

## 2018 monthly insurance premiums for COBRA<sup>1,2</sup>

### 18 and 36 months

	Subscriber	Subscriber/ spouse	Subscriber/ children	Full family	Children only
Standard Plan	\$482.10	\$1,016.00	\$733.74	\$1,261.20	\$251.64
Savings Plan	\$392.36	\$836.52	\$607.88	\$1,063.76	\$215.52
Medicare Supplement <sup>4</sup>	\$482.10	\$1,016.00	\$733.74	\$1,261.20	\$251.64
Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
Dental Plus <sup>3</sup>	\$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	\$708.96	\$1,494.12	\$1,079.02	\$1,854.70	\$370.06
Savings Plan	\$577.00	\$1,230.18	\$893.94	\$1,564.36	\$316.94
Medicare Supplement <sup>4</sup>	\$708.96	\$1,494.12	\$1,079.02	\$1,854.70	\$370.06
Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
Dental Plus <sup>3</sup>	\$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

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

<sup>2</sup>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.

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

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