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January 11, 2019

The Honorable S. Chris Jones, Chairman, House Appropriations Committee
The Honorable Thomas K. Norment, Jr., Co-Chairman, Senate Finance Committee
The Honorable Emmett W. Hanger, Jr., Co-Chairman, Senate Finance Committee
The Honorable Keyanna Conner, Secretary of Administration

Subject: Report on State Employee Health Insurance Program's Proposed Premiums and
Benefits Structure

Pursuant to Item 82.F of Chapter 2, 2018 Special Section I, Virginia Acts of Assembly, the attached report details the assumptions included in the Governor's introduced budget for the state employee health insurance program. It includes the proposed premium schedule. There are no recommendations for proposed changes to the benefit structure for fiscal year 2020.

Please contact me if there are any questions.

Sincerely,

A handwritten signature in cursive script that reads "Emily S. Elliott".

Emily S. Elliott

**State Employee Health Plan Proposed Premium and Benefit
Structure for Fiscal Year 2020**

January 11, 2019

Pursuant to Item 82.F of Chapter 2, 2018 Special Session I, Virginia Acts of Assembly, this report details the assumptions included in Governor Northam's amended 2018 – 2020 budget for the state employee health insurance program. The report includes the provisional premium schedule. It does not incorporate any benefit changes. Consistent with Fiscal Year (FY) 2019 premiums, all premium schedules assume that available premium rewards have been earned by the employee (and spouse). Premiums will be finalized at the conclusion of the legislative process.

Description of Exhibit A - Aon Hewitt Premium Schedule—November 1, 2018

Exhibit A contains the provisional premiums submitted on November 1, 2018, by Aon, the health plan's actuary. These premiums contain no changes to the plan design in place during FY 2019. They were developed using projected claims expenses with trends between 5.8% and 7.8%. These claim trends were offset by favorable claim experience, improved pharmacy rebates, and FY 2019 program changes, which resulted in a flat increase in FY 2020 premiums. The Health Insurance Fund balance is sufficient to cover the Incurred But Not Reported (IBNR) claims without additional funding in FY 2020; therefore, no cost was added to the premiums to cover these claims.

Description of Exhibit B - Department of Planning and Budget Premium Schedule and General Fund Breakout – December 18, 2018

Exhibit B contains the proposed premium schedule and general fund breakout developed by the Department of Planning and Budget for Governor Northam's 2018 – 2020 amended budget. The proposed premium schedule reflects enrollment as of September 3, 2018, based on data provided by the Department of Human Resource Management, and does not include policy changes to the state employee health insurance plans. Consistent with Aon's actuarial analysis, the proposed premiums in FY 2020 remain equal to FY 2019 premiums funded in Chapter 2, 2018 Special Session I, for all plans with the exception of the employer contributions for the Kaiser Permanente plan, for which premiums are contractually determined.

Exhibit A: Aon Hewitt Premium Schedule—November 1, 2018

FY2019

Health Care Plans	You Only	You Plus One	You Plus Two or More	Total
ACTIVE EMPLOYEES				
HDHP (with basic dental)				
Enrollment	216	93	149	458
Employee Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
State Portion				
Base Actuarial Rate	\$584	\$1,086	\$1,587	\$5,563,260
Total				
Base Actuarial Rate	\$584	\$1,086	\$1,587	\$5,563,260
HDHP w/Expanded Dental				
Enrollment	128	55	88	271
Employee Portion				
Base Actuarial Rate	\$32	\$63	\$95	\$191,052
State Portion				
Base Actuarial Rate	\$584	\$1,086	\$1,587	\$3,289,656
Total				
Base Actuarial Rate	\$616	\$1,149	\$1,682	\$3,480,708
HealthAware with basic dental				
Enrollment	1,287	365	902	2,554
Employee Portion				
Base Actuarial Rate	\$0	\$24	\$25	\$380,692
State Portion				
Base Actuarial Rate	\$677	\$1,229	\$1,802	\$35,338,484
Total				
Base Actuarial Rate	\$677	\$1,253	\$1,827	\$35,719,176
HealthAware with Expanded Dental				
Enrollment	853	267	509	1,629
Employee Portion				
Base Actuarial Rate	\$31	\$87	\$119	\$1,325,777
State Portion				
Base Actuarial Rate	\$677	\$1,229	\$1,802	\$21,871,243
Total				
Base Actuarial Rate	\$708	\$1,316	\$1,921	\$23,197,020

