ATTACHMENT A

State Health Benefit Plan
Monthly Premium Rates for Members
Calendar Year 2009

	Effective January 1, 2009				Effective January 1, 2008	
	Single	EE & CH	EE & SP	Family	Single	Family
Active Employee & Employees on FMLA						
United PPO	86.10	243.70	253.20	262.80	78.26	238.88
United PPO Tobacco	126.10	283.70	293.20	302.80	118.26	278.88
United PPO Spouse	NA	NA	283.20	292.80	NA	268.88
United PPO Tobacco & Spouse	NA	NA	323.20	332.80	NA	308.88
United HMO	91.10	206.90	215.00	223.10	82.84	202.84
United HMOTobacco	131.10	246.90	255.00	263.10	122.84	242.84
United HMOSpouse	NA	NA	245.00	253.10	NA	232.84
United HMOTobacco & Spouse	NA	NA	293.10	293.10	NA	272.84
United HRA	56.84	168.50	173.64	178.68	56.92	173.74
United HRA Tobacco	96.84	208.50	213.64	218.68	96.92	213.74
United HRA Spouse	NA	NA	203.64	208.68	NA	203.74
United HRA Tobacco & Spouse	NA	NA	243.64	248.68	NA	243.74
United HDHP	49.48	155.78	160.44	165.10	49.50	160.60
United HDHP Tobacco	89.48	195.78	200.44	205.10	89.50	200.60
United HDHP Spouse	NA	NA	190.44	195.10	NA	190.60
United HDHP Tobacco & Spouse	NA	NA	230.44	235.10	NA	230.60
Cigna PPO	86.10	243.70	253.20	262.80	NA	NA
Cigna PPO Tobacco	126.10	283.70	293.20	302.80	NA	NA
Cigna PPO Spouse	NA	NA	283.20	292.80	NA	NA
Cigna PPO Tobacco & Spouse	NA	NA	323.20	332.80	NA	NA
Cigna HMO	91.10	206.90	215.00	223.10	NA	NA
Cigna HMO Tobacco	131.10	246.90	255.00	263.10	NA	NA
Cigna HMO Spouse	NA	NA	245.00	253.10	NA	NA
Cigna HMO Tobacco & Spouse	NA	NA	285.00	293.10	NA	NA
Cigna HRA	56.84	168.50	173.64	178.68	NA	NA
Cigna HRA Tobacco	96.84	208.50	213.64	218.68	NA	NA
Cigna HRA Spouse	NA	NA	203.64	208.68	NA	NA
Cigna HRA Tobacco & Spouse	NA	NA	243.64	248.68	NA	NA
Cigna HDHP	49.48	155.78	160.44	165.10	NA	NA
Cigna HDHP Tobacco	89.48	195.78	200.44	205.10	NA	NA
Cigna HDHP Spouse	NA	NA	190.44	195.10	NA	NA
Cigna HDHP Tobacco & Spouse	NA	NA	230.44	235.10	NA	NA
Kaiser HMO	93.90	213.10	221.50	229.90	85.34	208.92
Kaiser HMO Tobacco	133.90	253.10	261.50	269.90	125.34	248.92
Kaiser HMO Spouse	NA	NA	251.50	259.90	NA	238.92
Kaiser HMO Tobacco & Spouse	NA	NA	291.50	299.90	NA	278.92

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	Single	EE & CH	EE & SP	Family	Single	Family
Disability Leave/Emergency Military						
United PPO	91.10	248.70	258.20	267.80	83.26	243.88
United PPO Tobacco	131.10	288.70	298.20	307.80	123.26	283.88
United PPO Spouse	NA	NA	288.20	297.80	NA	273.88
United PPO Tobacco & Spouse	NA	NA	328.20	337.80	NA	313.88
United HMO	96.10	211.90	220.00	228.10	87.84	207.84
United HMOTobacco	136.10	251.90	260.00	268.10	127.84	247.84
United HMOSpouse	NA	NA	250.00	258.10	NA	237.84
United HMOTobacco & Spouse	NA	NA	290.00	298.10	NA	277.84
United HRA	61.84	173.50	178.64	183.68	61.92	178.74
United HRA Tobacco	101.84	213.50	218.64	223.68	101.92	218.74
United HRA Spouse	NA	NA	208.64	213.68	NA	208.74
United HRA Tobacco & Spouse	NA	NA	248.64	253.68	NA	248.74
