



Proposed 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 | | 2023-2024 MONTHLY PREMIUMS | | | PROPOSED 2024-2025 MONTHLY PREMIUMS | | | |
|--|---|----------------------------|----------------|----------------------|-------------------------------------|----------------|----------------------|----------------|
| | | You Only | You Plus One | You Plus Two or More | You Only | You Plus One | You Plus Two or More | |
| COVA Care | | Employee Pays | \$97 | \$224 | \$306 | \$103 | \$236 | \$323 |
| | | State Pays | \$738 | \$1,320 | \$1,935 | \$783 | \$1,404 | \$2,056 |
| | | Total Premium | \$835 | \$1,544 | \$2,241 | \$886 | \$1,640 | \$2,379 |
| COVA Care | + Out-of-Network | Employee Pays | \$117 | \$260 | \$359 | \$124 | \$275 | \$380 |
| | | State Pays | \$738 | \$1,320 | \$1,935 | \$783 | \$1,404 | \$2,056 |
| | | Total Premium | \$855 | \$1,580 | \$2,294 | \$907 | \$1,679 | \$2,436 |
| COVA Care | + Expanded Dental | Employee Pays | \$130 | \$285 | \$395 | \$136 | \$296 | \$411 |
| | | State Pays | \$738 | \$1,320 | \$1,935 | \$783 | \$1,404 | \$2,056 |
| | | Total Premium | \$868 | \$1,605 | \$2,330 | \$919 | \$1,700 | \$2,467 |
| COVA Care | + Out-of-Network + Expanded Dental | Employee Pays | \$150 | \$321 | \$448 | \$157 | \$335 | \$468 |
| | | State Pays | \$738 | \$1,320 | \$1,935 | \$783 | \$1,404 | \$2,056 |
| | | Total Premium | \$888 | \$1,641 | \$2,383 | \$940 | \$1,739 | \$2,524 |
| COVA Care | + Expanded Dental + Vision & Hearing | Employee Pays | \$150 | \$321 | \$448 | \$156 | \$333 | \$465 |
| | | State Pays | \$738 | \$1,320 | \$1,935 | \$783 | \$1,404 | \$2,056 |
| | | Total Premium | \$888 | \$1,641 | \$2,383 | \$939 | \$1,737 | \$2,521 |
| COVA Care | + Out-of-Network + Expanded Dental + Vision & Hearing | Employee Pays | \$170 | \$357 | \$500 | \$177 | \$372 | \$522 |
| | | State Pays | \$738 | \$1,320 | \$1,935 | \$783 | \$1,404 | \$2,056 |
| | | Total Premium | \$908 | \$1,677 | \$2,435 | \$960 | \$1,776 | \$2,578 |
| COVA HealthAware | | Employee Pays | \$17 | \$53 | \$54 | \$17 | \$53 | \$54 |
| | | State Pays | \$723 | \$1,320 | \$1,932 | \$768 | \$1,404 | \$2,056 |
| | Total Premium | \$740 | \$1,373 | \$1,986 | \$785 | \$1,457 | \$2,110 | |
| COVA HealthAware | + Expanded Dental | Employee Pays | \$49 | \$112 | \$140 | \$50 | \$113 | \$142 |
| | | State Pays | \$723 | \$1,320 | \$1,932 | \$768 | \$1,404 | \$2,056 |
| | | Total Premium | \$772 | \$1,432 | \$2,072 | \$818 | \$1,517 | \$2,198 |
| COVA HealthAware | + Expanded Dental & Vision | Employee Pays | \$60 | \$133 | \$170 | \$60 | \$133 | \$170 |
| | | State Pays | \$723 | \$1,320 | \$1,932 | \$768 | \$1,404 | \$2,056 |
| | | Total Premium | \$783 | \$1,453 | \$2,102 | \$828 | \$1,537 | \$2,226 |
| COVA HDHP | | Employee Pays | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | State Pays | \$626 | \$1,166 | \$1,704 | \$665 | \$1,239 | \$1,810 |
| | Total Premium | \$626 | \$1,166 | \$1,704 | \$665 | \$1,239 | \$1,810 | |
| COVA HDHP | + Expanded Dental | Employee Pays | \$33 | \$60 | \$88 | \$33 | \$60 | \$88 |
| | | State Pays | \$626 | \$1,166 | \$1,704 | \$665 | \$1,239 | \$1,810 |
| | | Total Premium | \$659 | \$1,226 | \$1,792 | \$698 | \$1,299 | \$1,898 |
| Kaiser Permanente HMO <i>(available primarily in Northern Virginia)</i> | | Employee Pays | \$80 | \$190 | \$272 | \$86 | \$202 | \$289 |
| | | State Pays | \$737 | \$1,311 | \$1,916 | \$783 | \$1,395 | \$2,038 |
| | Total Premium | \$817 | \$1,501 | \$2,188 | \$869 | \$1,597 | \$2,327 | |
| Sentara Health Plans (HMO) <i>(Hampton Roads/ Eastern Shore)</i> | + Expanded Dental & Vision | Employee Pays | \$80 | \$190 | \$272 | \$86 | \$202 | \$289 |
| | | State Pays | \$733 | \$1,315 | \$1,907 | \$769 | \$1,382 | \$2,004 |
| | | Total Premium | \$813 | \$1,505 | \$2,179 | \$855 | \$1,584 | \$2,293 |
| TRICARE Voluntary Supplement* | | Total Premium | \$61 | \$120 | \$161 | \$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