

**STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN**  
**MONTHLY PREMIUM RATES**  
**Effective January 1, 2017**

Legacy - Initially hired before 1/1/2006

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

ACTIVE EMPLOYEE	LEGACY EMPLOYEES				HORIZON EMPLOYEES			
	BASE		SELECT		BASE		SELECT	
	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION
Employee	\$356	\$0	\$376	\$20	\$356	\$0	\$394	\$38
Employee + Spouse	\$745	\$389	\$819	\$463	\$745	\$389	\$837	\$481
Employee + Spouse & Child(ren)	\$949	\$593	\$1,023	\$667	\$949	\$593	\$1,041	\$685
Employee + Child	\$457	\$101	\$531	\$175	\$457	\$101	\$549	\$193
Employee + Children	\$614	\$258	\$688	\$332	\$614	\$258	\$706	\$350

\*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		HORIZON RETIREES	
	BASE	SELECT	BASE	SELECT
Retiree	\$409	\$432	\$653	\$676
Retiree + Spouse (Non-Medicare)	\$856	\$941	\$1,309	\$1,394
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,091	\$1,176	\$1,464	\$1,549
Retiree + Child	\$525	\$587	\$746	\$831
Retiree + Children	\$706	\$744	\$903	\$988
Retiree + Spouse (Medicare)	N/A	\$616	N/A	\$860
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$771	N/A	\$1,015

RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$184	N/A	\$184
Retiree + Spouse (Non-Medicare)	N/A	\$693	N/A	\$902
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$928	N/A	\$1,057
Retiree + Child	N/A	\$339	N/A	\$339
Retiree + Children	N/A	\$496	N/A	\$496
Retiree + Spouse (Medicare)	N/A	\$368	N/A	\$368
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$523	N/A	\$523

COBRA	BASE	SELECT	BASE	SELECT
Participant	\$363	\$383	\$363	\$401
Participant + Spouse	\$759	\$835	\$759	\$853
Participant + Spouse & Child(ren)	\$967	\$1,043	\$967	\$1,061
Participant + Child	\$466	\$541	\$466	\$559
Participant + Children	\$626	\$701	\$626	\$720

COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
Participant	\$534	\$564	\$534	\$591
Participant + Spouse	\$1,117	\$1,228	\$1,117	\$1,255
Participant + Spouse & Child(ren)	\$1,423	\$1,534	\$1,423	\$1,561
Participant + Child	\$685	\$796	\$685	\$823
Participant + Children	\$921	\$1,032	\$921	\$1,059