

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
MONTHLY PREMIUM RATES
Effective January 1, 2020

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*	\$378	\$0	\$398	\$20	\$378	\$0	\$418	\$40
Employee + Spouse	\$791	\$413	\$868	\$490	\$791	\$413	\$888	\$510
Employee + Spouse & Child(ren)	\$1,007	\$629	\$1,084	\$706	\$1,007	\$629	\$1,104	\$726
Employee + Child	\$485	\$107	\$563	\$185	\$485	\$107	\$583	\$205
Employee + Children	\$652	\$274	\$729	\$351	\$652	\$274	\$749	\$371

*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	\$434	\$458	\$693	\$717
Retiree + Spouse (Non-Medicare)	\$908	\$998	\$1,389	\$1,479
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,157	\$1,247	\$1,553	\$1,643
Retiree + Child	\$557	\$623	\$816	\$882
Retiree + Children	\$749	\$789	\$1,008	\$1,048
Retiree + Spouse (Medicare)	N/A	\$650	N/A	\$909
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$815	N/A	\$1,074
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$192	N/A	\$192
Retiree + Spouse (Non-Medicare)	N/A	\$732	N/A	\$954
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$981	N/A	\$1,118
Retiree + Child	N/A	\$357	N/A	\$357
Retiree + Children	N/A	\$523	N/A	\$523
Retiree + Spouse (Medicare)	N/A	\$384	N/A	\$384
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$549	N/A	\$549

COBRA	LEGACY		HORIZON	
	BASE	SELECT	BASE	SELECT
Participant	\$385	\$405	\$385	\$426
Participant + Spouse	\$806	\$885	\$806	\$905
Participant + Spouse & Child(ren)	\$1,027	\$1,105	\$1,027	\$1,126
Participant + Child	\$494	\$574	\$494	\$594
Participant + Children	\$665	\$743	\$665	\$763
COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
Participant	\$567	\$597	\$567	\$627
Participant + Spouse	\$1,186	\$1,302	\$1,186	\$1,332
Participant + Spouse & Child(ren)	\$1,510	\$1,626	\$1,510	\$1,656
Participant + Child	\$727	\$844	\$727	\$874
Participant + Children	\$978	\$1,093	\$978	\$1,123