Exhibit 1: Unsubsidized Rates for Calendar Year 2012- Total Cost of Coverage + Administrative Fees

The rates sheets attached to this Exhibit 1 represent the total cost of Coverage for each benefit option, plus, in some cases, an administrative fee. In order to comply with legal requirements, the rates set forth in 1.A and 1.B have been calculated using the projected claims of the entire population enrolled in each option, and the rates set forth in 1.C, 1.Ca and 1.D have been calculated using the projected claims of the specified sub-group enrolled in each option. A monthly tobacco surcharge of $80 and a monthly spousal surcharge of $50 apply to these rates.

1.A COBRA, Contract Group Employer*, Unsubsidized Extended Coverage** –Total cost of Coverage + 2 per cent administrative fee

1.B Approved Leave without Pay rates (other than disability, FMLA, military) – Total cost of Coverage

1.C Retiree Rates, where at least one member of the family unit is age 65 or older and no member of the family unit has elected a Medicare Advantage option, paid through annuity – Total cost of Coverage

1.Ca Retiree Rates, where at least one member of the family unit is age 65 or older and no member of the family unit has elected a Medicare Advantage option, direct pay - Total cost of Coverage + 2 per cent administrative fee

1.D School Board Member Rates – Total cost of Coverage

*CONTRACT GROUP EMPLOYER

Contract group employer rates are the amount that must be received by the SHBP for coverage of members enrolled in the SHBP pursuant to O.C.G.A. §§ 45-18-5.1, 5.2, 7.1, 7.2, 7.3, 7.5, 7.6, 7.7 and 7.8.

**UNSUBSIDIZED EXTENDED COVERAGE

Unsubsidized extended coverage is available to individuals who are not eligible for Coverage as annuitants, but do meet the requirements of the following regulations.

- State Employee who has completed eight (8) or more years of service as an Employee, exclusive of Approved Leaves of Absence Without Pay, ((SHBP Regulation Section 111-4-1-.07(1)(a)(1))
- Teacher defined in Section 111-4-1-.04(1)(b) who has eight (8) or more years of creditable service in a teachers retirement system in Georgia (111-4-1-.07(1)(c), (e))
- Public School Employee as defined in Section 111-4-1-.04(1)(c) who has eight (8) or more years of creditable service in a retirement system in Georgia (111-4-1-.07(1)(d), (e))

Exhibit 1A

STATE HEALTH BENEFIT PLAN
COBRA, CONTRACT GROUP EMPLOYERS,
UNSUBSIDIZED EXTENDED COVERAGE RATES
JANUARY 1 - DECEMBER 31, 2012

STANDARD	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
UHC HMO	$ 489.03	$ 929.16	$ 1,124.77	$ 1,467.09
UHC HRA	$ 484.81	$ 921.12	$ 1,115.02	$ 1,454.40
UHC HDHP	$ 459.51	$ 873.06	$ 1,056.86	$ 1,378.51
CIGNA HMO	$ 437.36	$ 830.95	$ 1,005.90	$ 1,312.03
CIGNA HRA	$ 376.06	$ 714.53	$ 864.94	$ 1,128.20
CIGNA HDHP	$ 356.45	$ 677.26	$ 819.84	$ 1,069.35
WELLNESS	**YOU**	**YOU + CHILD(REN)**	**YOU + SPOUSE**	**YOU + FAMILY**
UHC HMO	$ 467.98	$ 889.15	$ 1,076.34	$ 1,403.93
UHC HRA	$ 472.97	$ 898.64	$ 1,087.83	$ 1,418.92
UHC HDHP	$ 449.39	$ 853.84	$ 1,033.61	$ 1,348.17
CIGNA HMO	$ 418.51	$ 795.17	$ 962.57	$ 1,255.54
CIGNA HRA	$ 366.89	$ 697.09	$ 843.85	$ 1,100.68
CIGNA HDHP	$ 348.62	$ 662.35	$ 801.78	$ 1,045.81

Exhibit 1B

STATE HEALTH BENEFIT PLAN
APPROVED LEAVE WITHOUT PAY
(other than FMLA, Disability, Military) RATES
JANUARY 1 - DECEMBER 31, 2012

