

**STATE HEALTH BENEFIT PLAN  
 COBRA 1-36 MONTHS ONLY , CONTRACT GROUP EMPLOYERS,  
 UNSUBSIDIZED EXTENDED COVERAGE RATES JANUARY 1 -  
 DECEMBER 31, 2014**

	<b>YOU</b>	<b>YOU + CHILD(REN)</b>	<b>YOU + SPOUSE</b>	<b>YOU + FAMILY</b>
BCBS Gold	\$585.06	\$994.59	\$1,228.62	\$1,638.17
BCBS Silver	\$526.47	\$895.00	\$1,105.59	\$1,474.11
BCBS Bronze	\$483.27	\$821.56	\$1,014.87	\$1,353.14

**STATE HEALTH BENEFIT PLAN  
 COBRA ADDITIONAL 11 MONTHS FOR 29 MONTH ONLY RATES  
 JANUARY 1 - DECEMBER 31, 2014**

	<b>YOU</b>	<b>YOU + CHILD(REN)</b>	<b>YOU + SPOUSE</b>	<b>YOU + FAMILY</b>
BCBS Gold	\$860.39	\$1,462.64	\$1,806.80	\$2,409.08
BCBS Silver	\$774.23	\$1,316.18	\$1,625.87	\$2,167.82
BCBS Bronze	\$710.69	\$1,208.18	\$1,492.46	\$1,989.92

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