

**State Employees' Health Insurance Plan
2017 Monthly Premium Rates
Member Share**

Health Plan Premiums, (Base Rate *):

Active Employee

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|-----------------------|----------|
| Single | \$115.00 |
| Family without Spouse | \$305.00 |
| Family with Spouse | \$440.00 |

Non-Medicare Retiree

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|------------------------------------|----------|
| Single | \$359.00 |
| Family Non-Medicare without Spouse | \$621.00 |
| Family Non-Medicare with Spouse | \$756.00 |
| Family Medicare without Spouse | \$490.00 |
| Family Medicare with Spouse | \$600.00 |

Medicare Retiree

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|------------------------------------|----------|
| Single | \$75.00 |
| Family Non-Medicare without Spouse | \$337.00 |
| Family Non-Medicare with Spouse | \$472.00 |
| Family Medicare without Spouse | \$196.00 |
| Family Medicare with Spouse | \$306.00 |

Non-Medicare Surviving Spouse

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|---------------------|----------|
| Single | \$477.00 |
| Family Non-Medicare | \$734.00 |
| Family Medicare | \$643.00 |

Medicare Surviving Spouse

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|---------------------|----------|
| Single | \$271.00 |
| Family Non-Medicare | \$528.00 |
| Family Medicare | \$437.00 |

* Base rates are before discounts, waivers and retiree sliding scale adjustments.

Discounts and Waivers:

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|--|-----------|
| Non-Tobacco Usage Discount | |
| Employee | (\$60.00) |
| Spouse | (\$60.00) |
| Wellness Participation Discount (Active and Non-Medicare) | |
| Employee | (\$25.00) |
| Spouse | (\$25.00) |
| Spousal Surcharge Waiver | |
| Single | \$0.00 |
| Family with Spouse | (\$50.00) |

Note: The spousal surcharge applies to family contracts where a spouse is eligible to participate in another employer's insurance coverage. If your spouse's monthly single premium with their employer is \$255 or less, then the \$50 surcharge will apply. If your spouse's monthly single premium is more than \$255, then you may qualify for a waiver of the \$50 surcharge.

Dental Premium (Stand-Alone Policy)

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|--------|---------|
| Single | \$8.00 |
| Family | \$15.00 |

Vision Premium (Stand-Alone Policy)

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|--------|---------|
| Single | \$12.00 |
| Family | \$24.00 |

Cancer Premium (Stand-Alone Policy)

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|--------|---------|
| Single | \$12.00 |
| Family | \$24.00 |