

STATE AND SCHOOL
EMPLOYEES'

Life AND Health PLAN

Know Your Benefits

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN PREMIUM RATES Effective July 1, 2008

COBRA ENROLLEES (Legacy and Horizon)

	COVERAGE TYPE	
	BASE (High Deductible)	SELECT
COBRA		
Participant	\$349	\$368
Participant + Spouse	\$695	\$760
Participant + Spouse & Child(ren)	\$877	\$942
Participant + Child	\$440	\$505
Participant + Children	\$579	\$644
COBRA DISABILITY EXTENSION		
Participant	\$514	\$541
Participant + Spouse	\$1,023	\$1,119
Participant + Spouse & Child(ren)	\$1,290	\$1,386
Participant + Child	\$648	\$744
Participant + Children	\$852	\$948

New Rates Effective July 1, 2008

The charts in this newsletter contain important premium rate information that affects all Plan participants – active employees, dependents, retirees, and COBRA participants. It is important that you compare the premium amount deducted from your check to be sure you are paying the correct premium. These new premium rates will be effective July 1, 2008. Please refer to the specific chart for your enrollment category (Legacy, Horizon, or COBRA).



Save on Prescription Drugs

When your doctor prescribes a medicine for you, ask your doctor if a generic drug is appropriate for your condition. Brand name drugs tend to be more expensive than generic. Plus, you pay a lower co-payment when you buy generic drugs.

Try over-the-counter drugs, when appropriate. Many medications that used to be dispensed by prescription only are now available over-the-counter. For example, Prilosec® no longer needs a prescription. This is also true for some allergy medications.

Lifetime Maximum Increase

Recent legislation passed during the 2008 Regular Legislative Session increased the lifetime maximum benefit amount that the Plan can pay for each participant in the State and School Employees' Health Insurance Plan (Plan). The new lifetime maximum will be \$2,000,000 effective July 1, 2008. This lifetime maximum applies to each covered employee and dependent under the Plan. This maximum applies to a participant's entire lifetime, regardless of the participant's coverage status, i.e., employee, retiree, COBRA participant, surviving spouse, or dependent. The lifetime maximum is cross-applied between all coverage types. This maximum also applies regardless of any break in coverage or service.

Life Insurance Premiums

Life insurance premiums for employees participating in the State and School Employees' Life Insurance Plan will remain unchanged at \$.24 per \$1,000 of coverage, with employers and employees each paying \$.12 per \$1,000 of coverage. Retiree premiums for life insurance coverage are age-rated and will also remain unchanged.

**STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
PREMIUM RATES**
Effective July 1, 2008

LEGACY EMPLOYEES

(INITIALLY HIRED BEFORE 1/1/2008)

	COVERAGE TYPE			
	BASE (High Deductible)		SELECT	
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
ACTIVE*				
Employee*	\$343	\$0	\$361	\$0
Employee + Spouse	\$682	\$339	\$746	\$385
Employee + Spouse & Child(ren)	\$860	\$517	\$924	\$563
Employee + Child	\$432	\$89	\$496	\$135
Employee + Children	\$568	\$225	\$632	\$271

RETIRED EMPLOYEE < 65 and NON-MEDICARE ELIGIBLE			
Retiree		\$394	\$415
Retiree + Spouse (Non-Medicare)		\$784	\$857
Retiree + Spouse & Child(ren) (Non-Medicare)		\$989	\$1,062
Retiree + Child		\$496	\$550
Retiree + Children		\$653	\$686
Retiree + Spouse (Medicare)		N/A	\$577
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A	\$712

DISABLED RETIREE < 65 and NON-MEDICARE ELIGIBLE			
Retiree		\$394	\$415
Retiree + Spouse (Non-Medicare)		\$784	\$857
Retiree + Spouse & Child(ren) (Non-Medicare)		\$989	\$1,062
Retiree + Child		\$496	\$550
Retiree + Children		\$653	\$686
Retiree + Spouse (Medicare)		N/A	\$577
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A	\$712