FY2020

Health Care Plans	You Only	You Plus One	You Plus Two or More	Total
ACTIVE EMPLOYEES				
HDHP (with basic dental)				
Enrollment	216	93	149	458
Employee Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
State Portion				
Base Actuarial Rate	\$584	\$1,086	\$1,588	\$5,565,048
Total				
Base Actuarial Rate	\$584	\$1,086	\$1,588	\$5,565,048
HDHP w/Expanded Dental				
Enrollment	128	55	88	271
Employee Portion				
Base Actuarial Rate	\$32	\$59	\$86	\$178,908
State Portion				
Base Actuarial Rate	\$584	\$1,086	\$1,588	\$3,290,712
Total				
Base Actuarial Rate	\$616	\$1,145	\$1,674	\$3,469,620
HealthAware with basic dental				
Enrollment	1,287	365	902	2,554
Employee Portion				
Base Actuarial Rate	\$0	\$19	\$20	\$295,734
State Portion				
Base Actuarial Rate	\$675	\$1,230	\$1,802	\$35,320,914
Total				
Base Actuarial Rate	\$675	\$1,249	\$1,822	\$35,616,648
HealthAware with Expanded Dental				
Enrollment	853	267	509	1,629
Employee Portion				
Base Actuarial Rate	\$31	\$76	\$104	\$1,193,961
State Portion				
Base Actuarial Rate	\$675	\$1,230	\$1,802	\$21,858,927
Total				
Base Actuarial Rate	\$706	\$1,306	\$1,906	\$23,052,888

FY2020 / FY2019

	\$	%
DIFFERENCE		
	\$0	0.00%
	\$1,788	0.03%
	\$1,788	0.03%
	-\$12,144	-6.36%
	\$1,056	0.03%
	-\$11,088	-0.32%
	-\$84,958	-22.32%
	-\$17,570	-0.05%
	-\$102,528	-0.29%
	-\$131,815	-9.94%
	-\$12,317	-0.06%
	-\$144,132	-0.62%

FY2019

Health Care Plans	You Only	You Plus One	You Plus Two or More	Total
HealthAware with Expanded Dental & Vision				
Enrollment	1,552	563	906	3,021
Employee Portion				
Base Actuarial Rate	\$43	\$104	\$143	\$3,063,323
State Portion				
Base Actuarial Rate	\$677	\$1,229	\$1,802	\$40,497,745
Total				
Base Actuarial Rate	\$720	\$1,333	\$1,945	\$43,561,068
COVA Care (with basic dental)				
Enrollment	5,240	2,567	3,827	11,634
Employee Portion				
Base Actuarial Rate	\$75	\$177	\$253	\$21,831,164
State Portion				
Base Actuarial Rate	\$687	\$1,229	\$1,802	\$163,767,640
Total				
Base Actuarial Rate	\$762	\$1,406	\$2,055	\$185,598,804
COVA Care Plus Out-of-Network				
Enrollment	532	340	454	1,326
Employee Portion				
Base Actuarial Rate	\$93	\$202	\$287	\$2,986,332
State Portion				
Base Actuarial Rate	\$687	\$1,229	\$1,802	\$19,212,540
Total				
Base Actuarial Rate	\$780	\$1,431	\$2,089	\$22,198,872
COVA Care Plus Expanded Dental				
Enrollment	6,758	4,147	6,099	17,004
Employee Portion				
Base Actuarial Rate	\$108	\$240	\$350	\$46,381,126
State Portion				
Base Actuarial Rate	\$687	\$1,229	\$1,802	\$248,694,086
Total				
Base Actuarial Rate	\$795	\$1,469	\$2,152	\$295,075,212

