

**STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN**  
**MONTHLY PREMIUM RATES**  
**Effective July 1, 2018**

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*	\$375	\$0	\$395	\$20	\$375	\$0	\$413	\$38
Employee + Spouse	\$782	\$407	\$860	\$485	\$782	\$407	\$878	\$503
Employee + Spouse & Child(ren)	\$996	\$621	\$1,074	\$699	\$996	\$621	\$1,092	\$717
Employee + Child	\$480	\$105	\$558	\$183	\$480	\$105	\$576	\$201
Employee + Children	\$645	\$270	\$723	\$348	\$645	\$270	\$741	\$366

\*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	\$431	\$454	\$687	\$710
Retiree + Spouse (Non-Medicare)	\$899	\$989	\$1,374	\$1,464
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,145	\$1,235	\$1,537	\$1,627
Retiree + Child	\$552	\$617	\$783	\$873
Retiree + Children	\$741	\$782	\$948	\$1,038
Retiree + Spouse (Medicare)	N/A	\$638	N/A	\$894
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$801	N/A	\$1,057

RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$184	N/A	\$184
Retiree + Spouse (Non-Medicare)	N/A	\$719	N/A	\$938
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$965	N/A	\$1,101
Retiree + Child	N/A	\$347	N/A	\$347
Retiree + Children	N/A	\$512	N/A	\$512
Retiree + Spouse (Medicare)	N/A	\$368	N/A	\$368
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$531	N/A	\$531

COBRA	BASE	SELECT	BASE	SELECT
Participant	\$382	\$402	\$382	\$421
Participant + Spouse	\$797	\$877	\$797	\$895
Participant + Spouse & Child(ren)	\$1,015	\$1,095	\$1,015	\$1,113
Participant + Child	\$489	\$569	\$489	\$587
Participant + Children	\$657	\$737	\$657	\$755

COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
Participant	\$562	\$592	\$562	\$619
Participant + Spouse	\$1,173	\$1,290	\$1,173	\$1,317
Participant + Spouse & Child(ren)	\$1,494	\$1,611	\$1,494	\$1,638
Participant + Child	\$720	\$837	\$720	\$864
Participant + Children	\$967	\$1,084	\$967	\$1,111