

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
MONTHLY PREMIUM RATES
Effective January 1, 2021

Legacy - Initially hired before 1/1/2006

Horizon - Initially hired on or after 1/1/2006

ACTIVE EMPLOYEE	LEGACY EMPLOYEES				HORIZON EMPLOYEES			
	BASE		SELECT		BASE		SELECT	
	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION
Employee*	\$389	\$0	\$409	\$20	\$389	\$0	\$430	\$41
Employee + Spouse	\$814	\$425	\$893	\$504	\$814	\$425	\$914	\$525
Employee + Spouse & Child(ren)	\$1,037	\$648	\$1,116	\$727	\$1,037	\$648	\$1,137	\$748
Employee + Child	\$499	\$110	\$579	\$190	\$499	\$110	\$600	\$211
Employee + Children	\$671	\$282	\$750	\$361	\$671	\$282	\$771	\$382

*The State pays 100% of the employee's premium for Base Coverage. Active employees enrolling in Select Coverage must pay a portion of the employee premium.

RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE	LEGACY RETIREES		HORIZON RETIREES	
	BASE	SELECT	BASE	SELECT
Retiree	\$447	\$470	\$714	\$739
Retiree + Spouse (Non-Medicare)	\$936	\$1,026	\$1,431	\$1,524
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,192	\$1,283	\$1,600	\$1,693
Retiree + Child	\$574	\$640	\$841	\$909
Retiree + Children	\$771	\$811	\$1,038	\$1,080
Retiree + Spouse (Medicare)	N/A	\$666	N/A	\$935
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$836	N/A	\$1,105
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$196	N/A	\$196
Retiree + Spouse (Non-Medicare)	N/A	\$752	N/A	\$981
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$1,009	N/A	\$1,150
Retiree + Child	N/A	\$366	N/A	\$366
Retiree + Children	N/A	\$537	N/A	\$537
Retiree + Spouse (Medicare)	N/A	\$392	N/A	\$392
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$562	N/A	\$562

COBRA	LEGACY		HORIZON	
	BASE	SELECT	BASE	SELECT
Participant	\$396	\$417	\$396	\$438
Participant + Spouse	\$830	\$910	\$830	\$932
Participant + Spouse & Child(ren)	\$1,057	\$1,138	\$1,057	\$1,159
Participant + Child	\$508	\$590	\$508	\$612
Participant + Children	\$684	\$765	\$684	\$786
COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
Participant	\$583	\$613	\$583	\$645
Participant + Spouse	\$1,221	\$1,339	\$1,221	\$1,371
Participant + Spouse & Child(ren)	\$1,555	\$1,674	\$1,555	\$1,705
Participant + Child	\$748	\$868	\$748	\$900
Participant + Children	\$1,006	\$1,125	\$1,006	\$1,156