

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

### Spouse eligible for Medicare/children eligible for Medicare

	Spouse	Spouse/children	Children only
Standard Plan	\$454.64	\$701.34	\$246.70
Savings Plan	N/A	N/A	N/A
Medicare Supplement <sup>4</sup>	\$472.64	\$737.34	\$264.70 <sup>5</sup>
TRICARE Supplement	N/A	N/A	N/A
Dental	\$13.48	\$27.20	\$13.72
Dental Plus <sup>3</sup>	\$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	\$454.64	\$701.34	\$246.70
Savings Plan	N/A	N/A	\$211.30
Medicare Supplement <sup>4</sup>	\$472.64	\$719.34	N/A
TRICARE Supplement	N/A	N/A	N/A
Dental	\$13.48	\$27.20	\$13.72
Dental Plus <sup>3</sup>	\$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	\$472.64	\$719.34	\$246.70
Savings Plan	\$384.66	\$595.96	N/A
Medicare Supplement <sup>4</sup>	N/A	\$737.34*	\$264.70 <sup>5</sup>
TRICARE Supplement	N/A	N/A	N/A
Dental	\$13.48	\$27.20	\$13.72
Dental Plus <sup>3</sup>	\$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	\$472.64	\$719.34	\$246.70
Savings Plan	\$384.66	\$595.96	\$211.30
Medicare Supplement <sup>4</sup>	N/A	N/A	N/A
TRICARE Supplement	\$62.50	\$121.50	\$61.00
Dental	\$13.48	\$27.20	\$13.72
Dental Plus <sup>3</sup>	\$27.12	\$63.20	\$36.08
Vision	\$8.00	\$17.16	\$9.16
Tobacco-use premium	\$40.00	\$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.

<sup>5</sup>This premium applies only if one or more children are eligible for Medicare.