

**State Health Benefit Plan  
 2018 Active Employee, Subsidized Extended Coverage, and  
 Approved Leave without Pay (Military, FMLA, and Disability)  
 Rates  
 January 1 - December 31, 2018**

<b>Plan</b>	<b>You</b>	<b>You + Child(ren)</b>	<b>You + Spouse</b>	<b>You + Family</b>
BCBS Gold	\$168.73	\$307.13	\$418.09	\$556.50
BCBS Silver	\$110.89	\$208.80	\$296.62	\$394.54
BCBS Bronze	\$72.45	\$143.46	\$215.91	\$286.92
BCBS HMO	\$135.65	\$250.90	\$348.63	\$463.89
UHC HMO	\$172.56	\$313.65	\$426.14	\$567.22
UHC HDHP	\$58.03	\$118.94	\$185.62	\$246.54
Kaiser HMO	\$142.71	\$262.59	\$362.49	\$482.37