STANDARD	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
UHC HMO	$479.44	$ 910.94	$ 1,102.72	$ 1,438.32
UHC HRA	$475.30	$ 903.06	$ 1,093.16	$ 1,425.88
UHC HDHP	$450.50	$ 855.94	$ 1,036.14	$ 1,351.48
CIGNA HMO	$428.78	$ 814.66	$ 986.18	$ 1,286.30
CIGNA HRA	$ 368.69	$ 700.52	$ 847.98	$ 1,106.08
CIGNA HDHP	$ 349.46	$ 663.98	$ 803.76	$ 1,048.38
WELLNESS	**YOU**	**YOU + CHILD(REN)**	**YOU + SPOUSE**	**YOU + FAMILY**
UHC HMO	$ 458.80	$ 871.72	$ 1,055.24	$ 1,376.40
UHC HRA	$ 463.70	$ 881.02	$ 1,066.50	$ 1,391.10
UHC HDHP	$ 440.58	$ 837.10	$ 1,013.34	$ 1,321.74
CIGNA HMO	$ 410.30	$ 779.58	$ 943.70	$ 1,230.92
CIGNA HRA	$ 359.70	$ 683.42	$ 827.30	$ 1,079.10
CIGNA HDHP	$ 341.78	$ 649.36	$ 786.06	$ 1,025.30

Exhibit 1C

STATE HEALTH BENEFIT PLAN
RETIREE NON-MA RATES (65+)
JANUARY 1 - DECEMBER 31, 2012

STANDARD	**YOU**	**YOU + SPOUSE**
UHC HMO	$ 1,310.32	$ 2,620.63
UHC HRA	$ 1,322.46	$ 2,644.93
UHC HDHP	$ 1,303.99	$ 2,607.97
CIGNA HMO	$ 1,310.32	$ 2,620.63
CIGNA HRA	$ 1,322.46	$ 2,644.93
CIGNA HDHP	$ 1,303.99	$ 2,607.97
WELLNESS		
UHC HMO	$ 1,243.24	$ 2,486.47
UHC HRA	$ 1,254.76	$ 2,509.53
UHC HDHP	$ 1,237.23	$ 2,474.47
CIGNA HMO	$ 1,243.24	$ 2,486.47
CIGNA HRA	$ 1,254.76	$ 2,509.53
CIGNA HDHP	$ 1,237.23	$ 2,474.47

Exhibit 1CA

STATE HEALTH BENEFIT PLAN
DIRECT PAY RETIREE NON-MA (65+) RATES
JANUARY 1 - DECEMBER 31, 2012

STANDARD	**YOU**	**YOU + SPOUSE**
UHC HMO	$ 1,336.53	$ 2,673.04
UHC HRA	$ 1,348.91	$ 2,697.83
UHC HDHP	$ 1,330.07	$ 2,660.13
CIGNA HMO	$ 1,336.53	$ 2,673.04
CIGNA HRA	$ 1,348.91	$ 2,697.83
CIGNA HDHP	$ 1,330.07	$ 2,660.13
WELLNESS		
UHC HMO	$ 1,268.10	$ 2,536.20
UHC HRA	$ 1,279.86	$ 2,559.72
UHC HDHP	$ 1,261.97	$ 2,523.96
CIGNA HMO	$ 1,268.10	$ 2,536.20
CIGNA HRA	$ 1,279.86	$ 2,559.72
CIGNA HDHP	$ 1,261.97	$ 2,523.96

Exhibit 1D

STATE HEALTH BENEFIT PLAN
BOARD OF EDUCATION MEMBER RATES
JANUARY 1 - DECEMBER 31, 2012

STANDARD	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
UHC HMO	$ 597.78	$ 1,135.79	$ 1,374.90	$ 1,793.34
UHC HRA	$ 592.60	$ 1,125.94	$ 1,362.99	$ 1,777.80
UHC HDHP	$ 561.69	$ 1,067.21	$ 1,291.87	$ 1,685.06
CIGNA HMO	$ 534.60	$ 1,015.74	$ 1,229.57	$ 1,603.79
CIGNA HRA	$ 459.69	$ 873.41	$ 1,057.29	$ 1,379.06
CIGNA HDHP	$ 435.70	$ 827.85	$ 1,002.13	$ 1,307.13
WELLNESS	**YOU**	**YOU + CHILD(REN)**	**YOU + SPOUSE**	**YOU + FAMILY**
UHC HMO	$ 572.04	$ 1,086.87	$ 1,315.68	$ 1,716.11
UHC HRA	$ 578.15	$ 1,098.48	$ 1,329.73	$ 1,734.45
UHC HDHP	$ 549.33	$ 1,043.73	$ 1,263.45	$ 1,647.97
CIGNA HMO	$ 511.57	$ 972.00	$ 1,176.63	$ 1,534.73
CIGNA HRA	$ 448.47	$ 852.11	$ 1,031.51	$ 1,345.44
CIGNA HDHP	$ 426.12	$ 809.64	$ 980.08	$ 1,278.37

