

**STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
MONTHLY PREMIUM RATES**

Effective January 1, 2016

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	\$597	\$620
Retiree + Spouse (Non-Medicare)	\$856	\$941	\$1,232	\$1,317
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,091	\$1,176	\$1,387	\$1,472
Retiree + Child	\$525	\$587	\$690	\$775
Retiree + Children	\$706	\$744	\$847	\$932
Retiree + Spouse (Medicare)	N/A	\$612	N/A	\$800
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$767	N/A	\$955
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$180	N/A	\$180
Retiree + Spouse (Non-Medicare)	N/A	\$689	N/A	\$877
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$924	N/A	\$1,032
Retiree + Child	N/A	\$335	N/A	\$335
Retiree + Children	N/A	\$492	N/A	\$492
Retiree + Spouse (Medicare)	N/A	\$360	N/A	\$360
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$515	N/A	\$515
RETIRED NON-MEDICARE MARRIED TO ACTIVE	BASE	SELECT	BASE	SELECT
Retiree	\$409	\$432	\$409	\$432
Retiree + Child	\$510	\$587	\$510	\$587
Retiree + Children	\$667	\$744	\$667	\$744

COBRA	LEGACY		HORIZON	
	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