



# Monthly insurance premiums for permanent, part-time teachers

## Category I: 15-19 hours

	Employee	Employee/spouse	Employee/children	Full family
Standard Plan <sup>1</sup>	\$336.18	\$755.10	\$541.20	\$942.22
Savings Plan <sup>1</sup>	\$248.20	\$579.14	\$417.82	\$748.66
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 <sup>1</sup>	\$40.00	\$60.00	\$60.00	\$60.00

## Category II: 20-24 hours

	Employee	Employee/spouse	Employee/children	Full family
Standard Plan <sup>1</sup>	\$255.08	\$584.50	\$406.10	\$726.10
Savings Plan <sup>1</sup>	\$167.10	\$408.54	\$282.72	\$532.54
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 <sup>1</sup>	\$40.00	\$60.00	\$60.00	\$60.00

## Category III: 25-29 hours

	Employee	Employee/spouse	Employee/children	Full family
Standard Plan <sup>1</sup>	\$178.76	\$423.94	\$278.96	\$522.68
Savings Plan <sup>1</sup>	\$90.78	\$247.98	\$155.58	\$329.12
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 <sup>1</sup>	\$40.00	\$60.00	\$60.00	\$60.00

<sup>1</sup>State 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 he covers uses tobacco or e-cigarettes, or covered individuals who use tobacco or e-cigarettes have completed the Quit For Life<sup>®</sup> tobacco cessation program.

## Employer contributions

### Category I: 15-19 hours

	Employee	Employee/spouse	Employee/children	Full family
Health	\$238.50	\$501.74	\$397.34	\$635.68
Dental	\$6.74	\$6.74	\$6.74	\$6.74

### Category II: 20-24 hours

	Employee	Employee/spouse	Employee/children	Full family
Health	\$319.60	\$672.34	\$532.44	\$851.80
Dental	\$9.04	\$9.04	\$9.04	\$9.04

### Category III: 25-29 hours

	Employee	Employee/spouse	Employee/children	Full family
Health	\$395.92	\$832.90	\$659.58	\$1,055.22
Dental	\$11.18	\$11.18	\$11.18	\$11.18