

2022 Monthly insurance premiums for non-funded survivors



Rates may vary for optional employers. Verify rates with your benefits office.

Spouse eligible for Medicare, children eligible for Medicare

	Spouse	Spouse/children	Children only
Medicare Supplemental ^{1,2}	\$500.38	\$787.34	\$286.96 ³
Carve-out Plan ¹	\$482.38	\$751.34	\$268.96
Dental Plus	\$40.08	\$89.24	\$49.16
Basic Dental	\$13.48	\$27.20	\$13.72
State Vision Plan	\$5.94	\$12.76	\$6.82
Tobacco-use premium ¹	\$40.00	\$60.00	\$60.00

Spouse eligible for Medicare, children not eligible for Medicare

	Spouse	Spouse/children	Children only
Medicare Supplemental ^{1,2}	\$500.38	\$769.34	N/A
Carve-out Plan ¹	\$482.38	\$751.34	\$268.96
Savings Plan ¹	N/A	N/A	\$233.56
Dental Plus	\$40.08	\$89.24	\$49.16
Basic Dental	\$13.48	\$27.20	\$13.72
State Vision Plan	\$5.94	\$12.76	\$6.82
Tobacco-use premium ¹	\$40.00	\$60.00	\$60.00

Spouse not eligible for Medicare, children eligible for Medicare

	Spouse	Spouse/children	Children only
Medicare Supplemental ^{1,2}	N/A	\$787.34 ³	\$286.96 ³
Carve-out Plan ¹	\$500.38	\$769.34	\$268.96
Savings Plan ¹	\$412.40	N/A	N/A
Dental Plus	\$40.08	\$89.24	\$49.16
Basic Dental	\$13.48	\$27.20	\$13.72
State Vision Plan	\$5.94	\$12.76	\$6.82
Tobacco-use premium ¹	\$40.00	\$60.00	\$60.00

¹State Health Plan subscribers who use tobacco or e-cigarettes or cover dependents who use tobacco or e-cigarettes will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one he covers uses tobacco or e-cigarettes, or covered individuals who use tobacco or e-cigarettes have completed the Quit For Life[®] tobacco cessation program.

²If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

³This premium applies only if one or more children are eligible for Medicare.

Spouse not eligible for Medicare, children not eligible for Medicare

	Spouse	Spouse/children	Children only
Standard Plan¹	\$500.38	\$769.34	\$268.96
Savings Plan¹	\$412.40	\$645.96	\$233.56
TRICARE Supplement	\$62.50	\$121.50	\$61.00
Dental Plus	\$40.08	\$89.24	\$49.16
Basic Dental	\$13.48	\$27.20	\$13.72
State Vision Plan	\$5.94	\$12.76	\$6.82
Tobacco-use premium¹	\$40.00	\$60.00	\$60.00

¹State Health Plan subscribers who use tobacco or e-cigarettes or cover dependents who use tobacco or e-cigarettes will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one he covers uses tobacco or e-cigarettes, or covered individuals who use tobacco or e-cigarettes have completed the Quit For Life[®] tobacco cessation program.