

**STATE HEALTH BENEFIT PLAN
COBRA, CONTRACT GROUP EMPLOYERS,
UNSUBSIDIZED EXTENDED COVERAGE RATES
JANUARY 1 - DECEMBER 31, 2017**

	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
BCBS Gold	\$660.01	\$1,122.03	\$1,386.04	\$1,848.05
BCBS Silver	\$603.02	\$1,025.15	\$1,266.36	\$1,688.48
BCBS Bronze	\$562.71	\$956.61	\$1,181.69	\$1,575.58
BCBS HMO	\$625.94	\$1,064.10	\$1,314.48	\$1,752.65
UHC HMO	\$661.93	\$1,125.28	\$1,390.06	\$1,853.40
UHC HDHP	\$544.40	\$925.48	\$1,143.24	\$1,524.32
Kaiser HMO	\$565.64	\$961.59	\$1,187.85	\$1,583.79