2027

Monthly insurance premiums for non-funded survivors

PEBA℠
SC Retirement Systems and State Health Plan

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

Spouse eligible for Medicare, children eligible for Medicare

	Spouse	Spouse/children	Children only
Medicare Supplemental[1,2]	$649.16	$1,108.74	$459.58[3]
Carve-out Plan[1]	$631.16	$1,072.74	$441.58
Dental Plus	$47.36	$106.24	$58.88
Basic Dental	$13.48	$27.20	$13.72
State Vision Plan	$6.54	$14.06	$7.52
Tobacco-use premium[1]	$40.00	$60.00	$60.00

Spouse eligible for Medicare, children not eligible for Medicare

	Spouse	Spouse/children	Children only
Medicare Supplemental[1,2]	$649.16	$1,090.74	N/A
Carve-out Plan[1]	$631.16	$1,072.74	$441.58
Savings Plan[1]	N/A	N/A	$406.18
Dental Plus	$47.36	$106.24	$58.88
Basic Dental	$13.48	$27.20	$13.72
State Vision Plan	$6.54	$14.06	$7.52
Tobacco-use premium[1]	$40.00	$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.

[3]This premium applies only if one or more children are eligible for Medicare.

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Data classification: public information

Spouse not eligible for Medicare, children eligible for Medicare

	Spouse	Spouse/children	Children only
Medicare Supplemental[1,2]	N/A	$1,108.74[3]	$459.58[3]
Carve-out Plan[1]	$649.16	$1,090.74	$441.58
Savings Plan[1]	$561.18	N/A	N/A
Dental Plus	$47.36	$106.24	$58.88
Basic Dental	$13.48	$27.20	$13.72
State Vision Plan	$6.54	$14.06	$7.52
Tobacco-use premium[1]	$40.00	$60.00	$60.00

Spouse not eligible for Medicare, children not eligible for Medicare

	Spouse	Spouse/children	Children only
Standard Plan[1]	$649.16	$1,090.74	$441.58
Savings Plan[1]	$561.18	$967.36	$406.18
TRICARE Supplement	$62.50	$121.50	$61.00
Dental Plus	$47.36	$106.24	$58.88
Basic Dental	$13.48	$27.20	$13.72
State Vision Plan	$6.54	$14.06	$7.52
Tobacco-use premium[1]	$40.00	$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.