



2017 State Health Benefit Plan

Active Employee Monthly Premiums

Monthly Premiums	BlueCross BlueShield			BlueCross BlueShield	United Healthcare	United Healthcare
	Gold HRA	Silver HRA	Bronze HRA	HMO		HDHP
You	\$164.36	\$108.49	\$68.96	\$130.96	\$166.23	\$51.01
You and Child(ren)	\$298.72	\$203.74	\$136.54	\$241.94	\$301.91	\$106.02
You + Spouse	\$405.84	\$288.51	\$205.50	\$335.69	\$409.78	\$167.80
You + Family	\$540.20	\$383.76	\$273.08	\$446.67	\$545.45	\$222.82