

**STATE HEALTH BENEFIT PLAN
COBRA, CONTRACT GROUP EMPLOYERS,
UNSUBSIDIZED EXTENDED COVERAGE RATES
JANUARY 1 - DECEMBER 31, 2016**

	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
BCBS Gold	\$616.80	\$1,048.56	\$1,295.28	\$1,727.04
BCBS Silver	\$562.26	\$955.85	\$1,180.76	\$1,574.35
BCBS Bronze	\$522.43	\$888.14	\$1,097.12	\$1,462.82
BCBS HMO	\$588.02	\$999.64	\$1,234.85	\$1,646.46
UHC HMO	\$628.92	\$1,069.17	\$1,320.74	\$1,760.99
UHC HDHP	\$513.45	\$872.85	\$1,078.23	\$1,437.65
Kaiser HMO	\$567.92	\$965.45	\$1,192.61	\$1,590.15