



Monthly insurance premiums for partially funded survivors

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

Spouse eligible for Medicare, children eligible for Medicare

	Spouse	Spouse/children	Children only
Medicare Supplemental^{1,2}	\$275.74	\$473.44	\$197.70 ³
Carve-out Plan¹	\$275.74	\$473.44	\$197.70
Dental Plus	\$47.36	\$106.24	\$58.88
Basic Dental	\$13.48	\$27.20	\$13.72
State Vision Plan	\$6.30	\$13.54	\$7.24
Tobacco-use premium¹	\$40.00	\$60.00	\$60.00

Spouse eligible for Medicare, children not eligible for Medicare

	Spouse	Spouse/children	Children only
Medicare Supplemental^{1,2}	\$275.74	\$473.44	N/A
Carve-out Plan¹	\$275.74	\$473.44	\$197.70
Savings Plan¹	N/A	N/A	\$197.70
Dental Plus	\$47.36	\$106.24	\$58.88
Basic Dental	\$13.48	\$27.20	\$13.72
State Vision Plan	\$6.30	\$13.54	\$7.24
Tobacco-use premium¹	\$40.00	\$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.

³This premium applies only if one or more children are eligible for Medicare.

Spouse not eligible for Medicare, children eligible for Medicare

	Spouse	Spouse/children	Children only
Medicare Supplemental^{1,2}	N/A	\$473.44 ³	\$197.70 ³
Carve-out Plan¹	\$275.74	\$473.44	\$197.70
Savings Plan¹	\$275.74	N/A	N/A
Dental Plus	\$47.36	\$106.24	\$58.88
Basic Dental	\$13.48	\$27.20	\$13.72
State Vision Plan	\$6.30	\$13.54	\$7.24
Tobacco-use premium¹	\$40.00	\$60.00	\$60.00

Spouse not eligible for Medicare, children not eligible for Medicare

	Spouse	Spouse/children	Children only
Standard Plan¹	\$275.74	\$473.44	\$197.70
Savings Plan¹	\$275.74	\$473.44	\$197.70
TRICARE Supplement	\$62.50	\$121.50	\$61.00
Dental Plus	\$47.36	\$106.24	\$58.88
Basic Dental	\$13.48	\$27.20	\$13.72
State Vision Plan	\$6.30	\$13.54	\$7.24
Tobacco-use premium¹	\$40.00	\$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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