2025



Monthly insurance premiums for permanent, part-time teachers

Category I: 15-19 hours

| | Employee | Employee/spouse | Employee/children | Full family |
|----------------------------------|----------|-----------------|-------------------|-------------|
| Standard Plan ¹ | \$361.22 | \$807.78 | \$596.82 | \$1,031.22 |
| Savings Plan ¹ | \$273.24 | \$631.82 | \$473.44 | \$837.66 |
| TRICARE Supplement | \$62.50 | \$121.50 | \$121.50 | \$162.50 |
| Dental Plus | \$35.54 | \$72.62 | \$87.66 | \$115.38 |
| Basic Dental | \$6.74 | \$14.38 | \$20.46 | \$28.08 |
| State Vision Plan | \$6.30 | \$12.60 | \$13.54 | \$19.84 |
| 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 | \$271.62 | \$619.28 | \$442.82 | \$784.84 |
| Savings Plan ¹ | \$183.64 | \$443.32 | \$319.44 | \$591.28 |
| TRICARE Supplement | \$62.50 | \$121.50 | \$121.50 | \$162.50 |
| Dental Plus | \$33.24 | \$70.32 | \$85.36 | \$113.08 |
| Basic Dental | \$4.44 | \$12.08 | \$18.16 | \$25.78 |
| State Vision Plan | \$6.30 | \$12.60 | \$13.54 | \$19.84 |
| 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 | \$187.28 | \$441.86 | \$297.86 | \$552.94 |
| Savings Plan ¹ | \$99.30 | \$265.90 | \$174.48 | \$359.38 |
| TRICARE Supplement | \$62.50 | \$121.50 | \$121.50 | \$162.50 |
| Dental Plus | \$31.10 | \$68.18 | \$83.22 | \$110.94 |
| Basic Dental | \$2.30 | \$9.94 | \$16.02 | \$23.64 |
| State Vision Plan | \$6.30 | \$12.60 | \$13.54 | \$19.84 |
| 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 they cover uses tobacco or e-cigarettes, or covered individuals who use tobacco or e-cigarettes have completed the Plan's tobacco cessation program.

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Employer contributions

Category I: 15-19 hours

| | Employee | Employee/spouse | Employee/children | Full family |
|--------|----------|-----------------|-------------------|-------------|
| Health | \$263.56 | \$554.42 | \$452.98 | \$724.66 |
| Dental | \$6.74 | \$6.74 | \$6.74 | \$6.74 |

Category II: 20-24 hours

| | Employee | Employee/spouse | Employee/children | Full family |
|--------|----------|-----------------|-------------------|-------------|
| Health | \$353.16 | \$742.92 | \$606.98 | \$971.04 |
| Dental | \$9.04 | \$9.04 | \$9.04 | \$9.04 |

Category III: 25-29 hours

| | Employee | Employee/spouse | Employee/children | Full family |
|--------|----------|-----------------|-------------------|-------------|
| Health | \$437.50 | \$920.34 | \$751.94 | \$1,202.94 |
| Dental | \$11.18 | \$11.18 | \$11.18 | \$11.18 |