

State Health Benefit Plan
 2019 Active Employee, Subsidized Extended Coverage, and Approved
 Leave without Pay (Military, FMLA, and Disability) Rates
 January 1 - December 31, 2019

	You	You + Child(ren)	You + Spouse	You + Family
Anthem Gold	\$168.73	\$307.13	\$418.09	\$556.50
Anthem Silver	\$110.89	\$208.80	\$296.62	\$394.54
Anthem Bronze	\$72.45	\$143.46	\$215.91	\$286.92
Anthem 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

State Health Benefit Plan
 TRICARE Supplement Rates
 January 1 - December 31, 2019

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