

<b>STATE HEALTH BENEFIT PLAN</b> <b>ACTIVE EMPLOYEE, SUBSIDIZED EXTENDED COVERAGE, AND APPROVED LEAVE</b> <b>WITHOUT PAY (MILITARY, FMLA AND DISABILITY RATES)</b> <b>JANUARY 1 - DECEMBER 31, 2014</b>							
	<b>YOU</b>		<b>YOU + CHILD(REN)</b>		<b>YOU + SPOUSE</b>		<b>YOU + FAMILY</b>
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.