



Monthly insurance premiums for permanent, part-time teachers

Category I: 15-19 hours

	Employee	Employee/spouse	Employee/children	Full family
Standard Plan¹	\$373.42	\$834.34	\$617.30	\$1,065.46
Savings Plan¹	\$285.44	\$658.38	\$493.92	\$871.90
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$40.62	\$82.88	\$99.50	\$130.74
Basic Dental	\$6.74	\$14.38	\$20.46	\$28.08
State Vision Plan	\$6.54	\$13.10	\$14.06	\$20.62
Tobacco-use premium¹	\$40.00	\$60.00	\$60.00	\$60.00

Category II: 20-24 hours

	Employee	Employee/spouse	Employee/children	Full family
Standard Plan¹	\$279.66	\$636.80	\$456.32	\$807.44
Savings Plan¹	\$191.68	\$460.84	\$332.94	\$613.88
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$38.32	\$80.58	\$97.20	\$128.44
Basic Dental	\$4.44	\$12.08	\$18.16	\$25.78
State Vision Plan	\$6.54	\$13.10	\$14.06	\$20.62
Tobacco-use premium¹	\$40.00	\$60.00	\$60.00	\$60.00

Category III: 25-29 hours

	Employee	Employee/spouse	Employee/children	Full family
Standard Plan¹	\$191.42	\$450.88	\$304.82	\$564.58
Savings Plan¹	\$103.44	\$274.92	\$181.44	\$371.02
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$36.18	\$78.44	\$95.06	\$126.30
Basic Dental	\$2.30	\$9.94	\$16.02	\$23.64
State Vision Plan	\$6.54	\$13.10	\$14.06	\$20.62
Tobacco-use premium¹	\$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	\$275.74	\$580.98	\$473.44	\$758.90
Dental	\$6.74	\$6.74	\$6.74	\$6.74

Category II: 20-24 hours

	Employee	Employee/spouse	Employee/children	Full family
Health	\$369.50	\$778.52	\$634.42	\$1,016.92
Dental	\$9.04	\$9.04	\$9.04	\$9.04

Category III: 25-29 hours

	Employee	Employee/spouse	Employee/children	Full family
Health	\$457.74	\$964.44	\$785.92	\$1,259.78
Dental	\$11.18	\$11.18	\$11.18	\$11.18