

Exhibit 2A

**STATE HEALTH BENEFIT PLAN**  
**ACTIVE EMPLOYEE , SUBSIDIZED EXTENDED COVERAGE, and**  
**APPROVED LEAVE without PAY (Military, FMLA and Disability) RATES**  
**JANUARY 1 - DECEMBER 31, 2017**

	<b>YOU</b>	<b>YOU + CHILD(REN)</b>	<b>YOU + SPOUSE</b>	<b>YOU + FAMILY</b>
BCBS Gold	\$164.36	\$298.72	\$405.84	\$540.20
BCBS Silver	\$108.49	\$203.74	\$288.51	\$383.76
BCBS Bronze	\$68.96	\$136.54	\$205.50	\$273.08
BCBS HMO	\$130.96	\$241.94	\$335.69	\$446.67
UHC HMO	\$166.23	\$301.91	\$409.78	\$545.45
UHC HDHP	\$51.01	\$106.02	\$167.80	\$222.82
Kaiser HMO	\$138.64	\$255.10	\$352.14	\$468.59