

**STATE HEALTH BENEFIT PLAN
APPROVED LEAVE WITHOUT PAY
(other than FMLA, Disability, Military) RATES
JANUARY 1 - DECEMBER 31, 2013**

STANDARD	YOU		YOU + CHILD(REN)		YOU + SPOUSE		YOU + FAMILY
UHC HMO	\$487.49		\$828.73		\$1,023.73		\$1,364.97
UHC HRA	\$553.61		\$941.14		\$1,162.58		\$1,550.11
UHC HDHP	\$522.55		\$888.34		\$1,097.36		\$1,463.14
CIGNA HMO	\$404.88		\$688.30		\$850.25		\$1,133.66
CIGNA HRA	\$459.79		\$781.64		\$965.56		\$1,287.41
CIGNA HDHP	\$433.99		\$737.78		\$911.38		\$1,215.17
WELLNESS	YOU		YOU + CHILD(REN)		YOU + SPOUSE		YOU + FAMILY
UHC HMO	\$508.81		\$864.98		\$1,068.50		\$1,424.67
UHC HRA	\$589.01		\$1,001.32		\$1,236.92		\$1,649.23
UHC HDHP	\$560.65		\$953.11		\$1,177.37		\$1,569.82
CIGNA HMO	\$422.58		\$718.39		\$887.42		\$1,183.22
CIGNA HRA	\$489.19		\$831.62		\$1,027.30		\$1,369.73
CIGNA HDHP	\$465.64		\$791.59		\$977.84		\$1,303.79

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