

Standard Premiums by Plan and Membership

Plan Description	Membership Description			
	S You Only	D You + 1	F You + 2 or more	
042 ACC0 COVA Care (with preventive dental)	Participant	\$72	\$164	\$220
	State	\$502	\$901	\$1,321
	Total	\$574	\$1,065	\$1,541
043 ACC1 COVA Care + Out-of-Network	Participant	\$85	\$182	\$245
	State	\$502	\$901	\$1,321
	Total	\$587	\$1,083	\$1,566
044 ACC2 COVA Care + Expanded Dental	Participant	\$96	\$210	\$289
	State	\$502	\$901	\$1,321
	Total	\$598	\$1,111	\$1,610
045 ACC3 COVA Care + Out-of-Network + Expanded Dental	Participant	\$109	\$228	\$314
	State	\$502	\$901	\$1,321
	Total	\$611	\$1,129	\$1,635
046 ACC4 COVA Care + Expanded Dental + Vision & Hearing	Participant	\$110	\$234	\$321
	State	\$502	\$901	\$1,321
	Total	\$612	\$1,135	\$1,642
047 ACC5 COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Participant	\$123	\$252	\$346
	State	\$502	\$901	\$1,321
	Total	\$625	\$1,153	\$1,667
101 CHA COVA HealthAware (with preventive dental)	Participant	\$26	\$78	\$93
	State	\$502	\$901	\$1,321
	Total	\$528	\$979	\$1,414
102 CHA1 COVA HealthAware + Expanded Dental & Vision	Participant	\$57	\$137	\$181
	State	\$502	\$901	\$1,321
	Total	\$559	\$1,038	\$1,502
103 CHA2 COVA HealthAware + Expanded Dental	Participant	\$50	\$124	\$162
	State	\$502	\$901	\$1,321
	Total	\$552	\$1,025	\$1,483
050 CHD COVA HDHP (with preventive dental)	Participant	\$0	\$0	\$0
	State	\$431	\$800	\$1,169
	Total	\$431	\$800	\$1,169
105 CHD1 COVA HDHP + Expanded Dental	Participant	\$24	\$46	\$69
	State	\$431	\$800	\$1,169
	Total	\$455	\$846	\$1,238
006 KP Kaiser Permanente HMO	Participant	\$55	\$130	\$186
	State	\$467	\$831	\$1,215
	Total	\$522	\$961	\$1,401
110 TRC TRICARE Supplement	Participant	\$61	\$120	\$161
	State	\$0	\$0	\$0
	Total	\$61	\$120	\$161

Premium Reward Indicator:

0	0 No Reward	\$0
1	1 Employee Completed Health Assessment	\$17
2	2 Spouse Completed Health Assessment	\$17
3	3 Employee & Spouse Completed Health Assessment	\$34