

**Commonwealth of Virginia
Health Benefits Program**

**Monthly Premiums for Extended Coverage (COBRA) Participants
Effective July 1, 2011 – June 30, 2012**

| Health Care Plans | You Only | You Plus One | You Plus Two or More |
|--|--------------|----------------|-------------------------|
| COVA HDHP - High Deductible Health Plan | | | |
| Total Premium – 18 & 36 months | \$409 | \$758 | \$1,108 |
| Total Premium – 29 months | \$602 | \$1,115 | \$1,629 |
| COVA Care/COVA Connect* (with basic dental) | | | |
| Total Premium – 18 & 36 months | \$510 | \$944 | \$1,379 |
| Total Premium – 29 months | \$750 | \$1,388 | \$2,028 |
| COVA Care/COVA Connect Plus Out-of-Network | | | |
| Total Premium – 18 & 36 months | \$522 | \$960 | \$1,401 |
| Total Premium – 29 months | \$768 | \$1,412 | \$2,061 |
| COVA Care/COVA Connect Plus Expanded Dental | | | |
| Total Premium – 18 & 36 months | \$525 | \$974 | \$1,424 |
| Total Premium – 29 months | \$773 | \$1,433 | \$2,094 |
| COVA Care/COVA Connect Plus Out-of-Network & Expanded Dental | | | |
| Total Premium – 18 & 36 months | \$538 | \$989 | \$1,445 |
| Total Premium – 29 months | \$791 | \$1,455 | \$2,126 |
| COVA Care/COVA Connect Plus Expanded Dental Plus Vision & Hearing | | | |
| Total Premium – 18 & 36 months | \$537 | \$993 | \$1,450 |
| Total Premium – 29 months | \$789 | \$1,461 | \$2,133 |
| COVA Care/COVA Connect Plus Out-of-Network Plus Expanded Dental Plus Vision & Hearing | | | |
| Total Premium – 18 & 36 months | \$548 | \$1,009 | \$1,471 |
| Total Premium – 29 months | \$806 | \$1,484 | \$2,163 |
| Kaiser Permanente HMO – available in Fredericksburg area and Northern Virginia | | | |
| Total Premium – 18 & 36 months | \$550 | \$1,013 | \$1,477 |
| Total Premium – 29 months | \$809 | \$1,490 | \$2,172 |

*COVA Connect is for members in designated Hampton Roads zip codes