2027

Monthly insurance premiums for funded retirees

PEBA℠
SC Retirement Systems and State Health Plan

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[1,2]	$97.68	$253.36	$143.86	$306.56
Carve-out Plan[1]	$79.68	$217.36	$125.86	$270.56
Dental Plus	$33.88	$76.14	$92.76	$124.00
Basic Dental	$0.00	$7.64	$13.72	$21.34
State Vision Plan	$6.54	$13.10	$14.06	$20.62
Tobacco-use premium[1]	$40.00	$60.00	$60.00	$60.00

Retiree eligible for Medicare, spouse not eligible for Medicare

	Retiree/spouse	Full family
Medicare Supplemental[1,2]	$253.36	$299.54
Carve-out Plan[1]	$235.36	$281.54
Dental Plus	$76.14	$124.00
Basic Dental	$7.64	$21.34
State Vision Plan	$13.10	$20.62
Tobacco-use premium[1]	$60.00	$60.00

Retiree not eligible for Medicare, spouse eligible for Medicare

	Retiree/spouse	Full family
Medicare Supplemental[1,2]	$253.36	$299.54
Carve-out Plan[1]	$235.36	$281.54
Dental Plus	$76.14	$124.00
Basic Dental	$7.64	$21.34
State Vision Plan	$13.10	$20.62
Tobacco-use premium[1]	$60.00	$60.00

[1]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 Plan's tobacco cessation program.

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

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Retiree not eligible for Medicare, spouse not eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan[1]	$97.68	$253.36	$143.86	$306.56
Savings Plan[1]	$9.70	$77.40	$20.48	$113.00
TRICARE Supplement	$62.50	$121.50	$121.50	$162.50
Dental Plus	$33.88	$76.14	$92.76	$124.00
Basic Dental	$0.00	$7.64	$13.72	$21.34
State Vision Plan	$6.54	$13.10	$14.06	$20.62
Tobacco-use premium[1]	$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
Medicare Supplemental[1,2]	$161.86	$324.56
Carve-out Plan[1]	$143.86	$306.56
Dental Plus	$92.76	$124.00
Basic Dental	$13.72	$21.34
State Vision Plan	$14.06	$20.62
Tobacco-use premium[1]	$60.00	$60.00

[1]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 Plan's tobacco cessation program.

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