United HDHP	54.48	160.78	165.44	170.10	54.50	165.60
United HDHP Tobacco	94.48	200.78	205.44	210.10	94.50	205.60
United HDHP Spouse	NA	NA	195.44	200.10	NA	195.60
United HDHP Tobacco & Spouse	NA	NA	235.44	240.10	NA	235.60
Cigna PPO	91.10	248.70	258.20	267.80	NA	NA
Cigna PPO Tobacco	131.10	288.70	298.20	307.80	NA	NA
Cigna PPO Spouse	NA	NA	288.20	297.80	NA	NA
Cigna PPO Tobacco & Spouse	NA	NA	328.20	337.80	NA	NA
Cigna HMO	96.10	211.90	220.00	228.10	NA	NA
Cigna HMO Tobacco	136.10	251.90	260.00	268.10	NA	NA
Cigna HMO Spouse	NA	NA	250.00	258.10	NA	NA
Cigna HMO Tobacco & Spouse	NA	NA	290.00	298.10	NA	NA
Cigna HRA	61.84	173.50	178.64	183.68	NA	NA
Cigna HRA Tobacco	101.84	213.50	218.64	223.68	NA	NA
Cigna HRA Spouse	NA	NA	208.64	213.68	NA	NA
Cigna HRA Tobacco & Spouse	NA	NA	248.64	253.68	NA	NA
Cigna HDHP	54.48	160.78	165.44	170.10	NA	NA
Cigna HDHP Tobacco	94.48	200.78	205.44	210.10	NA	NA
Cigna HDHP Spouse	NA	NA	195.44	200.10	NA	NA
Cigna HDHP Tobacco & Spouse	NA	NA	235.44	240.10	NA	NA
Kaiser HMO	98.90	218.10	226.50	234.90	90.34	213.92
Kaiser HMO Tobacco	138.90	258.10	266.50	274.90	130.34	253.92
Kaiser HMO Spouse	NA	NA	256.50	264.90	NA	243.92
Kaiser HMO Tobacco & Spouse	NA	NA	296.50	304.90	NA	283.92

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	Effective January 1, 2009				Effective January 1, 2008	
	Single	EE & CH	EE & SP	Family	Single	Family
Education,Employees/Employer Convenience Leave without pay or Suspension without pay						
United PPO	404.52	724.12	923.88	1123.64	423.26	967.16
United PPO Tobacco	444.52	764.12	963.88	1163.64	463.26	1007.16
United PPO Spouse	NA	NA	953.88	1153.64	NA	997.16
United PPO Tobacco & Spouse	NA	NA	993.88	1193.64	NA	1037.16
United HMO	397.46	711.42	907.64	1103.88	459.4	990.48
United HMOTobacco	437.46	751.42	947.64	1143.88	499.4	1030.48
United HMOSpouse	NA	NA	937.64	1133.88	NA	1020.48
United HMOTobacco & Spouse	NA	NA	977.64	1173.88	NA	1060.48
United HRA	357.18	638.92	815.00	991.10	318.48	684.86
United HRA Tobacco	397.18	678.92	855.00	1031.10	358.48	724.86
United HRA Spouse	NA	NA	845.00	1021.10	NA	714.86
United HRA Tobacco & Spouse	NA	NA	885.00	1061.10	NA	754.86
United HDHP	300.16	536.28	683.84	831.42	360.52	776.04
United HDHP Tobacco	340.16	576.28	723.84	871.42	400.52	816.04
United HDHP Spouse	NA	NA	713.84	861.42	NA	806.04
United HDHP Tobacco & Spouse	NA	NA	753.84	901.42	NA	846.04
Cigna PPO	393.50	704.30	898.56	1092.80	NA	NA
Cigna PPO Tobacco	433.50	744.30	938.56	1132.80	NA	NA
Cigna PPO Spouse	NA	NA	928.56	1122.80	NA	NA
Cigna PPO Tobacco & Spouse	NA	NA	968.56	1162.80	NA	NA
Cigna HMO	338.66	605.58	772.42	939.24	NA	NA
Cigna HMO Tobacco	378.66	645.58	812.42	979.24	NA	NA
Cigna HMO Spouse	NA	NA	802.42	969.24	NA	NA
Cigna HMO Tobacco & Spouse	NA	NA	842.42	1009.24	NA	NA
Cigna HRA	357.18	638.92	815.00	991.10	NA	NA
Cigna HRA Tobacco	397.18	678.92	855.00	1031.10	NA	NA
