

STATE HEALTH BENEFIT PLAN							
APPROVED LEAVE WITHOUT PAY (other than MILITARY, FMLA AND DISABILITY RATES)							
JANUARY 1 - DECEMBER 31, 2014							
	YOU		YOU + CHILD(REN)		YOU + SPOUSE		YOU + FAMILY
BCBS Gold	\$573.59		\$975.09		\$1,204.53		\$1606.05
BCBS Silver	\$516.15		\$877.45		\$1083.91		\$1445.21
BCBS Bronze	\$473.79		\$805.45		\$994.97		\$1326.61

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