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

Exhibit 1B

STATE HEALTH BENEFIT PLAN
APPROVED LEAVE WITHOUT PAY
(other than FMLA, Disability, Military) RATES
JANUARY 1 - DECEMBER 31, 2015

	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
BCBS Gold	$ 590.32	$ 1,003.54	$ 1,239.67	$ 1,652.90
BCBS Silver	$ 531.92	$ 904.26	$ 1,117.03	$ 1,489.38
BCBS Bronze	$ 489.27	$ 831.76	$ 1,027.47	$ 1,369.96
BCBS HMO	$ 550.95	$ 936.62	$ 1,157.00	$ 1,542.66
UHC HMO	$ 601.53	$ 1,022.60	$ 1,263.21	$ 1,684.28
UHC HDHP	$ 473.23	$ 804.49	$ 993.78	$ 1,325.04
Kaiser HMO	$ 525.01	$ 892.52	$ 1,102.52	$ 1,470.03

Exhibit 1C

STATE HEALTH BENEFIT PLAN ANNUITANT NON-MA RATES (65+) JANUARY 1 - DECEMBER 31, 2015				
		YOU		YOU + SPOUSE
BCBS Gold		$ 1,514.12		$ 3,028.24
BCBS Silver		$ 1,364.34		$ 2,728.68
BCBS Bronze		$ 1,254.94		$ 2,509.88
BCBS HMO		$ 1,413.14		$ 2,826.28
UHC HMO		$ 1,542.88		$ 3,085.76
UHC HDHP		$ 1,213.80		$ 2,427.60
Kaiser HMO		$ 525.01		$ 1,102.52

Exhibit 1CA

STATE HEALTH BENEFIT PLAN DIRECT PAY ANNUITANT NON-MA (65+) RATES JANUARY 1 - DECEMBER 31, 2015				
		YOU		YOU + SPOUSE
BCBS Gold		$ 1,544.40		$ 3,088.80
BCBS Silver		$ 1,391.63		$ 2,783.25
BCBS Bronze		$ 1,280.04		$ 2,560.08
BCBS HMO		$ 1,441.40		$ 2,882.81
UHC HMO		$ 1,573.74		$ 3,147.48
UHC HDHP		$ 1,238.08		$ 2,476.15
Kaiser HMO		$ 535.51		$ 1,124.57

Exhibit 1D

STATE HEALTH BENEFIT PLAN BOARD OF EDUCATION MEMBER RATES JANUARY 1 - DECEMBER 31, 2015				
	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
BCBS Gold	$ 890.30	$ 1,513.51	$ 1,869.64	$ 2,492.86
BCBS Silver	$ 802.23	$ 1,363.78	$ 1,684.67	$ 2,246.24
BCBS Bronze	$ 737.90	$ 1,254.44	$ 1,549.60	$ 2,066.14
BCBS HMO	$ 830.93	$ 1,412.59	$ 1,744.96	$ 2,326.60
UHC HMO	$ 907.21	$ 1,542.26	$ 1,905.14	$ 2,540.19
UHC HDHP	$ 713.71	$ 1,213.31	$ 1,498.79	$ 1,998.39
Kaiser HMO	$ 525.01	$ 892.52	$ 1,102.52	$ 1,470.03

Exhibit 2A

STATE HEALTH BENEFIT PLAN
ACTIVE EMPLOYEE , SUBSIDIZED EXTENDED COVERAGE, and
APPROVED LEAVE without PAY (Military, FMLA and Disability) RATES
JANUARY 1 - DECEMBER 31, 2015

	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
BCBS Gold	$ 166.08	$ 300.38	$ 405.52	$ 539.84
BCBS Silver	$ 108.64	$ 202.74	$ 284.90	$ 379.00
BCBS Bronze	$ 66.28	$ 130.74	$ 195.96	$ 260.40
BCBS HMO	$ 130.74	$ 240.88	$ 333.06	$ 443.18
UHC HMO	$ 181.32	$ 326.86	$ 439.26	$ 584.80
UHC HDHP	$ 53.02	$ 108.74	$ 169.84	$ 225.56
Kaiser HMO	$ 145.78	$ 266.44	$ 364.64	$ 485.30

