## COMMONWEALTH OF VIRGINIA STATE HEALTH BENEFITS PROGRAM

## FINAL EMPLOYEE MONTHLY PREMIUMS FOR JULY 1, 2020 - JUNE 30, 2021

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				
		You Only	You Plus One	You Plus Two or More	You Only	You Plus Spouse		Spo	
HEALTH CARE PLANS					Employee	Employee or Spouse	Employee & Spouse	Employ or Spot	
COVA Care	Employee Pays	\$92	\$211	\$287	\$75	\$194	\$177	\$2	
	State Pays Total Premium	\$687 <b>\$779</b>	\$1,229 <b>\$1,440</b>	\$1,802 <b>\$2,089</b>	\$687 <b>\$762</b>	\$1,229 <b>\$1,423</b>	\$1,229 <b>\$1,406</b>	\$1,8 <b>\$2,</b> 0	
COVA Care + Out-of-Network	Employee Pays	\$110	\$244	\$336	\$93	\$227	\$210	\$3	
	State Pays Total Premium	\$687 <b>\$797</b>	\$1,229 <b>\$1,473</b>	\$1,802 <b>\$2,138</b>	\$687 <b>\$780</b>	\$1,229 <b>\$1,456</b>	\$1,229 <b>\$1,439</b>	\$1,8 <b>\$2</b> ;	
COVA Care + Expanded Dental	Employee Pays	\$125	\$272	\$376	\$108	\$255	\$238	\$3	
	State Pays <b>Total Premium</b>	\$687 <b>\$812</b>	\$1,229 <b>\$1,501</b>	\$1,802 <b>\$2,178</b>	\$687 <b>\$795</b>	\$1,229 <b>\$1,484</b>	\$1,229 <b>\$1,467</b>	\$1,8 <b>\$2,</b>	
COVA Care + Out-of-Network + Expanded Dental	Employee Pays	\$143	\$305	\$425	\$126	\$288	\$271	\$4	
	State Pays Total Premium	\$687 <b>\$830</b>	\$1,229 <b>\$1,534</b>	\$1,802 <b>\$2,227</b>	\$687 <b>\$813</b>	\$1,229 <b>\$1,517</b>	\$1,229 <b>\$1,500</b>	\$1,8 <b>\$2,2</b>	
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays	\$144	\$307	\$427	\$127	\$290	\$273	\$4	
	State Pays Total Premium	\$687 <b>\$831</b>	\$1,229 <b>\$1,536</b>	\$1,802 <b>\$2,229</b>	\$687 <b>\$814</b>	\$1,229 <b>\$1,519</b>	\$1,229 <b>\$1,502</b>	\$1,8 <b>\$2,</b> 2	
COVA Care	Employee Pays	\$162	\$340	\$476	\$145	\$323	\$306	\$4	
+ Out-of-Network + Expanded Dental	State Pays Total Premium	\$687 <b>\$849</b>	\$1,229 <b>\$1,569</b>	\$1,802 <b>\$2,278</b>	\$687 <b>\$832</b>	\$1,229 <b>\$1,552</b>	\$1,229 <b>\$1,535</b>	\$1,8 <b>\$2,</b> 3	
+ Vision & Hearing							-		
COVA HealthAware	Employee Pays State Pays	<b>\$17</b> \$677	<b>\$58</b> \$1,229	<b>\$59</b> \$1,802	<b>\$0</b> <u>\$677</u>	\$ <b>41</b> \$1,229	<b>\$24</b> \$1,229	\$1,8 \$1,8	
	Total Premium	\$694	\$1,287	\$1,861	\$677	\$1,270	\$1,253	\$1,8	
COVA HealthAware + Expanded Dental	Employee Pays State Pays	<b>\$48</b> <u>\$677</u>	<b>\$115</b> \$1,229	<b>\$143</b> <u>\$1,802</u>	<b>\$31</b> <u>\$677</u>	<b>\$98</b> <u>\$1,229</u>	<b>\$81</b> \$1,229	\$1 \$1,8	
	Total Premium	\$725	\$1,344	\$1,945	\$708	\$1,327	\$1,310	\$1,9	
COVA HealthAware + Expanded Dental & Vision	Employee Pays	\$59	\$136	\$172	\$42	\$119	\$102	\$1	
	State Pays <b>Total Premium</b>	\$677 <b>\$736</b>	\$1,229 <b>\$1,365</b>	<u>\$1,802</u> <b>\$1,974</b>	\$677 <b>\$719</b>	\$1,229 <b>\$1,348</b>	\$1,229 <b>\$1,331</b>	<u>\$1,8</u> <b>\$1,</b> 9	
COVA HDHP	Employee Pays	\$0	\$0	\$0					
	State Pays Total Premium	\$584 <b>\$584</b>	\$1,086 <b>\$1,086</b>	<u>\$1,587</u> <b>\$1,587</b>		RE	VISE	ED	
COVA HDHP + Expanded Dental	Employee Pays	\$32	\$59	\$86			Y 2		
	State Pays Total Premium	\$584 <b>\$616</b>	<u>\$1,086</u> <b>\$1,145</b>	\$1,587 <b>\$1,673</b>		IVI	AY Z	UZU	
Kaiser Permanente HMO (available primarily in Northern Virginia)	Employee Pays	\$75	\$177	\$253					
	State Pays <b>Total Premium</b>	\$584 <b>\$659</b>	\$1,035 <b>\$1,212</b>	\$1,513 <b>\$1,766</b>					
Optima Health	Employee Pays	\$75	\$177	\$253		<b>CI</b>	<b>arr</b>	n	
Vantage HMO	State Pays	<u>\$685</u>	<u>\$1,230</u>	\$1,785 <b>\$2,038</b>					
(Hampton Roads area) TRICARE	Total Premium  Total Premium	\$760 \$61	\$1,407 \$120	\$2,038					
IRIOARE	iotai Preiiium	301	\$ 120	\$ 101	I				

EVISED AY 2020

You Plus **Spouse and More** 

\$253

\$1,802

\$2,055

\$302

\$1,802

\$2,104

\$342

\$1,802

\$2,144 \$391

\$1,802

\$2,193

\$393

\$442

\$1,802

\$2,244

\$25

\$1,802

\$1,827

\$109

\$1,802

\$1,911

\$138

\$1,802

\$1,940

\$1,802 \$2,195

Employee or Spouse

\$270

\$1,802

\$2,072

\$319

\$1,802

\$2,121

\$359

\$1,802

\$2,161

\$408

\$1,802

\$2,210

\$410

\$1,802

\$2,212 \$459

\$1,802

\$2,261

\$1,802

\$1,844

\$126

\$1,802

\$1,928

\$155

<u>\$1,802</u>

\$1,957

\$42



Voluntary Supplement\*\*

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