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

	LEGACY EMPLOYEES				HORIZON EMPLOYEES			
	BASE		SELECT		BASE		SELECT	
ACTIVE EMPLOYEE	**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.

	LEGACY RETIREES		HORIZON RETIREES	
RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE	**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

	LEGACY		HORIZON	
COBRA	**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