FY2020

Health Care Plans	You Only	You Plus One	You Plus Two or More	Total
HealthAware with Expanded Dental & Vision				
Enrollment	1,552	563	906	3,021
Employee Portion				
Base Actuarial Rate	\$42	\$97	\$133	\$2,880,007
State Portion				
Base Actuarial Rate	\$675	\$1,230	\$1,802	\$40,475,933
Total				
Base Actuarial Rate	\$717	\$1,327	\$1,935	\$43,355,940
COVA Care(with basic dental)				
Enrollment	5,240	2,567	3,827	11,634
Employee Portion				
Base Actuarial Rate	\$75	\$177	\$254	\$21,840,707
State Portion				
Base Actuarial Rate	\$687	\$1,230	\$1,802	\$163,834,825
Total				
Base Actuarial Rate	\$762	\$1,407	\$2,056	\$185,675,532
COVA Care Plus Out-of-Network				
Enrollment	532	340	454	1,326
Employee Portion				
Base Actuarial Rate	\$93	\$210	\$303	\$3,101,878
State Portion				
Base Actuarial Rate	\$687	\$1,230	\$1,802	\$19,220,882
Total				
Base Actuarial Rate	\$780	\$1,440	\$2,105	\$22,322,760
COVA Care Plus Expanded Dental				
Enrollment	6,758	4,147	6,099	17,004
Employee Portion				
Base Actuarial Rate	\$108	\$238	\$343	\$45,711,387
State Portion				
Base Actuarial Rate	\$687	\$1,230	\$1,802	\$248,801,745
Total				
Base Actuarial Rate	\$795	\$1,468	\$2,145	\$294,513,132

FY2020 / FY2019

	\$	%
HealthAware with Expanded Dental & Vision		
Employee Portion		
Base Actuarial Rate	-\$183,316	-5.98%
State Portion		
Base Actuarial Rate	-\$21,812	-0.05%
Total		
Base Actuarial Rate	-\$205,128	-0.47%
COVA Care(with basic dental)		
Employee Portion		
Base Actuarial Rate	\$9,543	0.04%
State Portion		
Base Actuarial Rate	\$67,185	0.04%
Total		
Base Actuarial Rate	\$76,728	0.04%
COVA Care Plus Out-of-Network		
Employee Portion		
Base Actuarial Rate	\$115,546	3.87%
State Portion		
Base Actuarial Rate	\$8,342	0.04%
Total		
Base Actuarial Rate	\$123,888	0.56%
COVA Care Plus Expanded Dental		
Employee Portion		
Base Actuarial Rate	-\$669,739	-1.44%
State Portion		
Base Actuarial Rate	\$107,659	0.04%
Total		
Base Actuarial Rate	-\$562,080	-0.19%

FY2019

Health Care Plans	You Only	You Plus One	You Plus Two or More	Total
COVA Care Plus Out-of-Network & Expanded Dental				
Enrollment	1,249	1,057	1,184	3,490
Employee Portion				
Base Actuarial Rate	\$126	\$265	\$384	\$10,717,929
State Portion				
Base Actuarial Rate	\$687	\$1,229	\$1,802	\$51,475,899
Total				
Base Actuarial Rate	\$813	\$1,494	\$2,186	\$62,193,828
COVA Care Plus Expanded Dental Plus Vision & Hearing				
Enrollment	10,743	6,879	8,998	26,620
Employee Portion				
Base Actuarial Rate	\$127	\$273	\$395	\$81,656,227
State Portion				
Base Actuarial Rate	\$687	\$1,229	\$1,802	\$384,491,765
Total				
Base Actuarial Rate	\$814	\$1,502	\$2,197	\$466,147,992
COVA Care Plus Out-of-Network Plus Expanded Dental Plus Vision & Hearing				
Enrollment	4,339	4,033	4,639	13,011
Employee Portion				
Base Actuarial Rate	\$145	\$298	\$429	\$45,899,234
State Portion				
Base Actuarial Rate	\$687	\$1,229	\$1,802	\$195,517,342
Total				
Base Actuarial Rate	\$832	\$1,527	\$2,231	\$241,416,576
Kaiser Permanente HMO - available in Fredericksburg area and Northern Virginia				
Enrollment	691	448	767	1,906
Employee Portion				
Base Actuarial Rate	\$75	\$177	\$253	\$3,909,326
State Portion				
Base Actuarial Rate	\$594	\$1,053	\$1,539	\$24,744,070
Total				
Base Actuarial Rate	\$669	\$1,230	\$1,792	\$28,653,396

