

2019 monthly insurance premiums for active employees^{1, 2}

	Employee	Employee/spouse	Employee/children	Full family
Standard Plan	\$97.68	\$253.36	\$143.86	\$306.56
Savings Plan	\$9.70	\$77.40	\$20.48	\$113.00
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental	\$0.00	\$7.64	\$13.72	\$21.34
Dental Plus	\$27.12	\$54.80	\$63.20	\$82.10
Vision	\$8.00	\$16.00	\$17.16	\$25.16
Tobacco-use premium	\$40.00	\$60.00	\$60.00	\$60.00

Employer contributions¹

	Employee	Employee/spouse	Employee/children	Full family
Health	\$402.70	\$797.68	\$618.06	\$998.72
Dental	\$13.48	\$13.48	\$13.48	\$13.48
Life	\$0.32	\$0.32	\$0.32	\$0.32
Long term disability	\$3.22	\$3.22	\$3.22	\$3.22

Life insurance

Optional Life and AD&D and Dependent Life-Spouse and AD&D

Coverage will reduce to 65 percent at age 70, 42 percent at age 75 and 31.7 percent at age 80. Rates shown per \$10,000 of coverage.

Age	Monthly rate
Under 35	\$0.58
35-39	\$0.78
40-44	\$0.86
45-49	\$1.22
50-54	\$1.94
55-59	\$3.36
60-64	\$6.00
65-69	\$13.50
70-74	\$24.22
75-79	\$37.50
80 and over	\$62.04

Dependent Life - Child

\$1.26 per month for \$15,000 of coverage; one premium provides coverage for all eligible children.

SLTD Plan monthly premium rates

Age on preceding January 1	90-day waiting period	180-day waiting period
Under 31	.00065	.00052
31-40	.00090	.00070
41-50	.00179	.00136
51-60	.00361	.00277
61-65	.00434	.00333
66 and older	.00530	.00407

How to calculate SLTD monthly premium

1. Divide gross annual salary by 12 to determine monthly salary.
2. Multiply monthly salary by rate factor from table.
3. Drop digits to right of two decimal places; do not round.
4. If number is even, this is the monthly premium.
5. If number is odd, add \$0.01 to determine monthly premium.

¹ Premiums for local subdivisions may vary. To verify your rates, contact your benefits office.

² State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The tobacco-use premium does not apply to TRICARE Supplement subscribers.

2019 monthly insurance premiums for permanent, part-time teachers²

Category I: 15-19 hours

	Employee	Employee/spouse	Employee/children	Full family
Standard Plan	\$299.02	\$652.20	\$452.88	\$805.92
Savings Plan	\$211.04	\$476.24	\$329.50	\$612.36
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental	\$6.74	\$14.38	\$20.46	\$28.08
Dental Plus ³	\$27.12	\$54.80	\$63.20	\$82.10
Vision	\$8.00	\$16.00	\$17.16	\$25.16
Tobacco-use premium	\$40.00	\$60.00	\$60.00	\$60.00

Category II: 20-24 hours

	Employee	Employee/spouse	Employee/children	Full family
Standard Plan	\$230.56	\$516.58	\$347.82	\$636.14
Savings Plan	\$142.58	\$340.62	\$224.44	\$442.58
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental	\$4.44	\$12.08	\$18.16	\$25.78
Dental Plus ³	\$27.12	\$54.80	\$63.20	\$82.10
Vision	\$8.00	\$16.00	\$17.16	\$25.16
Tobacco-use premium	\$40.00	\$60.00	\$60.00	\$60.00

Category III: 25-29 hours

	Employee	Employee/spouse	Employee/children	Full family
Standard Plan	\$166.14	\$388.96	\$248.92	\$476.34
Savings Plan	\$78.16	\$213.00	\$125.54	\$282.78
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental	\$2.30	\$9.94	\$16.02	\$23.64
Dental Plus ³	\$27.12	\$54.80	\$63.20	\$82.10
Vision	\$8.00	\$16.00	\$17.16	\$25.16
Tobacco-use premium	\$40.00	\$60.00	\$60.00	\$60.00

²State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The tobacco-use premium does not apply to TRICARE Supplement subscribers.

³If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You will pay the combined premiums for both plans.

