

## 2018 monthly insurance premiums for non-funded<sup>1,2</sup> retirees

### Retiree eligible for Medicare/spouse eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan	\$454.64	\$960.08	\$701.34	\$1,200.46
Savings Plan	N/A	N/A	N/A	N/A
Medicare Supplement <sup>4</sup>	\$472.64	\$996.08	\$719.34	\$1,236.46
TRICARE Supplement	N/A	N/A	N/A	N/A
Dental	\$13.48	\$21.12	\$27.20	\$34.82
Dental Plus <sup>3</sup>	\$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	\$978.08	\$1,211.44
Savings Plan	N/A	N/A
Medicare Supplement <sup>4</sup>	\$996.08	\$1,229.44
TRICARE Supplement	N/A	N/A
Dental	\$21.12	\$34.82
Dental Plus <sup>3</sup>	\$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	\$978.08	\$1,211.44
Savings Plan	\$820.12	\$1,042.90
Medicare Supplement <sup>4</sup>	\$996.08	\$1,229.44
TRICARE Supplement	N/A	N/A
Dental	\$21.12	\$34.82
Dental Plus <sup>3</sup>	\$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	\$472.64	\$996.08	\$719.34	\$1,236.46
Savings Plan	\$384.66	\$820.12	\$595.96	\$1,042.90
Medicare Supplement <sup>4</sup>	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 <sup>3</sup>	\$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	\$719.34	\$1,236.46
Savings Plan	\$595.96	\$1,042.90
Medicare Supplement <sup>4</sup>	\$737.34	\$1,254.46
TRICARE Supplement	N/A	N/A
Dental	\$27.20	\$34.82
Dental Plus <sup>3</sup>	\$63.20	\$82.10
Vision	\$17.16	\$25.16
Tobacco-use premium	\$60.00	\$60.00

<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.