

# Monthly insurance premiums for non-funded retirees

Rates may vary for optional employers. Verify rates with your benefits office.

## Retiree eligible for Medicare, spouse eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Medicare Supplemental <sup>1,2</sup>	\$574.68	\$1,256.84	\$938.54	\$1,577.90
Carve-out Plan <sup>1</sup>	\$556.68	\$1,220.84	\$920.54	\$1,541.90
Dental Plus	\$42.28	\$79.36	\$94.40	\$122.12
Basic Dental	\$13.48	\$21.12	\$27.20	\$34.82
State Vision Plan	\$6.30	\$12.60	\$13.54	\$19.84
Tobacco-use premium <sup>1</sup>	\$40.00	\$60.00	\$60.00	\$60.00

## Retiree eligible for Medicare, spouse not eligible for Medicare

	Retiree/spouse	Full family
Medicare Supplemental <sup>1,2</sup>	\$1,256.84	\$1,570.88
Carve-out Plan <sup>1</sup>	\$1,238.84	\$1,552.88
Dental Plus	\$79.36	\$122.12
Basic Dental	\$21.12	\$34.82
State Vision Plan	\$12.60	\$19.84
Tobacco-use premium <sup>1</sup>	\$60.00	\$60.00

## Retiree not eligible for Medicare, spouse eligible for Medicare

	Retiree/spouse	Full family
Medicare Supplemental <sup>1,2</sup>	\$1,256.84	\$1,570.88
Carve-out Plan <sup>1</sup>	\$1,238.84	\$1,552.88
Dental Plus	\$79.36	\$122.12
Basic Dental	\$21.12	\$34.82
State Vision Plan	\$12.60	\$19.84
Tobacco-use premium <sup>1</sup>	\$60.00	\$60.00

<sup>1</sup>State 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 they cover 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.

<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.

## Retiree not eligible for Medicare, spouse not eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
<b>Standard Plan<sup>1</sup></b>	\$574.68	\$1,256.84	\$938.54	\$1,577.90
<b>Savings Plan<sup>1</sup></b>	\$486.70	\$1,080.88	\$815.16	\$1,384.34
<b>TRICARE Supplement</b>	\$62.50	\$121.50	\$121.50	\$162.50
<b>Dental Plus</b>	\$42.28	\$79.36	\$94.40	\$122.12
<b>Basic Dental</b>	\$13.48	\$21.12	\$27.20	\$34.82
<b>State Vision Plan</b>	\$6.30	\$12.60	\$13.54	\$19.84
<b>Tobacco-use premium<sup>1</sup></b>	\$40.00	\$60.00	\$60.00	\$60.00

## Retiree not eligible for Medicare, spouse not eligible for Medicare, one or more children eligible for Medicare

	Retiree/children	Full family
<b>Medicare Supplemental<sup>1,2</sup></b>	\$956.54	\$1,595.90
<b>Carve-out Plan<sup>1</sup></b>	\$938.54	\$1,577.90
<b>Dental Plus</b>	\$94.40	\$122.12
<b>Basic Dental</b>	\$27.20	\$34.82
<b>State Vision Plan</b>	\$13.54	\$19.84
<b>Tobacco-use premium<sup>1</sup></b>	\$60.00	\$60.00

<sup>1</sup>State 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 they cover 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.

<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.