

2020 Monthly insurance premiums for partially funded retirees



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
Standard Plan ¹	\$281.02	\$616.20	\$434.88	\$769.92
Savings Plan ¹	N/A	N/A	N/A	N/A
Medicare Supplemental ^{1,2}	\$299.02	\$652.20	\$452.88	\$805.92
TRICARE Supplement	N/A	N/A	N/A	N/A
Dental Plus	\$32.70	\$66.86	\$81.00	\$106.72
Basic Dental	\$6.74	\$14.38	\$20.46	\$28.08
State Vision Plan	\$5.80	\$11.60	\$12.46	\$18.26
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
Standard Plan ¹	\$634.20	\$780.90
Savings Plan ¹	N/A	N/A
Medicare Supplemental ^{1,2}	\$652.20	\$798.90
TRICARE Supplement	N/A	N/A
Dental Plus	\$66.86	\$106.72
Basic Dental	\$14.38	\$28.08
State Vision Plan	\$11.60	\$18.26
Tobacco-use premium ¹	\$60.00	\$60.00

Retiree not eligible for Medicare, spouse eligible for Medicare

	Retiree/spouse	Full family
Standard Plan ¹	\$634.20	\$780.90
Savings Plan ¹	\$476.24	\$612.36
Medicare Supplemental ^{1,2}	\$652.20	\$798.90
TRICARE Supplement	N/A	N/A
Dental Plus	\$66.86	\$106.72
Basic Dental	\$14.38	\$28.08
State Vision Plan	\$11.60	\$18.26
Tobacco-use premium ¹	\$60.00	\$60.00

¹ 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[®] 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.

Retiree not eligible for Medicare, spouse not eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan ¹	\$299.02	\$652.20	\$452.88	\$805.92
Savings Plan ¹	\$211.04	\$476.24	\$329.50	\$612.36
Medicare Supplemental ^{1,2}	N/A	N/A	N/A	N/A
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$32.70	\$66.86	\$81.00	\$106.72
Basic Dental	\$6.74	\$14.38	\$20.46	\$28.08
State Vision Plan	\$5.80	\$11.60	\$12.46	\$18.26
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
Standard Plan ¹	\$452.88	\$805.92
Savings Plan ¹	\$329.50	\$612.36
Medicare Supplemental ^{1,2}	\$470.88	\$823.92
TRICARE Supplement	N/A	N/A
Dental Plus	\$81.00	\$106.72
Basic Dental	\$20.46	\$28.08
State Vision Plan	\$12.46	\$18.26
Tobacco-use premium ¹	\$60.00	\$60.00

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