DISABLED RETIREE < 65 and MEDICARE ELIGIBLE			
Retiree		N/A	\$162
Retiree + Spouse (Non-Medicare)		N/A	\$604
Retiree + Spouse & Child(ren) (Non-Medicare)		N/A	\$809
Retiree + Child		N/A	\$297
Retiree + Children		N/A	\$433
Retiree + Spouse (Medicare)		N/A	\$324
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A	\$459

RETIRED EMPLOYEE > or = 65 and MEDICARE ELIGIBLE			
Retiree		N/A	\$162
Retiree + Spouse (Non-Medicare)		N/A	\$604
Retiree + Spouse & Child(ren) (Non-Medicare)		N/A	\$809
Retiree + Child		N/A	\$297
Retiree + Children		N/A	\$433
Retiree + Spouse (Medicare)		N/A	\$324
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A	\$459

RETIRED NON-MEDICARE MARRIED TO ACTIVE			
Retiree		\$367	\$385
Retiree + Child		\$456	\$520
Retiree + Children		\$592	\$656

* The State pays 100% of the Legacy employee's premium for Base (\$343) or Select (\$361) coverage.

**STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
PREMIUM RATES**
Effective July 1, 2008

HORIZON EMPLOYEES

(INITIALLY HIRED ON OR AFTER 1/1/2006)

	COVERAGE TYPE			
	BASE (High Deductible)		SELECT	
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
ACTIVE*				
Employee*	\$343	\$0	\$361	\$18
Employee + Spouse	\$682	\$339	\$746	\$403
Employee + Spouse & Child(ren)	\$860	\$517	\$924	\$581
Employee + Child	\$432	\$89	\$496	\$153
Employee + Children	\$568	\$225	\$632	\$289

RETIRED EMPLOYEE < 65 and NON-MEDICARE ELIGIBLE			
Retiree		\$575	\$596
Retiree + Spouse (Non-Medicare)		\$1,146	\$1,219
Retiree + Spouse & Child(ren) (Non-Medicare)		\$1,281	\$1,354
Retiree + Child		\$658	\$731
Retiree + Children		\$794	\$867
Retiree + Spouse (Medicare)		N/A	\$758
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A	\$893

DISABLED RETIREE < 65 and NON-MEDICARE ELIGIBLE			
Retiree		\$575	\$596
Retiree + Spouse (Non-Medicare)		\$1,146	\$1,219
Retiree + Spouse & Child(ren) (Non-Medicare)		\$1,281	\$1,354
Retiree + Child		\$658	\$731
Retiree + Children		\$794	\$867
Retiree + Spouse (Medicare)		N/A	\$758
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A	\$893

DISABLED RETIREE < 65 and MEDICARE ELIGIBLE			
Retiree		N/A	\$162
Retiree + Spouse (Non-Medicare)		N/A	\$785
Retiree + Spouse & Child(ren) (Non-Medicare)		N/A	\$920
Retiree + Child		N/A	\$297
Retiree + Children		N/A	\$433
Retiree + Spouse (Medicare)		N/A	\$324
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A	\$459

RETIRED EMPLOYEE > or = 65 and MEDICARE ELIGIBLE			
Retiree		N/A	\$162
Retiree + Spouse (Non-Medicare)		N/A	\$785
Retiree + Spouse & Child(ren) (Non-Medicare)		N/A	\$920
Retiree + Child		N/A	\$297
Retiree + Children		N/A	\$433
Retiree + Spouse (Medicare)		N/A	\$324
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A	\$459

RETIRED NON-MEDICARE MARRIED TO ACTIVE			
Retiree		\$367	\$385
Retiree + Child		\$456	\$520
Retiree + Children		\$592	\$656

* The State pays 100% of the Horizon employee's premium for Base (\$343) coverage. For Select coverage, the State pays \$343 of the Horizon employee's total \$361 premium.