Cigna HRA Spouse	NA	NA	845.00	1021.10	NA	NA
Cigna HRA Tobacco & Spouse	NA	NA	885.00	1061.10	NA	NA
Cigna HDHP	300.16	536.28	683.84	831.42	NA	NA
Cigna HDHP Tobacco	340.16	576.28	723.84	871.42	NA	NA
Cigna HDHP Spouse	NA	NA	713.84	861.42	NA	NA
Cigna HDHP Tobacco & Spouse	NA	NA	753.84	901.42	NA	NA
Kaiser HMO	404.70	724.48	924.32	1124.18	412.16	819.16
Kaiser HMO Tobacco	444.70	764.48	964.32	1164.18	452.16	859.16
Kaiser HMO Spouse	NA	NA	954.32	1154.18	NA	849.16
Kaiser HMO Tobacco & Spouse	NA	NA	994.32	1194.18	NA	889.16

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	Single	EE & CH	EE & SP	Family	Single	Family
COBRA Temporary Extended Coverage (18-36 Months)/State Extendend Coverage						
United PPO	407.52	733.52	937.26	1141.02	426.64	981.42
United PPO Tobacco	447.52	773.52	977.26	1181.02	466.64	1021.42
United PPO Spouse	NA	NA	967.26	1171.02	NA	1011.42
United PPO Tobacco & Spouse	NA	NA	1007.26	1211.02	NA	1051.42
United HMO	400.32	720.56	920.70	1120.86	463.5	1005.2
United HMOTobacco	440.32	760.56	960.70	1160.86	503.5	1045.2
United HMOSpouse	NA	NA	950.70	1150.86	NA	1035.2
United HMOTobacco & Spouse	NA	NA	990.70	1190.86	NA	1,075.20
United HRA	359.24	646.60	826.20	1005.84	319.76	693.46
United HRA Tobacco	399.24	686.60	866.20	1045.84	359.76	733.46
United HRA Spouse	NA	NA	856.20	1035.84	NA	723.46
United HRA Tobacco & Spouse	NA	NA	896.20	1075.84	NA	763.46
United HDHP	301.08	541.92	692.42	842.96	362.64	786.48
United HDHP Tobacco	341.08	581.92	732.42	882.96	402.64	826.48
United HDHP Spouse	NA	NA	722.42	872.96	NA	816.48
United HDHP Tobacco & Spouse	NA	NA	762.42	912.96	NA	856.48
Cigna PPO	396.28	713.30	911.44	1109.56	NA	NA
Cigna PPO Tobacco	436.28	753.30	951.44	1149.56	NA	NA
Cigna PPO Spouse	NA	NA	941.44	1139.56	NA	NA
Cigna PPO Tobacco & Spouse	NA	NA	981.44	1179.56	NA	NA
Cigna HMO	340.34	612.60	782.78	952.94	NA	NA
Cigna HMO Tobacco	380.34	652.60	822.78	992.94	NA	NA
Cigna HMO Spouse	NA	NA	812.78	982.94	NA	NA
Cigna HMO Tobacco & Spouse	NA	NA	852.78	1022.94	NA	NA
Cigna HRA	359.24	646.60	826.20	1005.84	NA	NA
Cigna HRA Tobacco	399.24	686.60	866.20	1045.84	NA	NA
Cigna HRA Spouse	NA	NA	856.20	1035.84	NA	NA
Cigna HRA Tobacco & Spouse	NA	NA	896.20	1075.84	NA	NA
Cigna HDHP	301.08	541.92	692.42	842.96	NA	NA
Cigna HDHP Tobacco	341.08	581.92	732.42	882.96	NA	NA
Cigna HDHP Spouse	NA	NA	722.42	872.96	NA	NA
Cigna HDHP Tobacco & Spouse	NA	NA	762.42	912.96	NA	NA
Kaiser HMO	407.70	733.88	937.72	1141.58	415.32	830.46
Kaiser HMO Tobacco	447.70	773.88	977.72	1181.58	455.32	870.46
Kaiser HMO Spouse	NA	NA	967.72	1171.58	NA	860.46
Kaiser HMO Tobacco & Spouse	NA	NA	1007.72	1211.58	NA	900.46

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	Single	EE & CH	EE & SP	Family	Single	Family
Extended COBRA Coverage (Additional 11 Months)						
United PPO	599.28	1078.68	1378.32	1677.96	627.4	1443.24
United PPO Tobacco	639.28	1118.68	1418.32	1717.96	667.4	1483.24
