



Monthly insurance premiums for COBRA subscribers

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

18 and 36 months

	Subscriber	Subscriber/ spouse	Subscriber/ children	Full family	Children only
Standard Plan¹	\$586.18	\$1,281.98	\$957.32	\$1,609.46	\$371.14
Savings Plan¹	\$496.44	\$1,102.50	\$831.46	\$1,412.02	\$335.02
Medicare Supplemental^{1,2}	\$586.18	\$1,281.98	\$957.32	\$1,609.46	\$371.14
Dental Plus	\$43.14	\$80.94	\$96.28	\$124.56	\$53.16
Basic Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
State Vision Plan	\$6.44	\$12.86	\$13.82	\$20.24	\$7.38
Tobacco-use premium¹	\$40.00	\$60.00	\$60.00	\$60.00	\$60.00

29 months

	Subscriber	Subscriber/ spouse	Subscriber/ children	Full family	Children only
Standard Plan¹	\$862.02	\$1,885.26	\$1,407.82	\$2,366.86	\$545.80
Savings Plan¹	\$730.06	\$1,621.32	\$1,222.74	\$2,076.52	\$492.68
Medicare Supplemental^{1,2}	\$862.02	\$1,885.26	\$1,407.82	\$2,366.86	\$545.80
Dental Plus	\$43.14	\$80.94	\$96.28	\$124.56	\$53.16
Basic Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
State Vision Plan	\$6.44	\$12.86	\$13.82	\$20.24	\$7.38
Tobacco-use premium¹	\$40.00	\$60.00	\$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 Quit For Life[®] 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.