



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 Plan¹	\$572.00	\$1,242.62	\$918.72	\$1,559.58	\$346.72
Savings Plan¹	\$482.26	\$1,063.14	\$792.88	\$1,362.16	\$310.62
Medicare Supplemental^{1,2}	\$572.00	\$1,242.62	\$918.72	\$1,559.58	\$346.72
Dental Plus	\$40.90	\$76.40	\$91.02	\$117.74	\$50.14
Basic Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
State Vision Plan	\$6.06	\$12.12	\$13.02	\$19.08	\$6.96
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	\$841.16	\$1,827.36	\$1,351.06	\$2,293.50	\$509.90
Savings Plan¹	\$709.20	\$1,563.42	\$1,165.98	\$2,003.16	\$456.78
Medicare Supplemental^{1,2}	\$841.16	\$1,827.36	\$1,351.06	\$2,293.50	\$509.90
Dental Plus	\$40.90	\$76.40	\$91.02	\$117.74	\$50.14
Basic Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
State Vision Plan	\$6.06	\$12.12	\$13.02	\$19.08	\$6.96
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.

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