

2019 monthly insurance premiums for COBRA^{1,2}

18 and 36 months

	Subscriber	Subscriber/ spouse	Subscriber/ children	Full family	Children only
MUSC Health Plan	\$510.40	\$1,072.06	\$777.16	\$1,331.40	\$266.76
Savings Plan*	\$420.66	\$892.58	\$651.32	\$1,133.96	\$230.66
Medicare Supplement⁴	\$510.40	\$1,072.06	\$777.16	\$1,331.40	\$266.76
Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
Dental Plus³	\$27.66	\$55.90	\$64.46	\$83.74	\$36.80
Vision	\$8.16	\$16.32	\$17.50	\$25.66	\$9.34
Tobacco-use premium	\$40.00	\$60.00	\$60.00	\$60.00	\$40.00

29 months

	Subscriber	Subscriber/ spouse	Subscriber/ children	Full family	Children only
MUSC Health Plan	\$750.58	\$1,576.56	\$1,142.88	\$1,957.92	\$392.30
Savings Plan*	\$618.60	\$1,312.62	\$957.82	\$1,667.58	\$339.22
Medicare Supplement⁴	\$750.58	\$1,576.56	\$1,142.88	\$1,957.92	\$392.30
Dental	\$13.76	\$21.54	\$27.74	\$35.52	\$14.00
Dental Plus³	\$27.66	\$55.90	\$64.46	\$83.74	\$36.80
Vision	\$8.16	\$16.32	\$17.50	\$25.66	\$9.34
Tobacco-use premium	\$40.00	\$60.00	\$60.00	\$60.00	\$40.00

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.

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