

**STATE HEALTH BENEFIT PLAN
ACTIVE EMPLOYEE , SUBSIDIZED EXTENDED COVERAGE, and
APPROVED LEAVE without PAY (Military, FMLA and Disability) RATES
JANUARY 1 - DECEMBER 31, 2015**

	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
BCBS HMO	\$ 130.74	\$ 240.88	\$ 333.06	\$ 443.18
UHC HMO	\$ 181.32	\$ 326.86	\$ 439.26	\$ 584.80
UHC HDHP	\$ 53.02	\$ 108.74	\$ 169.84	\$ 225.56
Kaiser HMO	\$ 145.78	\$ 266.44	\$ 364.64	\$ 485.30

Exhibit 3

**STATE HEALTH BENEFIT PLAN
TRICARE SUPPLEMENT RATES
JANUARY 1 - DECEMBER 31, 2015**

YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
\$ 60.50	\$ 119.50	\$ 119.50	\$ 160.50