

**Commonwealth of Virginia Health Benefits Program**

**Health Care Plans and Monthly Premiums Effective July 1, 2008 – June 30, 2009**

**Employee, Employee on Military Leave, VSDP Short-Term Disability:** Pays the Employee amount  
**Retiree Group Not Eligible for Medicare (Retirees, Survivors, VSDP Long-Term Disability):** Pays the total premium (VRS-administered health insurance credit may apply)

**Part-time Classified Employee:** Pays the total premium

**Extended Coverage (COBRA) Participant:** Pays the total premium plus an additional fee

<b>Health Care Plans</b>	<b>You Only</b>	<b>You Plus One</b>	<b>You Plus Two or More</b>
<b>COVA HDHP - High Deductible Health Plan</b>			
<b>Employee Pays</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<i>Total Premium</i>	\$365	\$676	\$988
<i>Extended Coverage (COBRA)</i>	\$372	\$690	\$1,008
<b>COVA Care (with basic dental)</b>			
<b>Employee Pays</b>	<b>\$41</b>	<b>\$101</b>	<b>\$144</b>
<i>Total Premium</i>	\$455	\$842	\$1,231
<i>Extended Coverage (COBRA)</i>	\$464	\$859	\$1,256
<b>COVA Care Plus Out-of-Network</b>			
<b>Employee Pays</b>	<b>\$52</b>	<b>\$116</b>	<b>\$164</b>
<i>Total Premium</i>	\$466	\$857	\$1,251
<i>Extended Coverage (COBRA)</i>	\$475	\$874	\$1,276
<b>COVA Care Plus Expanded Dental</b>			
<b>Employee Pays</b>	<b>\$55</b>	<b>\$128</b>	<b>\$184</b>
<i>Total Premium</i>	\$469	\$869	\$1,271
<i>Extended Coverage (COBRA)</i>	\$478	\$886	\$1,296
<b>COVA Care Plus Out-of-Network &amp; Expanded Dental</b>			
<b>Employee Pays</b>	<b>\$65</b>	<b>\$142</b>	<b>\$203</b>
<i>Total Premium</i>	\$479	\$883	\$1,290
<i>Extended Coverage (COBRA)</i>	\$489	\$901	\$1,316
<b>COVA Care Plus Expanded Dental Plus Vision &amp; Hearing</b>			
<b>Employee Pays</b>	<b>\$64</b>	<b>\$146</b>	<b>\$208</b>
<i>Total Premium</i>	\$478	\$887	\$1,295
<i>Extended Coverage (COBRA)</i>	\$488	\$905	\$1,321
<b>COVA Care Plus Out-of-Network Plus Expanded Dental Plus Vision &amp; Hearing</b>			
<b>Employee Pays</b>	<b>\$75</b>	<b>\$159</b>	<b>\$226</b>
<i>Total Premium</i>	\$489	\$900	\$1,313
<i>Extended Coverage (COBRA)</i>	\$499	\$918	\$1,339
<b>Kaiser Permanente HMO – available only in Northern Virginia</b>			
<b>Employee Pays</b>	<b>\$40</b>	<b>\$99</b>	<b>\$140</b>
<i>Total Premium</i>	\$445	\$822	\$1,200
<i>Extended Coverage (COBRA)</i>	\$454	\$838	\$1,224