Employer contributions

Permanent, part-time teachers (Category I: 15-19 hours)

	Employee	Employee/spouse	Employee/children	Full family
Health	\$201.36	\$398.84	\$309.04	\$499.36
Dental	\$6.74	\$6.74	\$6.74	\$6.74

Permanent, part-time teachers (Category II: 20-24 hours)

	Employee	Employee/spouse	Employee/children	Full family
Health	\$269.82	\$534.46	\$414.10	\$669.14
Dental	\$9.04	\$9.04	\$9.04	\$9.04

Permanent, part-time teachers (Category III: 25-29 hours)

	Employee	Employee/spouse	Employee/children	Full family
Health	\$334.24	\$662.08	\$513.00	\$828.94
Dental	\$11.18	\$11.18	\$11.18	\$11.18

2019 monthly insurance premiums for funded retirees^{1,2}

Retiree eligible for Medicare/spouse eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan	\$79.68	\$217.36	\$125.86	\$270.56
Savings Plan	N/A	N/A	N/A	N/A
Medicare Supplement ⁴	\$97.68	\$253.36	\$143.86	\$306.56
TRICARE Supplement	N/A	N/A	N/A	N/A
Dental	\$0.00	\$7.64	\$13.72	\$21.34
Dental Plus ³	\$27.12	\$54.80	\$63.20	\$82.10
Vision	\$8.00	\$16.00	\$17.16	\$25.16
Tobacco-use premium	\$40.00	\$60.00	\$60.00	\$60.00

Retiree eligible for Medicare/spouse not eligible for Medicare

	Retiree/spouse	Full family
Standard Plan	\$235.36	\$281.54
Savings Plan	N/A	N/A
Medicare Supplement ⁴	\$253.36	\$299.54
TRICARE Supplement	N/A	N/A
Dental	\$7.64	\$21.34
Dental Plus ³	\$54.80	\$82.10
Vision	\$16.00	\$25.16
Tobacco-use premium	\$60.00	\$60.00

Retiree not eligible for Medicare/spouse eligible for Medicare

	Retiree/spouse	Full family
Standard Plan	\$235.36	\$281.54
Savings Plan	\$77.40	\$113.00
Medicare Supplement ⁴	\$253.36	\$299.54
TRICARE Supplement	N/A	N/A
Dental	\$7.64	\$21.34
Dental Plus ³	\$54.80	\$82.10
Vision	\$16.00	\$25.16
Tobacco-use premium	\$60.00	\$60.00

Retiree not eligible for Medicare/spouse not eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan	\$97.68	\$253.36	\$143.86	\$306.56
Savings Plan	\$9.70	\$77.40	\$20.48	\$113.00
Medicare Supplement ⁴	N/A	N/A	N/A	N/A
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental	\$0.00	\$7.64	\$13.72	\$21.34
Dental Plus ³	\$27.12	\$54.80	\$63.20	\$82.10
Vision	\$8.00	\$16.00	\$17.16	\$25.16
Tobacco-use premium	\$40.00	\$60.00	\$60.00	\$60.00

Retiree not eligible for Medicare/spouse not eligible for Medicare/one or more children eligible for Medicare

	Retiree/children	Full family
Standard Plan	\$143.86	\$306.56
Savings Plan	\$20.48	\$113.00
Medicare Supplement ⁴	\$161.86	\$324.56
TRICARE Supplement	N/A	N/A
Dental	\$13.72	\$21.34
Dental Plus ³	\$63.20	\$82.10
Vision	\$17.16	\$25.16
Tobacco-use premium	\$60.00	\$60.00

¹Premiums for local subdivisions may vary. To verify your rates, contact your benefits office.

²State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The tobacco-use premium does not apply to TRICARE Supplement subscribers.

³If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You will pay the combined premiums for both plans.

⁴If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

2019 monthly insurance premiums for partially funded retirees^{1,2}

Retiree eligible for Medicare/spouse eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan	\$281.02	\$616.20	\$434.88	\$769.92
Savings Plan	N/A	N/A	N/A	N/A
Medicare Supplement ⁴	\$299.02	\$652.20	\$452.88	\$805.92
TRICARE Supplement	N/A	N/A	N/A	N/A
Dental	\$6.74	\$14.38	\$20.46	\$28.08
Dental Plus ³	\$27.12	\$54.80	\$63.20	\$82.10
Vision	\$8.00	\$16.00	\$17.16	\$25.16
Tobacco-use premium	\$40.00	\$60.00	\$60.00	\$60.00

Retiree eligible for Medicare/spouse not eligible for Medicare

	Retiree/spouse	Full family
Standard Plan	\$634.20	\$780.90
Savings Plan	N/A	N/A
Medicare Supplement ⁴	\$652.20	\$798.90
TRICARE Supplement	N/A	N/A
Dental	\$14.38	\$28.08
Dental Plus ³	\$54.80	\$82.10
Vision	\$16.00	\$25.16
Tobacco-use premium	\$60.00	\$60.00

