



Premiums

2017 monthly premiums for active employees^{1,2}

	Employee	Employee/spouse	Employee/children	Full family
Savings Plan	\$9.70	\$77.40	\$20.48	\$113.00
Standard Plan	\$97.68	\$253.36	\$143.86	\$306.56
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental	\$0.00	\$7.64	\$13.72	\$21.34
Dental Plus ³	\$25.96	\$52.46	\$60.50	\$78.60
Vision	\$7.00	\$14.00	\$14.98	\$21.98

2017 monthly premiums for funded retirees^{1,2}

Retiree eligible for Medicare/spouse eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Savings Plan	N/A	N/A	N/A	N/A
Standard Plan	\$79.68	\$217.36	\$125.86	\$270.56
Medicare Supplement ⁴	\$97.68	\$253.36	\$143.86	\$306.56
TRICARE Supplement	N/A	N/A	N/A	N/A
Dental	\$0.00	\$7.64	\$13.72	\$21.34
Dental Plus ³	\$25.96	\$52.46	\$60.50	\$78.60
Vision	\$7.00	\$14.00	\$14.98	\$21.98

Retiree eligible for Medicare/spouse not eligible for Medicare

	Retiree/spouse	Full family
Savings Plan	N/A	N/A
Standard Plan	\$235.36	\$281.54
Medicare Supplement ⁴	\$253.36	\$299.54
TRICARE Supplement	N/A	N/A
Dental	\$7.64	\$21.34
Dental Plus ³	\$52.46	\$78.60
Vision	\$14.00	\$21.98

Retiree not eligible for Medicare/spouse eligible for Medicare

	Retiree/spouse	Full family
Savings Plan	\$77.40	\$113.00
Standard Plan	\$235.36	\$281.54
Medicare Supplement ⁴	\$253.36	\$299.54
TRICARE Supplement	N/A	N/A
Dental	\$7.64	\$21.34
Dental Plus ³	\$52.46	\$78.60
Vision	\$14.00	\$21.98

Footnotes listed on Page 186

Retiree not eligible for Medicare/spouse not eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Savings Plan	\$9.70	\$77.40	\$20.48	\$113.00
Standard Plan	\$97.68	\$253.36	\$143.86	\$306.56
Medicare Supplement ⁴	N/A	N/A	N/A	N/A
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental	\$0.00	\$7.64	\$13.72	\$21.34
Dental Plus ³	\$25.96	\$52.46	\$60.50	\$78.60
Vision	\$7.00	\$14.00	\$14.98	\$21.98

Retiree not eligible for Medicare/spouse not eligible for Medicare/one or more children eligible for Medicare

	Retiree/children	Full family
Savings Plan	\$20.48	\$113.00
Standard Plan	\$143.86	\$306.56
Medicare Supplement ⁴	\$161.86	\$324.56
TRICARE Supplement	N/A	N/A
Dental	\$13.72	\$21.34
Dental Plus ³	\$60.50	\$78.60
Vision	\$14.98	\$21.98

2017 monthly premiums for non-funded retirees^{1,2}

Retiree eligible for Medicare/spouse eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Savings Plan	N/A	N/A	N/A	N/A
Standard Plan	\$442.66	\$936.34	\$682.96	\$1,170.74
Medicare Supplement ⁴	\$460.66	\$972.34	\$700.96	\$1,206.74
TRICARE Supplement	N/A	N/A	N/A	N/A
Dental	\$13.48	\$21.12	\$27.20	\$34.82
Dental Plus ³	\$25.96	\$52.46	\$60.50	\$78.60
Vision	\$7.00	\$14.00	\$14.98	\$21.98

Footnotes listed on Page 186

Retiree eligible for Medicare/spouse not eligible for Medicare

	Retiree/spouse	Full family
Savings Plan	N/A	N/A
Standard Plan	\$954.34	\$1,181.72
Medicare Supplement ⁴	\$972.34	\$1,199.72
TRICARE Supplement	N/A	N/A
Dental	\$21.12	\$34.82
Dental Plus ³	\$52.46	\$78.60
Vision	\$14.00	\$21.98

Retiree not eligible for Medicare/spouse eligible for Medicare

	Retiree/spouse	Full family
Savings Plan	\$796.38	\$1,013.18
Standard Plan	\$954.34	\$1,181.72
Medicare Supplement ⁴	\$972.34	\$1,199.72
TRICARE Supplement	N/A	N/A
Dental	\$21.12	\$34.82
Dental Plus ³	\$52.46	\$78.60
Vision	\$14.00	\$21.98

