

**STATE HEALTH BENEFIT PLAN
ACTIVE EMPLOYEE, SUBSIDIZED EXTENDED COVERAGE, AND APPROVED LEAVE
WITHOUT PAY (MILITARY, FMLA AND DISABILITY RATES
JANUARY 1 - DECEMBER 31, 2014**

	YOU		YOU + CHILD(REN)		YOU + SPOUSE		YOU + FAMILY
BCBS Gold	\$166.08		\$300.38		\$405.52		\$539.84
BCBS Silver	\$108.64		\$202.74		\$284.90		\$379.00
BCBS Bronze	\$66.28		\$130.74		\$195.96		\$260.40

NOTE: An Additional \$80 will be added to the monthly premium shown above, if you or your covered dependents use Tobacco products.