Retiree not eligible for Medicare/spouse eligible for Medicare

	Retiree/spouse	Full family
Standard Plan	\$634.20	\$780.90
Savings Plan	\$476.24	\$612.36
Medicare Supplement ⁴	\$652.20	\$798.90
TRICARE Supplement	N/A	N/A
Dental	\$14.38	\$28.08
Dental Plus ³	\$54.80	\$82.10
Vision	\$16.00	\$25.16
Tobacco-use premium	\$60.00	\$60.00

Retiree not eligible for Medicare/spouse not eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan	\$299.02	\$652.20	\$452.88	\$805.92
Savings Plan	\$211.04	\$476.24	\$329.50	\$612.36
Medicare Supplement ⁴	N/A	N/A	N/A	N/A
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental	\$6.74	\$14.38	\$20.46	\$28.08
Dental Plus ³	\$27.12	\$54.80	\$63.20	\$82.10
Vision	\$8.00	\$16.00	\$17.16	\$25.16
Tobacco-use premium	\$40.00	\$60.00	\$60.00	\$60.00

Retiree not eligible for Medicare/spouse not eligible for Medicare/one or more children eligible for Medicare

	Retiree/children	Full family
Standard Plan	\$452.88	\$805.92
Savings Plan	\$329.50	\$612.36
Medicare Supplement ⁴	\$470.88	\$823.92
TRICARE Supplement	N/A	N/A
Dental	\$20.46	\$28.08
Dental Plus ³	\$63.20	\$82.10
Vision	\$17.16	\$25.16
Tobacco-use premium	\$60.00	\$60.00

¹Premiums for local subdivisions may vary. To verify your rates, contact your benefits office.

²State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The tobacco-use premium does not apply to TRICARE Supplement subscribers.

³If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You will pay the combined premiums for both plans.

⁴If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

2019 monthly insurance premiums for non-funded^{1,2} retirees

Retiree eligible for Medicare/spouse eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan	\$482.38	\$1,015.04	\$743.92	\$1,269.28
Savings Plan	N/A	N/A	N/A	N/A
Medicare Supplement ⁴	\$500.38	\$1,051.04	\$761.92	\$1,305.28
TRICARE Supplement	N/A	N/A	N/A	N/A
Dental	\$13.48	\$21.12	\$27.20	\$34.82
Dental Plus ³	\$27.12	\$54.80	\$63.20	\$82.10
Vision	\$8.00	\$16.00	\$17.16	\$25.16
Tobacco-use premium	\$40.00	\$60.00	\$60.00	\$60.00

Retiree eligible for Medicare/spouse not eligible for Medicare

	Retiree/spouse	Full family
Standard Plan	\$1,033.04	\$1,280.26
Savings Plan	N/A	N/A
Medicare Supplement ⁴	\$1,051.04	\$1,298.26
TRICARE Supplement	N/A	N/A
Dental	\$21.12	\$34.82
Dental Plus ³	\$54.80	\$82.10
Vision	\$16.00	\$25.16
Tobacco-use premium	\$60.00	\$60.00

Retiree not eligible for Medicare/spouse eligible for Medicare

	Retiree/spouse	Full family
Standard Plan	\$1,033.04	\$1,280.26
Savings Plan	\$875.08	\$1,111.72
Medicare Supplement ⁴	\$1,051.04	\$1,298.26
TRICARE Supplement	N/A	N/A
Dental	\$21.12	\$34.82
Dental Plus ³	\$54.80	\$82.10
Vision	\$16.00	\$25.16
Tobacco-use premium	\$60.00	\$60.00

Retiree not eligible for Medicare/spouse not eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan	\$500.38	\$1,051.04	\$761.92	\$1,305.28
Savings Plan	\$412.40	\$875.08	\$638.54	\$1,111.72
Medicare Supplement ⁴	N/A	N/A	N/A	N/A
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental	\$13.48	\$21.12	\$27.20	\$34.82
Dental Plus ³	\$27.12	\$54.80	\$63.20	\$82.10
Vision	\$8.00	\$16.00	\$17.16	\$25.16
Tobacco-use premium	\$40.00	\$60.00	\$60.00	\$60.00

Retiree not eligible for Medicare/spouse not eligible for Medicare/one or more children eligible for Medicare

	Retiree/children	Full family
Standard Plan	\$761.92	\$1,305.28
Savings Plan	\$638.54	\$1,111.72
Medicare Supplement ⁴	\$779.92	\$1,323.28
TRICARE Supplement	N/A	N/A
Dental	\$27.20	\$34.82
Dental Plus ³	\$63.20	\$82.10
Vision	\$17.16	\$25.16
Tobacco-use premium	\$60.00	\$60.00

¹Premiums for local subdivisions may vary. To verify your rates, contact your benefits office.

