

2021 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

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.

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