Exhibit 2: Subsidized Rates for Calendar Year 2012

The rates sheets attached to this Exhibit 2 represent subsidized benefit options, plus, in some cases, an administrative fee. A monthly tobacco surcharge of $80 and a monthly spousal surcharge of $50 apply to the rates set forth in 2.A, 2.B and 2.Ba.

2.A Active Employee Rates, Subsidized Extended Coverage Rates*, Approved Leave without Pay rates (disability, FMLA, military)
2.B Retiree Rates, paid through annuity, where retiree and spouse are under age 65
2.Ba Retiree Rates, direct pay, where retiree and spouse are under age 65 (same as 2.B plus 2 percent administrative fee)
2.C Retiree rates, where every member of the family unit who is age 65 or older has elected a Medicare Advantage option and maintains Medicare Part B. These rates include "split eligibility" rates, where some family members are not enrolled in MA.

*SUBSIDIZED EXTENDED COVERAGE RATES

- State Employee defined in SHBP Regulation Section 111-4-1-.04(1)(a) who is discharged and who was eligible for Coverage under the SHBP for a period of ten (10) years, and is appealing the discharge to the State Personnel Board (111-4-1-.07(1)(a)(2))

- Members of the General Assembly who cease to hold office after July 1, 1981, who are eligible to retire at the time of leaving office, except for the attainment of retirement age, pursuant to a public retirement system to which the General Assembly appropriates Funds, and who do not withdraw Employee contributions from public retirement systems (111-4-1-.07(1)(b))

- Correctional officer injured by inmate violence while on duty who demonstrates that he or she was injured within a time period of five (5) years or less from becoming eligible for Medicare. (111-4-1-.07(1)(d)(1))

- An Enrolled Member who has made application for disability or service retirement and who may be eligible for retirement, and there is a reasonable expectation that the Enrolled Member is eligible for retirement except for completion of the administrative processing to begin the annuity payments. (111-4-1-.07(2))

- Eligible Covered Dependents of an Active State Employee (defined in 111-4-1-.04(1)(A)) who is killed while acting within the scope of his or her employment or receives bodily injury while acting within the scope of his or her employment that directly results in death thereafter. (111-4-1-.04(12)(f))

- Surviving Spouse of a Retired Employee who is included in Coverage at the time of death of the enrolled Retiree and will not receive a monthly annuity payment from one of the state supported retirement systems, who had been married to the Retired Employee at least one full year prior to the death of the Retired Employee (111-4-1-.04(12)(e))

- An annuitant whose annuity payments are not sufficient to pay the entire premium required for coverage as an annuitant shall pay the same premium as is required for coverage as an annuitant plus a processing fee. (111-4-1-.07 (3))

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, 2012

STANDARD	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
UHC HMO	$ 129.18	$ 309.72	$ 304.90	$ 333.96
UHC HRA	$ 80.58	$ 252.18	$ 246.24	$ 267.54
UHC HDHP	$ 70.14	$ 233.26	$ 227.54	$ 247.14
CIGNA HMO	$ 129.18	$ 309.72	$ 304.90	$ 333.96
CIGNA HRA	$ 80.58	$ 252.18	$ 246.24	$ 267.54
CIGNA HDHP	$ 70.14	$ 233.26	$ 227.54	$ 247.14

WELLNESS	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
UHC HMO	$ 122.56	$ 293.88	$ 289.30	$ 316.86
UHC HRA	$ 76.46	$ 239.26	$ 233.64	$ 253.86
UHC HDHP	$ 66.54	$ 221.32	$ 215.90	$ 234.48
CIGNA HMO	$ 122.56	$ 293.88	$ 289.30	$ 316.86
CIGNA HRA	$ 76.46	$ 239.26	$ 233.64	$ 253.86
CIGNA HDHP	$ 66.54	$ 221.32	$ 215.90	$ 234.48

