

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, 2017

	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
BCBS Gold	\$164.36	\$298.72	\$405.84	\$540.20
BCBS Silver	\$108.49	\$203.74	\$288.51	\$383.76
BCBS Bronze	\$68.96	\$136.54	\$205.50	\$273.08
BCBS HMO	\$130.96	\$241.94	\$335.69	\$446.67
UHC HMO	\$166.23	\$301.91	\$409.78	\$545.45
UHC HDHP	\$51.01	\$106.02	\$167.80	\$222.82
Kaiser HMO	\$138.64	\$255.10	\$352.14	\$468.59