

**STATE HEALTH BENEFIT PLAN**  
**ACTIVE EMPLOYEE , SUBSIDIZED EXTENDED COVERAGE, and**  
**APPROVED LEAVE without PAY (Military, FMLA and Disability) RATES**  
**JANUARY 1 - DECEMBER 31, 2013**

<b>STANDARD</b>	<b>YOU</b>		<b>YOU + CHILD(REN)</b>		<b>YOU + SPOUSE</b>		<b>YOU + FAMILY</b>
UHC HMO	\$149.38		\$325.88		\$347.34		\$430.96
UHC HRA	\$104.92		\$271.26		\$286.66		\$364.54
UHC HDHP	\$93.54		\$253.32		\$267.34		\$344.14
CIGNA HMO	\$142.38		\$318.88		\$340.34		\$423.96
CIGNA HRA	\$97.92		\$264.26		\$279.66		\$357.54
CIGNA HDHP	\$86.54		\$246.32		\$260.34		\$337.14
<b>WELLNESS</b>	<b>YOU</b>		<b>YOU + CHILD(REN)</b>		<b>YOU + SPOUSE</b>		<b>YOU + FAMILY</b>
UHC HMO	\$139.38		\$300.88		\$322.34		\$413.86
UHC HRA	\$94.92		\$246.26		\$261.66		\$350.86
UHC HDHP	\$83.54		\$228.32		\$242.34		\$331.48
CIGNA HMO	\$132.38		\$293.88		\$315.34		\$406.86
CIGNA HRA	\$87.92		\$239.26		\$254.66		\$343.86
CIGNA HDHP	\$76.54		\$221.32		\$235.34		\$324.48

**NOTE: An additional \$80 will be added to the monthly premium shown above, if you or your covered dependents use Tobacco products.**