Exhibit 2B

STATE HEALTH BENEFIT PLAN RETIREES UNDER 65 RATES JANUARY 1 - DECEMBER 31, 2012				
STANDARD	**YOU**	**YOU + CHILD(REN)**	**YOU + SPOUSE**	**YOU + FAMILY**
UHC HMO	$ 129.18	$ 309.72	$ 304.90	$ 333.96
UHC HRA	$ 80.58	$ 252.18	$ 246.24	$ 267.54
UHC HDHP	$ 70.14	$ 233.26	$ 227.54	$ 247.14
CIGNA HMO	$ 129.18	$ 309.72	$ 304.90	$ 333.96
CIGNA HRA	$ 80.58	$ 252.18	$ 246.24	$ 267.54
CIGNA HDHP	$ 70.14	$ 233.26	$ 227.54	$ 247.14
WELLNESS	**YOU**	**YOU + CHILD(REN)**	**YOU + SPOUSE**	**YOU + FAMILY**
UHC HMO	$ 122.56	$ 293.88	$ 289.30	$ 316.86
UHC HRA	$ 76.46	$ 239.26	$ 233.64	$ 253.86
UHC HDHP	$ 66.54	$ 221.32	$ 215.90	$ 234.48
CIGNA HMO	$ 122.56	$ 293.88	$ 289.30	$ 316.86
CIGNA HRA	$ 76.46	$ 239.26	$ 233.64	$ 253.86
CIGNA HDHP	$ 66.54	$ 221.32	$ 215.90	$ 234.48

Exhibit 2Ba

STATE HEALTH BENEFIT PLAN
DIRECT PAY RETIREES UNDER 65 RATES
JANUARY 1 - DECEMBER 31, 2012

STANDARD	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
UHC HMO	$ 131.76	$ 315.91	$ 311.00	$ 340.64
UHC HRA	$ 82.19	$ 257.22	$ 251.16	$ 272.89
UHC HDHP	$ 71.54	$ 237.93	$ 232.09	$ 252.08
CIGNA HMO	$ 131.76	$ 315.91	$ 311.00	$ 340.64
CIGNA HRA	$ 82.19	$ 257.22	$ 251.16	$ 272.89
CIGNA HDHP	$ 71.54	$ 237.93	$ 232.09	$ 252.08

WELLNESS	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
UHC HMO	$ 125.01	$ 299.76	$ 295.09	$ 323.20
UHC HRA	$ 77.99	$ 244.05	$ 238.31	$ 258.94
UHC HDHP	$ 67.87	$ 225.75	$ 220.22	$ 239.17
CIGNA HMO	$ 125.01	$ 299.76	$ 295.09	$ 323.20
CIGNA HRA	$ 77.99	$ 244.05	$ 238.31	$ 258.94
CIGNA HDHP	$ 67.87	$ 225.75	$ 220.22	$ 239.17

Georgia Department of Community Health - State Health Benefit Plan

Exhibit 2.C

	Monthly Retiree Contribution	MA Plans				UHC HDHP Split Plans			
Tier	Retirees	UHC MA Prem	UHC MA Std	Cigna MA Prem	Cigna MA Std	UHC HDHP Std / MA Prem	UHC HDHP Std / MA Std	UHC HDHP Well / MA Prem	UHC HDHP Well / MA Std
		U7	U6	C7	C6	7U	6U	9U	8U
Retiree									
15	Retiree with part B	$ 83.61	$ 23.61	$ 83.61	$ 23.61				
Retiree & Spouse									
83	Retiree & spouse 1< 65 & 1 with Part B					$ 153.75	$ 93.75	$ 150.15	$ 90.15
87	Retiree & Spouse both with Part B	$ 167.22	$ 47.22	$ 167.22	$ 47.22				
Retiree & Child(ren)									
27	Retiree with Part B & child(ren)					$ 146.73	$ 86.73	$ 143.50	$ 83.50
Retiree & Child(ren) - Eligible									
23	Retiree < 65 with no Part B with child(ren) with Part B					$ 153.75	$ 93.75	$ 150.15	$ 90.15
28	Retiree < 65 with Part B & child(ren) with Part B	$ 167.22	$ 47.22	$ 167.22	$ 47.22				
Family									
54	Retiree & spouse 1< 65 & 1 with Part B & Child(ren)					$ 316.87	$ 256.87	$ 304.93	$ 244.93
39	Retiree & Spouse both with Part B with Child(ren)					$ 230.34	$ 110.34	$ 227.11	$ 107.11
70	Retiree & Spouse both <65 with child with Part B					$ 330.75	$ 270.75	$ 318.09	$ 258.09
Family Child(ren) - Eligible									
63	Retiree & spouse 1< 65 & 1 with Part B & Child(ren) with Part B					$ 237.36	$ 117.36	$ 233.76	$ 113.76
43	Retiree & Spouse both with Part B with Child(ren) with Part B	$ 250.83	$ 70.83	$ 250.83	$ 70.83				
49	Retiree & Spouse both < 65 with child(ren) with part B					$ 311.15	$ 251.15	$ 299.51	$ 239.51

