

## 2019 monthly insurance premiums for active employees<sup>1, 2</sup>

	Employee	Employee/spouse	Employee/children	Full family
Standard Plan	\$97.68	\$253.36	\$143.86	\$306.56
Savings Plan	\$9.70	\$77.40	\$20.48	\$113.00
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental	\$0.00	\$7.64	\$13.72	\$21.34
Dental Plus	\$27.12	\$54.80	\$63.20	\$82.10
Vision	\$8.00	\$16.00	\$17.16	\$25.16
Tobacco-use premium	\$40.00	\$60.00	\$60.00	\$60.00

### Employer contributions<sup>1</sup>

	Employee	Employee/spouse	Employee/children	Full family
Health	\$402.70	\$797.68	\$618.06	\$998.72
Dental	\$13.48	\$13.48	\$13.48	\$13.48
Life	\$0.32	\$0.32	\$0.32	\$0.32
Long term disability	\$3.22	\$3.22	\$3.22	\$3.22

### Life insurance

#### Optional Life and AD&D and Dependent Life-Spouse and AD&D

Coverage will reduce to 65 percent at age 70, 42 percent at age 75 and 31.7 percent at age 80. Rates shown per \$10,000 of coverage.

Age	Monthly rate
<b>Under 35</b>	\$0.58
<b>35-39</b>	\$0.78
<b>40-44</b>	\$0.86
<b>45-49</b>	\$1.22
<b>50-54</b>	\$1.94
<b>55-59</b>	\$3.36
<b>60-64</b>	\$6.00
<b>65-69</b>	\$13.50
<b>70-74</b>	\$24.22
<b>75-79</b>	\$37.50
<b>80 and over</b>	\$62.04

#### Dependent Life - Child

\$1.26 per month for \$15,000 of coverage; one premium provides coverage for all eligible children.

### SLTD Plan monthly premium rates

Age on preceding January 1	90-day waiting period	180-day waiting period
Under 31	.00065	.00052
31-40	.00090	.00070
41-50	.00179	.00136
51-60	.00361	.00277
61-65	.00434	.00333
66 and older	.00530	.00407

#### How to calculate SLTD monthly premium

1. Divide gross annual salary by 12 to determine monthly salary.
2. Multiply monthly salary by rate factor from table.
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.

<sup>1</sup> Premiums for local subdivisions may vary. To verify your rates, contact your benefits office.

<sup>2</sup> 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 tobacco-use premium does not apply to TRICARE Supplement subscribers.