



# Monthly insurance premiums for active employees

If you work for an optional employer, verify your rates with your benefits office.

|                          | Standard Plan <sup>1</sup> | Savings Plan <sup>1</sup> | TRICARE Supplement |
|--------------------------|----------------------------|---------------------------|--------------------|
| <b>Employee</b>          | \$97.68                    | \$9.70                    | \$62.50            |
| <b>Employee/spouse</b>   | \$253.36                   | \$77.40                   | \$121.50           |
| <b>Employee/children</b> | \$143.86                   | \$20.48                   | \$121.50           |
| <b>Full family</b>       | \$306.56                   | \$113.00                  | \$162.50           |

|                          | Dental Plus | Basic Dental | State Vision Plan |
|--------------------------|-------------|--------------|-------------------|
| <b>Employee</b>          | \$26.60     | \$0.00       | \$5.94            |
| <b>Employee/spouse</b>   | \$61.42     | \$7.64       | \$11.88           |
| <b>Employee/children</b> | \$75.76     | \$13.72      | \$12.76           |
| <b>Full family</b>       | \$101.94    | \$21.34      | \$18.70           |

## Employer contributions

|                          | Health     | Dental  | Life insurance | Long term disability |
|--------------------------|------------|---------|----------------|----------------------|
| <b>Employee</b>          | \$463.10   | \$13.48 | \$0.38         | \$3.22               |
| <b>Employee/spouse</b>   | \$964.88   | \$13.48 | \$0.38         | \$3.22               |
| <b>Employee/children</b> | \$756.84   | \$13.48 | \$0.38         | \$3.22               |
| <b>Full family</b>       | \$1,222.44 | \$13.48 | \$0.38         | \$3.22               |

### **Tobacco-use premium**

If you are a State Health Plan subscriber with single coverage and you use tobacco or e-cigarettes, you will pay an additional \$40 monthly premium. If you have employee/spouse, employee/children or full family coverage, and you or anyone you cover uses tobacco or e-cigarettes, the additional monthly premium will be \$60. 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. The tobacco-use premium does not apply to TRICARE Supplement Plan subscribers.

## Life insurance

### Optional Life and Dependent Life-Spouse

Your premiums are determined by your or your spouse's age as of the previous December 31 and the coverage amount. Rates shown are per \$10,000 of coverage. Remember to review your premium, even if you don't change your coverage levels. Your monthly premium will change when your age bracket changes. Coverage will reduce to 65% at age 70, 42% at age 75 and 31.7% at age 80.

| Age      | Rate   | Age   | Rate    | Age          | Rate    |
|----------|--------|-------|---------|--------------|---------|
| Under 35 | \$0.40 | 50-54 | \$1.44  | 70-74        | \$24.22 |
| 35-39    | \$0.50 | 55-59 | \$2.84  | 75-79        | \$37.50 |
| 40-44    | \$0.60 | 60-64 | \$6.00  | 80 and older | \$62.04 |
| 45-49    | \$0.82 | 65-69 | \$13.50 |              |         |

### Dependent Life-Child

\$1.26 per month; you pay only one premium for all eligible children.

## SLTD monthly premium factors

Multiply the premium factor for your age and plan selection by your monthly earnings to determine your monthly premium.

| Age preceding January 1 | 90-day waiting period | 180-day waiting period |
|-------------------------|-----------------------|------------------------|
| Under 31                | 0.00068               | 0.00053                |
| 31-40                   | 0.00094               | 0.00073                |
| 41-50                   | 0.00185               | 0.00141                |
| 51-60                   | 0.00374               | 0.00287                |
| 61-65                   | 0.00449               | 0.00344                |
| 66 and older            | 0.00549               | 0.00422                |

### How to calculate SLTD monthly premium

1. Divide gross annual salary by 12.
2. Multiply monthly salary by premium factor above.
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.