

State Health Benefit Plan				
Active Employee, Subsidized Extended Coverage, and Approved Leave without Pay (Military, FMLA and Disability) Rate				
January 1 - December 31, 2024				
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	\$ 163.56	\$ 318.04	\$ 439.72	\$ 594.20
BCBS Gold Tobacco	\$ 243.56	\$ 398.04	\$ 519.72	\$ 674.20
BCBS Silver	\$ 100.19	\$ 210.32	\$ 306.65	\$ 416.78
BCBS Silver Tobacco	\$ 180.19	\$ 290.32	\$ 386.65	\$ 496.78
BCBS Bronze	\$ 52.69	\$ 129.57	\$ 206.90	\$ 283.78
BCBS Bronze Tobacco	\$ 132.69	\$ 209.57	\$ 286.90	\$ 363.78
BCBS HMO	\$ 123.53	\$ 249.99	\$ 355.66	\$ 482.12
BCBS HMO Tobacco	\$ 203.53	\$ 329.99	\$ 435.66	\$ 562.12
UHC HMO	\$ 152.91	\$ 299.94	\$ 417.36	\$ 564.39
UHC HMO Tobacco	\$ 232.91	\$ 379.94	\$ 497.36	\$ 644.39
UHC HDHP	\$ 38.36	\$ 105.20	\$ 176.80	\$ 243.64
UHC HDHP Tobacco	\$ 118.36	\$ 185.20	\$ 256.80	\$ 323.64