

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN  
MONTHLY PREMIUM RATES  
Effective January 1, 2027

Legacy – Initially hired before 1/1/2006  
Horizon – Initially hired on or after 1/1/2006

|                                | LEGACY EMPLOYEES |                  |               |                  | HORIZON EMPLOYEES |                  |               |                  |
|--------------------------------|------------------|------------------|---------------|------------------|-------------------|------------------|---------------|------------------|
|                                | BASE             |                  | SELECT        |                  | BASE              |                  | SELECT        |                  |
|                                | TOTAL PREMIUM    | EMPLOYEE PORTION | TOTAL PREMIUM | EMPLOYEE PORTION | TOTAL PREMIUM     | EMPLOYEE PORTION | TOTAL PREMIUM | EMPLOYEE PORTION |
| ACTIVE EMPLOYEE                |                  |                  |               |                  |                   |                  |               |                  |
| Employee*                      | \$546            | \$0              | \$566         | \$20             | \$546             | \$0              | \$602         | \$56             |
| Employee + Spouse              | \$1,143          | \$597            | \$1,249       | \$703            | \$1,143           | \$597            | \$1,283       | \$737            |
| Employee + Spouse & Child(ren) | \$1,456          | \$910            | \$1,562       | \$1,016          | \$1,456           | \$910            | \$1,596       | \$1,050          |
| Employee + Child               | \$702            | \$156            | \$808         | \$262            | \$702             | \$156            | \$841         | \$295            |
| Employee + Children            | \$943            | \$397            | \$1,046       | \$500            | \$943             | \$397            | \$1,080       | \$534            |

\*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 |         |
|------------------------------------------------------|-----------------|---------|
|                                                      | BASE            | SELECT  |
| Retiree                                              | \$628           | \$653   |
| Retiree + Spouse (Non-Medicare)                      | \$1,315         | \$1,437 |
| Retiree + Spouse & Child(ren) (Non-Medicare)         | \$1,673         | \$1,795 |
| Retiree + Child                                      | \$807           | \$893   |
| Retiree + Children                                   | \$1,083         | \$1,132 |
| Retiree + Spouse (Medicare)                          | N/A             | \$920   |
| Retiree + Spouse & Child(ren) (One or more Medicare) | N/A             | \$1,160 |
| RETIRED EMPLOYEE - MEDICARE ELIGIBLE                 | BASE            | SELECT  |
| Retiree                                              | N/A             | \$266   |
| Retiree + Spouse (Non-Medicare)                      | N/A             | \$1,049 |
| Retiree + Spouse & Child(ren) (Non-Medicare)         | N/A             | \$1,407 |
| Retiree + Child                                      | N/A             | \$504   |
| Retiree + Children                                   | N/A             | \$744   |
| Retiree + Spouse (Medicare)                          | N/A             | \$532   |
| Retiree + Spouse & Child(ren) (One or more Medicare) | N/A             | \$772   |

| HORIZON RETIREES |         |
|------------------|---------|
| BASE             | SELECT  |
| \$1,002          | \$1,038 |
| \$2,009          | \$2,140 |
| \$2,246          | \$2,379 |
| \$1,181          | \$1,278 |
| \$1,456          | \$1,517 |
| N/A              | \$1,304 |
| N/A              | \$1,544 |
| BASE             | SELECT  |
| N/A              | \$266   |
| N/A              | \$1,369 |
| N/A              | \$1,607 |
| N/A              | \$504   |
| N/A              | \$744   |
| N/A              | \$532   |
| N/A              | \$772   |

| COBRA                             | LEGACY  |         |
|-----------------------------------|---------|---------|
|                                   | BASE    | SELECT  |
| Participant                       | \$555   | \$580   |
| Participant + Spouse              | \$1,166 | \$1,274 |
| Participant + Spouse & Child(ren) | \$1,484 | \$1,593 |
| Participant + Child               | \$715   | \$824   |
| Participant + Children            | \$961   | \$1,068 |
| COBRA DISABILITY EXTENSION        | BASE    | SELECT  |
| Participant                       | \$818   | \$853   |
| Participant + Spouse              | \$1,716 | \$1,874 |
| Participant + Spouse & Child(ren) | \$2,184 | \$2,344 |
| Participant + Child               | \$1,052 | \$1,212 |
| Participant + Children            | \$1,415 | \$1,572 |

| HORIZON |         |
|---------|---------|
| BASE    | SELECT  |
| \$555   | \$614   |
| \$1,166 | \$1,308 |
| \$1,484 | \$1,628 |
| \$715   | \$858   |
| \$961   | \$1,103 |
| BASE    | SELECT  |
| \$818   | \$904   |
| \$1,716 | \$1,925 |
| \$2,184 | \$2,395 |
| \$1,052 | \$1,263 |
| \$1,415 | \$1,623 |