



Monthly insurance premiums for active employees

If you work for an optional employer, verify your rates with your benefits office.

	Standard Plan	Savings Plan	TRICARE Supplement
Employee	\$97.68	\$9.70	\$62.50
Employee/spouse	\$253.36	\$77.40	\$121.50
Employee/children	\$143.86	\$20.48	\$121.50
Full family	\$306.56	\$113.00	\$162.50

	Dental Plus	Basic Dental	State Vision Plan
Employee	\$33.88	\$0.00	\$6.30
Employee/spouse	\$76.14	\$7.64	\$12.60
Employee/children	\$92.76	\$13.72	\$13.54
Full family	\$124.00	\$21.34	\$19.84

Employer contributions

	Health	Dental	Life insurance	Long term disability
Employee	\$551.48	\$13.48	\$0.38	\$3.22
Employee/spouse	\$1,161.96	\$13.48	\$0.38	\$3.22
Employee/children	\$946.88	\$13.48	\$0.38	\$3.22
Full family	\$1,517.80	\$13.48	\$0.38	\$3.22

Tobacco-use premium

If you are a State Health Plan subscriber with single coverage and you use tobacco or e-cigarettes, you will pay an additional \$40 monthly premium. If you have employee/spouse, employee/children or full family coverage, and you or anyone you cover uses tobacco or e-cigarettes, the additional monthly premium will be \$60. 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. The tobacco-use premium does not apply to TRICARE Supplement Plan subscribers.

Life insurance

Optional Life and Dependent Life-Spouse

Your premiums are determined by your or your spouse’s age as of the previous December 31 and the coverage amount. Rates shown are per \$10,000 of coverage. Remember to review your premium, even if you don’t change your coverage levels. Your monthly premium will change when your age bracket changes. Coverage will reduce to 65% at age 70, 42% at age 75 and 31.7% at age 80.

Age	Rate	Age	Rate	Age	Rate
Under 35	\$0.40	50-54	\$1.44	70-74	\$24.22
35-39	\$0.50	55-59	\$2.84	75-79	\$37.50
40-44	\$0.60	60-64	\$6.00	80 and older	\$62.04
45-49	\$0.82	65-69	\$13.50		

SLTD monthly premium factors

Multiply the premium factor for your age and plan selection by your monthly earnings to determine your monthly premium.

Age preceding January 1	90-day waiting period	180-day waiting period
Under 31	0.00065	0.00050
31-40	0.00089	0.00069
41-50	0.00176	0.00134
51-60	0.00355	0.00273
61-65	0.00427	0.00327
66 and older	0.00522	0.00401

How to calculate SLTD monthly premium

1. Divide gross annual salary by 12.
2. Multiply monthly salary by premium factor above.
3. Drop digits to right of two decimal places; do not round.
4. If number is even, this is the monthly premium.
5. If number is odd, add \$0.01 to determine monthly premium.