

Department of Accounts Payroll Bulletin

Calendar Year 2023

June 5, 2023

Volume 2023-03

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The Payroll Bulletin is published periodically to provide HCM agencies guidance regarding Commonwealth payroll operations. If you have any questions about the bulletin, please email payroll@doa.virginia.gov.

State Payroll Operations

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FY 24 Benefit/Deduction Rates

Introduction

This Payroll Bulletin provides information regarding benefit rates for Fiscal Year 2024. Please provide a copy of this bulletin to all appropriate personnel within your agency.

Flexible Benefit Admin Fee

The flexible spending account administrative fee (FLXFEE) remains at \$25.20 per year. This is an employee-paid, pre-tax fee withheld the first pay period of each month. The annual fee of \$25.20 is pro-rated based on the employee's number of pays (see fee schedule below).

Number of Pays	24	22	20	18
Fee Amount	\$2.10	\$2.29	\$2.52	\$2.80

The deduction goal will be set with a deduction end date of 06/30/2023.

Deferred Comp and Annuity Cash Match

The maximum amount of Supplemental Plan cash match that may be made for eligible s/m employees continues to be \$20 per pay period with a maximum of \$480 per year. Based on the number of pay periods, maximum deduction amounts per pay period are as follows:

Number of Pays	12	18	20	22	24
Max. Match Amt	\$40.00	\$26.67	\$24.00	\$21.82	\$20.00

Note: Hybrid employees contributing less than 4% voluntary contribution to the hybrid plan are not eligible for the cash match on either the Supplemental Plan or an annuity.

Optional Retirement Rates

The annual compensation limit for ORP's has changed for Plan Year 23/24 to the maximum dollar amount of \$330,000. The employer contribution rates are 10.4% and 8.5% for existing "Plan 1" and "Plan 2" participants, respectively. "Plan 2" participants continue to contribute 5% from pay.

The annual compensation limit for retirement contributions for the plan year that begins July 1, 2023, (checks dated 7/16/2023 – 7/01/2024) is \$330,000 for participants with membership dates on or after April 9, 1996. The maximum dollar amount is \$490,000 for employees who became plan members with any VRS-covered employer before April 9, 1996. Please provide DOA with a list of employees whose annual salary exceeds the maximums no later than **July 3** so proper goals can be established. Also, contact DOA if new employees with salaries that exceed the maximum are added during the year.

FY 24 Benefit/Deduction Rates, continued

**VRS
Retirement
Rates**

The maximum annual compensation for retirement contributions for the plan year that begins July 1, 2023, (checks dated 07/16/2023 – 07/01/2024) is \$330,000 for participants with membership dates on or after April 9, 1996. The maximum is \$490,000 for employees who became plan members with any VRS-covered employer before April 9, 1996. Please provide DOA with a list of employees whose annual salary exceeds the maximums no later than **July 3** so proper goals can be established. Also, contact DOA if new employees with salaries that exceed the maximum are added during the year.

	116 – 5011110	127 - 5011650	Amt Reported to VRS	Total Charged Agency
Retirement - Plan 1				
State Employees – Elected Officials	14.46%	5.00%*	19.46%	19.46%
State Employees – All Others	14.46%	N/A	19.46%	14.46%
State Police (SPORS)	29.98%	N/A	34.98%	29.98%
Judicial	30.67%	5.00%*	35.67%	35.67%
VaLORS	24.60%	N/A	29.60%	24.60%
Retirement - Plan 2				
State Employees	14.46%	N/A	19.46%	14.46%
State Police (SPORS)	29.98%	N/A	34.98%	29.98%
Judicial	30.67%	N/A	35.67%	30.67%
VaLORS	24.60%	N/A	29.60%	24.60%
Hybrid				
	116- 5011110	105- 5011660	106- 5011660	Total Charged Agency
State Employees	10.96% - 13.46%	1.0%	.5% - 2.5%	14.46%
Judicial	27.17% - 29.67%	1.0%	.5% - 2.5%	30.67%
Group Life Insurance				
	120 - 5011140		Amt Reported to VRS	Total Charged Agency
	1.34%		1.34%	1.34%
Retiree Health Insurance Credit				
	115 - 5011160			
	1.12%		1.12%	1.12%
VSDP				
	136/144 - 5011170			
	0.61%		0.61%	0.61%

* 5% member-portion continues to be paid for Plan 1 elected officials and Judicial coverage by the employer. All other Plan 1 employees pay the member portion.