Exhibit 2B

STATE HEALTH BENEFIT PLAN ANNUITANT UNDER 65 RATES JANUARY 1 - DECEMBER 31, 2015				
	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
BCBS Gold	$ 166.08	$ 300.38	$ 405.52	$ 539.84
BCBS Silver	$ 108.64	$ 202.74	$ 284.90	$ 379.00
BCBS Bronze	$ 66.28	$ 130.74	$ 195.96	$ 260.40
BCBS HMO	$ 130.74	$ 240.88	$ 333.06	$ 443.18
UHC HMO	$ 181.32	$ 326.86	$ 439.26	$ 584.80
UHC HDHP	$ 53.02	$ 108.74	$ 169.84	$ 225.56
Kaiser HMO	$ 145.78	$ 266.44	$ 364.64	$ 485.30

Exhibit 2Ba

STATE HEALTH BENEFIT PLAN DIRECT PAY ANNUITANT UNDER 65 RATES JANUARY 1 - DECEMBER 31, 2015				
	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
BCBS HMO	$ 133.35	$ 245.70	$ 339.72	$ 452.04
UHC HMO	$ 184.95	$ 333.40	$ 448.05	$ 596.50
UHC HDHP	$ 54.08	$ 110.91	$ 173.24	$ 230.07
Kaiser HMO	$ 148.70	$ 271.77	$ 371.93	$ 495.01

Georgia Department of Community Health - State Health Benefit Plan **Plan Year** **2015**

Exhibit 2.C

Monthly Annuitant Contribution		**MA Plans**			
Retirees		BCBS MA PREM	BCBS MA STD	UHC MA PREM	UHC MA STD
Tier					
Retiree					
15	Retiree with part B	$ 350.41	$ 221.04	$ 88.22	$ 25.38
Retiree & Spouse					
83	Retiree & spouse 1< 65 & 1 with Part B				
87	Retiree & Spouse both with Part B	$ 700.82	$ 442.08	$ 176.44	$ 50.76
Retiree & Child(ren)					
27	Retiree with Part B & child(ren)				
Retiree & Child(ren) - Eligible					
23	Retiree < 65 with no Part B with child(ren) with Part B				
28	Retiree < 65 with Part B & child(ren) with Part B	$ 700.82	$ 442.08	$ 176.44	$ 50.76
Family					
54	Retiree & spouse 1< 65 & 1 with Part B & Child(ren)				
39	Retiree & Spouse both with Part B with Child(ren)				
70	Retiree & Spouse both <65 with child with Part B				
Family Child(ren) - Eligible					
63	Retiree & spouse 1< 65 & 1 with Part B & Child(ren) with Part B				
43	Retiree & Spouse both with Part B with Child(ren) with Part B	$ 1,051.23	$ 663.12	$ 264.66	$ 76.14
49	Retiree & Spouse both < 65 with child(ren) with part B				

