

STATE HEALTH BENEFIT PLAN
ACTIVE EMPLOYEE, SUBSIDIZED EXTENDED COVERAGE, and APPROVED
LEAVE

without PAY (Military, FMLA and Disability)
Rates January 1, 2025 – December 31, 2025
ALL RATES ARE DEDUCTED SEMI-MONTHLY

PLAN	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
ANTHEM GOLD	\$97.34	\$177.63	\$241.38	\$321.68
ANTHEM GOLD TOBACCO SURCHARGE	\$137.34	\$217.63	\$281.38	\$361.68
ANTHEM SILVER	\$65.59	\$123.66	\$174.71	\$236.78
ANTHEM SILVER TOBACCO SURCHARGE	\$105.60	\$163.67	\$214.70	\$276.79
ANTHEM BRONZE	\$41.34	\$82.43	\$123.79	\$164.88
ANTHEM BRONZE TOBACCO SURCHARGE	\$81.34	\$122.40	\$163.80	\$204.89
ANTHEM HMO	\$78.77	\$146.06	\$202.39	\$269.69
ANTHEM HMO TOBACCO SURCHARGE	\$118.76	\$186.06	\$242.39	\$309.69
UHC HMO	\$98.30	\$179.26	\$243.39	\$324.36
UHC HMO TOBACCO SURCHARGE	\$138.30	\$219.26	\$283.39	\$364.35
UHC HDHP	\$36.35	\$73.95	\$113.30	\$150.90
UHC HDHP TOBACCO SURCHARGE	\$76.36	\$113.96	\$153.30	\$190.90