

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
MONTHLY PREMIUM RATES
Effective January 1, 2025

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*	\$482	\$0	\$502	\$20	\$482	\$0	\$532	\$50
Employee + Spouse	\$1,009	\$527	\$1,102	\$620	\$1,009	\$527	\$1,132	\$650
Employee + Spouse & Child(ren)	\$1,284	\$802	\$1,378	\$896	\$1,284	\$802	\$1,408	\$926
Employee + Child	\$619	\$137	\$713	\$231	\$619	\$137	\$743	\$261
Employee + Children	\$832	\$350	\$924	\$442	\$832	\$350	\$954	\$472

*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	\$554	\$577	\$884	\$916
Retiree + Spouse (Non-Medicare)	\$1,160	\$1,267	\$1,772	\$1,888
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,476	\$1,584	\$1,981	\$2,098
Retiree + Child	\$712	\$788	\$1,042	\$1,127
Retiree + Children	\$955	\$999	\$1,285	\$1,338
Retiree + Spouse (Medicare)	N/A	\$812	N/A	\$1,151
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$1,023	N/A	\$1,362
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$235	N/A	\$235
Retiree + Spouse (Non-Medicare)	N/A	\$925	N/A	\$1,207
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$1,242	N/A	\$1,417
Retiree + Child	N/A	\$446	N/A	\$446
Retiree + Children	N/A	\$657	N/A	\$657
Retiree + Spouse (Medicare)	N/A	\$470	N/A	\$470
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$681	N/A	\$681

COBRA	LEGACY		HORIZON	
	BASE	SELECT	BASE	SELECT
Participant	\$491	\$512	\$491	\$542
Participant + Spouse	\$1,029	\$1,124	\$1,029	\$1,154
Participant + Spouse & Child(ren)	\$1,309	\$1,405	\$1,309	\$1,436
Participant + Child	\$631	\$727	\$631	\$757
Participant + Children	\$848	\$942	\$848	\$973
COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
Participant	\$723	\$753	\$723	\$798
Participant + Spouse	\$1,513	\$1,653	\$1,513	\$1,698
Participant + Spouse & Child(ren)	\$1,926	\$2,067	\$1,926	\$2,112
Participant + Child	\$928	\$1,069	\$928	\$1,114
Participant + Children	\$1,248	\$1,386	\$1,248	\$1,431