Employee Monthly Premiums for July 1, 2016 – June 30, 2017

Full-time employees pay the “Employee Pays” amount. Part-time salaried employees pay the Total Premium.

Please note: Get a Premium Reward if you are enrolled in COVA Care or COVA HealthAware. You or your enrolled spouse must complete certain healthy actions to save $17 a month or $34 when both of you meet the requirements.

<table>
<thead>
<tr>
<th>HEALTH CARE PLANS</th>
<th>Premium</th>
<th>Premium with Rewards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You Only</td>
<td>You Plus One</td>
</tr>
<tr>
<td>COVA Care</td>
<td>Employee Pays</td>
<td>$82</td>
</tr>
<tr>
<td></td>
<td>State Pays</td>
<td>$595</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>$677</td>
</tr>
<tr>
<td>COVA Care</td>
<td>Employee Pays</td>
<td>$98</td>
</tr>
<tr>
<td>+ Out-of-Network</td>
<td>State Pays</td>
<td>$595</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>$693</td>
</tr>
<tr>
<td>COVA Care</td>
<td>Employee Pays</td>
<td>$111</td>
</tr>
<tr>
<td>+ Expanded Dental</td>
<td>State Pays</td>
<td>$595</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>$706</td>
</tr>
<tr>
<td>COVA Care</td>
<td>Employee Pays</td>
<td>$127</td>
</tr>
<tr>
<td>+ Out-of-Network</td>
<td>State Pays</td>
<td>$595</td>
</tr>
<tr>
<td>+ Expanded Dental</td>
<td>Total Premium</td>
<td>$722</td>
</tr>
<tr>
<td>COVA Care</td>
<td>Employee Pays</td>
<td>$128</td>
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<tr>
<td>+ Expanded Dental</td>
<td>State Pays</td>
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<tr>
<td>+ Vision &amp; Hearing</td>
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<td>+ Out-of-Network</td>
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</tr>
<tr>
<td>+ Expanded Dental</td>
<td>+ Vision &amp; Hearing</td>
<td>Total Premium</td>
</tr>
<tr>
<td>COVA HealthAware</td>
<td>Employee Pays</td>
<td>$21</td>
</tr>
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<td></td>
<td>State Pays</td>
<td>$595</td>
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<td></td>
<td>Total Premium</td>
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<td>COVA HealthAware</td>
<td>Employee Pays</td>
<td>$49</td>
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<tr>
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<td>Total Premium</td>
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<tr>
<td>COVA HealthAware</td>
<td>Employee Pays</td>
<td>$59</td>
</tr>
<tr>
<td>+ Expanded Dental &amp; Vision</td>
<td>State Pays</td>
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<tr>
<td></td>
<td>Total Premium</td>
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<tr>
<td>COVA HDHP</td>
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<tr>
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<tr>
<td></td>
<td>Total Premium</td>
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</tr>
<tr>
<td>COVA HDHP</td>
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<td>$28</td>
</tr>
<tr>
<td>+ Expanded Dental</td>
<td>State Pays</td>
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<tr>
<td></td>
<td>Total Premium</td>
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</tr>
<tr>
<td>Kaiser Permanente HMO</td>
<td>Employee Pays</td>
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<tr>
<td>(available primarily in Northern Virginia)</td>
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<tr>
<td>TRICARE Voluntary Supplement</td>
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Premiums and plan benefits may change subject to final state budget approval.