## COMMONWEALTH OF VIRGINIA STATE HEALTH BENEFITS PROGRAM

## FINAL EMPLOYEE MONTHLY PREMIUMS FOR JULY 1, 2021 - JUNE 30, 2022

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

		PREMIUM			PREMIUM WITH REWARDS				
		V. 0.1	You Plus	You Plus	You Only	You Plus Spouse		You F Spouse a	
EALTH CARE PLANS		You Only	One	Two or More	Employee	Employee or Spouse	Employee & Spouse	Employee or Spouse	
COVA Care	Employee Pays	\$94	\$217	\$295	\$77	\$200	\$183	\$278	
	State Pays <b>Total Premium</b>	\$709 <b>\$80</b> 3	\$1,268 <b>\$1,485</b>	\$1,859 <b>\$2,154</b>	<u>\$709</u> <b>\$786</b>	\$1,268 <b>\$1,468</b>	\$1,268 <b>\$1,451</b>	\$1,859 <b>\$2,137</b>	
COVA Care + Out-of-Network	<b>Employee Pays</b>	\$113	\$251	\$346	\$96	\$234	\$217	\$329	
	State Pays <b>Total Premium</b>	\$709 <b>\$822</b>	\$1,268 <b>\$1,519</b>	\$1,859 <b>\$2,205</b>	\$709 <b>\$805</b>	\$1,268 <b>\$1,502</b>	\$1,268 <b>\$1,485</b>	\$1,859 <b>\$2,188</b>	
COVA Care + Expanded Dental	Employee Pays	\$128	\$280	\$387	\$111	\$263	\$246	\$370	
	State Pays <b>Total Premium</b>	\$709 <b>\$837</b>	\$1,268 <b>\$1,548</b>	\$1,859 <b>\$2,246</b>	\$709 <b>\$820</b>	\$1,268 <b>\$1,531</b>	\$1,268 <b>\$1,514</b>	\$1,859 <b>\$2,229</b>	
COVA Care + Out-of-Network + Expanded Dental	Employee Pays	\$147	\$314	\$438	\$130	\$297	\$280	\$421	
	State Pays <b>Total Premium</b>	\$709 <b>\$856</b>	\$1,268 <b>\$1,582</b>	\$1,859 <b>\$2,297</b>	\$709 <b>\$839</b>	\$1,268 <b>\$1,565</b>	\$1,268 <b>\$1,548</b>	\$1,859 <b>\$2,280</b>	
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays	\$148	\$316	\$440	\$131	\$299	\$282	\$423	
	State Pays <b>Total Premium</b>	<u>\$709</u> <b>\$85</b> 7	\$1,268 <b>\$1,584</b>	\$1,859 <b>\$2,299</b>	\$709 <b>\$840</b>	\$1,268 <b>\$1,567</b>	\$1,268 <b>\$1,550</b>	\$1,859 <b>\$2,282</b>	
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	\$166	\$350	\$490	\$149	\$333	\$316	\$473	
	State Pays	\$709	<u>\$1,268</u>	\$1,859	\$709	\$1,268	<u>\$1,268</u>	\$1,859	
	Total Premium	\$875	\$1,618	\$2,349	\$858	\$1,601	\$1,584	\$2,332	
COVA HealthAware	Employee Pays	\$17	\$52	<b>\$53</b>	\$0	\$35	\$18	\$36	
	State Pays <b>Total Premium</b>	<u>\$695</u> <b>\$712</b>	\$1,268 <b>\$1,320</b>	<u>\$1,856</u> <b>\$1,909</b>	<u>\$695</u> <b>\$695</b>	\$1,268 <b>\$1,303</b>	\$1,268 <b>\$1,286</b>	\$1,856 <b>\$1,892</b>	
COVA HealthAware + Expanded Dental	Employee Pays	\$49	\$111	\$139	\$32	\$94	\$77	\$122	
	State Pays <b>Total Premium</b>	\$695 <b>\$744</b>	\$1,268 <b>\$1,379</b>	\$1,856 <b>\$1,995</b>	<u>\$695</u> <b>\$727</b>	\$1,268 <b>\$1,362</b>	\$1,268 <b>\$1,345</b>	\$1,856 <b>\$1,978</b>	
COVA HealthAware + Expanded Dental & Vision	Employee Pays	\$60	\$132	\$169	\$43	\$115	\$98	\$152	
	State Pays <b>Total Premium</b>	\$695 <b>\$755</b>	\$1,268 <b>\$1,400</b>	\$1,856 <b>\$2,025</b>	<u>\$695</u> <b>\$738</b>	\$1,268 <b>\$1,383</b>	\$1,268 <b>\$1,366</b>	\$1,856 <b>\$2,008</b>	
COVA HDHP	Employee Pays	\$0	\$0	\$0	ψ/30	Ψ1,505	Ψ1,500	Ψ2,000	
	State Pays	\$602	\$1,120 \$1,120	\$1,637					
	Total Premium Employee Pays	\$602 \$33	\$1,120 \$61	\$1,637 \$89					
COVA HDHP + Expanded Dental	State Pays	\$602	\$1,120	\$1,637					
- anguinava bontui	Total Premium	\$635	\$1,181	\$1,726					
Kaiser Permanente HMO (available primarily in Northern Virginia)	Employee Pays State Pays	\$77 <u>\$640</u>	<b>\$183</b> <u>\$1,134</u>	<b>\$261</b> <u>\$1,658</u>					
	Total Premium	\$717	\$1,317	\$1,919			OKK	M	
Optima Health Vantage HMO	Employee Pays	\$77 \$705	\$183 \$1.264	\$261 \$1,934		<b>MI</b>	arr		
(Hampton Roads area)	State Pays <b>Total Premium</b>	\$705 <b>\$782</b>	\$1,264 <b>\$1,447</b>	\$1,834 <b>\$2,095</b>					

\$120

\$161

\$61



You Plus ouse and More

\$261

\$1,859

\$2,120

\$312 \$1,859

\$2,171

\$353 \$1,859

\$2,212

\$404

\$1.859

\$2,263

\$406

\$1,859

\$2,265

\$456

\$1,859

\$2,315

\$1,856

\$1,875

\$105

\$1,856

\$1,961

\$135 \$1,856

\$1,991

\$19

**Total Premium** 

**TRICARE** 

Voluntary Supplement\*

<sup>\*</sup> Washington State Residents contact Office of Health Benefits for Washington State mandated TRICARE premium amount