

Final 2024 - 2025 Employee Monthly Premiums



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” amount.

HEALTH CARE PLANS		2024-2025 MONTHLY PREMIUMS			
		You Only	You Plus One	You Plus Two or More	
COVA Care		Employee Pays	\$103	\$236	\$323
		State Pays	\$783	\$1,404	\$2,056
		Total Premium	\$886	\$1,640	\$2,379
COVA Care	+ Out-of-Network	Employee Pays	\$124	\$275	\$380
		State Pays	\$783	\$1,404	\$2,056
		Total Premium	\$907	\$1,679	\$2,436
COVA Care	+ Expanded Dental	Employee Pays	\$136	\$296	\$411
		State Pays	\$783	\$1,404	\$2,056
		Total Premium	\$919	\$1,700	\$2,467
COVA Care	+ Out-of-Network + Expanded Dental	Employee Pays	\$157	\$335	\$468
		State Pays	\$783	\$1,404	\$2,056
		Total Premium	\$940	\$1,739	\$2,524
COVA Care	+ Expanded Dental + Vision & Hearing	Employee Pays	\$156	\$333	\$465
		State Pays	\$783	\$1,404	\$2,056
		Total Premium	\$939	\$1,737	\$2,521
COVA Care	+ Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	\$177	\$372	\$522
		State Pays	\$783	\$1,404	\$2,056
		Total Premium	\$960	\$1,776	\$2,578
COVA HealthAware		Employee Pays	\$17	\$53	\$54
		State Pays	\$768	\$1,404	\$2,056
	Total Premium	\$785	\$1,457	\$2,110	
COVA HealthAware	+ Expanded Dental	Employee Pays	\$50	\$113	\$142
		State Pays	\$768	\$1,404	\$2,056
		Total Premium	\$818	\$1,517	\$2,198
COVA HealthAware	+ Expanded Dental & Vision	Employee Pays	\$60	\$133	\$170
		State Pays	\$768	\$1,404	\$2,056
		Total Premium	\$828	\$1,537	\$2,226
COVA HDHP		Employee Pays	\$0	\$0	\$0
		State Pays	\$665	\$1,239	\$1,810
	Total Premium	\$665	\$1,239	\$1,810	
COVA HDHP	+ Expanded Dental	Employee Pays	\$33	\$60	\$88
		State Pays	\$665	\$1,239	\$1,810
		Total Premium	\$698	\$1,299	\$1,898
Kaiser Permanente HMO <i>(available primarily in Northern Virginia)</i>	+ Expanded Dental & Vision	Employee Pays	\$86	\$202	\$289
		State Pays	\$783	\$1,395	\$2,038
		Total Premium	\$869	\$1,597	\$2,327
Sentara Health Plans (HMO) <i>(Hampton Roads/Eastern Shore)</i>	+ Expanded Dental & Vision	Employee Pays	\$86	\$202	\$289
		State Pays	\$769	\$1,382	\$2,004
		Total Premium	\$855	\$1,584	\$2,293
TRICARE Voluntary Supplement*		Total Premium	\$61	\$120	\$161**

* New York residents contact the Office of Health Benefits for TRICARE premium amount

**If an employee covers multiple children without a spouse the rate is \$120