

Exhibit 1B

**STATE HEALTH BENEFIT PLAN  
APPROVED LEAVE WITHOUT PAY  
(other than FMLA, Disability, Military) RATES  
JANUARY 1 - DECEMBER 31, 2017**

	<b>YOU</b>	<b>YOU + CHILD(REN)</b>	<b>YOU + SPOUSE</b>	<b>YOU + FAMILY</b>
BCBS Gold	\$647.07	\$1,100.03	\$1,358.86	\$1,811.81
BCBS Silver	\$591.20	\$1,005.05	\$1,241.53	\$1,655.37
BCBS Bronze	\$551.68	\$937.85	\$1,158.52	\$1,544.69
BCBS HMO	\$613.67	\$1,043.24	\$1,288.71	\$1,718.28
UHC HMO	\$648.95	\$1,103.22	\$1,362.80	\$1,817.06
UHC HDHP	\$533.73	\$907.33	\$1,120.82	\$1,494.43
Kaiser HMO	\$554.55	\$942.74	\$1,164.56	\$1,552.74