FY2020

Health Care Plans	You Only	You Plus One	You Plus Two or More	Total
COVA Care Plus Out-of-Network & Expanded Dental				
Enrollment	1,249	1,057	1,184	3,490
Employee Portion				
Base Actuarial Rate	\$126	\$271	\$392	\$10,896,839
State Portion				
Base Actuarial Rate	\$687	\$1,230	\$1,802	\$51,499,441
Total				
Base Actuarial Rate	\$813	\$1,501	\$2,194	\$62,396,280
COVA Care Plus Expanded Dental Plus Vision & Hearing				
Enrollment	10,743	6,879	8,998	26,620
Employee Portion				
Base Actuarial Rate	\$127	\$273	\$394	\$81,463,987
State Portion				
Base Actuarial Rate	\$687	\$1,230	\$1,802	\$384,658,577
Total				
Base Actuarial Rate	\$814	\$1,503	\$2,196	\$466,122,564
COVA Care Plus Out-of-Network Plus Expanded Dental Plus Vision & Hearing				
Enrollment	4,339	4,033	4,639	13,011
Employee Portion				
Base Actuarial Rate	\$145	\$306	\$443	\$47,023,047
State Portion				
Base Actuarial Rate	\$687	\$1,230	\$1,802	\$195,608,445
Total				
Base Actuarial Rate	\$832	\$1,536	\$2,245	\$242,631,492
Kaiser Permanente HMO - available in Fredericksburg area and Northern Virginia				
Enrollment	691	448	767	1,906
Employee Portion				
Base Actuarial Rate	\$75	\$177	\$254	\$3,911,138
State Portion				
Base Actuarial Rate	\$584	\$1,035	\$1,512	\$24,323,266
Total				
Base Actuarial Rate	\$659	\$1,212	\$1,766	\$28,234,404

FY2020 / FY2019

	\$	%
COVA Care Plus Out-of-Network & Expanded Dental		
Employee Portion		
Base Actuarial Rate	\$178,910	1.67%
State Portion		
Base Actuarial Rate	\$23,542	0.05%
Total		
Base Actuarial Rate	\$202,452	0.33%
COVA Care Plus Expanded Dental Plus Vision & Hearing		
Employee Portion		
Base Actuarial Rate	-\$192,240	-0.24%
State Portion		
Base Actuarial Rate	\$166,812	0.04%
Total		
Base Actuarial Rate	-\$25,428	-0.01%
COVA Care Plus Out-of-Network Plus Expanded Dental Plus Vision & Hearing		
Employee Portion		
Base Actuarial Rate	\$1,123,812	2.45%
State Portion		
Base Actuarial Rate	\$91,104	0.05%
Total		
Base Actuarial Rate	\$1,214,916	0.50%
Kaiser Permanente HMO - available in Fredericksburg area and Northern Virginia		
Employee Portion		
Base Actuarial Rate	\$1,812	0.05%
State Portion		
Base Actuarial Rate	-\$420,804	-1.70%
Total		
Base Actuarial Rate	-\$418,992	-1.46%

FY2019

Health Care Plans	You Only	You Plus One	You Plus Two or More	Total
Summary Active Total				
Enrollment	33,588	20,814	28,522	82,924
Employee Portion				
Base Actuarial Rate				\$218,342,183
State Portion				
Base Actuarial Rate				\$1,194,463,729
Total				
Base Actuarial Rate				\$1,412,805,912

