



Monthly insurance premiums for permanent, part-time teachers

Category I: 15-19 hours

	Employee	Employee/spouse	Employee/children	Full family
Standard Plan ¹	\$361.22	\$807.78	\$596.82	\$1,031.22
Savings Plan ¹	\$273.24	\$631.82	\$473.44	\$837.66
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$35.54	\$72.62	\$87.66	\$115.38
Basic Dental	\$6.74	\$14.38	\$20.46	\$28.08
State Vision Plan	\$6.30	\$12.60	\$13.54	\$19.84
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	\$271.62	\$619.28	\$442.82	\$784.84
Savings Plan ¹	\$183.64	\$443.32	\$319.44	\$591.28
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$33.24	\$70.32	\$85.36	\$113.08
Basic Dental	\$4.44	\$12.08	\$18.16	\$25.78
State Vision Plan	\$6.30	\$12.60	\$13.54	\$19.84
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	\$187.28	\$441.86	\$297.86	\$552.94
Savings Plan ¹	\$99.30	\$265.90	\$174.48	\$359.38
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$31.10	\$68.18	\$83.22	\$110.94
Basic Dental	\$2.30	\$9.94	\$16.02	\$23.64
State Vision Plan	\$6.30	\$12.60	\$13.54	\$19.84
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 they cover uses tobacco or e-cigarettes, or covered individuals who use tobacco or e-cigarettes have completed the Plan's tobacco cessation program.

Employer contributions

Category I: 15-19 hours

	Employee	Employee/spouse	Employee/children	Full family
Health	\$263.56	\$554.42	\$452.98	\$724.66
Dental	\$6.74	\$6.74	\$6.74	\$6.74

Category II: 20-24 hours

	Employee	Employee/spouse	Employee/children	Full family
Health	\$353.16	\$742.92	\$606.98	\$971.04
Dental	\$9.04	\$9.04	\$9.04	\$9.04

Category III: 25-29 hours

	Employee	Employee/spouse	Employee/children	Full family
Health	\$437.50	\$920.34	\$751.94	\$1,202.94
Dental	\$11.18	\$11.18	\$11.18	\$11.18