STATE HEALTH BENEFIT PLAN
ACTIVE EMPLOYEE, SUBSIDIZED EXTENDED COVERAGE, and APPROVED LEAVE
without PAY (Military, FMLA and Disability)
Rates January 1, 2027 – December 31, 2027
ALL RATES ARE DEDUCTED SEMI-MONTHLY

PLAN	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
ANTHEM GOLD	$113.60	$207.76	$282.95	$377.11
ANTHEM GOLD TOBACCO SURCHARGE	$153.60	$247.76	$322.95	$417.11
ANTHEM SILVER	$76.59	$144.84	$205.22	$273.47
ANTHEM SILVER TOBACCO SURCHARGE	$116.59	$184.84	$254.22	$313.47
ANTHEM BRONZE	$47.08	$94.68	$143.26	$190.86
ANTHEM BRONZE TOBACCO SURCHARGE	$87.08	$134.68	$183.26	$230.86
ANTHEM HMO	$94.65	$175.54	$243.15	$324.05
ANTHEM HMO TOBACCO SURCHARGE	$134.65	$215.54	$283.15	$364.05
UHC HMO	$116.35	$212.44	$288.73	$384.82
UHC HMO TOBACCO SURCHARGE	$156.35	$252.44	$328.73	$424.82
UHC HDHP	$41.88	$85.84	$132.34	$176.30
UHC HDHP TOBACCO SURCHARGE	$81.88	$125.84	$172.34	$216.30