



# 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 <sup>1,2</sup>	\$560.78	\$918.70	\$357.92 <sup>3</sup>
Carve-out Plan <sup>1</sup>	\$542.78	\$882.70	\$339.92
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 <sup>1</sup>	\$40.00	\$60.00	\$60.00

## Spouse eligible for Medicare, children not eligible for Medicare

	Spouse	Spouse/children	Children only
Medicare Supplemental <sup>1,2</sup>	\$560.78	\$900.70	N/A
Carve-out Plan <sup>1</sup>	\$542.78	\$882.70	\$339.92
Savings Plan <sup>1</sup>	N/A	N/A	\$304.52
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 <sup>1</sup>	\$40.00	\$60.00	\$60.00

## Spouse not eligible for Medicare, children eligible for Medicare

	Spouse	Spouse/children	Children only
Medicare Supplemental <sup>1,2</sup>	N/A	\$918.70 <sup>3</sup>	\$357.92 <sup>3</sup>
Carve-out Plan <sup>1</sup>	\$560.78	\$900.70	\$339.92
Savings Plan <sup>1</sup>	\$472.80	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 <sup>1</sup>	\$40.00	\$60.00	\$60.00

<sup>1</sup>State 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<sup>®</sup> tobacco cessation program.

<sup>2</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>3</sup>This 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
<b>Standard Plan<sup>1</sup></b>	\$560.78	\$900.70	\$339.92
<b>Savings Plan<sup>1</sup></b>	\$472.80	\$777.32	\$304.52
<b>TRICARE Supplement</b>	\$62.50	\$121.50	\$61.00
<b>Dental Plus</b>	\$40.08	\$89.24	\$49.16
<b>Basic Dental</b>	\$13.48	\$27.20	\$13.72
<b>State Vision Plan</b>	\$5.94	\$12.76	\$6.82
<b>Tobacco-use premium<sup>1</sup></b>	\$40.00	\$60.00	\$60.00

<sup>1</sup>State 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<sup>®</sup> tobacco cessation program.