

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
MONTHLY PREMIUM RATES
Effective January 1, 2022

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*	\$412	\$0	\$432	\$20	\$412	\$0	\$455	\$43
Employee + Spouse	\$863	\$451	\$945	\$533	\$863	\$451	\$968	\$556
Employee + Spouse & Child(ren)	\$1,099	\$597	\$1,181	\$729	\$1,099	\$587	\$1,204	\$792
Employee + Child	\$529	\$117	\$612	\$200	\$529	\$117	\$635	\$223
Employee + Children	\$711	\$299	\$793	\$381	\$711	\$299	\$816	\$404

*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	\$473	\$496	\$757	\$783
Retiree + Spouse (Non-Medicare)	\$922	\$1,086	\$1,517	\$1,615
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,263	\$1,358	\$1,825	\$1,794
Retiree + Child	\$628	\$676	\$892	\$963
Retiree + Children	\$818	\$857	\$1,100	\$1,144
Retiree + Spouse (Medicare)	N/A	\$627	N/A	\$684
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$877	N/A	\$1,164
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	LEGACY		HORIZON	
	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$201	N/A	\$201
Retiree + Spouse (Non-Medicare)	N/A	\$791	N/A	\$1,033
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$1,083	N/A	\$1,212
Retiree + Child	N/A	\$381	N/A	\$381
Retiree + Children	N/A	\$562	N/A	\$562
Retiree + Spouse (Medicare)	N/A	\$402	N/A	\$402
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$552	N/A	\$582

COBRA	LEGACY		HORIZON	
	BASE	SELECT	BASE	SELECT
Participant	\$420	\$440	\$420	\$464
Participant + Spouse	\$850	\$953	\$850	\$987
Participant + Spouse & Child(ren)	\$1,120	\$1,204	\$1,120	\$1,228
Participant + Child	\$539	\$624	\$539	\$647
Participant + Children	\$725	\$803	\$725	\$832
COBRA DISABILITY EXTENSION	LEGACY		HORIZON	
	BASE	SELECT	BASE	SELECT
Participant	\$618	\$648	\$618	\$682
Participant + Spouse	\$1,294	\$1,417	\$1,294	\$1,452
Participant + Spouse & Child(ren)	\$1,648	\$1,771	\$1,648	\$1,805
Participant + Child	\$793	\$918	\$793	\$952
Participant + Children	\$1,086	\$1,189	\$1,086	\$1,224