



Monthly insurance premiums for permanent, part-time teachers

Category I: 15-19 hours

	Employee	Employee/spouse	Employee/children	Full family
Standard Plan ¹	\$329.22	\$735.80	\$522.28	\$917.78
Savings Plan ¹	\$241.24	\$559.84	\$398.90	\$724.22
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	\$250.50	\$571.76	\$393.62	\$709.96
Savings Plan ¹	\$162.52	\$395.80	\$270.24	\$516.40
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	\$176.40	\$417.38	\$272.52	\$514.34
Savings Plan ¹	\$88.42	\$241.42	\$149.14	\$320.80
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	\$231.56	\$482.44	\$378.42	\$611.22
Dental	\$6.74	\$6.74	\$6.74	\$6.74

Category I: 20-24 hours

	Employee	Employee/spouse	Employee/children	Full family
Health	\$310.28	\$646.48	\$507.08	\$819.04
Dental	\$9.04	\$9.04	\$9.04	\$9.04

Category I: 25-29 hours

	Employee	Employee/spouse	Employee/children	Full family
Health	\$384.38	\$800.86	\$628.18	\$1,014.64
Dental	\$11.18	\$11.18	\$11.18	\$11.18