

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
MONTHLY PREMIUM RATES
EFFECTIVE JANUARY 1, 2027
PROPOSED RATES

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

ACTIVE EMPLOYEE	LEGACY EMPLOYEES			
	BASE		SELECT	
	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION
Employee*	\$546	-	\$566	\$20
Employee + Spouse	\$1,143	\$597	\$1,249	\$703
Employee + Spouse & Child(ren)	\$1,456	\$910	\$1,562	\$1,016
Employee + Child	\$702	\$156	\$808	\$262
Employee + Children	\$943	\$397	\$1,046	\$500

HORIZON EMPLOYEES			
BASE		SELECT	
TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION
\$546	-	\$602	\$56
\$1,143	\$597	\$1,283	\$737
\$1,456	\$910	\$1,596	\$1,050
\$702	\$156	\$841	\$295
\$943	\$397	\$1,080	\$534

*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	
	BASE	SELECT
Retiree	\$628	\$653
Retiree + Spouse (Non-Medicare)	\$1,315	\$1,437
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,673	\$1,795
Retiree + Child	\$807	\$893
Retiree + Children	\$1,083	\$1,132
Retiree + Spouse (Medicare)	N/A	\$920
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$1,160
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT
Retiree	N/A	\$266
Retiree + Spouse (Non-Medicare)	N/A	\$1,049
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$1,407
Retiree + Child	N/A	\$504
Retiree + Children	N/A	\$744
Retiree + Spouse (Medicare)	N/A	\$532
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$772

HORIZON RETIREES	
BASE	SELECT
\$1,002	\$1,038
\$2,009	\$2,140
\$2,246	\$2,379
\$1,181	\$1,278
\$1,456	\$1,517
N/A	\$1,304
N/A	\$1,544
BASE	SELECT
N/A	\$266
N/A	\$1,369
N/A	\$1,607
N/A	\$504
N/A	\$744
N/A	\$532
N/A	\$772

COBRA	LEGACY	
	BASE	SELECT
Participant	\$555	\$580
Participant + Spouse	\$1,166	\$1,274
Participant + Spouse & Child(ren)	\$1,484	\$1,593
Participant + Child	\$715	\$824
Participant + Children	\$961	\$1,068
COBRA DISABILITY EXTENSION	BASE	SELECT
Participant	\$818	\$853
Participant + Spouse	\$1,716	\$1,874
Participant + Spouse & Child(ren)	\$2,184	\$2,344
Participant + Child	\$1,052	\$1,212
Participant + Children	\$1,415	\$1,572

HORIZON	
BASE	SELECT
\$555	\$614
\$1,166	\$1,308
\$1,484	\$1,628
\$715	\$858
\$961	\$1,103
BASE	SELECT
\$818	\$904
\$1,716	\$1,925
\$2,184	\$2,395
\$1,052	\$1,263
\$1,415	\$1,623