

Commonwealth of Virginia State Health Benefits Program

Employee Monthly Premiums for July 1, 2018 – June 30, 2019

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

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 a health assessment 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	\$92	\$211	\$287	\$75	\$194	\$177	\$270	\$253
	State Pays	\$687	\$1,229	\$1,802	\$687	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$779	\$1,440	\$2,089	\$762	\$1,423	\$1,406	\$2,072	\$2,055
COVA Care + Out-of-Network	Employee Pays	\$110	\$236	\$321	\$93	\$219	\$202	\$304	\$287
	State Pays	\$687	\$1,229	\$1,802	\$687	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$797	\$1,465	\$2,123	\$780	\$1,448	\$1,431	\$2,106	\$2,089
COVA Care + Expanded Dental	Employee Pays	\$125	\$274	\$384	\$108	\$257	\$240	\$367	\$350
	State Pays	\$687	\$1,229	\$1,802	\$687	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$812	\$1,503	\$2,186	\$795	\$1,486	\$1,469	\$2,169	\$2,152
COVA Care + Out-of-Network + Expanded Dental	Employee Pays	\$143	\$299	\$418	\$126	\$282	\$265	\$401	\$384
	State Pays	\$687	\$1,229	\$1,802	\$687	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$830	\$1,528	\$2,220	\$813	\$1,511	\$1,494	\$2,203	\$2,186
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays	\$144	\$307	\$429	\$127	\$290	\$273	\$412	\$395
	State Pays	\$687	\$1,229	\$1,802	\$687	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$831	\$1,536	\$2,231	\$814	\$1,519	\$1,502	\$2,214	\$2,197
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	\$162	\$332	\$463	\$145	\$315	\$298	\$446	\$429
	State Pays	\$687	\$1,229	\$1,802	\$687	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$849	\$1,561	\$2,265	\$832	\$1,544	\$1,527	\$2,248	\$2,231
COVA HealthAware	Employee Pays	\$17	\$58	\$59	\$0	\$41	\$24	\$42	\$25
	State Pays	\$677	\$1,229	\$1,802	\$677	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$694	\$1,287	\$1,861	\$677	\$1,270	\$1,253	\$1,844	\$1,827
COVA HealthAware + Expanded Dental	Employee Pays	\$48	\$121	\$153	\$31	\$104	\$87	\$136	\$119
	State Pays	\$677	\$1,229	\$1,802	\$677	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$725	\$1,350	\$1,955	\$708	\$1,333	\$1,316	\$1,938	\$1,921
COVA HealthAware + Expanded Dental & Vision	Employee Pays	\$60	\$138	\$177	\$43	\$121	\$104	\$160	\$143
	State Pays	\$677	\$1,229	\$1,802	\$677	\$1,229	\$1,229	\$1,802	\$1,802
	Total Premium	\$737	\$1,367	\$1,979	\$720	\$1,350	\$1,333	\$1,962	\$1,945
COVA HDHP	Employee Pays	\$0	\$0	\$0					
	State Pays	\$584	\$1,086	\$1,587					
	Total Premium	\$584	\$1,086	\$1,587					
COVA HDHP + Expanded Dental	Employee Pays	\$32	\$63	\$95					
	State Pays	\$584	\$1,086	\$1,587					
	Total Premium	\$616	\$1,149	\$1,682					
Kaiser Permanente HMO (available primarily in Northern Virginia)	Employee Pays	\$75	\$177	\$253					
	State Pays	\$594	\$1,053	\$1,539					
	Total Premium	\$669	\$1,230	\$1,792					
TRICARE Voluntary Supplement**	Total Premium	\$61	\$120	\$161					

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