FY 24 Healthcare Rates

Healthcare Premium Schedules

On July 1, 2023, the new healthcare premiums specified in DHRM's Spotlight Spring 2023 Open Enrollment Issue will take effect. All codes and rates for HCM processing are provided on the following pages. These rates do not include the premium reward.

Provider	Project Code And Task
COVA Care Basic (Includes basic dental)	AHI100 10
COVA Care Expanded Dental	AHI100 10
COVA Care Out-of-Network	AHI100 10
COVA Care Out-of-Network and Expanded Dental	AHI100 10
COVA Care Out-of-Network and Vision, Hearing and Expanded Dental	AHI100 10
COVA Care Vision, Hearing and Expanded Dental	AHI100 10
COVA HDHP (High Deductible Health Plan)	AHI300 10
COVA HDHP ED (High Deductible Health Plan Expanded Dental)	AHI300 10
COVA Health Aware Basic	AHI200 10
COVA HealthAware and Expanded Dental	AHI200 10
COVA HealthAware, Expanded Dental and Vision	AHI200 10
Kaiser Permanente HMO (Available in Northern Virginia Only)	AHI810 40
Optima Health Vantage HMO (Available in Hampton Roads only)	0000115265
TRICARE	AHI820 40

Healthcare premium changes will occur July 1, 2023 in HCM. If you have any questions about the schedules, contact Renee Ancarrow via e-mail at renee.ancarrow@doa.virginia.gov or (804) 225-2246.

**COVA Care Basic (10 – ACC0)
CVACRE**

Employee Coverage Code

Semi-Monthly

Monthly

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$48.50	\$369.00	\$417.50		\$97.00	\$738.00	\$835.00
D - Employee Plus One	\$112.00	\$660.00	\$772.00		\$224.00	\$1,320.00	\$1,544.00
F - Family	\$153.00	\$967.50	\$1,120.50		\$306.00	\$1,935.00	\$2,241.00
O - Employee Only - Part Time	\$417.50	\$0.00	\$417.50		\$835.00	\$0.00	\$835.00
T - Employee Plus One - Part Time	\$772.00	\$0.00	\$772.00		\$1,544.00	\$0.00	\$1,544.00
M - Family - Part Time	\$1,120.50	\$0.00	\$1,120.50		\$2,241.00	\$0.00	\$2,241.00

**COVA Care OON (10 – ACC1)
CVACRE**

Employee Coverage Code

Semi-Monthly

Monthly

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$58.50	\$369.00	\$427.50		\$117.00	\$738.00	\$855.00
D - Employee Plus One	\$130.00	\$660.00	\$790.00		\$260.00	\$1,320.00	\$1,580.00
F – Family	\$179.50	\$967.50	\$1,147.00		\$359.00	\$1,935.00	\$2,294.00
O - Employee Only - Part Time	\$427.50	\$0.00	\$427.50		\$855.00	\$0.00	\$855.00
T - Employee Plus One - Part Time	\$790.00	\$0.00	\$790.00		\$1,580.00	\$0.00	\$1,580.00
M - Family - Part Time	\$1,147.00	\$0.00	\$1,147.00		\$2,294.00	\$0.00	\$2,294.00

**COVA Care ED (10 – ACC2)
CVACRE**

Employee Coverage Code

Semi-Monthly

Monthly

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$65.00	\$369.00	\$434.00		\$130.00	\$738.00	\$868.00
D - Employee Plus One	\$142.50	\$660.00	\$802.50		\$285.00	\$1,320.00	\$1,605.00
F – Family	\$197.50	\$967.50	\$1,165.00		\$395.00	\$1,935.00	\$2,330.00
O - Employee Only - Part Time	\$434.00	\$0.00	\$434.00		\$868.00	\$0.00	\$868.00
T - Employee Plus One - Part Time	\$802.50	\$0.00	\$802.50		\$1,605.00	\$0.00	\$1,605.00
M - Family - Part Time	\$1,165.00	\$0.00	\$1,165.00		\$2,330.00	\$0.00	\$2,330.00

**COVA Care OON/ED (10 – ACC3)
CVACRE**

Employee Coverage Code

Semi-Monthly

Monthly

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$75.00	\$369.00	\$444.00		\$150.00	\$738.00	\$888.00
D - Employee Plus One	\$160.50	\$660.00	\$820.50		\$321.00	\$1,320.00	\$1,641.00
F - Family	\$224.00	\$967.50	\$1,191.50		\$448.00	\$1,935.00	\$2,383.00
O - Employee Only - Part Time	\$444.00	\$0.00	\$444.00		\$888.00	\$0.00	\$888.00
T - Employee Plus One - Part Time	\$820.50	\$0.00	\$820.50		\$1,641.00	\$0.00	\$1,641.00
M - Family - Part Time	\$1,191.50	\$0.00	\$1,191.50		\$2,383.00	\$0.00	\$2,383.00

