

STATE HEALTH BENEFIT PLAN
ACTIVE EMPLOYEE , SUBSIDIZED EXTENDED COVERAGE, and
APPROVED LEAVE without PAY (Military, FMLA and Disability) RATES
JANUARY 1 - DECEMBER 31, 2016

	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
BCBS Gold	\$158.79	\$288.01	\$390.23	\$519.43
BCBS Silver	\$105.33	\$197.12	\$277.96	\$369.74
BCBS Bronze	\$66.28	\$130.74	\$195.96	\$260.40
BCBS HMO	\$130.58	\$240.05	\$330.99	\$440.44
UHC HMO	\$170.68	\$308.22	\$415.20	\$552.71
UHC HDHP	\$57.46	\$115.75	\$177.45	\$235.72
Kaiser HMO	\$140.02	\$256.10	\$350.81	\$466.86