Georgia Department of Community Health - State Health Benefit Plan

Exhibit 2.C

	Monthly Retiree Contribution	UHC HMO Split Plans				UHC HRA Split Plans			
	Retirees	UHC HMO Std / MA Prem	UHC HMO Std / MA Std	UHC HMO Well / MA Prem	UHC HMO Well / MA Std	UHC HRA Std / MA Prem	UHC HRA Std / MA Std	UHC HRA Well / MA Prem	UHC HRA Well / MA Std
Tier		U9	U8	1U	0U	3U	2U	5U	4U
Retiree									
15	Retiree with part B								
Retiree & Spouse									
83	Retiree & spouse 1< 65 & 1 with Part B	$ 212.79	$ 152.79	$ 206.17	$ 146.17	$ 164.19	$ 104.19	$ 160.07	$ 100.07
87	Retiree & Spouse both with Part B								
Retiree & Child(ren)									
27	Retiree with Part B & child(ren)	$ 199.87	$ 139.87	$ 193.92	$ 133.92	$ 156.13	$ 96.13	$ 152.42	$ 92.42
Retiree & Child(ren) - Eligible									
23	Retiree < 65 with no Part B with child(ren) with Part B	$ 212.79	$ 152.79	$ 206.17	$ 146.17	$ 164.19	$ 104.19	$ 160.07	$ 100.07
28	Retiree < 65 with Part B & child(ren) with Part B								
Family									
54	Retiree & spouse 1< 65 & 1 with Part B & Child(ren)	$ 393.33	$ 333.33	$ 377.49	$ 317.49	$ 335.79	$ 275.79	$ 322.87	$ 262.87
39	Retiree & Spouse both with Part B with Child(ren)	$ 283.48	$ 163.48	$ 277.53	$ 157.53	$ 239.74	$ 119.74	$ 236.03	$ 116.03
70	Retiree & Spouse both <65 with child with Part B	$ 417.57	$ 357.57	$ 400.47	$ 340.47	$ 351.15	$ 291.15	$ 337.47	$ 277.47
Family Child(ren) - Eligible									
63	Retiree & spouse 1< 65 & 1 with Part B & Child(ren) with Part B	$ 296.40	$ 176.40	$ 289.78	$ 169.78	$ 247.80	$ 127.80	$ 243.68	$ 123.68
43	Retiree & Spouse both with Part B with Child(ren) with Part B								
49	Retiree & Spouse both < 65 with child(ren) with part B	$ 388.51	$ 328.51	$ 372.91	$ 312.91	$ 329.85	$ 269.85	$ 317.25	$ 257.25