Retiree not eligible for Medicare/spouse not eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Savings Plan	\$372.68	\$796.38	\$577.58	\$1,013.18
Standard Plan	\$460.66	\$972.34	\$700.96	\$1,206.74
Medicare Supplement ⁴	N/A	N/A	N/A	N/A
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental	\$13.48	\$21.12	\$27.20	\$34.82
Dental Plus ³	\$25.96	\$52.46	\$60.50	\$78.60
Vision	\$7.00	\$14.00	\$14.98	\$21.98

Retiree not eligible for Medicare/spouse not eligible for Medicare/one or more children eligible for Medicare

	Retiree/children	Full family
Savings Plan	\$577.58	\$1,013.18
Standard Plan	\$700.96	\$1,206.74
Medicare Supplement ⁴	\$718.96	\$1,224.74
TRICARE Supplement	N/A	N/A
Dental	\$27.20	\$34.82
Dental Plus ³	\$60.50	\$78.60
Vision	\$14.98	\$21.98

Footnotes listed on Page 186

2017 monthly premiums for non-funded survivors^{1,2}

Spouse eligible for Medicare/children eligible for Medicare

	Spouse	Spouse/children	Children only
Savings Plan	N/A	N/A	N/A
Standard Plan	\$442.66	\$682.96	\$240.30
Medicare Supplement⁴	\$460.66	\$718.96	\$258.30 ⁵
TRICARE Supplement	N/A	N/A	N/A
Dental	\$13.48	\$27.20	\$13.72
Dental Plus³	\$25.96	\$60.50	\$34.54
Vision	\$7.00	\$14.98	\$7.98

Spouse eligible for Medicare/children not eligible for Medicare

	Spouse	Spouse/children	Children only
Savings Plan	N/A	N/A	\$204.90
Standard Plan	\$442.66	\$682.96	\$240.30
Medicare Supplement⁴	\$460.66	\$700.96	N/A
TRICARE Supplement	N/A	N/A	N/A
Dental	\$13.48	\$27.20	\$13.72
Dental Plus³	\$25.96	\$60.50	\$34.54
Vision	\$7.00	\$14.98	\$7.98

Spouse not eligible for Medicare/children eligible for Medicare

	Spouse	Spouse/children	Children only
Savings Plan	\$372.68	\$577.58	N/A
Standard Plan	\$460.66	\$700.96	\$240.30
Medicare Supplement⁴	N/A	\$718.96 ⁸	\$258.30 ⁵
TRICARE Supplement	N/A	N/A	N/A
Dental	\$13.48	\$27.20	\$13.72
Dental Plus³	\$25.96	\$60.50	\$34.54
Vision	\$7.00	\$14.98	\$7.98

Spouse not eligible for Medicare/children not eligible for Medicare

	Spouse	Spouse/children	Children only
Savings Plan	\$372.68	\$577.58	\$204.90
Standard Plan	\$460.66	\$700.96	\$240.30
Medicare Supplement⁴	N/A	N/A	N/A
TRICARE Supplement	\$62.50	\$121.50	\$61.00
Dental	\$13.48	\$27.20	\$13.72
Dental Plus³	\$25.96	\$60.50	\$34.54
Vision	\$7.00	\$14.98	\$7.98

Footnotes listed on Page 186

2017 monthly premiums for COBRA^{1,2}

18 and 36 months

	Subscriber	Subscriber/ spouse	Subscriber/ children	Full family	Children only
Savings Plan	\$380.14	\$812.32	\$589.14	\$1,033.44	\$209.00
Standard Plan	\$469.88	\$991.80	\$714.98	\$1,230.88	\$245.10
Medicare Supplement ⁴	\$469.88	\$991.80	\$714.98	\$1,230.88	\$245.10
Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
Dental Plus ³	\$26.48	\$53.52	\$61.72	\$80.18	\$35.24
Vision	\$7.14	\$14.28	\$15.28	\$22.42	\$8.14

29 months

	Subscriber	Subscriber/ spouse	Subscriber/ children	Full family	Children only
Savings Plan	\$559.02	\$1,194.58	\$866.38	\$1,519.78	\$307.36
Standard Plan	\$691.00	\$1,458.52	\$1,051.44	\$1,810.12	\$360.44
Medicare Supplement ⁴	\$691.00	\$1,458.52	\$1,051.44	\$1,810.12	\$360.44
Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
Dental Plus ³	\$26.48	\$53.52	\$61.72	\$80.18	\$35.24
Vision	\$7.14	\$14.28	\$15.28	\$22.42	\$8.14

2017 monthly premiums for permanent, part-time teachers²

Category I: 15-19 hours

	Employee	Employee/spouse	Employee/children	Full family
Savings Plan	\$191.18	\$436.88	\$299.02	\$563.08
Standard Plan	\$279.16	\$612.84	\$422.40	\$756.64
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental	\$6.74	\$14.38	\$20.46	\$28.08
Dental Plus ³	\$25.96	\$52.46	\$60.50	\$78.60
Vision	\$7.00	\$14.00	\$14.98	\$21.98