**COVA Care V/H/ED (10 – ACC4)
CVACRE**

Employee Coverage Code

Semi-Monthly

Monthly

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$75.00	\$369.00	\$444.00		\$150.00	\$738.00	\$888.00
D - Employee Plus One	\$160.50	\$660.00	\$820.50		\$321.00	\$1,320.00	\$1,641.00
F - Family	\$224.00	\$967.50	\$1,191.50		\$448.00	\$1,935.00	\$2,383.00
O - Employee Only - Part Time	\$444.00	\$0.00	\$444.00		\$888.00	\$0.00	\$888.00
T - Employee Plus One - Part Time	\$820.50	\$0.00	\$820.50		\$1,641.00	\$0.00	\$1,641.00
M - Family - Part Time	\$1,191.50	\$0.00	\$1,191.50		\$2,383.00	\$0.00	\$2,383.00

**COVA Care FULL (10 – ACC5)
CVACRE**

Employee Coverage Code

Semi-Monthly

Monthly

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$85.00	\$369.00	\$454.00		\$170.00	\$738.00	\$908.00
D - Employee Plus One	\$178.50	\$660.00	\$838.50		\$357.00	\$1,320.00	\$1,677.00
F - Family	\$250.00	\$967.50	\$1,217.50		\$500.00	\$1,935.00	\$2,435.00
O - Employee Only - Part Time	\$454.00	\$0.00	\$454.00		\$908.00	\$0.00	\$908.00
T - Employee Plus One - Part Time	\$838.50	\$0.00	\$838.50		\$1,677.00	\$0.00	\$1,677.00
M - Family - Part Time	\$1,217.50	\$0.00	\$1,217.50		\$2,435.00	\$0.00	\$2,435.00

**COVA HealthAware Basic (10- CHA)
CVAHAW**

Employee Coverage Code

Semi-Monthly

Monthly

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$8.50	\$361.50	\$370.00		\$17.00	\$723.00	\$740.00
D - Employee Plus One	\$26.50	\$660.00	\$686.50		\$53.00	\$1,320.00	\$1,373.00
F - Family	\$27.00	\$966.00	\$993.00		\$54.00	\$1,932.00	\$1,986.00
O - Employee Only - Part Time	\$370.00	\$0.00	\$370.00		\$740.00	\$0.00	\$740.00
T - Employee Plus One - Part Time	\$686.50	\$0.00	\$686.50		\$1,373.00	\$0.00	\$1,373.00
M - Family - Part Time	\$993.00	\$0.00	\$993.00		\$1,986.00	\$0.00	\$1,986.00

**COVA HealthAware + ED & Vision (10 - CHA1)
CVAHAW**

Employee Coverage Code

Semi-Monthly

Monthly

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$30.00	\$361.50	\$391.50		\$60.00	\$723.00	\$783.00
D - Employee Plus One	\$66.50	\$660.00	\$726.50		\$133.00	\$1,320.00	\$1,453.00
F - Family	\$85.00	\$966.00	\$1,051.00		\$170.00	\$1,932.00	\$2,102.00
O - Employee Only - Part Time	\$391.50	\$0.00	\$391.50		\$783.00	\$0.00	\$783.00
T - Employee Plus One - Part Time	\$726.50	\$0.00	\$726.50		\$1,453.00	\$0.00	\$1,453.00
M - Family - Part Time	\$1,051.00	\$0.00	\$1,051.00		\$2,102.00	\$0.00	\$2,102.00

**COVA HealthAware + ED (10 - CHA2)
CVAHAW**

Employee Coverage Code

Semi-Monthly

Monthly

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$24.50	\$361.50	\$386.00		\$49.00	\$723.00	\$772.00
D - Employee Plus One	\$56.00	\$660.00	\$716.00		\$112.00	\$1,320.00	\$1,432.00
F - Family	\$70.00	\$966.00	\$1,036.00		\$140.00	\$1,932.00	\$2,072.00
O - Employee Only - Part Time	\$386.00	\$0.00	\$386.00		\$772.00	\$0.00	\$772.00
T - Employee Plus One - Part Time	\$716.00	\$0.00	\$716.00		\$1,432.00	\$0.00	\$1,432.00
M - Family - Part Time	\$1,036.00	\$0.00	\$1,036.00		\$2,072.00	\$0.00	\$2,072.00

