

**STATE HEALTH BENEFIT PLAN
DIRECT PAY ANNUITANT UNDER 65 RATES
JANUARY 1 - DECEMBER 31, 2014**

	YOU		YOU + CHILD(REN)		YOU + SPOUSE		YOU + FAMILY
BCBS Gold	\$169.40		\$306.39		\$413.63		\$550.64
BCBS Silver	\$110.81		\$206.79		\$290.60		\$386.58
BCBS Bronze	\$67.61		\$133.35		\$199.88		\$265.61

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