

2020 Monthly insurance premiums for permanent, part-time teachers



Category I: 15-19 hours

	Employee	Employee/spouse	Employee/children	Full family
Standard Plan ¹	\$299.02	\$652.20	\$452.88	\$805.92
Savings Plan ¹	\$211.04	\$476.24	\$329.50	\$612.36
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$32.70	\$66.86	\$81.00	\$106.72
Basic Dental	\$6.74	\$14.38	\$20.46	\$28.08
State Vision Plan	\$5.80	\$11.60	\$12.46	\$18.26
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	\$230.56	\$516.58	\$347.82	\$636.14
Savings Plan ¹	\$142.58	\$340.62	\$224.44	\$442.58
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$30.40	\$64.56	\$78.70	\$104.42
Basic Dental	\$4.44	\$12.08	\$18.16	\$25.78
State Vision Plan	\$5.80	\$11.60	\$12.46	\$18.26
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	\$166.14	\$388.96	\$248.92	\$476.34
Savings Plan ¹	\$78.16	\$213.00	\$125.54	\$282.78
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$28.26	\$62.42	\$76.56	\$102.28
Basic Dental	\$2.30	\$9.94	\$16.02	\$23.64
State Vision Plan	\$5.80	\$11.60	\$12.46	\$18.26
Tobacco-use premium ¹	\$40.00	\$60.00	\$60.00	\$60.00

¹ State Health Plan subscribers who use tobacco or cover dependents who use tobacco 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 he covers uses tobacco, or covered individuals who use tobacco have completed the Quit For Life[®] tobacco cessation program.

Employer contributions

Category I: 15-19 hours

	Employee	Employee/spouse	Employee/children	Full family
Health	\$201.36	\$398.84	\$309.04	\$499.36
Dental	\$6.74	\$6.74	\$6.74	\$6.74

Category I: 20-24 hours

	Employee	Employee/spouse	Employee/children	Full family
Health	\$269.82	\$534.46	\$414.10	\$669.14
Dental	\$9.04	\$9.04	\$9.04	\$9.04

Category I: 25-29 hours

	Employee	Employee/spouse	Employee/children	Full family
Health	\$334.24	\$662.08	\$513.00	\$828.94
Dental	\$11.18	\$11.18	\$11.18	\$11.18