State Health Benefit Plan

2026	Gold Plan		Silver Plan		Bronze Plan	
	Network Provider	Out-of-Network	Network Provider	Out-of-Network	Network Provider	Out-of-Network
Deductible						
You	$1,500	$3,000	$2,000	$4,000	$2,500	$5,000
You + Child(ren) or Spouse	$2,250	$4,500	$3,000	$6,000	$3,750	$7,500
You + Family	$3,000	$6,000	$4,000	$8,000	$5,000	$10,000
Out-of-Pocket Limit						
You	$4,000	$8,000	$5,000	$10,000	$6,000	$12,000
You + Child(ren) or Spouse	$6,000	$12,000	$7,500	$15,000	$9,000	$18,000
You + Family	$8,000	$16,000	$10,000	$20,000	$12,000	$24,000
Coinsurance (Plan Pays)	85%	60%	80%	60%	75%	60%
HRA						
You	$400		$200		$100	
You + Child(ren) or Spouse	$600		$300		$150	
You + Family	$800		$400		$200	
Medical						
ER	coins after ded		coins after ded		coins after ded	
Urgent Care	coins after ded		coins after ded		coins after ded	
PCP Visit	coins after ded		coins after ded		coins after ded	
Specialist Visit	coins after ded		coins after ded		coins after ded	
Preventive Care	100%	Not covered	100%	Not covered	100%	Not covered
Telemedicine/Virtual Visit	85% coverage; not subject to deductible	Not covered	80% coverage; not subject to deductible	Not covered	75% coverage; not subject to deductible	Not covered
Retail Rx						
Tier 1	15%, Min $5, Max $10		15%, Min $5, Max $10		15%, Min $5, Max $10	
Tier 2	25%, Min $55, Max $85		25%, Min $55, Max $85		25%, Min $55, Max $85	
Tier 3	25%, Min $85, Max $130		25%, Min $85, Max $130		25%, Min $85, Max $130	
Mail Order Rx - 90-Day						
Tier 1	15%, Min $12.50, Max $25		15%, Min $12.50, Max $25		15%, Min $12.50, Max $25	
Tier 2	25%, Min $137.50, Max $212.50		25%, Min $137.50, Max $212.50		25%, Min $137.50, Max $212.50	
Tier 3	25%, Min $212.50, Max $325		25%, Min $212.50, Max $325		25%, Min $212.50, Max $325	
Rx OOPM	Combined with Medical		Combined with Medical		Combined with Medical	
Premiums (Monthly)	EE / EE+CH / EE+SP / EE+FAM		EE / EE+CH / EE+SP / EE+FAM		EE / EE+CH / EE+SP / EE+FAM	
Tobacco Surcharge = +$80.00	$213.71 / $390.68 / $531.82 / $708.79		$146.11 / $275.76 / $389.86 / $519.51		$92.12 / $183.97 / $276.48 / $368.33	

State Health Benefit Plan

2026	Anthem (BCBS)/UHC HMO	HDHP		Kaiser HMO
	Network Provider	Network Provider	Out-of-Network	Network Provider
Deductible				
You	$1,300	$3,500	$7,000	None
You + Child(ren) or Spouse	$1,950	$7,000	$14,000	None
You + Family	$2,600	$7,000	$14,000	None
Out-of-Pocket Limit				
You	$4,000	$6,450	$12,900	$6,350
You + Child(ren) or Spouse	$6,500	$12,900	$25,800	$12,700
You + Family	$9,000	$12,900	$25,800	$12,700
Coinsurance (Plan Pays)	80%	70%	50%	100%
HRA				
You	N/A	N/A		N/A
You + Child(ren) or Spouse	N/A	N/A		N/A
You + Family	N/A	N/A		N/A
Medical				
ER	$200 copay	coins after ded		$200 copay
Urgent Care	$35 copay	coins after ded		$35 copay
PCP Visit	$35 copay	coins after ded		$35 copay
Specialist Visit	$45 copay	coins after ded		$45 copay
Preventive Care	100%	100%	Not covered	100%
Telemedicine/Virtual Visit	100% coverage after $35 PCP co-pay	70% coverage	Not covered	100% coverage
Retail Rx				
Tier 1	$5 copay	70% coins after ded		$5 copay
Tier 2	$55 copay	70% coins after ded		$55 copay
Tier 3	$95 copay	70% coins after ded		$95 copay
Mail Order Rx - 90-Day				
Tier 1	$12.50 copay	70% coins after ded		$50 copay
Tier 2	$137.50 copay	70% coins after ded		$125copay
Tier 3	$237.50 copay	70% coins after ded		$200 copay
Rx OOPM	Combined with Medical	Combined with Medical		Combined with Medical
Premiums (Monthly)	EE / EE+CH / EE+SP / EE+FAM	EE / EE+CH / EE+SP / EE+FAM		EE / EE+CH / EE+SP / EE+FAM
Tobacco Surcharge = +$80.00	$177.21 / $328.63 / $455.17 / $606.59	$81.11 / $165.26 / $253.36 / $337.51		$177.21 / $328.63 / $455.17 / $606.59
	$217.19 / $396.59 / $539.13 / $718.53			