United PPO Spouse	NA	NA	1408.32	1707.96	NA	1473.24
United PPO Tobacco & Spouse	NA	NA	1448.32	1747.96	NA	1513.24
United HMO	588.70	1059.64	1353.96	1648.34	681.6	1478.22
United HMOTobacco	628.70	1099.64	1393.96	1688.34	721.6	1518.22
United HMOSpouse	NA	NA	1383.96	1678.34	NA	1508.22
United HMOTobacco & Spouse	NA	NA	1423.96	1718.34	NA	1548.22
United HRA	528.28	950.88	1215.00	1479.16	470.22	1019.8
United HRA Tobacco	568.28	990.88	1255.00	1519.16	510.22	1059.8
United HRA Spouse	NA	NA	1245.00	1509.16	NA	1049.8
United HRA Tobacco & Spouse	NA	NA	1285.00	1549.16	NA	1089.8
United HDHP	442.74	796.92	1018.26	1239.64	533.28	1156.56
United HDHP Tobacco	482.74	836.92	1058.26	1279.64	573.28	1196.56
United HDHP Spouse	NA	NA	1048.26	1269.64	NA	1186.56
United HDHP Tobacco & Spouse	NA	NA	1088.26	1309.64	NA	1226.56
Cigna PPO	582.76	1048.96	1340.34	1631.70	NA	NA
Cigna PPO Tobacco	622.76	1088.96	1380.34	1671.70	NA	NA
Cigna PPO Spouse	NA	NA	1370.34	1661.70	NA	NA
Cigna PPO Tobacco & Spouse	NA	NA	1410.34	1701.70	NA	NA
Cigna HMO	500.50	900.88	1151.14	1401.36	NA	NA
Cigna HMO Tobacco	540.50	940.88	1191.14	1441.36	NA	NA
Cigna HMO Spouse	NA	NA	1181.14	1431.36	NA	NA
Cigna HMO Tobacco & Spouse	NA	NA	1221.14	1471.36	NA	NA
Cigna HRA	528.28	950.88	1215.00	1479.16	NA	NA
Cigna HRA Tobacco	568.28	990.88	1255.00	1519.16	NA	NA
Cigna HRA Spouse	NA	NA	1245.00	1509.16	NA	NA
Cigna HRA Tobacco & Spouse	NA	NA	1285.00	1549.16	NA	NA
Cigna HDHP	442.74	796.92	1018.26	1239.64	NA	NA
Cigna HDHP Tobacco	482.74	836.92	1058.26	1279.64	NA	NA
Cigna HDHP Spouse	NA	NA	1048.26	1269.64	NA	NA
Cigna HDHP Tobacco & Spouse	NA	NA	1088.26	1309.64	NA	NA
Kaiser HMO	599.56	1079.22	1378.98	1678.78	610.74	1221.24
Kaiser HMO Tobacco	639.56	1119.22	1418.98	1718.78	650.74	1261.24
Kaiser HMO Spouse	NA	NA	1408.98	1708.78	NA	1251.24
Kaiser HMO Tobacco & Spouse	NA	NA	1448.98	1748.78	NA	1291.24

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		PPO (United/Cigna)	HMO (United/Cigna)	HRA (United/Cigna)	HDHP (United/Cigna)	MA PFFS (United/Cigna)	HMO Kaiser	MA Kaiser
Single	W/O MDCR	86.10	91.10	56.92	49.50	0.00	93.90	0.00
	Full Medicare	32.90	37.80	13.46	1.70	17.50	41.30	18.20
	No Medicare	190.50	195.40	146.12	147.62	0.00	201.80	0.00
	Part A Only	267.00	271.90	210.52	218.46	0.00	279.70	0.00
	Part B Only	161.00	166.00	121.32	120.34	0.00	171.80	0.00
	Part A & B ONLY	147.60	152.60	110.06	107.96	0.00	158.20	0.00
	Part A & D ONLY	152.20	157.20	113.92	112.20	0.00	162.80	0.00
	Part B & D ONLY	46.30	51.20	24.72	14.08	0.00	54.90	0.00
Family	1 Spouse under 65& 1 with Part A ONLY	440.50	401.50	327.34	329.56	0.00	415.70	0.00
	1 Spouse under 65& 1 with Part B ONLY	334.50	295.60	238.14	231.44	0.00	307.80	0.00
	1 Spouse under 65& 1 with Part A & B ONLY	321.10	282.20	226.88	219.06	0.00	294.20	0.00
	1 Spouse under 65& 1 with Part A & D ONLY	325.70	286.80	230.74	223.30	0.00	298.80	0.00
