

Active Rates

2020 Active Member Rates

These rates apply to Active Members (and their Eligible Dependents) enrolled:

1. through their employment in a benefits eligible position with a State Agency or Public School,
2. Members of the General Assembly,
3. Former Members of the General Assembly who were eligible to retire at the time of leaving office from a State public retirement system to which the General Assembly appropriates funds, except for the attainment of retirement age,
4. certain correctional officers injured by inmate violence, and Pending Retirees, and
5. certain Covered Eligible Dependents.
6. This also includes Active Members on Approved Leave without Pay for Military, FMLA, and Disability.

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