Exhibit 1A

STATE HEALTH BENEFIT PLAN
COBRA, CONTRACT GROUP EMPLOYERS,
UNSUBSIDIZED EXTENDED COVERAGE RATES
JANUARY 1 - DECEMBER 31, 2015

	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
BCBS Gold	$ 602.13	$ 1,023.61	$ 1,264.46	$ 1,685.96
BCBS Silver	$ 542.56	$ 922.35	$ 1,139.37	$ 1,519.17
BCBS Bronze	$ 499.06	$ 848.40	$ 1,048.02	$ 1,397.36
BCBS HMO	$ 561.97	$ 955.35	$ 1,180.14	$ 1,573.51
UHC HMO	$ 613.56	$ 1,043.05	$ 1,288.47	$ 1,717.97
UHC HDHP	$ 482.69	$ 820.58	$ 1,013.66	$ 1,351.54
Kaiser HMO	$ 535.51	$ 910.37	$ 1,124.57	$ 1,499.43