

**State Health Benefit Plan**  
**2022 Active Employee, Subsidized Extended Coverage, and Approved**  
**Leave without Pay (Military, FMLA, and Disability) Rates**  
**January 1 - December 31, 2022**

	<b>You</b>	<b>You + Child(ren)</b>	<b>You + Spouse</b>	<b>You + Family</b>
<b>Anthem Gold</b>	\$175.68	\$320.11	\$436.33	\$580.76
<b>Anthem Silver</b>	\$114.32	\$215.80	\$307.47	\$408.95
<b>Anthem Bronze</b>	\$76.58	\$151.64	\$228.22	\$303.28
<b>Anthem HMO</b>	\$143.03	\$264.61	\$367.76	\$489.34
<b>UHC HMO</b>	\$174.49	\$318.09	\$433.83	\$577.43
<b>UHC HDHP</b>	\$61.83	\$126.57	\$197.24	\$261.98
<b>Kaiser HMO</b>	\$154.13	\$283.60	\$391.49	\$520.96