

2018 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.