

**STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN**  
**MONTHLY PREMIUM RATES**  
**EFFECTIVE JANUARY 1, 2026**

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

|                                | LEGACY EMPLOYEES |                  |               |                  | HORIZON EMPLOYEES |                  |               |                  |
|--------------------------------|------------------|------------------|---------------|------------------|-------------------|------------------|---------------|------------------|
|                                | BASE             |                  | SELECT        |                  | BASE              |                  | SELECT        |                  |
|                                | TOTAL PREMIUM    | EMPLOYEE PORTION | TOTAL PREMIUM | EMPLOYEE PORTION | TOTAL PREMIUM     | EMPLOYEE PORTION | TOTAL PREMIUM | EMPLOYEE PORTION |
| <b>ACTIVE EMPLOYEE</b>         |                  |                  |               |                  |                   |                  |               |                  |
| Employee*                      | \$513            | \$0              | \$534         | \$20             | \$513             | \$0              | \$566         | \$53             |
| Employee + Spouse              | \$1,074          | \$561            | \$1,173       | \$660            | \$1,074           | \$561            | \$1,205       | \$692            |
| Employee + Spouse & Child(ren) | \$1,367          | \$854            | \$1,467       | \$954            | \$1,367           | \$854            | \$1,499       | \$986            |
| Employee + Child               | \$659            | \$146            | \$759         | \$246            | \$659             | \$146            | \$791         | \$277            |
| Employee + Children            | \$886            | \$373            | \$984         | \$470            | \$886             | \$373            | \$1,016       | \$502            |

\*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.

|                                                      | LEGACY RETIREES |         | HORIZON RETIREES |         |
|------------------------------------------------------|-----------------|---------|------------------|---------|
|                                                      | BASE            | SELECT  | BASE             | SELECT  |
| <b>RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE</b>      |                 |         |                  |         |
| Retiree                                              | \$590           | \$614   | \$941            | \$975   |
| Retiree + Spouse (Non-Medicare)                      | \$1,235         | \$1,349 | \$1,887          | \$2,010 |
| Retiree + Spouse & Child(ren) (Non-Medicare)         | \$1,571         | \$1,686 | \$2,109          | \$2,234 |
| Retiree + Child                                      | \$758           | \$839   | \$1,109          | \$1,200 |
| Retiree + Children                                   | \$1,017         | \$1,063 | \$1,368          | \$1,425 |
| Retiree + Spouse (Medicare)                          | N/A             | \$864   | N/A              | \$1,225 |
| Retiree + Spouse & Child(ren) (One or more Medicare) | N/A             | \$1,089 | N/A              | \$1,450 |
|                                                      |                 |         |                  |         |
| <b>RETIRED EMPLOYEE - MEDICARE ELIGIBLE</b>          |                 |         |                  |         |
| Retiree                                              | N/A             | \$250   | N/A              | \$250   |
| Retiree + Spouse (Non-Medicare)                      | N/A             | \$985   | N/A              | \$1285  |
| Retiree + Spouse & Child(ren) (Non-Medicare)         | N/A             | \$1322  | N/A              | \$1509  |
| Retiree + Child                                      | N/A             | \$474   | N/A              | \$474   |
| Retiree + Children                                   | N/A             | \$699   | N/A              | \$699   |
| Retiree + Spouse (Medicare)                          | N/A             | \$500   | N/A              | \$500   |
| Retiree + Spouse & Child(ren) (One or more Medicare) | N/A             | \$725   | N/A              | \$725   |

|                                   | LEGACY  |         | HORIZON |         |
|-----------------------------------|---------|---------|---------|---------|
|                                   | BASE    | SELECT  | BASE    | SELECT  |
| <b>COBRA</b>                      |         |         |         |         |
| Participant                       | \$522   | \$545   | \$522   | \$577   |
| Participant + Spouse              | \$1,095 | \$1,197 | \$1,095 | \$1,229 |
| Participant + Spouse & Child(ren) | \$1,394 | \$1,496 | \$1,394 | \$1,529 |
| Participant + Child               | \$672   | \$774   | \$672   | \$806   |
| Participant + Children            | \$903   | \$1,003 | \$903   | \$1,036 |
| <b>COBRA DISABILITY EXTENSION</b> |         |         |         |         |
| Participant                       | \$769   | \$801   | \$769   | \$849   |
| Participant + Spouse              | \$1,611 | \$1,760 | \$1,611 | \$1,808 |
| Participant + Spouse & Child(ren) | \$2,051 | \$2,201 | \$2,051 | \$2,249 |
| Participant + Child               | \$988   | \$1,138 | \$988   | \$1,186 |
| Participant + Children            | \$1,329 | \$1,476 | \$1,329 | \$1,524 |