STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN MONTHLY PREMIUM RATES Effective January 1, 2019

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 *	\$367	\$0	\$387	\$20	\$367	\$0	\$406	\$39
Employee + Spouse	\$768	\$401	\$843	\$476	\$768	\$401	\$862	\$495
Employee + Spouse & Child(ren)	\$978	\$611	\$1,053	\$686	\$978	\$611	\$1,072	\$705
Employee + Child	\$471	\$104	\$547	\$180	\$471	\$104	\$566	\$199
Employee + Children	\$633	\$266	\$708	\$341	\$633	\$266	\$727	\$360

^{*}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.

DETUDED FAMILIANTE AND AMERICANE FUCINIE	LEGACY R	HORIZON RETIREES		
RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	\$421	\$445	\$673	\$696
Retiree + Spouse (Non-Medicare)	\$881	\$969	\$1,349	\$1,436
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,123	\$1,211	\$1,508	\$1,595
Retiree + Child	\$540	\$605	\$792	\$856
Retiree + Children	\$727	\$766	\$979	\$1,017
Retiree + Spouse (Medicare)	N/A	\$633	N/A	\$884
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$793	N/A	\$1,044
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$188	N/A	\$188
Retiree + Spouse (Non-Medicare)	N/A	\$712	N/A	\$928
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$954	N/A	\$1,087
Retiree + Child	N/A	\$348	N/A	\$348
Retiree + Children	N/A	\$509	N/A	\$509
Retiree + Spouse (Medicare)	N/A	\$376	N/A	\$376
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$536	N/A	\$536
COBRA	BASE	SELECT	BASE	SELECT
Participant	\$374	\$394	\$374	\$414
Participant + Spouse	\$783	\$859	\$783	\$879
Participant + Spouse & Child(ren)	\$997	\$1,074	\$997	\$1,093
Participant + Child	\$480	\$557	\$480	\$577
Participant + Children	\$645	\$722	\$645	\$741
COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
Participant	\$550	\$580	\$550	\$609
Participant + Spouse	\$1,152	\$1,264	\$1,152	\$1,293
Participant + Spouse & Child(ren)	\$1,467	\$1,579	\$1,467	\$1,608
Participant + Child	\$706	\$820	\$706	\$849
Participant + Children	\$949	\$1,062	\$949	\$1,090