

2018 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	\$267.16	\$588.72	\$413.60	\$735.52
Savings Plan	N/A	N/A	N/A	N/A
Medicare Supplement ⁴	\$285.16	\$624.72	\$431.60	\$771.52
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	\$606.72	\$746.50
Savings Plan	N/A	N/A
Medicare Supplement ⁴	\$624.72	\$764.50
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	\$606.72	\$746.50
Savings Plan	\$448.76	\$577.96
Medicare Supplement ⁴	\$624.72	\$764.50
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	\$285.16	\$624.72	\$431.60	\$771.52
Savings Plan	\$197.18	\$448.76	\$308.22	\$577.96
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	\$431.60	\$771.52
Savings Plan	\$308.22	\$577.96
Medicare Supplement ⁴	\$449.60	\$789.52
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.