

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

**Health Plan Premiums, (Base Rate \*):**

**Active Employee**

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

**Non-Medicare Retiree**

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**

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**

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

**Medicare Surviving Spouse**

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:**

**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 (Optional)**

Single	\$8.00
Family	\$15.00

**Vision Premium (Optional)**

Single	\$12.00
Family	\$24.00

**Cancer Premium (Optional)**

Single	\$12.00
Family	\$24.00