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

Monthly Annuitant Contribution		BCBS Gold/BCBS MA		BCBS Silver/BCBS MA		BCBS Bronze/BCBS MA		BCBS HMO/BCBS MA	
Retirees		BCBS Gold/ BCBS MA PREM	BCBS Gold/ BCBS MA STD	BCBS Silver/ BCBS MA PREM	BCBS Silver/ BCBS MA STD	BCBS Bronze/ BCBS MA PREM	BCBS Bronze/ BCBS MA STD	BCBS HMO/ BCBS MA PREM	BCBS HMO/ BCBS MA STD
Tier									
Retiree									
15	Retiree with part B								
Retiree & Spouse									
83	Retiree & spouse 1< 65 & 1 with Part B	$ 516.49	$ 387.12	$ 459.05	$ 329.68	$ 416.69	$ 287.32	$ 481.15	$ 351.78
87	Retiree & Spouse both with Part B								
Retiree & Child(ren)									
27	Retiree with Part B & child(ren)	$ 484.71	$ 355.34	$ 444.51	$ 315.14	$ 414.87	$ 285.50	$ 460.55	$ 331.18
Retiree & Child(ren) - Eligible									
23	Retiree < 65 with no Part B with child(ren) with Part B	$ 516.49	$ 387.12	$ 459.05	$ 329.68	$ 416.69	$ 287.32	$ 481.15	$ 351.78
28	Retiree < 65 with Part B & child(ren) with Part B								
Family									
54	Retiree & spouse 1< 65 & 1 with Part B & Child(ren)	$ 687.47	$ 558.10	$ 586.96	$ 457.59	$ 512.85	$ 383.48	$ 627.08	$ 497.71
39	Retiree & Spouse both with Part B with Child(ren)	$ 835.12	$ 576.38	$ 794.92	$ 536.18	$ 765.28	$ 506.54	$ 810.96	$ 552.22
70	Retiree & Spouse both <65 with child with Part B	$ 539.84	$ 539.84	$ 379.00	$ 379.00	$ 260.40	$ 260.40	$ 443.18	$ 443.18
Family Child(ren) - Eligible									
63	Retiree & spouse 1< 65 & 1 with Part B & Child(ren) with Part B	$ 866.90	$ 608.16	$ 809.46	$ 550.72	$ 767.10	$ 508.36	$ 831.56	$ 572.82
43	Retiree & Spouse both with Part B with Child(ren) with Part B								
49	Retiree & Spouse both < 65 with child(ren) with part B	$ 539.84	$ 539.84	$ 379.00	$ 379.00	$ 260.40	$ 260.40	$ 443.18	$ 443.18

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

Monthly Annuitant Contribution		**BCBS Gold/UHC MA**		**BCBS Silver/UHC MA**		**BCBS Bronze/UHC MA**		**BCBS HMO/UHC MA**	
Retirees		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	BCBS HMO/ UHC MA PREM	BCBS HMO/ UHC MA STD
Tier									
Retiree									
15	Retiree with part B								
Retiree & Spouse									
83	Retiree & spouse 1< 65 & 1 with Part B	$ 254.30	$ 191.46	$ 196.86	$ 134.02	$ 154.50	$ 91.66	$ 218.96	$ 156.12
87	Retiree & Spouse both with Part B								
Retiree & Child(ren)									
27	Retiree with Part B & child(ren)	$ 222.52	$ 159.68	$ 182.32	$ 119.48	$ 152.68	$ 89.84	$ 198.36	$ 135.52
Retiree & Child(ren) - Eligible									
23	Retiree < 65 with no Part B with child(ren) with Part B	$ 254.30	$ 191.46	$ 196.86	$ 134.02	$ 154.50	$ 91.66	$ 218.96	$ 156.12
28	Retiree < 65 with Part B & child(ren) with Part B								
Family									
54	Retiree & spouse 1< 65 & 1 with Part B & Child(ren)	$ 425.28	$ 362.44	$ 324.77	$ 261.93	$ 250.66	$ 187.82	$ 364.89	$ 302.05
39	Retiree & Spouse both with Part B with Child(ren)	$ 310.74	$ 185.06	$ 270.54	$ 144.86	$ 240.90	$ 115.22	$ 286.58	$ 160.90
70	Retiree & Spouse both <65 with child with Part B	$ 539.84	$ 539.84	$ 379.00	$ 379.00	$ 260.40	$ 260.40	$ 443.18	$ 443.18
Family Child(ren) - Eligible									
63	Retiree & spouse 1< 65 & 1 with Part B & Child(ren) with Part B	$ 342.52	$ 216.84	$ 285.08	$ 159.40	$ 242.72	$ 117.04	$ 307.18	$ 181.50
43	Retiree & Spouse both with Part B with Child(ren) with Part B								
49	Retiree & Spouse both < 65 with child(ren) with part B	$ 539.84	$ 539.84	$ 379.00	$ 379.00	$ 260.40	$ 260.40	$ 443.18	$ 443.18

