

**The University of Virginia Health Plan Rates  
Effective 1/1/09**

*Active Employees  
High Premium Program*

	<b>New Employee Rate</b>	<b>New Employer Rate</b>	<b>Total Rate</b>
<b>Single</b>	\$42	\$334	\$376
<b>Employee+Child</b>	\$147	\$598	\$745
<b>Employee+Spouse</b>	\$171	\$600	\$771
<b>Family</b>	\$327	\$878	\$1205
<b>Double State</b>	\$291	\$914	\$1205

*Active Employees  
Low Premium Program*

	<b>New Employee Rate</b>	<b>New Employer Rate</b>	<b>Total Rate</b>
<b>Single</b>	\$12	\$334	\$346
<b>Employee+Child</b>	\$47	\$598	\$645
<b>Employee+Spouse</b>	\$54	\$600	\$654
<b>Family</b>	\$116	\$878	\$994
<b>Double State</b>	\$80	\$914	\$994

*Active Survivors and Retirees  
High Premium Program*

	<b>Basic Rate</b>	<b>Dental Option</b>	<b>Vision Option</b>
<b>Single</b>	\$402	\$27	\$5 annual prepay
<b>Employee+Child</b>	\$791	\$44	\$5 annual prepay
<b>Employee+Spouse</b>	\$817	\$62	\$5 annual prepay
<b>Family</b>	\$1271	\$119	\$5 annual prepay

*Active Survivors and Retirees  
Low Premium Program*

	<b>Basic Rate</b>	<b>Dental Option</b>	<b>Vision Option</b>
<b>Single</b>	\$348	\$27	\$5 annual prepay
<b>Employee+Child</b>	\$653	\$44	\$5 annual prepay
<b>Employee+Spouse</b>	\$664	\$62	\$5 annual prepay
<b>Family</b>	\$1013	\$119	\$5 annual prepay

**The University of Virginia Health Plan Rates**  
**Effective 1/1/09**  
 (continued)

***COBRA***  
***High Premium Program***

	<b>Rate (includes 2%)</b>	<b>Military LWOP Active Duty Employee Rate</b>	<b>Military LWOP Active Duty Employer Rate</b>
<b>Single</b>	\$383.52	\$42	\$334
<b>Employee+Child</b>	\$759.90	\$147	\$598
<b>Employee+Spouse</b>	\$786.42	\$171	\$600
<b>Family</b>	\$1229.10	\$327	\$878

***COBRA***  
***Low Premium Program***

	<b>Rate (includes 2%)</b>	<b>Military LWOP Active Duty Employee Rate</b>	<b>Military LWOP Active Duty Employer Rate</b>
<b>Single</b>	\$352.92	\$12	\$334
<b>Employee+Child</b>	\$657.90	\$47	\$598
<b>Employee+Spouse</b>	\$667.08	\$54	\$600
<b>Family</b>	\$1013.88	\$116	\$878

**The University of Virginia Vision Insurance Rates  
Effective 1/1/09**

*Active Employees  
Available to all Benefit-Eligible Employees  
(Permanent salaried and work 20 hours or more)*

	<b>Employee Rate</b>
<b>Single</b>	\$5.66
<b>Employee+Child</b>	\$9.91
<b>Employee+Spouse</b>	\$10.20
<b>Family</b>	\$15.86
<b>Double State</b>	\$15.86

**COBRA**  
*Available only to COBRA enrollees who had  
Vision Insurance when enrolled in the active employee group*

	<b>Rate (includes 2%)</b>
<b>Single</b>	\$5.77
<b>Employee+Child</b>	\$10.11
<b>Employee+Spouse</b>	\$10.40
<b>Family</b>	\$16.18
<b>Double State</b>	\$16.18