²State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The tobacco-use premium does not apply to TRICARE Supplement subscribers.

³If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You will pay the combined premiums for both plans.

⁴If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

2019 monthly insurance premiums for funded survivors^{1,2}

Spouse eligible for Medicare/children eligible for Medicare

	Spouse	Spouse/children	Children only
Standard Plan	\$79.68	\$125.86	\$46.18
Savings Plan	N/A	N/A	N/A
Medicare Supplement ⁴	\$97.68	\$161.86	\$64.18*
TRICARE Supplement	N/A	N/A	N/A
Dental	\$0.00	\$13.72	\$13.72
Dental Plus ³	\$27.12	\$63.20	\$36.08
Vision	\$8.00	\$17.16	\$9.16
Tobacco-use premium	\$40.00	\$60.00	\$40.00

Spouse eligible for Medicare/children not eligible for Medicare

	Spouse	Spouse/children	Children only
Standard Plan	\$79.68	\$125.86	\$46.18
Savings Plan	N/A	N/A	\$10.78
Medicare Supplement ⁴	\$97.68	\$143.86	N/A
TRICARE Supplement	N/A	N/A	N/A
Dental	\$0.00	\$13.72	\$13.72
Dental Plus ³	\$27.12	\$63.20	\$36.08
Vision	\$8.00	\$17.16	\$9.16
Tobacco-use premium	\$40.00	\$60.00	\$40.00

Spouse not eligible for Medicare/children eligible for Medicare

	Spouse	Spouse/children	Children only
Standard Plan	\$97.68	\$143.86	\$46.18
Savings Plan	\$9.70	\$20.48	N/A
Medicare Supplement ⁴	N/A	\$161.86*	\$64.18*
TRICARE Supplement	N/A	N/A	N/A
Dental	\$0.00	\$13.72	\$13.72
Dental Plus ³	\$27.12	\$63.20	\$36.08
Vision	\$8.00	\$17.16	\$9.16
Tobacco-use premium	\$40.00	\$60.00	\$40.00

*This premium applies only if one or more children are eligible for Medicare.

Spouse not eligible for Medicare/children not eligible for Medicare

	Spouse	Spouse/children	Children only
Standard Plan	\$97.68	\$143.86	\$46.18
Savings Plan	\$9.70	\$20.48	\$10.78
Medicare Supplement ⁴	N/A	N/A	N/A
TRICARE Supplement	\$62.50	\$121.50	\$61.00
Dental	\$0.00	\$13.72	\$13.72
Dental Plus ³	\$27.12	\$63.20	\$36.08
Vision	\$8.00	\$17.16	\$9.16
Tobacco-use premium	\$40.00	\$60.00	\$40.00

¹Premiums for local subdivisions may vary. To verify your rates, contact your benefits office.

²State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The tobacco-use premium does not apply to TRICARE Supplement subscribers.

³If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You will pay the combined premiums for both plans.

⁴If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

2019 monthly insurance premiums for non-funded survivors^{1,2}

Spouse eligible for Medicare/children eligible for Medicare

	Spouse	Spouse/children	Children only
Standard Plan	\$482.38	\$743.92	\$261.54
Savings Plan	N/A	N/A	N/A
Medicare Supplement ⁴	\$500.38	\$779.92	\$279.54 ⁵
TRICARE Supplement	N/A	N/A	N/A
Dental	\$13.48	\$27.20	\$13.72
Dental Plus ³	\$27.12	\$63.20	\$36.08
Vision	\$8.00	\$17.16	\$9.16
Tobacco-use premium	\$40.00	\$60.00	\$40.00

Spouse eligible for Medicare/children not eligible for Medicare

	Spouse	Spouse/children	Children only
Standard Plan	\$482.38	\$743.92	\$261.54
Savings Plan	N/A	N/A	\$226.14
Medicare Supplement ⁴	\$500.38	\$761.92	N/A
TRICARE Supplement	N/A	N/A	N/A
Dental	\$13.48	\$27.20	\$13.72
Dental Plus ³	\$27.12	\$63.20	\$36.08
Vision	\$8.00	\$17.16	\$9.16
Tobacco-use premium	\$40.00	\$60.00	\$40.00

