STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN MONTHLY PREMIUM RATES EFFECTIVE JANUARY 1, 2026

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

		LEGACY EMPLOYEES		
	BA	BASE SELECT		<u>ECT</u>
ACTIVE EMPLOYEE	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION
Employee*	\$513	\$0	\$534	\$20
Employee + Spouse	\$1,074	\$561	\$1,173	\$660
Employee + Spouse & Child(ren)	\$1,367	\$854	\$1,467	\$954
Employee + Child	\$659	\$146	\$759	\$246
Employee + Children	\$886	\$373	\$984	\$470

	HORIZON EMPLOYEES				
BA	<u>BASE</u>		SELECT		
TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION		
\$513	\$0	\$566	\$53		
\$1,074	\$561	\$1,205	\$692		
\$1,367	\$854	\$1,499	\$986		
\$659	\$146	\$791	\$277		
\$886	\$373	\$1,016	\$502		

^{*}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		
RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE	<u>BASE</u>	<u>SELECT</u>	
Retiree	\$590	\$614	
Retiree + Spouse (Non-Medicare)	\$1,235	\$1,349	
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,571	\$1,686	
Retiree + Child	\$758	\$839	
Retiree + Children	\$1,017	\$1,063	
Retiree + Spouse (Medicare)	N/A	\$864	
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$1,089	
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	<u>BASE</u>	<u>SELECT</u>	
Retiree	N/A	\$250	
Retiree + Spouse (Non-Medicare)	N/A	\$985	
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$1322	
Retiree + Child	N/A	\$474	
Retiree + Children	N/A	\$699	
Retiree + Spouse (Medicare)	N/A	\$500	
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$725	

HORIZON RETIREES		
BASE	<u>SELECT</u>	
\$941	\$975	
\$1,887	\$2,010	
\$2,109	\$2,234	
\$1,109	\$1,200	
\$1,368	\$1,425	
N/A	\$1,225	
N/A	\$1,450	
BASE	<u>SELECT</u>	
N/A	\$250	
N/A	\$1285	
N/A	\$1509	
N/A	\$474	
N/A	\$699	
N/A	\$500	
N/A	\$725	

	LEGACY		
COBRA	<u>BASE</u>	<u>SELECT</u>	
Participant	\$522	\$545	
Participant + Spouse	\$1,095	\$1,197	
Participant + Spouse & Child(ren)	\$1,394	\$1,496	
Participant + Child	\$672	\$774	
Participant + Children	\$903	\$1,003	
COBRA DISABILITY EXTENSION	<u>BASE</u>	<u>SELECT</u>	
Participant	\$769	\$801	
Participant + Spouse	\$1,611	\$1,760	
Participant + Spouse & Child(ren)	\$2,051	\$2,201	
Participant + Child	\$988	\$1,138	
Participant + Children	\$1,329	\$1,476	

HORIZON		
<u>BASE</u>	<u>SELECT</u>	
\$522	\$577	
\$1,095	\$1,229	
\$1,394	\$1,529	
\$672	\$806	
\$903	\$1,036	
<u>BASE</u>	<u>SELECT</u>	
\$769	\$849	
\$1,611	\$1,808	
\$2,051	\$2,249	
\$988	\$1,186	
\$1,329	\$1,524	