

**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**

Plan	You	You + Child(ren)	You + Spouse	You + Family
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

2018 TRICARE Supplement Rates

These rates apply to Members and their Dependents who are enrolled in TRICARE.

**State Health Benefit Plan
TRICARE Supplement Rates
January 1 - December 31, 2018**

You	You + Child(ren)	You + Spouse	You + Family
\$60.50	\$119.50	\$119.50	\$160.50