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

Monthly Annuitant Contribution		**UHC HMO/BCBS MA**		**UHC HDHP/BCBS MA**		**UHC HMO/UHC MA**		**UHC HDHP/UHC MA**	
Retirees		UHC HMO/ BCBS MA PREM	UHC HMO/ BCBS MA STD	UHC HDHP/ BCBS MA PREM	UHC HDHP/ BCBS MA STD	UHC HMO/ UHC MA PREM	UHC HMO/ UHC MA STD	UHC HDHP/ UHC MA PREM	UHC HDHP/ UHC MA STD
Tier									
Retiree									
15	Retiree with part B								
Retiree & Spouse									
83	Retiree & spouse 1< 65 & 1 with Part B	$ 531.73	$ 402.36	$ 403.43	$ 274.06	$ 269.54	$ 206.70	$ 141.24	$ 78.40
87	Retiree & Spouse both with Part B								
Retiree & Child(ren)									
27	Retiree with Part B & child(ren)	$ 495.95	$ 366.58	$ 406.13	$ 276.76	$ 233.76	$ 170.92	$ 143.94	$ 81.10
Retiree & Child(ren) - Eligible									
23	Retiree < 65 with no Part B with child(ren) with Part B	$ 531.73	$ 402.36	$ 403.43	$ 274.06	$ 269.54	$ 206.70	$ 141.24	$ 78.40
28	Retiree < 65 with Part B & child(ren) with Part B								
Family									
54	Retiree & spouse 1< 65 & 1 with Part B & Child(ren)	$ 715.58	$ 586.21	$ 491.05	$ 361.68	$ 453.39	$ 390.55	$ 228.86	$ 166.02
39	Retiree & Spouse both with Part B with Child(ren)	$ 846.36	$ 587.62	$ 756.54	$ 497.80	$ 321.98	$ 196.30	$ 232.16	$ 106.48
70	Retiree & Spouse both <65 with child with Part B	$ 584.80	$ 584.80	$ 225.56	$ 225.56	$ 584.80	$ 584.80	$ 225.56	$ 225.56
Family Child(ren) - Eligible									
63	Retiree & spouse 1< 65 & 1 with Part B & Child(ren) with Part B	$ 882.14	$ 623.40	$ 753.84	$ 495.10	$ 357.76	$ 232.08	$ 229.46	$ 103.78
43	Retiree & Spouse both with Part B with Child(ren) with Part B								
49	Retiree & Spouse both < 65 with child(ren) with part B	$ 584.80	$ 584.80	$ 225.56	$ 225.56	$ 584.80	$ 584.80	$ 225.56	$ 225.56

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

Monthly Annuitant Contribution		Kaiser HMO/BCBS MA		Kaiser HMO/UHC MA	
Retirees		Kaiser HMO/ BCBS MA PREM	Kaiser HMO/ BCBS MA STD	Kaiser HMO/ UHC MA PREM	Kaiser HMO/ UHC MA STD
Tier					
Retiree					
15	Retiree with part B				
Retiree & Spouse					
83	Retiree & spouse 1< 65 & 1 with Part B	$ 496.19	$ 366.82	$ 234.00	$ 171.16
87	Retiree & Spouse both with Part B				
Retiree & Child(ren)					
27	Retiree with Part B & child(ren)	$ 471.07	$ 341.70	$ 208.88	$ 146.04
Retiree & Child(ren) - Eligible					
23	Retiree < 65 with no Part B with child(ren) with Part B	$ 496.19	$ 366.82	$ 234.00	$ 171.16
28	Retiree < 65 with Part B & child(ren) with Part B				
Family					
54	Retiree & spouse 1< 65 & 1 with Part B & Child(ren)	$ 653.39	$ 524.02	$ 391.20	$ 328.36
39	Retiree & Spouse both with Part B with Child(ren)	$ 821.48	$ 562.74	$ 297.10	$ 171.42
70	Retiree & Spouse both <65 with child with Part B	$ 485.30	$ 485.30	$ 485.30	$ 485.30
Family Child(ren) - Eligible					
63	Retiree & spouse 1< 65 & 1 with Part B & Child(ren) with Part B	$ 846.60	$ 587.86	$ 322.22	$ 196.54
43	Retiree & Spouse both with Part B with Child(ren) with Part B				
49	Retiree & Spouse both < 65 with child(ren) with part B	$ 485.30	$ 485.30	$ 485.30	$ 485.30

Exhibit 3

STATE HEALTH BENEFIT PLAN
TRICARE SUPPLEMENT RATES
JANUARY 1 - DECEMBER 31, 2015

YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
$ 60.50	$ 119.50	$ 119.50	$ 160.50