

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.

PREMIUM AND PLAN BENEFITS MAY CHANGE SUBJECT TO FINAL STATE BUDGET APPROVAL.

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