FY2020

Health Care Plans	You Only	You Plus One	You Plus Two or More	Total
Summary Active Total				
Enrollment	33,588	20,814	28,522	82,924
Employee Portion				
Base Actuarial Rate				\$218,497,594
State Portion				
Base Actuarial Rate				\$1,194,458,714
Total				
Base Actuarial Rate				\$1,412,956,308

FY2020 / FY2019

\$	%
\$155,411	0.07%
-\$5,015	0.00%
\$150,396	0.01%

FY2019

Health Care Plans	You Only	You Plus One	You Plus Two or More	Total
Early Retirees/COBRA				
HDHP				
Enrollment	83	14	3	100
Employee Portion				
Base Actuarial Rate	\$584	\$1,086	\$1,587	\$821,244
State Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
Total				
Base Actuarial Rate	\$584	\$1,086	\$1,587	\$821,244
HDHP w/Expanded Dental				
Enrollment	50	9	1	60
Employee Portion				
Base Actuarial Rate	\$616	\$1,149	\$1,682	\$513,876
State Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
Total				
Base Actuarial Rate	\$616	\$1,149	\$1,682	\$513,876
HealthAware with basic dental				
Enrollment	34	6	0	40
Employee Portion				
Base Actuarial Rate	\$677	\$1,253	\$1,827	\$366,432
State Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
Total				
Base Actuarial Rate	\$677	\$1,253	\$1,827	\$366,432
HealthAware with Expanded Dental				
Enrollment	17	5	2	24
Employee Portion				
Base Actuarial Rate	\$708	\$1,316	\$1,921	\$269,496
State Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
Total				
Base Actuarial Rate	\$708	\$1,316	\$1,921	\$269,496

FY2020

Health Care Plans	You Only	You Plus One	You Plus Two or More	Total
Early Retirees/COBRA				
HDHP (with basic dental)				
Enrollment	83	14	3	100
Employee Portion				
Base Actuarial Rate	\$584	\$1,086	\$1,588	\$821,280
State Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
Total				
Base Actuarial Rate	\$584	\$1,086	\$1,588	\$821,280
HDHP w/Expanded Dental				
Enrollment	50	9	1	60
Employee Portion				
Base Actuarial Rate	\$616	\$1,145	\$1,674	\$513,348
State Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
Total				
Base Actuarial Rate	\$616	\$1,145	\$1,674	\$513,348
HealthAware with basic dental				
Enrollment	34	6	0	40
Employee Portion				
Base Actuarial Rate	\$675	\$1,249	\$1,822	\$365,328
State Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
Total				
Base Actuarial Rate	\$675	\$1,249	\$1,822	\$365,328
HealthAware with Expanded Dental				
Enrollment	17	5	2	24
Employee Portion				
Base Actuarial Rate	\$706	\$1,306	\$1,906	\$268,128
State Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
Total				
Base Actuarial Rate	\$706	\$1,306	\$1,906	\$268,128

FY2020 / FY2019

	\$	%
DIFFERENCE		
	\$36	0.00%
	\$36	0.00%
	-\$528	-0.10%
	-\$528	-0.10%
	-\$1,104	-0.30%
	-\$1,104	-0.30%
	-\$1,368	-0.51%
	-\$1,368	-0.51%

