2025



Monthly insurance premiums for non-funded retirees

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

Retiree eligible for Medicare, spouse eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Medicare Supplemental ^{1,2}	\$624.78	\$1,362.20	\$1,049.80	\$1,755.88
Carve-out Plan ¹	\$606.78	\$1,326.20	\$1,031.80	\$1,719.88
Dental Plus	\$42.28	\$79.36	\$94.40	\$122.12
Basic Dental	\$13.48	\$21.12	\$27.20	\$34.82
State Vision Plan	\$6.30	\$12.60	\$13.54	\$19.84
Tobacco-use premium ¹	\$40.00	\$60.00	\$60.00	\$60.00

Retiree eligible for Medicare, spouse not eligible for Medicare

	Retiree/spouse	Full family
Medicare Supplemental ^{1,2}	\$1,362.20	\$1,748.86
Carve-out Plan ¹	\$1,344.20	\$1,730.86
Dental Plus	\$79.36	\$122.12
Basic Dental	\$21.12	\$34.82
State Vision Plan	\$12.60	\$19.84
Tobacco-use premium ¹	\$60.00	\$60.00

Retiree not eligible for Medicare, spouse eligible for Medicare

	Retiree/spouse	Full family
Medicare Supplemental ^{1,2}	\$1,362.20	\$1,748.86
Carve-out Plan ¹	\$1,344.20	\$1,730.86
Dental Plus	\$79.36	\$122.12
Basic Dental	\$21.12	\$34.82
State Vision Plan	\$12.60	\$19.84
Tobacco-use premium ¹	\$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.

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Retiree not eligible for Medicare, spouse not eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan ¹	\$624.78	\$1,362.20	\$1,049.80	\$1,755.88
Savings Plan ¹	\$536.80	\$1,186.24	\$926.42	\$1,562.32
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$42.28	\$79.36	\$94.40	\$122.12
Basic Dental	\$13.48	\$21.12	\$27.20	\$34.82
State Vision Plan	\$6.30	\$12.60	\$13.54	\$19.84
Tobacco-use premium ¹	\$40.00	\$60.00	\$60.00	\$60.00

Retiree not eligible for Medicare, spouse not eligible for Medicare, one or more children eligible for Medicare

	Retiree/children	Full family
Medicare Supplemental ^{1,2}	\$1,067.80	\$1,773.88
Carve-out Plan ¹	\$1,049.80	\$1,755.88
Dental Plus	\$94.40	\$122.12
Basic Dental	\$27.20	\$34.82
State Vision Plan	\$13.54	\$19.84
Tobacco-use premium ¹	\$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.