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April 23, 2021

The Honorable Ralph S. Northam, Governor of Virginia The Honorable Luke Torian, Virginia House of Delegates The Honorable Janet Howell, Senate of Virginia

Subject: Changes in premiums, benefits, carriers, and provider networks for the 2021-2022 Plan Year

The attached report is pursuant to Chapter 56, Item 83, A of the 2020 Special Session I, Virginia Acts of Assembly.

Please contact me if there are any questions.

Sincerely,

**Emily Elliott** 

Emily S. Eleiat

# Changes in Premiums, Benefits,

# Carriers, and Provider Networks For

# **Plan Year 2021-2022**

**April 23, 2021** 

### Background

Pursuant to Item 83, A of Chapter 56, 2020 Special Session I, Virginia Acts of Assembly, this report details the changes to the state employee health benefits program involving premiums, benefits, carriers, or provider networks schedule affecting the 2021-2022 Plan Year.

#### **COVA Care Plan**

Anthem currently administers and will continue to administer medical, prescription (IngenioRx), behavioral health, Wellness and Employee Assistance Program (EAP) benefits, including associated networks. Delta Dental will administer the dental benefits and the dental provider network. Insulin prescription drugs will have a maximum payment of: \$50 for up to a 34 day supply and \$150 for up to a 90 day supply. Continuous Glucose Monitors will also be available through the IngenioRx pharmacy benefit.

### **COVA HDHP (High Deductible Health Plan)**

Anthem currently administers and will continue to administer medical, prescription (IngenioRx), behavioral health, Wellness and Employee Assistance Program (EAP) benefits, including associated networks. Delta Dental will administer the dental benefits and the dental provider network. Insulin prescription drugs will have a maximum payment of: \$50 for up to a 34 day supply and \$150 for up to a 90 day supply. Continuous Glucose Monitors will also be available through the IngenioRx pharmacy benefit.

#### **COVA HealthAware**

Aetna currently administers and will continue to administer medical, behavioral health and the Health Reimbursement Arrangement (HRA). Insulin prescription drugs will have a maximum payment of: \$50 for up to a 34 day supply and \$150 for up to a 90 day supply. Continuous Glucose Monitors will also be available through the IngenioRx pharmacy benefit.

### **Kaiser Permanente HMO (Health Maintenance Organization)**

This is a regional plan that services mostly Northern Virginia. The state has no control over the plan design because this is a fully insured plan, no changes.

#### **Optima Health Vantage HMO**

The state has no control over the plan design because this is a fully insured plan, no changes.

### Flexible Spending Accounts (FSA)

The healthcare FSA limit continues to be \$2,750.

## COMMONWEALTH OF VIRGINIA STATE HEALTH BENEFITS PROGRAM

# **EMPLOYEE MONTHLY PREMIUMS FOR JULY 1, 2021 - JUNE 30, 2022**

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."

**Please note:** Get a Premium Reward if you are enrolled in COVA Care or COVA HealthAware! You or your enrolled spouse can complete a health assessment to pay \$17 less a month or \$34 less when both of you meet the requirements.