FY2019

Health Care Plans	You Only	You Plus One	You Plus Two or More	Total
COVA Care Plus Out-of-Network & Expanded Dental				
Enrollment	235	64	10	309
Employee Portion				
Base Actuarial Rate	\$813	\$1,494	\$2,186	\$3,702,372
State Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
Total				
Base Actuarial Rate	\$813	\$1,494	\$2,186	\$3,702,372
COVA Care Plus Expanded Dental Plus Vision & Hearing				
Enrollment	1,175	218	34	1,427
Employee Portion				
Base Actuarial Rate	\$814	\$1,502	\$2,197	\$16,303,008
State Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
Total				
Base Actuarial Rate	\$814	\$1,502	\$2,197	\$16,303,008
COVA Care Plus Out-of-Network Plus Expanded Dental Plus Vision & Hearing				
Enrollment	813	206	27	1,046
Employee Portion				
Base Actuarial Rate	\$832	\$1,527	\$2,231	\$12,614,580
State Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
Total				
Base Actuarial Rate	\$832	\$1,527	\$2,231	\$12,614,580
Kaiser Permanente HMO - available in Fredericksburg area and Northern Virginia				
Enrollment	42	14	1	57
Employee Portion				
Base Actuarial Rate	\$669	\$1,230	\$1,792	\$565,320
State Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
Total				
Base Actuarial Rate	\$669	\$1,230	\$1,792	\$565,320

FY2020

Health Care Plans	You Only	You Plus One	You Plus Two or More	Total
COVA Care Plus Out-of-Network & Expanded Dental				
Enrollment	235	64	10	309
Employee Portion				
Base Actuarial Rate	\$813	\$1,501	\$2,194	\$3,708,708
State Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
Total				
Base Actuarial Rate	\$813	\$1,501	\$2,194	\$3,708,708
COVA Care Plus Expanded Dental Plus Vision & Hearing				
Enrollment	1,175	218	34	1,427
Employee Portion				
Base Actuarial Rate	\$814	\$1,503	\$2,196	\$16,305,216
State Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
Total				
Base Actuarial Rate	\$814	\$1,503	\$2,196	\$16,305,216
COVA Care Plus Out-of-Network Plus Expanded Dental Plus Vision & Hearing				
Enrollment	813	206	27	1,046
Employee Portion				
Base Actuarial Rate	\$832	\$1,536	\$2,245	\$12,641,364
State Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
Total				
Base Actuarial Rate	\$832	\$1,536	\$2,245	\$12,641,364
Kaiser Permanente HMO - available in Fredericksburg area and Northern Virginia				
Enrollment	42	14	1	57
Employee Portion				
Base Actuarial Rate	\$659	\$1,212	\$1,766	\$556,944
State Portion				
Base Actuarial Rate	\$0	\$0	\$0	\$0
Total				
Base Actuarial Rate	\$659	\$1,212	\$1,766	\$556,944

FY2020 / FY2019

\$	%
\$6,336	0.17%
\$6,336	0.17%
\$2,208	0.01%
\$2,208	0.01%
\$26,784	0.21%
\$26,784	0.21%
-\$8,376	-1.48%
-\$8,376	-1.48%

FY2019

Health Care Plans	You Only	You Plus One	You Plus Two or More	Total
Summary Retiree/COBRA Total				
Enrollment	4,438	943	132	5,513
Employee Portion				
Base Actuarial Rate				\$62,058,492
State Portion				
Base Actuarial Rate				\$0
Total				
Base Actuarial Rate				\$62,058,492
Grand Total				
Enrollment	38,026	21,757	28,654	88,437
Employee Portion				
Base Actuarial Rate				\$280,400,675
State Portion				
Base Actuarial Rate				\$1,194,463,729
Total				
Base Actuarial Rate				\$1,474,864,404

FY2020

Health Care Plans	You Only	You Plus One	You Plus Two or More	Total
Summary Retiree/COBRA Total				
Enrollment	4,438	943	132	5,513
Employee Portion				
Base Actuarial Rate				\$62,083,524
State Portion				
Base Actuarial Rate				\$0
Total				
Base Actuarial Rate				\$62,083,524
Grand Total				
Enrollment	38,026	21,757	28,654	88,437
Employee Portion				
Base Actuarial Rate				\$280,581,118
State Portion				
Base Actuarial Rate				\$1,194,458,714
Total				
Base Actuarial Rate				\$1,475,039,832

FY2020 / FY2019

\$	%
\$25,032	0.04%
\$25,032	0.04%
\$180,443	0.06%
-\$5,015	0.00%
\$175,428	0.01%

