

State Health Benefit Plan				
Active Employee, Subsidized Extended Coverage, and Approved Leave without Pay (Military, FMLA and Disability) Rate				
January 1 - December 31, 2023				
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	\$ 150.68	\$ 295.11	\$ 411.33	\$ 555.76
BCBS Gold Tobacco	\$ 230.68	\$ 375.11	\$ 491.33	\$ 635.76
BCBS Silver	\$ 89.32	\$ 190.80	\$ 282.47	\$ 383.95
BCBS Silver Tobacco	\$ 169.32	\$ 270.80	\$ 362.47	\$ 463.95
BCBS Bronze	\$ 51.58	\$ 126.64	\$ 203.22	\$ 278.28
BCBS Bronze Tobacco	\$ 131.58	\$ 206.64	\$ 283.22	\$ 358.28
BCBS HMO	\$ 118.03	\$ 239.61	\$ 342.76	\$ 464.34
BCBS HMO Tobacco	\$ 198.03	\$ 319.61	\$ 422.76	\$ 544.34
UHC HMO	\$ 149.49	\$ 293.09	\$ 408.83	\$ 552.43
UHC HMO Tobacco	\$ 229.49	\$ 373.09	\$ 488.83	\$ 632.43
UHC HDHP	\$ 36.83	\$ 101.57	\$ 172.24	\$ 236.98
UHC HDHP Tobacco	\$ 116.83	\$ 181.57	\$ 252.24	\$ 316.98