



2024 Team Member Contributions (per biweekly pay period)

Medical

Plan	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
HSA HDP	\$47	\$107	\$90	\$140
PPO	\$85	\$220	\$195	\$295

Plan (Married Inova Couples)	Team Member + Spouse	Family
HSA HDP	\$91	\$116
PPO	\$127	\$217

Dental

Plan	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
High	\$8	\$27	\$24	\$41
DMO	\$3	\$5	\$5	\$10

Plan (Married Inova Couples)	Team Member + Spouse	Family
High	\$15	\$30
DMO	\$4	\$7

Vision

Plan	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
Core	\$0	\$0	\$0	\$0
Buy-Up	\$3.48	\$7.48	\$7.02	\$11.95
Buy-Up Plus	\$5.64	\$12.11	\$11.36	\$19.35

- Deductions are taken over 26 pay periods on a pre-tax basis for medical, dental and vision coverage.
- Medical, dental and vision coverage is offered to full-time team members (60+ hours/pay period) and part-time team members (40-59 hours/pay period)
- Contact the Inova Benefits Center at 1-877-466-8201 to request the Married Inova Couples premium rate.