Exhibit B: Department of Planning and Budget Premium Schedule and General Fund Breakout—December 18, 2018

HB1700/SB1100, 2019 Health Insurance Premium Changes

(Premiums Shown Are Monthly Premiums and Include Premium Rewards)

FY 2020 Plan/Coverage	Enrollment		Proposed FY 2019 Premiums				Proposed FY 2020 Premiums				Increase Over FY 2019		
	Active Employees	Retirees	Employer	Employee	Total Active	Retirees	Employer	Employee	Total Active	Retirees	Employer	Employee	Retirees
COVA Care, Single	28,777	4,171	\$687	\$75	762	\$762	\$687	\$75	\$762	\$762	\$0	\$0	\$0
COVA Care, Family	25,171	136	\$1,802	\$253	2,055	\$2,055	\$1,802	\$253	\$2,055	\$2,055	\$0	\$0	\$0
COVA Care, Dual-Minor	5,306	111	\$1,229	\$194	1,423	\$1,423	\$1,229	\$194	\$1,423	\$1,423	\$0	\$0	\$0
COVA Care, Dual-Spouse	13,548	761	\$1,229	\$177	1,406	\$1,406	\$1,229	\$177	\$1,406	\$1,406	\$0	\$0	\$0
COVA HealthAware, Single	3,797	93	\$677	\$0	677	\$677	\$677	\$0	\$677	\$677	\$0	\$0	\$0
COVA HealthAware, Family	2,350	3	\$1,802	\$25	1,827	\$1,827	\$1,802	\$25	\$1,827	\$1,827	\$0	\$0	\$0
COVA HealthAware, Dual-Minor	376	3	\$1,229	\$41	1,270	\$1,270	\$1,229	\$41	\$1,270	\$1,270	\$0	\$0	\$0
COVA HealthAware, Dual-Spouse	852	17	\$1,229	\$24	1,253	\$1,253	\$1,229	\$24	\$1,253	\$1,253	\$0	\$0	\$0
COVA High Deductible, Single	347	137	\$584	\$0	584	\$584	\$584	\$0	\$584	\$584	\$0	\$0	\$0
COVA High Deductible, Family	238	4	\$1,587	\$0	1,587	\$1,587	\$1,587	\$0	\$1,587	\$1,587	\$0	\$0	\$0
COVA High Deductible, Dual-Minor	33	2	\$1,086	\$0	1,086	\$1,086	\$1,086	\$0	\$1,086	\$1,086	\$0	\$0	\$0
COVA High Deductible, Dual-Spouse	125	21	\$1,086	\$0	1,086	\$1,086	\$1,086	\$0	\$1,086	\$1,086	\$0	\$0	\$0
Kaiser Permanente, Single	690	39	\$594	\$75	669	\$669	\$584	\$75	\$659	\$659	-\$10	\$0	-\$10
Kaiser Permanente, Family	765	3	\$1,539	\$253	1,792	\$1,792	\$1,513	\$253	\$1,766	\$1,766	-\$26	\$0	-\$26
Kaiser Permanente, Dual-Minor	120	2	\$1,053	\$177	1,230	\$1,230	\$1,035	\$177	\$1,212	\$1,212	-\$18	\$0	-\$18
Kaiser Permanente, Dual-Spouse	317	12	\$1,053	\$177	1,230	\$1,230	\$1,035	\$177	\$1,212	\$1,212	-\$18	\$0	-\$18
Waived Coverage	9,980	945	\$0	\$0	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total/Average Amounts	92,792	6,460	\$1,071	\$133	1,205	\$765	\$1,071	\$133	1,204	\$764	\$0	\$0	\$0

Annual Cost Summary

	GF (Employer)	NGF (Employer)	Employee Share	Early Retiree Share	TOTAL
FY 2019	\$33,432,060	\$33,448,044	\$8,443,536	\$3,392,460	\$78,716,100
FY 2020	\$33,272,027	\$33,209,533	\$8,443,536	\$3,383,820	\$78,308,916