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

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

	LEGACY EMPLOYEES			
	BASE		SELECT	
ACTIVE EMPLOYEE	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.

	LEGACY RETIREES	
RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE	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

	LEGACY	
COBRA	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