

State Health Benefit Plan				
Active Employee, Subsidized Extended Coverage, and				
Approved Leave without Pay (Military, FMLA and Disability) Rate				
January 1 - December 31, 2018				
Rates below are the actual amount that will be deducted from employee's paycheck monthly				
	Employee	Employee	Employee	Employee
		Child / Children	Spouse	Family
BCBS Gold	\$ 143.73	\$ 282.13	\$ 393.09	\$ 531.50
BCBS Gold Tobacco	\$ 223.73	\$ 362.13	\$ 473.09	\$ 611.50
BCBS Silver	\$ 85.89	\$ 183.80	\$ 271.62	\$ 369.54
BCBS Silver Tobacco	\$ 165.89	\$ 263.80	\$ 351.62	\$ 449.54
BCBS Bronze	\$ 47.45	\$ 118.46	\$ 190.91	\$ 261.92
BCBS Bronze Tobacco	\$ 127.45	\$ 198.46	\$ 270.91	\$ 341.92
BCBS HMO	\$ 110.65	\$ 225.90	\$ 323.63	\$ 438.89
BCBS HMO Tobacco	\$ 190.65	\$ 305.90	\$ 403.63	\$ 518.89
UHC HMO	\$ 147.56	\$ 288.65	\$ 401.14	\$ 542.22
UHC HMO Tobacco	\$ 227.56	\$ 368.65	\$ 481.14	\$ 622.22
UHC HDHP	\$ 33.03	\$ 93.94	\$ 160.62	\$ 221.54
UHC HDHP Tobacco	\$ 113.03	\$ 173.94	\$ 240.62	\$ 301.54