

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
MONTHLY PREMIUM RATES
Effective January 1, 2023

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*	\$437	\$0	\$457	\$20	\$437	\$0	\$483	\$46
Employee + Spouse	\$915	\$478	\$1,001	\$564	\$915	\$478	\$1,027	\$590
Employee + Spouse & Child(ren)	\$1,165	\$728	\$1,251	\$814	\$1,165	\$728	\$1,277	\$840
Employee + Child	\$561	\$124	\$648	\$211	\$561	\$124	\$674	\$237
Employee + Children	\$754	\$317	\$840	\$403	\$754	\$317	\$866	\$429

*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	\$502	\$525	\$802	\$830
Retiree + Spouse (Non-Medicare)	\$1,052	\$1,151	\$1,608	\$1,712
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,339	\$1,438	\$1,797	\$1,902
Retiree + Child	\$645	\$716	\$945	\$1,021
Retiree + Children	\$866	\$908	\$1,166	\$1,213
Retiree + Spouse (Medicare)	N/A	\$738	N/A	\$1,043
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$929	N/A	\$1,234
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$213	N/A	\$213
Retiree + Spouse (Non-Medicare)	N/A	\$839	N/A	\$1,095
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$1,126	N/A	\$1,285
Retiree + Child	N/A	\$404	N/A	\$404
Retiree + Children	N/A	\$596	N/A	\$596
Retiree + Spouse (Medicare)	N/A	\$426	N/A	\$426
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$617	N/A	\$617

COBRA	LEGACY		HORIZON	
	BASE	SELECT	BASE	SELECT
Participant	\$445	\$466	\$445	\$492
Participant + Spouse	\$933	\$1,021	\$933	\$1,047
Participant + Spouse & Child(ren)	\$1,188	\$1,276	\$1,188	\$1,302
Participant + Child	\$572	\$660	\$572	\$687
Participant + Children	\$769	\$856	\$769	\$883
COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
Participant	\$655	\$685	\$655	\$724
Participant + Spouse	\$1,372	\$1,501	\$1,372	\$1,540
Participant + Spouse & Child(ren)	\$1,747	\$1,876	\$1,747	\$1,915
Participant + Child	\$841	\$972	\$841	\$1,011
Participant + Children	\$1,131	\$1,260	\$1,131	\$1,299