State Health Benefit Plan

Active Employee, Subsidized Extended Coverage, and

Approved Leave without Pay (Military, FMLA and Disability) Rate

January 1, 2026 - December 31, 2026

Rates below are the actual amount that will be deducted from employee's paycheck monthly

	Employee	Employee Child / Children	Employee Spouse	Employee Family
BCBS Gold	$ 188.71	$ 365.68	$ 506.82	$ 683.79
BCBS Gold Tobacco	$ 268.71	$ 445.68	$ 586.82	$ 763.79
BCBS Silver	$ 121.11	$ 250.76	$ 364.86	$ 494.51
BCBS Silver Tobacco	$ 201.11	$ 330.76	$ 444.86	$ 574.51
BCBS Bronze	$ 67.12	$ 158.97	$ 251.48	$ 343.33
BCBS Bronze Tobacco	$ 147.12	$ 238.97	$ 331.48	$ 423.33
BCBS HMO	$ 152.21	$ 303.63	$ 430.17	$ 581.59
BCBS HMO Tobacco	$ 232.21	$ 383.63	$ 510.17	$ 661.59
UHC HMO	$ 192.19	$ 371.59	$ 514.13	$ 693.53
UHC HMO Tobacco	$ 272.19	$ 451.59	$ 594.13	$ 773.53
UHC HDHP	$ 56.11	$ 140.26	$ 228.36	$ 312.51
UHC HDHP Tobacco	$ 136.11	$ 220.26	$ 308.36	$ 392.51