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

	LEGACY EMPLOYEES				HORIZON EMPLOYEES			
	BASE		SELECT		BASE		SELECT	
ACTIVE EMPLOYEE	**TOTAL PREMIUM**	**EMPLOYEE PORTION**	**TOTAL PREMIUM**	**EMPLOYEE PORTION**	**TOTAL PREMIUM**	**EMPLOYEE PORTION**	**TOTAL PREMIUM**	**EMPLOYEE PORTION**
Employee*	$546	-	$566	$20	$546	-	$602	$56
Employee + Spouse	$1,143	$597	$1,249	$703	$1,143	$597	$1,283	$737
Employee + Spouse & Child(ren)	$1,456	$910	$1,562	$1,016	$1,456	$910	$1,596	$1,050
Employee + Child	$702	$156	$808	$262	$702	$156	$841	$295
Employee + Children	$943	$397	$1,046	$500	$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.

	LEGACY RETIREES		HORIZON RETIREES	
RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE	**BASE**	**SELECT**	**BASE**	**SELECT**
Retiree	$628	$653	$1,002	$1,038
Retiree + Spouse (Non-Medicare)	$1,315	$1,437	$2,009	$2,140
Retiree + Spouse & Child(ren) (Non-Medicare)	$1,673	$1,795	$2,246	$2,379
Retiree + Child	$807	$893	$1,181	$1,278
Retiree + Children	$1,083	$1,132	$1,456	$1,517
Retiree + Spouse (Medicare)	N/A	$920	N/A	$1,304
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	$1,160	N/A	$1,544
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	**BASE**	**SELECT**	**BASE**	**SELECT**
Retiree	N/A	$266	N/A	$266
Retiree + Spouse (Non-Medicare)	N/A	$1,049	N/A	$1,369
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	$1,407	N/A	$1,607
Retiree + Child	N/A	$504	N/A	$504
Retiree + Children	N/A	$744	N/A	$744
Retiree + Spouse (Medicare)	N/A	$532	N/A	$532
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	$772	N/A	$772

	LEGACY		HORIZON	
COBRA	**BASE**	**SELECT**	**BASE**	**SELECT**
Participant	$555	$580	$555	$614
Participant + Spouse	$1,166	$1,274	$1,166	$1,308
Participant + Spouse & Child(ren)	$1,484	$1,593	$1,484	$1,628
Participant + Child	$715	$824	$715	$858
Participant + Children	$961	$1,068	$961	$1,103
COBRA DISABILITY EXTENSION	**BASE**	**SELECT**	**BASE**	**SELECT**
Participant	$818	$853	$818	$904
Participant + Spouse	$1,716	$1,874	$1,716	$1,925
Participant + Spouse & Child(ren)	$2,184	$2,344	$2,184	$2,395
Participant + Child	$1,052	$1,212	$1,052	$1,263
Participant + Children	$1,415	$1,572	$1,415	$1,623