

# 2020 Monthly insurance premiums for non-funded survivors



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
Standard Plan <sup>1</sup>	\$482.38	\$743.92	\$261.54
Savings Plan <sup>1</sup>	N/A	N/A	N/A
Medicare Supplemental <sup>1,2</sup>	\$500.38	\$779.92	\$279.54 <sup>3</sup>
TRICARE Supplement	N/A	N/A	N/A
Dental Plus	\$39.44	\$87.74	\$48.30
Basic Dental	\$13.48	\$27.20	\$13.72
State Vision Plan	\$5.80	\$12.46	\$6.66
Tobacco-use premium <sup>1</sup>	\$40.00	\$60.00	\$60.00

## Spouse eligible for Medicare, children not eligible for Medicare

	Spouse	Spouse/children	Children only
Standard Plan <sup>1</sup>	\$482.38	\$743.92	\$261.54
Savings Plan <sup>1</sup>	N/A	N/A	\$226.14
Medicare Supplemental <sup>1,2</sup>	\$500.38	\$761.92	N/A
TRICARE Supplement	N/A	N/A	N/A
Dental Plus	\$39.44	\$87.74	\$48.30
Basic Dental	\$13.48	\$27.20	\$13.72
State Vision Plan	\$5.80	\$12.46	\$6.66
Tobacco-use premium <sup>1</sup>	\$40.00	\$60.00	\$60.00

## Spouse not eligible for Medicare, children eligible for Medicare

	Spouse	Spouse/children	Children only
Standard Plan <sup>1</sup>	\$500.38	\$761.92	\$261.54
Savings Plan <sup>1</sup>	\$412.40	\$638.54	N/A
Medicare Supplemental <sup>1,2</sup>	N/A	\$779.92 <sup>3</sup>	\$279.54 <sup>3</sup>
TRICARE Supplement	N/A	N/A	N/A
Dental Plus	\$39.44	\$87.74	\$48.30
Basic Dental	\$13.48	\$27.20	\$13.72
State Vision Plan	\$5.80	\$12.46	\$6.66
Tobacco-use premium <sup>1</sup>	\$40.00	\$60.00	\$60.00

<sup>1</sup> State Health Plan subscribers who use tobacco or cover dependents who use tobacco 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 he covers uses tobacco, or covered individuals who use tobacco have completed the Quit For Life<sup>®</sup> tobacco cessation program.

<sup>2</sup> If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

<sup>3</sup> This premium applies only if one or more children are eligible for Medicare.

## Spouse not eligible for Medicare, children not eligible for Medicare

	Spouse	Spouse/children	Children only
Standard Plan <sup>1</sup>	\$500.38	\$761.92	\$261.54
Savings Plan <sup>1</sup>	\$412.40	\$638.54	\$226.14
Medicare Supplemental <sup>1,2</sup>	N/A	N/A	N/A
TRICARE Supplement	\$62.50	\$121.50	\$61.00
Dental Plus	\$39.44	\$87.74	\$48.30
Basic Dental	\$13.48	\$27.20	\$13.72
State Vision Plan	\$5.80	\$12.46	\$6.66
Tobacco-use premium <sup>1</sup>	\$40.00	\$60.00	\$60.00

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