## **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					
		No. 6	You Plus	You Plus	You Only	You Plus Spouse		You Plus Spouse and More		
HEALTH CARE PLANS		You Only	One	Two or More	Employee	Employee or Spouse	Employee & Spouse	Employee or Spouse	Employee & Spouse	
COVA Care	<b>Employee Pays</b> State Pays	<b>\$92</b> <u>\$687</u>	<b>\$211</b> \$1,229	<b>\$287</b> <u>\$1,802</u>	<b>\$75</b> <u>\$687</u>	<b>\$194</b> \$1,229	<b>\$177</b> \$1,229	<b>\$270</b> \$1,802	<b>\$253</b> <u>\$1,802</u>	
	Total Premium	\$779	\$1,440	\$2,089	\$762	\$1,423	\$1,406	\$2,072	\$2,055	
COVA Care + Out-of-Network	<b>Employee Pays</b> State Pays	<b>\$110</b> <u>\$687</u>	<b>\$244</b> <u>\$1,229</u>	<b>\$336</b> <u>\$1,802</u>	<b>\$93</b> <u>\$687</u>	<b>\$227</b> <u>\$1,229</u>	<b>\$210</b> \$1,229	<b>\$319</b> <u>\$1,802</u>	<b>\$302</b> <u>\$1,802</u>	
	<b>Total Premium</b>	\$797	\$1,473	\$2,138	\$780	\$1,456	\$1,439	\$2,121	\$2,104	
COVA Care + Expanded Dental	<b>Employee Pays</b> State Pays	<b>\$125</b> <u>\$687</u>	<b>\$272</b> <u>\$1,229</u>	<b>\$376</b> <u>\$1,802</u>	<b>\$108</b> <u>\$687</u>	<b>\$255</b> \$1,229	<b>\$238</b> \$1,229	<b>\$359</b> <u>\$1,802</u>	<b>\$342</b> \$1,802	
	Total Premium	\$812	\$1,501	\$2,178	\$795	\$1,484	\$1,467	\$2,161	\$2,144	
COVA Care + Out-of-Network + Expanded Dental	<b>Employee Pays</b> State Pays	<b>\$143</b> <u>\$687</u>	<b>\$305</b> \$1,229	<b>\$425</b> <u>\$1,802</u>	<b>\$126</b> <u>\$687</u>	<b>\$288</b> <u>\$1,229</u>	<b>\$271</b> <u>\$1,229</u>	<b>\$408</b> <u>\$1,802</u>	<b>\$391</b> <u>\$1,802</u>	
	Total Premium	\$830	\$1,534	\$2,227	\$813	\$1,517	\$1,500	\$2,210	\$2,193	
COVA Care + Expanded Dental + Vision & Hearing	<b>Employee Pays</b> State Pays	<b>\$144</b> <u>\$687</u>	<b>\$307</b> <u>\$1,229</u>	<b>\$427</b> <u>\$1,802</u>	<b>\$127</b> <u>\$687</u>	<b>\$290</b> <u>\$1,229</u>	<b>\$273</b> <u>\$1,229</u>	<b>\$410</b> <u>\$1,802</u>	<b>\$393</b> <u>\$1,802</u>	
	Total Premium	\$831	\$1,536	\$2,229	\$814	\$1,519	\$1,502	\$2,212	\$2,195	
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	<b>Employee Pays</b> State Pays	<b>\$162</b> <u>\$687</u>	<b>\$340</b> \$1,229	<b>\$476</b> <u>\$1,802</u>	<b>\$145</b> <u>\$687</u>	<b>\$323</b> \$1,229	<b>\$306</b> \$1,229	<b>\$459</b> <u>\$1,802</u>	<b>\$442</b> <u>\$1,802</u>	
	Total Premium	\$849	\$1,569	\$2,278	\$832	\$1,552	\$1,535	\$2,261	\$2,244	
COVA HealthAware	Employee Pays	\$17	\$ <b>58</b>	\$59	\$0	\$41	\$24	\$42	\$ <b>25</b>	
	State Pays <b>Total Premium</b>	<u>\$677</u> <b>\$694</b>	<u>\$1,229</u> <b>\$1,287</b>	<u>\$1,802</u> <b>\$1,861</b>	<u>\$677</u> <b>\$677</b>	<u>\$1,229</u> <b>\$1,270</b>	<u>\$1,229</u> <b>\$1,253</b>	<u>\$1,802</u> <b>\$1,844</b>	<u>\$1,802</u> <b>\$1,827</b>	
COVA HealthAware + Expanded Dental	<b>Employee Pays</b> State Pays	<b>\$48</b> <u>\$677</u>	<b>\$115</b> <u>\$1,229</u>	<b>\$143</b> <u>\$1,802</u>	<b>\$31</b> <u>\$677</u>	<b>\$98</b> <u>\$1,229</u>	<b>\$81</b> <u>\$1,229</u>	<b>\$126</b> <u>\$1,802</u>	<b>\$109</b> <u>\$1,802</u>	
	Total Premium	\$725	\$1,344	<u>\$1,945</u>	<u>\$708</u>	<u>\$1,227</u> <b>\$1,327</b>	<u>\$1,229</u> <b>\$1,310</b>	<u>\$1,802</u> <b>\$1,928</b>	<u>\$1,802</u> <b>\$1,911</b>	
COVA HealthAware + Expanded Dental & Vision	<b>Employee Pays</b> State Pays	<b>\$59</b> <u>\$677</u>	<b>\$136</b> \$1,229	<b>\$172</b> <u>\$1,802</u>	<b>\$42</b> <u>\$677</u>	<b>\$119</b> <u>\$1,229</u>	<b>\$102</b> \$1,229	<b>\$155</b> <u>\$1,802</u>	<b>\$138</b> <u>\$1,802</u>	
	Total Premium	\$736	\$1,365	\$1,974	\$719	\$1,348	\$1,331	\$1,957	<u>\$1,940</u>	
COVA HDHP	<b>Employee Pays</b> State Pays	<b>\$0</b> <u>\$584</u>	<b>\$0</b> <u>\$1,086</u>	<b>\$0</b> <u>\$1,587</u>	REVISED					
	Total Premium	\$584	\$1,086	\$1,587						
COVA HDHP + Expanded Dental	Employee Pays	<b>\$32</b> <u>\$584</u>	<b>\$59</b> <u>\$1,086</u>	<b>\$86</b> <u>\$1,587</u>		MAY 2020				
	State Pays Total Premium	<u>\$616</u>	\$1,145	<u>\$1,673</u>						
Kaiser Permanente HMO (available primarily in Northern Virginia)	Employee Pays	<b>\$75</b> <u>\$584</u>	<b>\$177</b>	<b>\$253</b> <u>\$1,513</u>						
	State Pays <b>Total Premium</b>	<u>\$659</u>	<u>\$1,035</u> <b>\$1,212</b>	<u>\$1,513</u> <b>\$1,766</b>	dhrm					
Optima Health	Employee Pays	\$ <b>75</b>	\$177	\$253						
Vantage HMO (Hampton Roads area)	State Pays <b>Total Premium</b>	<u>\$685</u> <b>\$760</b>	<u>\$1,230</u> <b>\$1,407</b>	<u>\$1,785</u> <b>\$2,038</b>						
TRICARE Voluntary Supplement**	Total Premium	\$61	\$120	\$161						

\*\* Washington State Residents contact Office of Health Benefits for Washington State mandated TRICARE premium amount