Spouse not eligible for Medicare/children eligible for Medicare

	Spouse	Spouse/children	Children only
Standard Plan	\$500.38	\$761.92	\$261.54
Savings Plan	\$412.40	\$638.54	N/A
Medicare Supplement ⁴	N/A	\$779.92	\$279.54 ⁵
TRICARE Supplement	N/A	N/A	N/A
Dental	\$13.48	\$27.20	\$13.72
Dental Plus ³	\$27.12	\$63.20	\$36.08
Vision	\$8.00	\$17.16	\$9.16
Tobacco-use premium	\$40.00	\$60.00	\$40.00

Spouse not eligible for Medicare/children not eligible for Medicare

	Spouse	Spouse/children	Children only
Standard Plan	\$500.38	\$761.92	\$261.54
Savings Plan	\$412.40	\$638.54	\$226.14
Medicare Supplement ⁴	N/A	N/A	N/A
TRICARE Supplement	\$62.50	\$121.50	\$61.00
Dental	\$13.48	\$27.20	\$13.72
Dental Plus ³	\$27.12	\$63.20	\$36.08
Vision	\$8.00	\$17.16	\$9.16
Tobacco-use premium	\$40.00	\$60.00	\$40.00

¹Premiums for local subdivisions may vary. To verify your rates, contact your benefits office.

² State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The tobacco-use premium does not apply to TRICARE Supplement subscribers.

³If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You will pay the combined premiums for both plans.

⁴If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

⁵This premium applies only if one or more children are eligible for Medicare.

2019 monthly insurance premiums for COBRA^{1,2}

18 and 36 months

	Subscriber	Subscriber/ spouse	Subscriber/ children	Full family	Children only
Standard Plan	\$510.40	\$1,072.06	\$777.16	\$1,331.40	\$266.76
Savings Plan	\$420.66	\$892.58	\$651.32	\$1,133.96	\$230.66
Medicare Supplement ⁴	\$510.40	\$1,072.06	\$777.16	\$1,331.40	\$266.76
Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
Dental Plus ³	\$27.66	\$55.90	\$64.46	\$83.74	\$36.80
Vision	\$8.16	\$16.32	\$17.50	\$25.66	\$9.34
Tobacco-use premium	\$40.00	\$60.00	\$60.00	\$60.00	\$40.00

29 months

	Subscriber	Subscriber/ spouse	Subscriber/ children	Full family	Children only
Standard Plan	\$750.58	\$1,576.56	\$1,142.88	\$1,957.92	\$392.30
Savings Plan	\$618.60	\$1,312.62	\$957.82	\$1,667.58	\$339.22
Medicare Supplement ⁴	\$750.58	\$1,576.56	\$1,142.88	\$1,957.92	\$392.30
Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
Dental Plus ³	\$27.66	\$55.90	\$64.46	\$83.74	\$36.80
Vision	\$8.16	\$16.32	\$17.50	\$25.66	\$9.34
Tobacco-use premium	\$40.00	\$60.00	\$60.00	\$60.00	\$40.00

¹Premiums for local subdivisions may vary. To verify your rates, contact your benefits office.

²State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The tobacco-use premium does not apply to TRICARE Supplement subscribers.

³If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You will pay the combined premiums for both plans.

⁴If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

2019 monthly insurance premiums for former spouses^{1,2,6}

	Not eligible for Medicare	Eligible for Medicare	COBRA (18 or 36 months)	COBRA (29 months)
Standard Plan	\$550.66	\$532.66	\$561.68	\$826.00
Savings Plan	\$462.68	N/A	\$471.94	\$694.02
Medicare Supplement ⁴	N/A	\$550.66	\$561.68	\$826.00
Dental	\$21.12	\$21.12	\$21.54	\$21.54
Dental Plus ³	\$32.54	\$32.54	\$33.20	\$33.20
Vision	\$8.00	\$8.00	\$8.16	\$8.16
Tobacco-use premium	\$40.00	\$40.00	\$40.00	\$40.00

¹Premiums for local subdivisions may vary. To verify your rates, contact your benefits office.

²State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The tobacco-use premium does not apply to TRICARE Supplement subscribers.

³If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You will pay the combined premiums for both plans.

⁴If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

⁶A former spouse must have his own policy under the Plan. Coverage for a former spouse can include health, dental and vision as required by the court order. The cost of coverage is the full premium amount.