**COVA HIGH DEDUCTIBLE HEALTH PLAN (10 – CHD)
CVHDHP**

Employee Coverage Code

Semi-Monthly

Monthly

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$0.00	\$313.00	\$313.00		\$0.00	\$626.00	\$626.00
D - Employee Plus One	\$0.00	\$583.00	\$583.00		\$0.00	\$1,166.00	\$1,166.00
F - Family	\$0.00	\$852.00	\$852.00		\$0.00	\$1,704.00	\$1,704.00
O - Employee Only - Part Time	\$313.00	\$0.00	\$313.00		\$626.00	\$0.00	\$626.00
T - Employee Plus One - Part Time	\$58.00	\$0.00	\$58.00		\$116.00	\$0.00	\$116.00
M - Family - Part Time	\$852.00	\$0.00	\$852.00		\$1,704.00	\$0.00	\$1,704.00

**COVA HIGH DEDUCTIBLE HEALTH PLAN ED (10 – CHD1)
CVHDHP**

Employee Coverage Code

Semi-Monthly

Monthly

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$16.50	\$313.00	\$329.50		\$33.00	\$626.00	\$659.00
D - Employee Plus One	\$30.00	\$583.00	\$613.00		\$60.00	\$1,166.00	\$1,226.00
F - Family	\$44.00	\$852.00	\$896.00		\$88.00	\$1,704.00	\$1,792.00
O - Employee Only - Part Time	\$329.50	\$0.00	\$329.50		\$659.00	\$0.00	\$659.00
T - Employee Plus One - Part Time	\$613.00	\$0.00	\$613.00		\$1,226.00	\$0.00	\$1,226.00
M - Family - Part Time	\$896.00	\$0.00	\$896.00		\$1,792.00	\$0.00	\$1,792.00

**KAISER PERMANENTE HMO (10 – KP)
KAISER**

Employee Coverage Code

Semi-Monthly

Monthly

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$40.00	\$368.50	\$408.50		\$80.00	\$737.00	\$817.00
D - Employee Plus One	\$95.00	\$655.50	\$750.50		\$190.00	\$1,311.00	\$1,501.00
F - Family	\$136.00	\$958.00	\$1,094.00		\$272.00	\$1,916.00	\$2,188.00
O - Employee Only - Part Time	\$408.50	\$0.00	\$408.50		\$817.00	\$0.00	\$817.00
T - Employee Plus One - Part Time	\$750.50	\$0.00	\$750.50		\$1,501.00	\$0.00	\$1,501.00
M - Family - Part Time	\$1,094.00	\$0.00	\$1,094.00		\$2,188.00	\$0.00	\$2,188.00

OPTIMA HEALTH VANTAGE (10 - OH130)
OPTIMA

Employee Coverage Code**Semi-Monthly****Monthly**

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$40.00	\$366.50	\$406.50		\$80.00	\$733.00	\$813.00
D - Employee Plus One	\$95.00	\$657.50	\$752.50		\$190.00	\$1,315.00	\$1,505.00
F - Family	\$136.00	\$953.50	\$1,089.50		\$272.00	\$1,907.00	\$2,179.00
O - Employee Only - Part Time	\$406.50	\$0.00	\$406.50		\$813.00	\$0.00	\$813.00
T - Employee Plus One - Part Time	\$752.50	\$0.00	\$752.50		\$1,505.00	\$0.00	\$1,505.00
M - Family - Part Time	\$1,089.50	\$0.00	\$1,089.50		\$2,179.00	\$0.00	\$2,179.00

TRICARE (10 – TRC)
TRICRE

Employee Coverage Code**Semi-Monthly****Monthly**

	Employee	Agency	Total		Employee	Agency	Total
S - Employee Only	\$30.50	\$0.00	\$30.50		\$61.00	\$0.00	\$61.00
D - Employee Plus One	\$60.00	\$0.00	\$60.00		\$120.00	\$0.00	\$120.00
F - Family	\$80.50	\$0.00	\$80.50		\$161.00	\$0.00	\$161.00
O - Employee Only - Part Time	\$30.50	\$0.00	\$30.50		\$61.00	\$0.00	\$61.00
T - Employee Plus One - Part Time	\$60.00	\$0.00	\$60.00		\$120.00	\$0.00	\$120.00
M - Family - Part Time	\$80.50	\$0.00	\$80.50		\$161.00	\$0.00	\$161.00