\$291	\$406	\$120	\$274	\$257	\$389	\$372
	State Pays	\$647	\$1,159	\$1,699	\$647	\$1,159	\$1,159	\$1,699	\$1,699
	Total Premium	\$784	\$1,450	\$2,105	\$767	\$1,433	\$1,416	\$2,088	\$2,071
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	\$154	\$315	\$438	\$137	\$298	\$281	\$421	\$404
	State Pays	\$647	\$1,159	\$1,699	\$647	\$1,159	\$1,159	\$1,699	\$1,699
	Total Premium	\$801	\$1,474	\$2,137	\$784	\$1,457	\$1,440	\$2,120	\$2,103
COVA HealthAware	Employee Pays	\$17	\$51	\$50	\$0	\$34	\$17	\$33	\$16
	State Pays	\$648	\$1,182	\$1,733	\$648	\$1,182	\$1,182	\$1,733	\$1,733
	Total Premium	\$665	\$1,233	\$1,783	\$648	\$1,216	\$1,199	\$1,766	\$1,749
COVA HealthAware + Expanded Dental	Employee Pays	\$47	\$111	\$140	\$30	\$94	\$77	\$123	\$106
	State Pays	\$648	\$1,182	\$1,733	\$648	\$1,182	\$1,182	\$1,733	\$1,733
	Total Premium	\$695	\$1,293	\$1,873	\$678	\$1,276	\$1,259	\$1,856	\$1,839
COVA HealthAware + Expanded Dental & Vision	Employee Pays	\$58	\$128	\$163	\$41	\$111	\$94	\$146	\$129
	State Pays	\$648	\$1,182	\$1,733	\$648	\$1,182	\$1,182	\$1,733	\$1,733
	Total Premium	\$706	\$1,310	\$1,896	\$689	\$1,293	\$1,276	\$1,879	\$1,862
COVA HDHP	Employee Pays	\$0	\$0	\$0					
	State Pays	\$551	\$1,024	\$1,496					
	Total Premium	\$551	\$1,024	\$1,496					
COVA HDHP + Expanded Dental	Employee Pays	\$30	\$59	\$90					
	State Pays	\$551	\$1,024	\$1,496					
	Total Premium	\$581	\$1,083	\$1,586					
Kaiser Permanente HMO (available primarily in Northern Virginia)	Employee Pays	\$71	\$167	\$239					
	State Pays	\$554	\$983	\$1,436					
	Total Premium	\$625	\$1,150	\$1,675					
TRICARE Voluntary Supplement*	Total Premium	\$61	\$120	\$161					

* Washington State Residents contact Office of Health Benefits for Washington State mandated premium amount