

2022 Monthly insurance premiums for permanent, part-time teachers



Category I: 15-19 hours

	Employee	Employee/spouse	Employee/children	Full family
Standard Plan ¹	\$299.02	\$655.38	\$456.60	\$815.90
Savings Plan ¹	\$211.04	\$479.42	\$333.22	\$622.34
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$33.34	\$68.16	\$82.50	\$108.68
Basic Dental	\$6.74	\$14.38	\$20.46	\$28.08
State Vision Plan	\$5.94	\$11.88	\$12.76	\$18.70
Tobacco-use premium ¹	\$40.00	\$60.00	\$60.00	\$60.00

Category II: 20-24 hours

	Employee	Employee/spouse	Employee/children	Full family
Standard Plan ¹	\$230.56	\$518.70	\$350.26	\$642.72
Savings Plan ¹	\$142.58	\$342.74	\$226.88	\$449.16
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$31.04	\$65.86	\$80.20	\$106.38
Basic Dental	\$4.44	\$12.08	\$18.16	\$25.78
State Vision Plan	\$5.94	\$11.88	\$12.76	\$18.70
Tobacco-use premium ¹	\$40.00	\$60.00	\$60.00	\$60.00

Category III: 25-29 hours

	Employee	Employee/spouse	Employee/children	Full family
Standard Plan ¹	\$166.14	\$390.04	\$250.18	\$479.74
Savings Plan ¹	\$78.16	\$214.08	\$126.80	\$286.18
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$28.90	\$63.72	\$78.06	\$104.24
Basic Dental	\$2.30	\$9.94	\$16.02	\$23.64
State Vision Plan	\$5.94	\$11.88	\$12.76	\$18.70
Tobacco-use premium ¹	\$40.00	\$60.00	\$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.

Employer contributions

Category I: 15-19 hours

	Employee	Employee/spouse	Employee/children	Full family
Health	\$201.36	\$402.04	\$312.74	\$509.36
Dental	\$6.74	\$6.74	\$6.74	\$6.74

Category I: 20-24 hours

	Employee	Employee/spouse	Employee/children	Full family
Health	\$269.82	\$538.72	\$419.08	\$682.54
Dental	\$9.04	\$9.04	\$9.04	\$9.04

Category I: 25-29 hours

	Employee	Employee/spouse	Employee/children	Full family
Health	\$334.24	\$667.38	\$519.16	\$845.52
Dental	\$11.18	\$11.18	\$11.18	\$11.18