Optional Life and Dependent Life premiums

Optional Life premiums are determined by your age on the preceding December 31 and the amount of insurance you select. Premiums for Dependent Life-Spouse coverage¹ are determined by your spouse's age on the preceding December 31. Premiums are the same for retirees, regardless of age or effective date.

Through age 69²

Coverage level	Age							
	Under 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	\$0.58	\$0.78	\$0.86	\$1.22	\$1.94	\$3.36	\$6.00	\$13.50
\$20,000	\$1.16	\$1.56	\$1.72	\$2.44	\$3.88	\$6.72	\$12.00	\$27.00
\$30,000	\$1.74	\$2.34	\$2.58	\$3.66	\$5.82	\$10.08	\$18.00	\$40.50
\$40,000	\$2.32	\$3.12	\$3.44	\$4.88	\$7.76	\$13.44	\$24.00	\$54.00
\$50,000	\$2.90	\$3.90	\$4.30	\$6.10	\$9.70	\$16.80	\$30.00	\$67.50
\$60,000	\$3.48	\$4.68	\$5.16	\$7.32	\$11.64	\$20.16	\$36.00	\$81.00
\$70,000	\$4.06	\$5.46	\$6.02	\$8.54	\$13.58	\$23.52	\$42.00	\$94.50
\$80,000	\$4.64	\$6.24	\$6.88	\$9.76	\$15.52	\$26.88	\$48.00	\$108.00
\$90,000	\$5.22	\$7.02	\$7.74	\$10.98	\$17.46	\$30.24	\$54.00	\$121.50
\$100,000	\$5.80	\$7.80	\$8.60	\$12.20	\$19.40	\$33.60	\$60.00	\$135.00
\$110,000	\$6.38	\$8.58	\$9.46	\$13.42	\$21.34	\$36.96	\$66.00	\$148.50
\$120,000	\$6.96	\$9.36	\$10.32	\$14.64	\$23.28	\$40.32	\$72.00	\$162.00
\$130,000	\$7.54	\$10.14	\$11.18	\$15.86	\$25.22	\$43.68	\$78.00	\$175.50
\$140,000	\$8.12	\$10.92	\$12.04	\$17.08	\$27.16	\$47.04	\$84.00	\$189.00
\$150,000	\$8.70	\$11.70	\$12.90	\$18.30	\$29.10	\$50.40	\$90.00	\$202.50
\$160,000	\$9.28	\$12.48	\$13.76	\$19.52	\$31.04	\$53.76	\$96.00	\$216.00
\$170,000	\$9.86	\$13.26	\$14.62	\$20.74	\$32.98	\$57.12	\$102.00	\$229.50
\$180,000	\$10.44	\$14.04	\$15.48	\$21.96	\$34.92	\$60.48	\$108.00	\$243.00
\$190,000	\$11.02	\$14.82	\$16.34	\$23.18	\$36.86	\$63.84	\$114.00	\$256.50
\$200,000	\$11.60	\$15.60	\$17.20	\$24.40	\$38.80	\$67.20	\$120.00	\$270.00
\$210,000	\$12.18	\$16.38	\$18.06	\$25.62	\$40.74	\$70.56	\$126.00	\$283.50
\$220,000	\$12.76	\$17.16	\$18.92	\$26.84	\$42.68	\$73.92	\$132.00	\$297.00
\$230,000	\$13.34	\$17.94	\$19.78	\$28.06	\$44.62	\$77.28	\$138.00	\$310.50
\$240,000	\$13.92	\$18.72	\$20.64	\$29.28	\$46.56	\$80.64	\$144.00	\$324.00
\$250,000	\$14.50	\$19.50	\$21.50	\$30.50	\$48.50	\$84.00	\$150.00	\$337.50
\$260,000	\$15.08	\$20.28	\$22.36	\$31.72	\$50.44	\$87.36	\$156.00	\$351.00
\$270,000	\$15.66	\$21.06	\$23.22	\$32.94	\$52.38	\$90.72	\$162.00	\$364.50
\$280,000	\$16.24	\$21.84	\$24.08	\$34.16	\$54.32	\$94.08	\$168.00	\$378.00
\$290,000	\$16.82	\$22.62	\$24.94	\$35.38	\$56.26	\$97.44	\$174.00	\$391.50

