

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
MONTHLY PREMIUM RATES
Effective January 1, 2024

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*	\$459	\$0	\$479	\$20	\$459	\$0	\$507	\$48
Employee + Spouse	\$961	\$502	\$1,050	\$591	\$961	\$502	\$1,078	\$619
Employee + Spouse & Child(ren)	\$1,223	\$764	\$1,313	\$854	\$1,223	\$764	\$1,341	\$882
Employee + Child	\$589	\$130	\$680	\$221	\$589	\$130	\$708	\$249
Employee + Children	\$792	\$333	\$881	\$422	\$792	\$333	\$909	\$450

*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	\$527	\$550	\$842	\$872
Retiree + Spouse (Non-Medicare)	\$1,105	\$1,207	\$1,688	\$1,798
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,406	\$1,509	\$1,887	\$1,998
Retiree + Child	\$677	\$751	\$992	\$1,073
Retiree + Children	\$909	\$952	\$1,224	\$1,274
Retiree + Spouse (Medicare)	N/A	\$774	N/A	\$1,096
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$975	N/A	\$1,297
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$224	N/A	\$224
Retiree + Spouse (Non-Medicare)	N/A	\$881	N/A	\$1,150
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$1,183	N/A	\$1,350
Retiree + Child	N/A	\$425	N/A	\$425
Retiree + Children	N/A	\$626	N/A	\$626
Retiree + Spouse (Medicare)	N/A	\$448	N/A	\$448
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$649	N/A	\$649

COBRA	LEGACY		HORIZON	
	BASE	SELECT	BASE	SELECT
Participant	\$468	\$488	\$468	\$517
Participant + Spouse	\$980	\$1,071	\$980	\$1,099
Participant + Spouse & Child(ren)	\$1,247	\$1,339	\$1,247	\$1,367
Participant + Child	\$600	\$693	\$600	\$722
Participant + Children	\$807	\$898	\$807	\$927
COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
Participant	\$688	\$718	\$688	\$760
Participant + Spouse	\$1,441	\$1,575	\$1,441	\$1,617
Participant + Spouse & Child(ren)	\$1,834	\$1,969	\$1,834	\$2,011
Participant + Child	\$883	\$1,020	\$883	\$1,062
Participant + Children	\$1,188	\$1,321	\$1,188	\$1,363