

2019 monthly insurance premiums for active employees^{1, 2}

	Employee	Employee/spouse	Employee/children	Full family
MUSC Health Plan	\$97.68	\$253.36	\$143.86	\$306.56
Savings Plan*	\$9.70	\$77.40	\$20.48	\$113.00
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental	\$0.00	\$7.64	\$13.72	\$21.34
Dental Plus	\$27.12	\$54.80	\$63.20	\$82.10
Vision	\$8.00	\$16.00	\$17.16	\$25.16
Tobacco-use premium	\$40.00	\$60.00	\$60.00	\$60.00

Employer contributions¹

	Employee	Employee/spouse	Employee/children	Full family
Health	\$402.70	\$797.68	\$618.06	\$998.72
Dental	\$13.48	\$13.48	\$13.48	\$13.48
Life	\$0.32	\$0.32	\$0.32	\$0.32
Long term disability	\$3.22	\$3.22	\$3.22	\$3.22

Life insurance

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

Coverage will reduce to 65 percent at age 70, 42 percent at age 75 and 31.7 percent at age 80. Rates shown per \$10,000 of coverage.

Age	Monthly rate
Under 35	\$0.58
35-39	\$0.78
40-44	\$0.86
45-49	\$1.22
50-54	\$1.94
55-59	\$3.36
60-64	\$6.00
65-69	\$13.50
70-74	\$24.22
75-79	\$37.50
80 and over	\$62.04

Dependent Life - Child

\$1.26 per month for \$15,000 of coverage; one premium provides coverage for all eligible children.

SLTD Plan monthly premium rates

Age on preceding January 1	90-day waiting period	180-day waiting period
Under 31	.00065	.00052
31-40	.00090	.00070
41-50	.00179	.00136
51-60	.00361	.00277
61-65	.00434	.00333
66 and older	.00530	.00407

To estimate your SLTD monthly premium:

1. Divide gross annual salary by 12 to determine monthly salary.
2. Multiply monthly salary by rate factor from table.
3. Drop digits to right of two decimal places; do not round.
4. If number is even, this is the monthly premium.
5. If number is odd, add \$0.01 to determine monthly premium.

* The Savings Health Plan is only available to grandfathered employees. Grandfathered employees are those enrolled prior to 2014.

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

2 State 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.