

State Health Benefit Plan
 2020 Active Employee, Subsidized Extended Coverage, and
 Approved Leave without Pay (Military, FMLA, and Disability)
 Rates
 January 1 - December 31, 2020

	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

2020 Active Member Rates for Approved Leave Without Pay

These rates apply to Active Members (and their Eligible Dependents) enrolled through their employment in a benefits eligible position on an Approved Leave without Pay for other than Military, FMLA and Disability with a State Agency or Public School and Members of the General Assembly.

State Health Benefit Plan Approved Leave Without Pay (other than FMLA, Disability, Military) Rates January 1 - December 31, 2020

	You	You + Child(ren)	You + Spouse	You + Family
Anthem Gold	\$749.57	\$1,274.27	\$1,574.10	\$2,098.80
Anthem Silver	\$686.61	\$1,167.24	\$1,441.88	\$1,922.51
Anthem Bronze	\$646.18	\$1,098.51	\$1,356.98	\$1,809.31
Anthem HMO	\$714.50	\$1,214.65	\$1,500.45	\$2,000.60
UHC HMO	\$749.07	\$1,273.42	\$1,573.05	\$2,097.40
UHC HDHP	\$628.02	\$1,067.63	\$1,318.84	\$1,758.45
Kaiser HMO	\$633.50	\$1,076.95	\$1,330.35	\$1,773.79