

FY13 Health Insurance Premiums

Full-Time Employees

Part-Time Employees

Plan Code	Plan Code	Plan Name	Premium Distribution	Full-Time Employees			Part-Time Employees		
				You Only	You Plus One	You Plus Two or More	You Only	You Plus One	You Plus Two or More
050	CHD	COVA HDHP High Deductible Health Plan	Employee Pays	\$0	\$0	\$0	\$392	\$727	\$1,062
			State Pays	\$392	\$727	\$1,062	\$0	\$0	\$0
			Subsidized Premium	\$392	\$727	\$1,062	\$392	\$727	\$1,062
			Subsidy	\$10	\$18	\$27	\$10	\$18	\$27
			Total True Premium	\$402	\$745	\$1,089	\$402	\$745	\$1,089
042/142	ACC0/OCC0	COVA Care/COVA Connect (with basic dental)	Employee Pays	\$50	\$116	\$165	\$491	\$909	\$1,328
			State Pays	\$429	\$766	\$1,126	\$0	\$0	\$0
			Subsidized Premium	\$479	\$882	\$1,291	\$491	\$909	\$1,328
			Subsidy	\$22	\$45	\$64	\$10	\$18	\$27
			Total True Premium	\$501	\$927	\$1,355	\$501	\$927	\$1,355
043/143	ACC1/OCC1	COVA Care/COVA Connect + Out-of-Network	Employee Pays	\$62	\$132	\$188	\$503	\$925	\$1,351
			State Pays	\$429	\$766	\$1,126	\$0	\$0	\$0
			Subsidized Premium	\$491	\$898	\$1,314	\$503	\$925	\$1,351
			Subsidy	\$22	\$45	\$64	\$10	\$18	\$27
			Total True Premium	\$513	\$943	\$1,378	\$513	\$943	\$1,378
044/144	ACC2/OCC2	COVA Care/COVA Connect + Expanded Dental	Employee Pays	\$65	\$146	\$210	\$506	\$939	\$1,373
			State Pays	\$429	\$766	\$1,126	\$0	\$0	\$0
			Subsidized Premium	\$494	\$912	\$1,336	\$506	\$939	\$1,373
			Subsidy	\$22	\$45	\$64	\$10	\$18	\$27
			Total True Premium	\$516	\$957	\$1,400	\$516	\$957	\$1,400
045/145	ACC3/OCC3	COVA Care/COVA Connect + Out-of-Network + Expanded Dental	Employee Pays	\$77	\$162	\$232	\$518	\$955	\$1,395
			State Pays	\$429	\$766	\$1,126	\$0	\$0	\$0
			Subsidized Premium	\$506	\$928	\$1,358	\$518	\$955	\$1,395
			Subsidy	\$22	\$45	\$64	\$10	\$18	\$27
			Total True Premium	\$528	\$973	\$1,422	\$528	\$973	\$1,422
046/146	ACC4/OCC4	COVA Care/COVA Connect + Expanded Dental + Vision & Hearing	Employee Pays	\$78	\$168	\$239	\$519	\$961	\$1,402
			State Pays	\$429	\$766	\$1,126	\$0	\$0	\$0
			Subsidized Premium	\$507	\$934	\$1,365	\$519	\$961	\$1,402
			Subsidy	\$22	\$45	\$64	\$10	\$18	\$27
			Total True Premium	\$529	\$979	\$1,429	\$529	\$979	\$1,429
047/147	ACC5/OCC5	COVA Care/COVA Connect + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	\$90	\$184	\$261	\$531	\$977	\$1,424
			State Pays	\$429	\$766	\$1,126	\$0	\$0	\$0
			Subsidized Premium	\$519	\$950	\$1,387	\$531	\$977	\$1,424
			Subsidy	\$22	\$45	\$64	\$10	\$18	\$27
			Total True Premium	\$541	\$995	\$1,451	\$541	\$995	\$1,451
006	KP	Kaiser Permanente HMO	Employee Pays	\$87	\$185	\$260	\$516	\$951	\$1,386
			State Pays	\$429	\$766	\$1,126	\$0	\$0	\$0
			Subsidized Premium	\$516	\$951	\$1,386	\$516	\$951	\$1,386
			Subsidy	\$10	\$18	\$27	\$10	\$18	\$27
			Total True Premium	\$526	\$969	\$1,413	\$526	\$969	\$1,413
110	TRC	TRICARE Voluntary Supplement	Employee Pays	\$60	\$119	\$160	\$60	\$119	\$160
			State Pays	\$0	\$0	\$0	\$0	\$0	\$0
			Subsidized Premium	\$60	\$119	\$160	\$60	\$119	\$160
			Subsidy	\$0	\$0	\$0	\$0	\$0	\$0
			Total True Premium	\$60	\$119	\$160	\$60	\$119	\$160