Georgia Department of Community Health - State Health Benefit Plan
Exhibit 2.C

Plan Year 2016

Monthly Annuitant Contribution	MA Plans		BCBS Gold/UHC MA		BCBS Silver/UHC MA		BCBS Bronze/UHC MA	
Retirees	UHC MA PREM	UHC MA STD	BCBS Gold/ UHC MA PREM	BCBS Gold/ UHC MA STD	BCBS Silver/ UHC MA PREM	BCBS Silver/ UHC MA STD	BCBS Bronze/ UHC MA PREM	BCBS Bronze/ UHC MA STD
Retiree								
Retiree with part B	$88.22	$25.38						
Retiree & Spouse								
Retiree with Part B and Spouse<65 without Part B			$319.66	$255.82	$260.85	$198.01	$217.90	$155.06
Retiree<65 without Part B and Spouse with Part B			$247.01	$184.17	$193.55	$130.71	$154.50	$91.66
Retiree & Spouse both with Part B	$176.44	$50.76						
Retiree & Child(ren) - Child(ren) without Part B								
Retiree with Part B and Child(ren) without Part B			$217.44	$154.60	$180.01	$117.17	$152.68	$89.84
Retiree & Child(ren) - Child(ren) with Part B								
Retiree< 65 without Part B and Child(ren) with Part B			$247.01	$184.17	$193.55	$130.71	$154.50	$91.66
Retiree <65 with Part B and Child(ren) with Part B	$176.44	$50.76						
Family - Child(ren) without Part B								
Retiree with Part B, Spouse<65 without Part B and Child(ren) without Part B			$448.88	$386.04	$352.64	$289.80	$282.36	$219.52
Retiree<65 without Part B, Spouse with Part B and Child(ren) without Part B			$376.23	$313.39	$285.34	$222.50	$218.96	$156.12
Retiree & Spouse both with Part B and Child(ren) without Part B			$305.66	$179.98	$268.23	$142.55	$240.90	$115.22
Family - Child(ren) - Child(ren) with Part B								
Retiree with Part B, Spouse<65 without Part B and Child(ren) with Part B			$407.88	$282.20	$349.07	$223.39	$306.12	$180.44
Retiree<65 without Part B, Spouse with Part B and Child(ren) with Part B			$335.23	$209.55	$281.77	$156.09	$242.72	$117.04
Retiree & Spouse both with Part B with Child(ren) with Part B	$264.66	$76.14						
Retiree & Spouse both < 65 with child(ren) with part B			$478.45	$415.61	$366.18	$303.34	$284.18	$221.34

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Monthly Annuitant Contribution	BCBS HMO/UHC MA		UHC HMO/UHC MA		UHC HDHP/UHC MA		Kaiser HMO/UHC MA	
Retirees	BCBS HMO/ UHC MA PREM	BCBS HMO/ UHC MA STD	UHC HMO/ UHC MA PREM	UHC HMO/ UHC MA STD	UHC HDHP/ UHC MA PREM	UHC HDHP/ UHC MA STD	Kaiser HMO/ UHC MA PREM	Kaiser HMO/ UHC MA STD
Retiree								
Retiree with part B								
Retiree & Spouse								
Retiree with Part B and Spouse<65 without Part B	$288.63	$225.79	$332.74	$269.90	$208.21	$145.37	$299.01	$236.17
Retiree<65 without Part B and Spouse with Part B	$218.80	$155.96	$258.90	$196.06	$145.68	$82.84	$228.24	$165.40
Retiree & Spouse both with Part B								
Retiree & Child(ren): Child(ren) without Part B								
Retiree with Part B and Child(ren) without Part B	$197.69	$134.85	$225.76	$162.92	$146.51	$83.67	$204.30	$141.46
Retiree & Child(ren): Child(ren) with Part B								
Retiree< 65 without Part B and Child(ren) with Part B	$218.80	$155.96	$258.90	$196.06	$145.68	$82.84	$228.24	$165.40
Retiree <65 with Part B and Child(ren) with Part B								
Family: Child(ren) without Part B								
Retiree with Part B, Spouse<65 without Part B and Child(ren) without Part B	$398.10	$335.26	$470.28	$407.44	$266.50	$203.66	$415.09	$352.25
Retiree<65 without Part B, Spouse with Part B and Child(ren) without Part B	$328.27	$265.43	$396.44	$333.60	$203.97	$141.13	$344.32	$281.48
Retiree & Spouse both with Part B and Child(ren) without Part B	$285.91	$160.23	$313.98	$188.30	$234.73	$109.05	$292.52	$166.84
Family: Child(ren): Child(ren) with Part B								
Retiree with Part B, Spouse<65 without Part B and Child(ren) with Part B	$376.85	$251.17	$420.96	$295.28	$296.43	$170.75	$387.23	$261.55
Retiree<65 without Part B, Spouse with Part B and Child(ren) with Part B	$307.02	$181.34	$347.12	$221.44	$233.90	$108.22	$316.46	$190.78
Retiree & Spouse both with Part B with Child(ren) with Part B								
Retiree & Spouse both < 65 with child(ren) with part B	$419.21	$356.37	$503.42	$440.58	$265.67	$202.83	$439.03	$376.19