



Monthly insurance premiums for COBRA subscribers

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

18 and 36 months

	Subscriber	Subscriber/ spouse	Subscriber/ children	Full family	Children only
Standard Plan¹	\$637.28	\$1,389.44	\$1,070.80	\$1,791.00	\$433.52
Savings Plan¹	\$547.54	\$1,209.96	\$944.94	\$1,593.56	\$397.40
Medicare Supplemental^{1,2}	\$637.28	\$1,389.44	\$1,070.80	\$1,791.00	\$433.52
Dental Plus	\$43.14	\$80.94	\$96.28	\$124.56	\$53.16
Basic Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
State Vision Plan	\$6.44	\$12.86	\$13.82	\$20.24	\$7.38
Tobacco-use premium¹	\$40.00	\$60.00	\$60.00	\$60.00	\$60.00

29 months

	Subscriber	Subscriber/ spouse	Subscriber/ children	Full family	Children only
Standard Plan¹	\$937.16	\$2,043.30	\$1,574.70	\$2,633.82	\$637.54
Savings Plan¹	\$805.20	\$1,779.36	\$1,389.62	\$2,343.48	\$584.42
Medicare Supplemental^{1,2}	\$937.16	\$2,043.30	\$1,574.70	\$2,633.82	\$637.54
Dental Plus	\$43.14	\$80.94	\$96.28	\$124.56	\$53.16
Basic Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
State Vision Plan	\$6.44	\$12.86	\$13.82	\$20.24	\$7.38
Tobacco-use premium¹	\$40.00	\$60.00	\$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 they cover uses tobacco or e-cigarettes, or covered individuals who use tobacco or e-cigarettes have completed the Plan's 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.