

COMMONWEALTH OF VIRGINIA STATE HEALTH BENEFITS PROGRAM

Premium and plan benefits may change subject to final state budget approval.

EMPLOYEE Monthly Premiums For July 1, 2023 – June 30, 2024

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 and/or your enrolled spouse can complete a health assessment to earn a \$17 monthly incentive or a \$34 incentive when both of you meet the requirements. If the incentive is a cash reward, it is taxable to the employee. See your agency Benefits Administrator.

Your Member Handbook is Online!

Health plan member handbooks are posted

on the DHRM website at https://www.dhrm.virginia.gov/employeebenefits/health-benefits/active-employees.

Be sure to review your plan's member handbook and associated amendments for more details on recent changes to your plan. Members enrolled in a regional HMO can obtain their Evidence of Coverage from

their plan's website.

		PREMIUM		
HEALTH CARE PLANS		You Only	You Plus One	You Plus Two or More
COVA Care	Employee Pays State Pays Total Premium	\$97 <u>\$738</u> \$835	\$224 <u>\$1,320</u> \$1,544	\$306 <u>\$1,935</u> \$2,241
COVA Care + Out-of-Network	Employee Pays State Pays Total Premium	\$117 \$738 \$855	\$260 \$1,320 \$1,580	\$359 \$1,935 \$2,294
COVA Care + Expanded Dental	Employee Pays State Pays Total Premium	\$130 \$738 \$868	\$285 \$1,320 \$1,605	\$395 \$1,935 \$2,330
COVA Care + Out-of-Network + Expanded Dental	Employee Pays State Pays Total Premium	\$150 \$738 \$888	\$321 \$1,320 \$1,641	\$448 \$1,935 \$2,383
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays State Pays Total Premium	\$150 \$738 \$888	\$321 \$1,320 \$1,641	\$448 \$1,935 \$2,383
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays State Pays Total Premium	\$170 \$738 \$908	\$357 \$1,320 \$1,677	\$500 \$1,935 \$2,435
COVA HealthAware	Employee Pays State Pays Total Premium	\$17 \$723 \$740	\$53 \$1,320 \$1,373	\$54 <u>\$1,932</u> \$1,986
COVA HealthAware + Expanded Dental	Employee Pays State Pays Total Premium	\$49 \$723 \$772	\$112 \$1,320 \$1,432	\$140 \$1,932 \$2,072
COVA HealthAware + Expanded Dental & Vision	Employee Pays State Pays Total Premium	\$60 \$723 \$783	\$133 \$1,320 \$1,453	\$170 \$1,932 \$2,102
COVA HDHP	Employee Pays State Pays Total Premium	\$0 \$626 \$626	\$0 \$1,166 \$1,166	\$0 \$1,704 \$1,704
COVA HDHP + Expanded Dental	Employee Pays State Pays Total Premium	\$33 \$626 \$659	\$60 <u>\$1,166</u> \$1,226	\$88 \$1,704 \$1,792
Kaiser Permanente HMO + Dental & Vision (available primarily in Northern Virginia)	Employee Pays State Pays Total Premium	\$80 \$737 \$817	\$190 \$1,311 \$1,501	\$272 \$1,916 \$2,188
Optima Health Vantage HMO + Dental & Vision (Hampton Roads area)	Employee Pays State Pays Total Premium	\$80 \$733 \$813	\$190 \$1,315 \$1,505	\$272 \$1,907 \$2,179
TRICARE Voluntary Supplement*	Total Premium	\$61	\$120	\$161

^{*} Washington State Residents contact Office of Health Benefits for Washington State mandated TRICARE premium amount