Georgia Department of Community Health - State Health Benefit Plan

Exhibit 2.C

	Monthly Retiree Contribution	Cigna HDHP Split Plans				Cigna HMO Split Plans			
	Retirees	Cigna HDHP Std / MA Prem	Cigna HDHP Std / MA Std	Cigna HDHP Well / MA Prem	Cigna HDHP Well / MA Std	Cigna HMO Std / MA Prem	Cigna HMO Std / MA Std	Cigna HMO Well / MA Prem	Cigna HMO Well / MA Std
Tier		7C	6C	9C	8C	C9	C8	1C	0C
Retiree									
15	Retiree with part B								
Retiree & Spouse									
83	Retiree & spouse 1< 65 & 1 with Part B	$ 153.75	$ 93.75	$ 150.15	$ 90.15	$ 212.79	$ 152.79	$ 206.17	$ 146.17
87	Retiree & Spouse both with Part B								
Retiree & Child(ren)									
27	Retiree with Part B & child(ren)	$ 146.73	$ 86.73	$ 143.50	$ 83.50	$ 199.87	$ 139.87	$ 193.92	$ 133.92
Retiree & Child(ren) - Eligible									
23	Retiree < 65 with no Part B with child(ren) with Part B	$ 153.75	$ 93.75	$ 150.15	$ 90.15	$ 212.79	$ 152.79	$ 206.17	$ 146.17
28	Retiree < 65 with Part B & child(ren) with Part B								
Family									
54	Retiree & spouse 1< 65 & 1 with Part B & Child(ren)	$ 316.87	$ 256.87	$ 304.93	244.93	$ 393.33	$ 333.33	$ 377.49	317.49
39	Retiree & Spouse both with Part B with Child(ren)	$ 230.34	$ 110.34	$ 227.11	$ 107.11	$ 283.48	$ 163.48	$ 277.53	$ 157.53
70	Retiree & Spouse both <65 with child with Part B	$ 330.75	$ 270.75	$ 318.09	$ 258.09	$ 417.57	$ 357.57	$ 400.47	$ 340.47
Family Child(ren) - Eligible									
63	Retiree & spouse 1< 65 & 1 with Part B & Child(ren) with Part B	$ 237.36	$ 117.36	$ 233.76	$ 113.76	$ 296.40	$ 176.40	$ 289.78	$ 169.78
43	Retiree & Spouse both with Part B with Child(ren) with Part B								
49	Retiree & Spouse both < 65 with child(ren) with part B	$ 311.15	$ 251.15	$ 299.51	$ 239.51	$ 388.51	$ 328.51	$ 372.91	$ 312.91

Georgia Department of Community Health - State Health Benefit Plan

Exhibit 2.C

	Monthly Retiree Contribution	Cigna HRA Split Plans			
	Retirees	Cigna HRA Std / MA Prem	Cigna HRA Std / MA Std	Cigna HRA Well / MA Prem	Cigna HRA Well / MA Std
Tier		3C	2C	5C	4C
Retiree					
15	Retiree with part B				
Retiree & Spouse					
83	Retiree & spouse 1< 65 & 1 with Part B	$ 164.19	$ 104.19	$ 160.07	$ 100.07
87	Retiree & Spouse both with Part B				
Retiree & Child(ren)					
27	Retiree with Part B & child(ren)	$ 156.13	$ 96.13	$ 152.42	$ 92.42
Retiree & Child(ren) - Eligible					
23	Retiree < 65 with no Part B with child(ren) with Part B	$ 164.19	$ 104.19	$ 160.07	$ 100.07
28	Retiree < 65 with Part B & child(ren) with Part B				
Family					
54	Retiree & spouse 1< 65 & 1 with Part B & Child(ren)	$ 335.79	$ 275.79	$ 322.87	$ 262.87
39	Retiree & Spouse both with Part B with Child(ren)	$ 239.74	$ 119.74	$ 236.03	$ 116.03
70	Retiree & Spouse both <65 with child with Part B	$ 351.15	$ 291.15	$ 337.47	$ 277.47
Family Child(ren) - Eligible					
63	Retiree & spouse 1< 65 & 1 with Part B & Child(ren) with Part B	$ 247.80	$ 127.80	$ 243.68	$ 123.68
43	Retiree & Spouse both with Part B with Child(ren) with Part B				
49	Retiree & Spouse both < 65 with child(ren) with part B	$ 329.85	$ 269.85	$ 317.25	$ 257.25

Exhibit 3: TRICARE Supplemental Coverage Rates

These rates represent the entire cost of TRICARE Supplemental Coverage made available to TRICARE eligible members for Calendar Year 2012.

Exhibit 3

STATE HEALTH BENEFIT PLAN
TRICARE SUPPLEMENT RATES
JANUARY 1 - DECEMBER 31, 2012

YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
$60.00	$119.00	$119.00	$160.00