## 2021 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 Plan <sup>1</sup>	\$510.40	\$1,072.06	\$777.16	\$1,331.40	\$266.76
Savings Plan <sup>1</sup>	\$420.66	\$892.58	\$651.32	\$1,133.96	\$230.66
Medicare Supplemental <sup>1,2</sup>	\$510.40	\$1,072.06	\$777.16	\$1,331.40	\$266.76
Dental Plus	\$40.24	\$75.08	\$89.50	\$115.74	\$49.28
Basic Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
State Vision Plan	\$5.92	\$11.84	\$12.72	\$18.64	\$6.80
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	\$750.58	\$1,576.56	\$1,142.88	\$1,957.92	\$392.30
Savings Plan <sup>1</sup>	\$618.60	\$1,312.62	\$957.82	\$1,667.58	\$339.22
Medicare Supplemental <sup>1,2</sup>	\$750.58	\$1,576.56	\$1,142.88	\$1,957.92	\$392.30
Dental Plus	\$40.24	\$75.08	\$89.50	\$115.74	\$49.28
Basic Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
State Vision Plan	\$5.92	\$11.84	\$12.72	\$18.64	\$6.80
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 he covers uses tobacco or e-cigarettes, or covered individuals who use tobacco or e-cigarettes have completed the Quit For Life® tobacco cessation program.

<sup>2</sup>If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.