

# COMMONWEALTH OF VIRGINIA STATE HEALTH BENEFITS PROGRAM

## EMPLOYEE MONTHLY PREMIUMS FOR JULY 1, 2019 - JUNE 30, 2020

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. See page 9.

| 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 |
| <b>COVA Care</b>   | 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           |
|  | <b>Total Premium</b> | <b>\$779</b> | <b>\$1,440</b> | <b>\$2,089</b>       | <b>\$762</b>         | <b>\$1,423</b>     | <b>\$1,406</b>    | <b>\$2,072</b>           | <b>\$2,055</b>    |
| <b>COVA Care + Out-of-Network</b>  | Employee Pays        | \$110        | \$244          | \$336                | \$93                 | \$227              | \$210             | \$319                    | \$302             |
|  | State Pays           | \$687        | \$1,229        | \$1,802              | \$687                | \$1,229            | \$1,229           | \$1,802                  | \$1,802           |
|  | <b>Total Premium</b> | <b>\$797</b> | <b>\$1,473</b> | <b>\$2,138</b>       | <b>\$780</b>         | <b>\$1,456</b>     | <b>\$1,439</b>    | <b>\$2,121</b>           | <b>\$2,104</b>    |
| <b>COVA Care + Expanded Dental</b>   | Employee Pays        | \$125        | \$272          | \$376                | \$108                | \$255              | \$238             | \$359                    | \$342             |
|  | State Pays           | \$687        | \$1,229        | \$1,802              | \$687                | \$1,229            | \$1,229           | \$1,802                  | \$1,802           |
|  | <b>Total Premium</b> | <b>\$812</b> | <b>\$1,501</b> | <b>\$2,178</b>       | <b>\$795</b>         | <b>\$1,484</b>     | <b>\$1,467</b>    | <b>\$2,161</b>           | <b>\$2,144</b>    |
| <b>COVA Care + Out-of-Network + Expanded Dental</b>                        | Employee Pays        | \$143        | \$305          | \$425                | \$126                | \$288              | \$271             | \$408                    | \$391             |
|  | State Pays           | \$687        | \$1,229        | \$1,802              | \$687                | \$1,229            | \$1,229           | \$1,802                  | \$1,802           |
|  | <b>Total Premium</b> | <b>\$830</b> | <b>\$1,534</b> | <b>\$2,227</b>       | <b>\$813</b>         | <b>\$1,517</b>     | <b>\$1,500</b>    | <b>\$2,210</b>           | <b>\$2,193</b>    |
| <b>COVA Care + Expanded Dental + Vision &amp; Hearing</b>                  | Employee Pays        | \$144        | \$307          | \$427                | \$127                | \$290              | \$273             | \$410                    | \$393             |
|  | State Pays           | \$687        | \$1,229        | \$1,802              | \$687                | \$1,229            | \$1,229           | \$1,802                  | \$1,802           |
|  | <b>Total Premium</b> | <b>\$831</b> | <b>\$1,536</b> | <b>\$2,229</b>       | <b>\$814</b>         | <b>\$1,519</b>     | <b>\$1,502</b>    | <b>\$2,212</b>           | <b>\$2,195</b>    |
| <b>COVA Care + Out-of-Network + Expanded Dental + Vision &amp; Hearing</b> | Employee Pays        | \$162        | \$340          | \$476                | \$145                | \$323              | \$306             | \$459                    | \$442             |
|  | State Pays           | \$687        | \$1,229        | \$1,802              | \$687                | \$1,229            | \$1,229           | \$1,802                  | \$1,802           |
|  | <b>Total Premium</b> | <b>\$849</b> | <b>\$1,569</b> | <b>\$2,278</b>       | <b>\$832</b>         | <b>\$1,552</b>     | <b>\$1,535</b>    | <b>\$2,261</b>           | <b>\$2,244</b>    |
| <b>COVA HealthAware</b>  | 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           |
|  | <b>Total Premium</b> | <b>\$694</b> | <b>\$1,287</b> | <b>\$1,861</b>       | <b>\$677</b>         | <b>\$1,270</b>     | <b>\$1,253</b>    | <b>\$1,844</b>           | <b>\$1,827</b>    |
