



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	\$662.14	\$1,443.64	\$1,112.56	\$1,860.84	\$450.42
Savings Plan¹	\$572.40	\$1,264.16	\$986.70	\$1,663.42	\$414.30
Medicare Supplemental^{1,2}	\$662.14	\$1,443.64	\$1,112.56	\$1,860.84	\$450.42
Dental Plus	\$48.32	\$91.42	\$108.36	\$140.24	\$60.06
Basic Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
State Vision Plan	\$6.68	\$13.36	\$14.34	\$21.04	\$7.66
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	\$973.74	\$2,122.98	\$1,636.12	\$2,736.54	\$662.38
Savings Plan¹	\$841.78	\$1,859.04	\$1,451.04	\$2,446.20	\$609.26
Medicare Supplemental^{1,2}	\$973.74	\$2,122.98	\$1,636.12	\$2,736.54	\$662.38
Dental Plus	\$48.32	\$91.42	\$108.36	\$140.24	\$60.06
Basic Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
State Vision Plan	\$6.68	\$13.36	\$14.34	\$21.04	\$7.66
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 they cover uses tobacco or e-cigarettes, or covered individuals who use tobacco or e-cigarettes have completed the Plan's 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.