

# 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 pay \$17 less a month or \$34 less 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	\$96	\$220	\$301	\$79	\$203	\$186	\$284	\$267
	State Pays	\$723	\$1,294	\$1,896	\$723	\$1,294	\$1,294	\$1,896	\$1,896
	<b>Total Premium</b>	<b>\$819</b>	<b>\$1,514</b>	<b>\$2,197</b>	<b>\$802</b>	<b>\$1,497</b>	<b>\$1,480</b>	<b>\$2,180</b>	<b>\$2,163</b>
COVA Care + Out-of-Network	Employee Pays	\$115	\$255	\$353	\$98	\$238	\$221	\$336	\$319
	State Pays	\$723	\$1,294	\$1,896	\$723	\$1,294	\$1,294	\$1,896	\$1,896
	<b>Total Premium</b>	<b>\$838</b>	<b>\$1,549</b>	<b>\$2,249</b>	<b>\$821</b>	<b>\$1,532</b>	<b>\$1,515</b>	<b>\$2,232</b>	<b>\$2,215</b>
COVA Care + Expanded Dental	Employee Pays	\$131	\$285	\$395	\$114	\$268	\$251	\$378	\$361
	State Pays	\$723	\$1,294	\$1,896	\$723	\$1,294	\$1,294	\$1,896	\$1,896
	<b>Total Premium</b>	<b>\$854</b>	<b>\$1,579</b>	<b>\$2,291</b>	<b>\$837</b>	<b>\$1,562</b>	<b>\$1,545</b>	<b>\$2,274</b>	<b>\$2,257</b>
COVA Care + Out-of-Network + Expanded Dental	Employee Pays	\$150	\$319	\$447	\$133	\$302	\$285	\$430	\$413
	State Pays	\$723	\$1,294	\$1,896	\$723	\$1,294	\$1,294	\$1,896	\$1,896
	<b>Total Premium</b>	<b>\$873</b>	<b>\$1,613</b>	<b>\$2,343</b>	<b>\$856</b>	<b>\$1,596</b>	<b>\$1,579</b>	<b>\$2,326</b>	<b>\$2,309</b>
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays	\$151	\$321	\$449	\$134	\$304	\$287	\$432	\$415
	State Pays	\$723	\$1,294	\$1,896	\$723	\$1,294	\$1,294	\$1,896	\$1,896
	<b>Total Premium</b>	<b>\$874</b>	<b>\$1,615</b>	<b>\$2,345</b>	<b>\$857</b>	<b>\$1,598</b>	<b>\$1,581</b>	<b>\$2,328</b>	<b>\$2,311</b>
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	\$170	\$356	\$500	\$153	\$339	\$322	\$483	\$466
	State Pays	\$723	\$1,294	\$1,896	\$723	\$1,294	\$1,294	\$1,896	\$1,896
	<b>Total Premium</b>	<b>\$893</b>	<b>\$1,650</b>	<b>\$2,396</b>	<b>\$876</b>	<b>\$1,633</b>	<b>\$1,616</b>	<b>\$2,379</b>	<b>\$2,362</b>
COVA HealthAware	Employee Pays	\$17	\$52	\$54	\$0	\$35	\$18	\$37	\$20
	State Pays	\$709	\$1,294	\$1,893	\$709	\$1,294	\$1,294	\$1,893	\$1,893
	<b>Total Premium</b>	<b>\$726</b>	<b>\$1,346</b>	<b>\$1,947</b>	<b>\$709</b>	<b>\$1,329</b>	<b>\$1,312</b>	<b>\$1,930</b>	<b>\$1,913</b>
COVA HealthAware + Expanded Dental	Employee Pays	\$50	\$112	\$141	\$33	\$95	\$78	\$124	\$107
	State Pays	\$709	\$1,294	\$1,893	\$709	\$1,294	\$1,294	\$1,893	\$1,893
	<b>Total Premium</b>	<b>\$759</b>	<b>\$1,406</b>	<b>\$2,034</b>	<b>\$742</b>	<b>\$1,389</b>	<b>\$1,372</b>	<b>\$2,017</b>	<b>\$2,000</b>
COVA HealthAware + Expanded Dental & Vision	Employee Pays	\$61	\$134	\$172	\$44	\$117	\$100	\$155	\$138
	State Pays	\$709	\$1,294	\$1,893	\$709	\$1,294	\$1,294	\$1,893	\$1,893
	<b>Total Premium</b>	<b>\$770</b>	<b>\$1,428</b>	<b>\$2,065</b>	<b>\$753</b>	<b>\$1,411</b>	<b>\$1,394</b>	<b>\$2,048</b>	<b>\$2,031</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 <small>(available primarily in Northern Virginia)</small>	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 <small>(Hampton Roads area)</small>	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>					

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



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