Footnotes listed on Page 186

Category II: 20-24 hours

	Employee	Employee/spouse	Employee/children	Full family
Savings Plan	\$129.48	\$314.66	\$204.32	\$410.06
Standard Plan	\$217.46	\$490.62	\$327.70	\$603.62
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental	\$4.44	\$12.08	\$18.16	\$25.78
Dental Plus ³	\$25.96	\$52.46	\$60.50	\$78.60
Vision	\$7.00	\$14.00	\$14.98	\$21.98

Category III: 25-29 hours

	Employee	Employee/spouse	Employee/children	Full family
Savings Plan	\$71.40	\$199.62	\$115.18	\$266.02
Standard Plan	\$159.38	\$375.58	\$238.56	\$459.58
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental	\$2.30	\$9.94	\$16.02	\$23.64
Dental Plus ³	\$25.96	\$52.46	\$60.50	\$78.60
Vision	\$7.00	\$14.00	\$14.98	\$21.98

2017 monthly life insurance premiums and sample rate calculations

Optional Term Life and AD&D, Dependent Life - Spouse and AD&D

Rates shown per \$10,000 of coverage

Age	Monthly rate
Under 35	\$0.52
35-39	\$0.68
40-44	\$0.76
45-49	\$1.08
50-54	\$1.70
55-59	\$2.96
60-64	\$5.48
65-69	\$11.60
70-74	\$20.02
75-79	\$32.56
80 and over	\$54.42

Employee, age 44, with \$100,000 in coverage	
Coverage amount	\$100,000
	÷ \$10,000
Coverage units	= 10
Monthly rate	× \$0.76
Monthly cost	= \$7.60
Employee, age 70, with \$100,000 in original coverage election	
Original coverage amount	\$100,000
Reduction	× 65%
Reduced coverage amount	\$65,000
	÷ \$10,000
Coverage units	= 6.5
Monthly rate	× \$20.02
Monthly cost	\$130.13

Dependent Life - Child

\$1.10 per month for \$15,000 of coverage; one premium provides coverage for all eligible children.

Footnotes listed on Page 186

2017 monthly employer contributions¹

Active employees

	Employee	Employee/spouse	Employee/children	Full family
Health	\$362.98	\$718.98	\$557.10	\$900.18
Dental	\$13.48	\$13.48	\$13.48	\$13.48
Life	\$0.28	\$0.28	\$0.28	\$0.28
Long term disability	\$3.22	\$3.22	\$3.22	\$3.22

Permanent, part-time teachers (Category I: 15-19 hours)

	Employee	Employee/spouse	Employee/children	Full family
Health	\$181.50	\$359.50	\$278.56	\$450.10
Dental	\$6.74	\$6.74	\$6.74	\$6.74

Permanent, part-time teachers (Category II: 20-24 hours)

	Employee	Employee/spouse	Employee/children	Full family
Health	\$243.20	\$481.72	\$373.26	\$603.12
Dental	\$9.04	\$9.04	\$9.04	\$9.04

Permanent, part-time teachers (Category III: 25-29 hours)

	Employee	Employee/spouse	Employee/children	Full family
Health	\$301.28	\$596.76	\$462.40	\$747.16
Dental	\$11.18	\$11.18	\$11.18	\$11.18

Footnotes for comparison and premium charts on Pages 180-186:

¹Premiums for local subdivisions may vary. To verify your rates, contact your benefits office.

²State 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 tobacco-use premium does not apply to TRICARE Supplement subscribers.

³If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You will pay the combined premiums for both plans.

⁴If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

⁵This premium applies only if one or more children are eligible for Medicare.

Tobacco-use premium

If you are a State Health Plan subscriber with single coverage and you use tobacco, you will pay an additional \$40 monthly premium. If you have subscriber/spouse, subscriber/children or full-family coverage and you or anyone you cover uses tobacco, the additional premium will be \$60 monthly.

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® smoking cessation program. For information about Quit for Life, see Page 59.

To certify no one covered by his health insurance uses tobacco and no one has used it during the past six months, or all covered individuals who use tobacco have completed the smoking cessation program, the subscriber must complete a *Certification Regarding Tobacco Use* form. If you have not certified or need to change your certification, go to www.peba.sc.gov/iforms.html to find the form under Health insurance. Give the completed form to your benefits administrator who will send it to PEBA. The certification will be effective the first of the month after PEBA receives the form.

Subscribers need to pay all premiums, including the tobacco-use premium, if it applies, when they are due. If premiums are not paid, coverage for all plans will be canceled effective the last day of the month in which the premiums were paid in full.