

**State Health Benefit Plan  
Monthly Premium Rates for Members  
January 1 - December 31, 2024**

<b>Active Employees &amp; Employees on FMLA</b>	<b>Employee</b>	<b>Employee &amp; Child(ren)</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Family</b>
Anthem Gold HRA	\$188.56	\$343.04	\$464.72	\$619.20
Anthem Silver HRA	\$125.19	\$235.32	\$331.65	\$441.78
Anthem Bronze HRA	\$77.69	\$154.57	\$231.90	\$308.78
Anthem HMO	\$148.53	\$274.99	\$380.66	\$507.12
UHC HMO	\$177.91	\$324.94	\$442.36	\$589.39
UHC HDHP	\$63.36	\$130.20	\$201.80	\$268.64

Above rates do not include the Tobacco Surcharge. If any covered members use any tobacco products, an additional \$80 per month will be added to the cost of coverage.