Through age 69²

Coverage level	Age							
	Under 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$300,000	\$17.40	\$23.40	\$25.80	\$36.60	\$58.20	\$100.80	\$180.00	\$405.00
\$310,000	\$17.98	\$24.18	\$26.66	\$37.82	\$60.14	\$104.16	\$186.00	\$418.50
\$320,000	\$18.56	\$24.96	\$27.52	\$39.04	\$62.08	\$107.52	\$192.00	\$432.00
\$330,000	\$19.14	\$25.74	\$28.38	\$40.26	\$64.02	\$110.88	\$198.00	\$445.50
\$340,000	\$19.72	\$26.52	\$29.24	\$41.48	\$65.96	\$114.24	\$204.00	\$459.00
\$350,000	\$20.30	\$27.30	\$30.10	\$42.70	\$67.90	\$117.60	\$210.00	\$472.50
\$360,000	\$20.88	\$28.08	\$30.96	\$43.92	\$69.84	\$120.96	\$216.00	\$486.00
\$370,000	\$21.46	\$28.86	\$31.82	\$45.14	\$71.78	\$124.32	\$222.00	\$499.50
\$380,000	\$22.04	\$29.64	\$32.68	\$46.36	\$73.72	\$127.68	\$228.00	\$513.00
\$390,000	\$22.62	\$30.42	\$33.54	\$47.58	\$75.66	\$131.04	\$234.00	\$526.50
\$400,000	\$23.20	\$31.20	\$34.40	\$48.80	\$77.60	\$134.40	\$240.00	\$540.00
\$410,000	\$23.78	\$31.98	\$35.26	\$50.02	\$79.54	\$137.76	\$246.00	\$553.50
\$420,000	\$24.36	\$32.76	\$36.12	\$51.24	\$81.48	\$141.12	\$252.00	\$567.00
\$430,000	\$24.94	\$33.54	\$36.98	\$52.46	\$83.42	\$144.48	\$258.00	\$580.50
\$440,000	\$25.52	\$34.32	\$37.84	\$53.68	\$85.36	\$147.84	\$264.00	\$594.00
\$450,000	\$26.10	\$35.10	\$38.70	\$54.90	\$87.30	\$151.20	\$270.00	\$607.50
\$460,000	\$26.68	\$35.88	\$39.56	\$56.12	\$89.24	\$154.56	\$276.00	\$621.00
\$470,000	\$27.26	\$36.66	\$40.42	\$57.34	\$91.18	\$157.92	\$282.00	\$634.50
\$480,000	\$27.84	\$37.44	\$41.28	\$58.56	\$93.12	\$161.28	\$288.00	\$648.00
\$490,000	\$28.42	\$38.22	\$42.14	\$59.78	\$95.06	\$164.64	\$294.00	\$661.50
\$500,000	\$29.00	\$39.00	\$43.00	\$61.00	\$97.00	\$168.00	\$300.00	\$675.00

1 Dependent Life-Spouse coverage cannot exceed 50 percent of the employee's Optional Life coverage or \$100,000, whichever is less.

2 Premium includes Accidental Death and Dismemberment coverage only for active employees and covered spouses of active employees.

Age 70 and older³

Retiree coverage ends at age 75. For subscribers who retired on or after January 1, 1994, up to December 31, 1998, coverage terminates at age 70, with an option to convert the coverage at that time.

