

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

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*	\$513	\$0	\$533	\$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	\$790	\$277
Employee + Children	\$886	\$373	\$983	\$470	\$886	\$373	\$1,015	\$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.

RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE	LEGACY RETIREES		HORIZON RETIREES	
	BASE	SELECT	BASE	SELECT
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
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
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

COBRA	LEGACY		HORIZON	
	BASE	SELECT	BASE	SELECT
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
COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
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