| <b>COVA HealthAware + Expanded Dental</b>                                  | Employee Pays        | \$48         | \$115          | \$143                | \$31                 | \$98               | \$81              | \$126                    | \$109             |
|  | State Pays           | \$677        | \$1,229        | \$1,802              | \$677                | \$1,229            | \$1,229           | \$1,802                  | \$1,802           |
|  | <b>Total Premium</b> | <b>\$725</b> | <b>\$1,344</b> | <b>\$1,945</b>       | <b>\$708</b>         | <b>\$1,327</b>     | <b>\$1,310</b>    | <b>\$1,928</b>           | <b>\$1,911</b>    |
| <b>COVA HealthAware + Expanded Dental &amp; Vision</b>                     | Employee Pays        | \$59         | \$136          | \$172                | \$42                 | \$119              | \$102             | \$155                    | \$138             |
|  | State Pays           | \$677        | \$1,229        | \$1,802              | \$677                | \$1,229            | \$1,229           | \$1,802                  | \$1,802           |
|  | <b>Total Premium</b> | <b>\$736</b> | <b>\$1,365</b> | <b>\$1,974</b>       | <b>\$719</b>         | <b>\$1,348</b>     | <b>\$1,331</b>    | <b>\$1,957</b>           | <b>\$1,940</b>    |
| <b>COVA HDHP</b>   | Employee Pays        | \$0          | \$0            | \$0                  | \$0                  | \$0                | \$0               | \$0                      | \$0               |
|  | State Pays           | \$584        | \$1,086        | \$1,587              | \$584                | \$1,086            | \$1,086           | \$1,587                  | \$1,587           |
|  | <b>Total Premium</b> | <b>\$584</b> | <b>\$1,086</b> | <b>\$1,587</b>       | <b>\$584</b>         | <b>\$1,086</b>     | <b>\$1,086</b>    | <b>\$1,587</b>           | <b>\$1,587</b>    |
| <b>COVA HDHP + Expanded Dental</b>   | Employee Pays        | \$32         | \$59           | \$86                 | \$32                 | \$59               | \$86              | \$86                     | \$86              |
|  | State Pays           | \$584        | \$1,086        | \$1,587              | \$584                | \$1,086            | \$1,086           | \$1,587                  | \$1,587           |
|  | <b>Total Premium</b> | <b>\$616</b> | <b>\$1,145</b> | <b>\$1,673</b>       | <b>\$616</b>         | <b>\$1,145</b>     | <b>\$1,172</b>    | <b>\$1,673</b>           | <b>\$1,673</b>    |
| <b>Kaiser Permanente HMO</b><br>(available primarily in Northern Virginia) | Employee Pays        | \$75         | \$177          | \$253                | \$75                 | \$177              | \$253             | \$253                    | \$253             |
|  | State Pays           | \$584        | \$1,035        | \$1,513              | \$584                | \$1,035            | \$1,035           | \$1,513                  | \$1,513           |
|  | <b>Total Premium</b> | <b>\$659</b> | <b>\$1,212</b> | <b>\$1,766</b>       | <b>\$659</b>         | <b>\$1,212</b>     | <b>\$1,288</b>    | <b>\$1,766</b>           | <b>\$1,766</b>    |
| <b>Optima Health Vantage HMO</b><br>(Hampton Roads area)                   | Employee Pays        | \$75         | \$177          | \$253                | \$75                 | \$177              | \$253             | \$253                    | \$253             |
|  | State Pays           | \$685        | \$1,230        | \$1,785              | \$685                | \$1,230            | \$1,230           | \$1,785                  | \$1,785           |
|  | <b>Total Premium</b> | <b>\$760</b> | <b>\$1,407</b> | <b>\$2,038</b>       | <b>\$760</b>         | <b>\$1,407</b>     | <b>\$1,483</b>    | <b>\$2,038</b>           | <b>\$2,038</b>    |
| <b>TRICARE Voluntary Supplement**</b>                                      | Total Premium        | \$61         | \$120          | \$161                |                      |                    |                   |                          |                   |

**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