		PREMIUM			
HEALTH CARE PLANS		You Only	You Plus One	You Plus Two or More	
COVA Care	Employee Pays State Pays Total Premium	\$94 \$709 \$803	\$217 \$1,268 \$1,485	\$295 \$1,859 \$2,154	
COVA Care + Out-of-Network	Employee Pays State Pays Total Premium	\$113 \$709 \$822	\$251 \$1,268 \$1,519	\$346 \$1,859 \$2,205	
COVA Care + Expanded Dental	Employee Pays State Pays Total Premium	\$128 \$709 \$837	\$280 \$1,268 <b>\$1,548</b>	\$387 \$1,859 <b>\$2,246</b>	
COVA Care + Out-of-Network + Expanded Dental	Employee Pays State Pays Total Premium	\$147 \$709 \$856	\$314 \$1,268 \$1,582	\$438 \$1,859 \$2,297	
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays State Pays Total Premium	\$148 \$709 \$857	\$316 \$1,268 \$1,584	\$440 \$1,859 <b>\$2,299</b>	
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays State Pays Total Premium	\$166 \$709 <b>\$875</b>	\$350 \$1,268 \$1,618	\$490 \$1,859 <b>\$2,349</b>	
COVA HealthAware	Employee Pays State Pays Total Premium	\$17 \$695 \$712	\$52 \$1,268 \$1,320	\$53 \$1,856 \$1,909	
COVA HealthAware + Expanded Dental	Employee Pays State Pays Total Premium	\$49 \$695 \$744	\$111 \$1,268 \$1,379	\$139 \$1,856 \$1,995	
COVA HealthAware + Expanded Dental & Vision	Employee Pays State Pays Total Premium	\$60 \$695 <b>\$755</b>	\$132 \$1,268 <b>\$1,400</b>	\$169 \$1,856 <b>\$2,025</b>	
COVA HDHP	Employee Pays State Pays Total Premium	\$0 \$602 \$602	\$0 \$1,120 \$1,120	\$0 \$1,637 <b>\$1,637</b>	
COVA HDHP + Expanded Dental	Employee Pays State Pays Total Premium	\$33 \$602 \$635	\$61 \$1,120 \$1,181	\$89 \$1,637 <b>\$1,726</b>	
Kaiser Permanente HMO (available primarily in Northern Virginia)	Employee Pays State Pays Total Premium	\$77 \$641 \$718	\$183 \$1,137 <b>\$1,320</b>	\$261 \$1,662 \$1,923	
Optima Health Vantage HMO (Hampton Roads area)	Employee Pays State Pays Total Premium	\$77 \$702 \$779	\$183 \$1,259 <b>\$1,442</b>	\$261 \$1,826 \$2,087	
TRICARE Voluntary Supplement*	Total Premium	\$61	\$120	\$161	

PREMIUM AND PLAN BENEFITS

MAY CHANGE SUBJECT TO

FINAL STATE BUDGET APPROVAL.

PREMIUM WITH REWARDS

\$183

\$1,268

\$1,451

\$217

\$1,268

\$1,485

\$246

\$1,268

\$1,514

\$280

\$1,268

\$1,548

\$282

\$1,268

\$1,550

\$316

\$1,268

\$1,584

\$18

\$77

\$98

\$1,268

\$1,286

\$1,268

\$1,345

\$1,268

\$1,366

You Plus

Spouse and More

\$261

<u>\$1,859</u>

\$2,120

\$1,859

\$2,171

\$353

\$1,859

\$2,212

\$404

\$1,859

\$2,263

\$406

\$1,859

\$2,265

\$456

<u>\$1,859</u>

\$2,315

\$19

<u>\$1,856</u>

\$1,875

\$105

\$1,856

\$1,961

\$135

\$1,856

\$1,991

\$312

Employee or Spouse

\$278

\$1,859

\$2,137

\$329

\$1,859

\$2,188

\$370

\$1,859

\$2,229

\$421

\$1,859

\$2,280

\$423

\$1,859

\$2,282

\$473

\$1,859

\$2,332

\$1,856

\$1,892

\$122

\$1,856

\$1,978

\$1,856

\$2,008

\$152

\$36

You Plus

Spouse

\$200

\$1,268

\$1,468

\$234

\$1,268

\$1,502

\$263

\$1,268

\$1,531

\$297

\$1,268

\$1,565

\$299

\$1,268

\$1,567

\$1,268

\$1,601

\$1,268

\$1,303

\$1,268

\$1,362

\$1,268

\$1,383

\$115

\$35

\$94

\$333

You Only

Employee

**\$77 \$709** 

\$786

\$96

\$709

\$805

\$111

\$709

\$820

**\$130** \$709

\$839

\$131

\$709

\$840

\$149

\$709

\$858

\$0

\$695

\$695

\$32

\$695

\$727

\$43

\$695

\$738



<sup>\*</sup> Washington State Residents contact Office of Health Benefits for Washington State mandated TRICARE premium amount

The Tricare Voluntary Supplement monthly premiums for residents of Washington state are as follows:

You Only	You Plus One	You Plus Two or More
\$61	\$120	\$161