



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.

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