

COVERAGE TYPES	EMPLOYEE/RETIREE MONTHLY CONTRIBUTION RATES		
	Basic Plan 70/30	Standard Plan 80/20	STATE MONTHLY CONTRIBUTION
NON-MEDICARE ACTIVE EMPLOYEE/RETIREE			
Employee/Retiree	\$ -	\$ -	\$ 377.22
Employee/Retiree + Child(ren)	\$ 164.08	\$ 218.20	\$ 377.22
Employee/Retiree + Spouse	\$ 422.74	\$ 502.74	\$ 377.22
Employee/Retiree + Family	\$ 450.26	\$ 533.00	\$ 377.22
MEDICARE PRIMARY FOR ONLY EMPLOYEE/RETIREE			
Employee/Retiree	\$ -	\$ -	\$ 287.20
Employee/Retiree + Child(ren)	\$ 172.26	\$ 218.20	\$ 287.20
Employee/Retiree + Spouse	\$ 430.92	\$ 502.74	\$ 287.20
Employee/Retiree + Family	\$ 458.46	\$ 533.00	\$ 287.20
MEDICARE PRIMARY FOR ONLY DEPENDENT(S)			
Employee/Retiree		\$ -	\$ 377.22
Employee/Retiree + Child(ren)	\$ 116.72	\$ 166.10	\$ 377.22
Employee/Retiree + Spouse	\$ 306.92	\$ 375.32	\$ 377.22
Employee/Retiree + Family	\$ 334.44	\$ 405.60	\$ 377.22
MEDICARE PRIMARY FOR BOTH EMPLOYEE/RETIREE & DEPENDENT(S)			
Employee/Retiree		\$ -	\$ 287.20
Employee/Retiree + Child(ren)	\$ 124.92	\$ 166.10	\$ 287.20
Employee/Retiree + Spouse	\$ 315.10	\$ 375.32	\$ 287.20
Employee/Retiree + Family	\$ 342.62	\$ 405.60	\$ 287.20

Notes: 1) If your employment contract is for less than 12 months, contact your health Benefits Representative or benefits office for monthly rates.

2) If you are actively employed and you or your dependent(s) are Medicare eligible, the State Health Plan is the primary insurer and the Non-Medicare rates apply. An exception to this would be if you or your dependent(s) are Medicare eligible due to end stage renal disease (ESRD).