

# COMMONWEALTH OF VIRGINIA STATE HEALTH BENEFITS PROGRAM

## EMPLOYEE MONTHLY PREMIUMS FOR JULY 1, 2022 - JUNE 30, 2023

Salaried employees working 30 hours or more 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 can complete a health assessment to earn a \$17 monthly premium incentive or \$34 incentive when both of you meet the requirements.



**PREMIUM AND PLAN BENEFITS  
MAY CHANGE SUBJECT TO  
FINAL STATE BUDGET APPROVAL.**



HEALTH CARE PLANS		PREMIUM		
		You Only	You Plus One	You Plus Two or More
COVA Care	Employee Pays	\$96	\$220	\$301
	State Pays	\$723	\$1,294	\$1,896
	<b>Total Premium</b>	<b>\$819</b>	<b>\$1,514</b>	<b>\$2,197</b>
COVA Care + Out-of-Network	Employee Pays	\$115	\$255	\$353
	State Pays	\$723	\$1,294	\$1,896
	<b>Total Premium</b>	<b>\$838</b>	<b>\$1,549</b>	<b>\$2,249</b>
COVA Care + Expanded Dental	Employee Pays	\$131	\$285	\$395
	State Pays	\$723	\$1,294	\$1,896
	<b>Total Premium</b>	<b>\$854</b>	<b>\$1,579</b>	<b>\$2,291</b>
COVA Care + Out-of-Network + Expanded Dental	Employee Pays	\$150	\$319	\$447
	State Pays	\$723	\$1,294	\$1,896
	<b>Total Premium</b>	<b>\$873</b>	<b>\$1,613</b>	<b>\$2,343</b>
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays	\$151	\$321	\$449
	State Pays	\$723	\$1,294	\$1,896
	<b>Total Premium</b>	<b>\$874</b>	<b>\$1,615</b>	<b>\$2,345</b>
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	\$170	\$356	\$500
	State Pays	\$723	\$1,294	\$1,896
	<b>Total Premium</b>	<b>\$893</b>	<b>\$1,650</b>	<b>\$2,396</b>
COVA HealthAware	Employee Pays	\$17	\$52	\$54
	State Pays	\$709	\$1,294	\$1,893
	<b>Total Premium</b>	<b>\$726</b>	<b>\$1,346</b>	<b>\$1,947</b>
COVA HealthAware + Expanded Dental	Employee Pays	\$50	\$112	\$141
	State Pays	\$709	\$1,294	\$1,893
	<b>Total Premium</b>	<b>\$759</b>	<b>\$1,406</b>	<b>\$2,034</b>
COVA HealthAware + Expanded Dental & Vision	Employee Pays	\$61	\$134	\$172
	State Pays	\$709	\$1,294	\$1,893
	<b>Total Premium</b>	<b>\$770</b>	<b>\$1,428</b>	<b>\$2,065</b>
COVA HDHP	Employee Pays	\$0	\$0	\$0
	State Pays	\$614	\$1,143	\$1,670
	<b>Total Premium</b>	<b>\$614</b>	<b>\$1,143</b>	<b>\$1,670</b>
COVA HDHP + Expanded Dental	Employee Pays	\$34	\$62	\$91
	State Pays	\$614	\$1,143	\$1,670
	<b>Total Premium</b>	<b>\$648</b>	<b>\$1,205</b>	<b>\$1,761</b>
Kaiser Permanente HMO (available primarily in Northern Virginia)	Employee Pays	\$79	\$186	\$267
	State Pays	\$673	\$1,196	\$1,747
	<b>Total Premium</b>	<b>\$752</b>	<b>\$1,382</b>	<b>\$2,014</b>
Optima Health Vantage HMO + Expanded Dental & Vision (Hampton Roads area)	Employee Pays	\$79	\$186	\$267
	State Pays	\$703	\$1,261	\$1,828
	<b>Total Premium</b>	<b>\$782</b>	<b>\$1,447</b>	<b>\$2,095</b>
TRICARE Voluntary Supplement*	<b>Total Premium</b>	<b>\$61</b>	<b>\$120</b>	<b>\$161</b>

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