2025



# 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	<b>Retiree/spouse</b>	<b>Retiree/children</b>	Full family
Medicare Supplemental <sup>1,2</sup>	\$361.24	\$807.78	\$596.84	\$1,031.22
Carve-out Plan <sup>1</sup>	\$343.24	\$771.78	\$578.84	\$995.22
Dental Plus	\$35.54	\$72.62	\$87.66	\$115.38
Basic Dental	\$6.74	\$14.38	\$20.46	\$28.08
State Vision Plan	\$6.30	\$12.60	\$13.54	\$19.84
Tobacco-use premium <sup>1</sup>	\$40.00	\$60.00	\$60.00	\$60.00

#### Retiree eligible for Medicare, spouse not eligible for Medicare

	<b>Retiree/spouse</b>	Full family
Medicare Supplemental <sup>1,2</sup>	\$807.78	\$1,024.20
Carve-out Plan <sup>1</sup>	\$789.78	\$1,006.20
Dental Plus	\$72.62	\$115.38
Basic Dental	\$14.38	\$28.08
State Vision Plan	\$12.60	\$19.84
Tobacco-use premium <sup>1</sup>	\$60.00	\$60.00

#### Retiree not eligible for Medicare, spouse eligible for Medicare

	<b>Retiree/spouse</b>	Full family
Medicare Supplemental <sup>1,2</sup>	\$807.78	\$1,024.20
Carve-out Plan <sup>1</sup>	\$789.78	\$1,006.20
Dental Plus	\$72.62	\$115.38
Basic Dental	\$14.38	\$28.08
State Vision Plan	\$12.60	\$19.84
Tobacco-use premium <sup>1</sup>	\$60.00	\$60.00

<sup>1</sup>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. <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.

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### Retiree not eligible for Medicare, spouse not eligible for Medicare

	Retiree	<b>Retiree/spouse</b>	<b>Retiree/children</b>	Full family
Standard Plan <sup>1</sup>	\$361.24	\$807.78	\$596.84	\$1,031.22
Savings Plan <sup>1</sup>	\$273.26	\$631.82	\$473.46	\$837.66
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$35.54	\$72.62	\$87.66	\$115.38
Basic Dental	\$6.74	\$14.38	\$20.46	\$28.08
State Vision Plan	\$6.30	\$12.60	\$13.54	\$19.84
Tobacco-use premium <sup>1</sup>	\$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

	<b>Retiree/children</b>	Full family
Medicare Supplemental <sup>1,2</sup>	\$614.84	\$1,049.22
Carve-out Plan <sup>1</sup>	\$596.84	\$1,031.22
Dental Plus	\$87.66	\$115.38
Basic Dental	\$20.46	\$28.08
State Vision Plan	\$13.54	\$19.84
Tobacco-use premium <sup>1</sup>	\$60.00	\$60.00

<sup>1</sup>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. <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.