

**STATE HEALTH BENEFIT PLAN  
DIRECT PAY ANNUITANT UNDER 65 RATES  
JANUARY 1 - DECEMBER 31, 2017**

	<b>YOU</b>	<b>YOU + CHILD(REN)</b>	<b>YOU + SPOUSE</b>	<b>YOU + FAMILY</b>
BCBS Gold	\$167.65	\$304.69	\$413.96	\$551.00
BCBS Silver	\$110.66	\$207.81	\$294.28	\$391.44
BCBS Bronze	\$70.34	\$139.27	\$209.61	\$278.54
BCBS HMO	\$133.58	\$246.78	\$342.40	\$455.60
UHC HMO	\$169.55	\$307.95	\$417.98	\$556.36
UHC HDHP	\$52.03	\$108.14	\$171.16	\$227.28
Kaiser HMO	\$141.41	\$260.20	\$359.18	\$477.96