Initial coverage	65% coverage	Ages 70-74	42% coverage	Ages 75-79	31.7% coverage	Ages 80 and over
\$10,000	\$6,500	\$15.74	\$4,200	\$15.76	\$3,170	\$19.68
\$20,000	\$13,000	\$31.50	\$8,400	\$31.50	\$6,340	\$39.34
\$30,000	\$19,500	\$47.24	\$12,600	\$47.26	\$9,510	\$59.00
\$40,000	\$26,000	\$62.98	\$16,800	\$63.00	\$12,680	\$78.68
\$50,000	\$32,500	\$78.72	\$21,000	\$78.76	\$15,850	\$98.34
\$60,000	\$39,000	\$94.46	\$25,200	\$94.50	\$19,020	\$118.00
\$70,000	\$45,500	\$110.20	\$29,400	\$110.26	\$22,190	\$137.68
\$80,000	\$52,000	\$125.94	\$33,600	\$126.00	\$25,360	\$157.34
\$90,000	\$58,500	\$141.70	\$37,800	\$141.76	\$28,530	\$177.00
\$100,000	\$65,000	\$157.44	\$42,000	\$157.50	\$31,700	\$196.68
\$110,000	\$71,500	\$173.18	\$46,200	\$173.26	\$34,870	\$216.34
\$120,000	\$78,000	\$188.92	\$50,400	\$189.00	\$38,040	\$236.00
\$130,000	\$84,500	\$204.66	\$54,600	\$204.76	\$41,210	\$255.68
\$140,000	\$91,000	\$220.40	\$58,800	\$220.50	\$44,380	\$275.34
\$150,000	\$97,500	\$236.16	\$63,000	\$236.26	\$47,550	\$295.00
\$160,000	\$104,000	\$251.90	\$67,200	\$252.00	\$50,720	\$314.68
\$170,000	\$110,500	\$267.64	\$71,400	\$267.76	\$53,890	\$334.34
\$180,000	\$117,000	\$283.38	\$75,600	\$283.50	\$57,060	\$354.00
\$190,000	\$123,500	\$299.12	\$79,800	\$299.26	\$60,230	\$373.68
\$200,000	\$130,000	\$314.86	\$84,000	\$315.00	\$63,400	\$393.34
\$210,000	\$136,500	\$330.60	\$88,200	\$330.76	\$66,570	\$413.00
\$220,000	\$143,000	\$346.36	\$92,400	\$346.50	\$69,740	\$432.68
\$230,000	\$149,500	\$362.10	\$96,600	\$362.26	\$72,910	\$452.34
\$240,000	\$156,000	\$377.84	\$100,800	\$378.00	\$76,080	\$472.00
\$250,000	\$162,500	\$393.58	\$105,000	\$393.76	\$79,250	\$491.68
\$260,000	\$169,000	\$409.32	\$109,200	\$409.50	\$82,420	\$511.34
\$270,000	\$175,500	\$425.06	\$113,400	\$425.26	\$85,590	\$531.00
\$280,000	\$182,000	\$440.80	\$117,600	\$441.00	\$88,760	\$550.68
\$290,000	\$188,500	\$456.56	\$121,800	\$456.76	\$91,930	\$570.34
\$300,000	\$195,000	\$472.30	\$126,000	\$472.50	\$95,100	\$590.00
\$310,000	\$201,500	\$488.04	\$130,200	\$488.26	\$98,270	\$609.68
\$320,000	\$208,000	\$503.78	\$134,400	\$504.00	\$101,440	\$629.34
\$330,000	\$214,500	\$519.52	\$138,600	\$519.76	\$104,610	\$649.00
\$340,000	\$221,000	\$535.26	\$142,800	\$535.50	\$107,780	\$668.68
\$350,000	\$227,500	\$551.02	\$147,000	\$551.26	\$110,950	\$688.34
\$360,000	\$234,000	\$566.76	\$151,200	\$567.00	\$114,120	\$708.00
\$370,000	\$240,500	\$582.50	\$155,400	\$582.76	\$117,290	\$727.68

Age 70 and older³

Initial coverage	65% coverage	Ages 70-74	42% coverage	Ages 75-79	31.7% coverage	Ages 80 and over
\$380,000	\$247,000	\$598.24	\$159,600	\$598.50	\$120,460	\$747.34
\$390,000	\$253,500	\$613.98	\$163,800	\$614.26	\$123,630	\$767.00
\$400,000	\$260,000	\$629.72	\$168,000	\$630.00	\$126,800	\$786.68
\$410,000	\$266,500	\$645.46	\$172,200	\$645.76	\$129,970	\$806.34
\$420,000	\$273,000	\$661.22	\$176,400	\$661.50	\$133,140	\$826.00
\$430,000	\$279,500	\$676.96	\$180,600	\$677.26	\$136,310	\$845.68
\$440,000	\$286,000	\$692.70	\$184,800	\$693.00	\$139,480	\$865.34
\$450,000	\$292,500	\$708.44	\$189,000	\$708.76	\$142,650	\$885.00
\$460,000	\$299,000	\$724.18	\$193,200	\$724.50	\$145,820	\$904.68
\$470,000	\$305,500	\$739.92	\$197,400	\$740.26	\$148,990	\$924.34
\$480,000	\$312,000	\$755.66	\$201,600	\$756.00	\$152,160	\$944.00
\$490,000	\$318,500	\$771.42	\$205,800	\$771.76	\$155,330	\$963.68
\$500,000	\$325,000	\$787.16	\$210,000	\$787.50	\$158,500	\$983.34

³ Premium includes Accidental Death and Dismemberment coverage only for active employees and covered spouses of active employees.

Dependent Life-Child

The monthly premium for Dependent Life-Child coverage is \$1.26, regardless of the number of children covered.