

**State Health Benefit Plan  
Monthly Premium Rates for Members  
January 1 - December 31, 2026**

<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	\$213.71	\$390.68	\$531.82	\$708.79
Anthem Silver HRA	\$146.11	\$275.76	\$389.86	\$519.51
Anthem Bronze HRA	\$92.12	\$183.97	\$276.48	\$368.33
Anthem HMO	\$177.21	\$328.63	\$455.17	\$606.59
UHC HMO	\$217.19	\$396.59	\$539.13	\$718.53
UHC HDHP	\$81.11	\$165.26	\$253.36	\$337.51

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.