	1 Spouse under 65& 1 with Part B & D ONLY	219.70	180.80	141.54	125.18	0.00	190.90	0.00
	Family Base	256.90	218.20	173.74	160.60	0.00	224.00	0.00
	Both with full Medicare	142.40	103.50	76.42	53.56	35.00	112.10	36.30
	Both over 65, 1 no Medicare, 1 full Medicare	312.30	273.40	219.48	210.92	168.00	285.20	220.00
	Both over 65 with no Medicare	469.90	431.00	352.14	356.84	0.00	445.70	0.00
	1 Spouse under 65 no Med & 1 with full Med	203.60	164.80	130.28	112.80	76.10	170.40	112.00
	1 Spouse under 65 no Med & 1 No Med over 65	364.00	325.00	262.94	258.72	0.00	337.80	0.00
	1 Spouse Part A ONLY & 1 with full Medicare	388.80	349.90	283.88	281.76	0.00	363.10	0.00
	1 Spouse Part A ONLY & 1 with NO Medicare	546.40	507.50	416.54	427.68	0.00	523.60	0.00
	Both with Part A ONLY	622.90	584.00	480.94	498.52	0.00	601.60	0.00
	1 Spouse Part A ONLY & 1 with Part B ONLY	517.00	478.10	391.74	400.40	0.00	493.60	0.00
	1 Spouse Part A ONLY & 1 with Part A&B ONLY	503.60	464.70	380.48	388.02	0.00	480.00	0.00
	1 Spouse Part A ONLY & 1 with Part A&D ONLY	508.20	469.30	384.34	392.26	0.00	484.70	0.00
	1 Spouse Part A ONLY & 1 with Part B&D ONLY	402.20	363.30	295.14	294.14	0.00	376.80	0.00
	1 Spouse Part B ONLY & 1 with full Medicare	282.90	243.90	194.68	183.64	0.00	255.20	0.00
	1 Spouse Part B ONLY & 1 with NO Medicare	440.50	401.50	327.34	329.56	0.00	415.70	0.00
	Both with Part B ONLY	411.00	372.10	302.54	302.28	0.00	385.70	0.00
	1 Spouse Part B ONLY & 1 with Part A&B ONLY	397.60	358.70	291.28	289.90	0.00	372.10	0.00
	1 Spouse Part B ONLY & 1 with Part A&D ONLY	402.20	363.30	295.14	294.14	0.00	376.80	0.00
	1 Spouse Part B ONLY & 1 with Part B&D ONLY	296.20	257.30	205.94	196.02	0.00	268.80	0.00
	1 Spouse Part A&B ONLY & 1 with full Medicare	257.10	218.20	173.02	159.82	0.00	229.00	0.00
	1 Spouse Part A&B ONLY & 1 with NO Medicare	427.10	388.20	316.08	317.18	0.00	402.10	0.00

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	PPO (United/Cigna)	HMO (United/Cigna)	HRA (United/Cigna)	HDHP (United/Cigna)	MA PFFS (United/Cigna)	HMO Kaiser	MA Kaiser
Both with Part A&B ONLY	371.90	333.00	269.62	266.08	0.00	345.90	0.00
1 Spouse Part A&B ONLY & 1 with Part A&D ONLY	388.80	349.90	283.88	281.76	0.00	363.10	0.00
1 Spouse Part A&B ONLY & 1 with Part B&D ONLY	282.90	243.90	194.68	183.64	0.00	255.20	0.00
1 Spouse Part A&D ONLY & 1 with full Medicare	274.10	235.10	187.28	175.50	0.00	246.20	0.00
1 Spouse Part A&D ONLY & 1 with NO Medicare	431.70	392.80	319.94	321.42	0.00	406.80	0.00
Both with Part A&D ONLY	393.40	354.50	287.74	286.00	0.00	367.80	0.00
1 Spouse Part A&D ONLY & 1 with Part B&D ONLY	287.50	248.50	198.54	187.88	0.00	259.90	0.00
1 Spouse Part B&D ONLY & 1 with full Medicare	168.10	129.20	98.08	77.38	0.00	138.30	0.00
1 Spouse Part B&D ONLY & 1 with NO Medicare	325.70	286.80	230.74	223.30	0.00	298.80	0.00
Both with Part B&D ONLY	181.50	142.60	109.34	89.76	0.00	151.90	0.00