

**STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
MONTHLY PREMIUM RATES**

Effective January 1, 2011

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	EMPLOYEE	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
Employee*	\$356	\$0	\$376	\$20	\$356	\$0	\$394	\$38
Employee + Spouse	\$745	\$389	\$819	\$463	\$745	\$389	\$837	\$481
Employee + Spouse & Child(ren)	\$949	\$593	\$1,023	\$667	\$949	\$593	\$1,041	\$685
Employee + Child	\$457	\$101	\$531	\$175	\$457	\$101	\$549	\$193
Employee + Children	\$614	\$258	\$688	\$332	\$614	\$258	\$706	\$350

*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 < 65 and NON-MEDICARE ELIGIBLE	LEGACY RETIREES		HORIZON RETIREES	
	BASE	SELECT	BASE	SELECT
Retiree	\$409	\$432	\$597	\$620
Retiree + Spouse (Non-Medicare)	\$856	\$941	\$1,232	\$1,317
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,091	\$1,176	\$1,387	\$1,472
Retiree + Child	\$525	\$587	\$690	\$775
Retiree + Children	\$706	\$744	\$847	\$932
Retiree + Spouse (Medicare)	N/A	\$618	N/A	\$806
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$773	N/A	\$961

DISABLED RETIREE < 65 and NON-MEDICARE ELIGIBLE	LEGACY RETIREES		HORIZON RETIREES	
	BASE	SELECT	BASE	SELECT
Retiree	\$409	\$432	\$597	\$620
Retiree + Spouse (Non-Medicare)	\$856	\$941	\$1,232	\$1,317
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,091	\$1,176	\$1,387	\$1,472
Retiree + Child	\$525	\$587	\$690	\$775
Retiree + Children	\$706	\$744	\$847	\$932
Retiree + Spouse (Medicare)	N/A	\$618	N/A	\$806
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$773	N/A	\$961

DISABLED RETIREE < 65 and MEDICARE ELIGIBLE	LEGACY RETIREES		HORIZON RETIREES	
	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$186	N/A	\$186
Retiree + Spouse (Non-Medicare)	N/A	\$695	N/A	\$883
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$930	N/A	\$1,038
Retiree + Child	N/A	\$341	N/A	\$341
Retiree + Children	N/A	\$498	N/A	\$498
Retiree + Spouse (Medicare)	N/A	\$372	N/A	\$372
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$527	N/A	\$527

RETIRED EMPLOYEE > or = 65 and MEDICARE ELIGIBLE	LEGACY RETIREES		HORIZON RETIREES	
	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$186	N/A	\$186
Retiree + Spouse (Non-Medicare)	N/A	\$695	N/A	\$883
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$930	N/A	\$1,038
Retiree + Child	N/A	\$341	N/A	\$341
Retiree + Children	N/A	\$498	N/A	\$498
Retiree + Spouse (Medicare)	N/A	\$372	N/A	\$372
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$527	N/A	\$527

RETIRED NON-MEDICARE MARRIED TO ACTIVE	LEGACY RETIREES		HORIZON RETIREES	
	BASE	SELECT	BASE	SELECT
Retiree	\$409	\$432	\$409	\$432
Retiree + Child	\$510	\$587	\$510	\$587
Retiree + Children	\$667	\$744	\$667	\$744

COBRA	LEGACY PARTICIPANTS		HORIZON PARTICIPANTS	
	BASE	SELECT	BASE	SELECT
Participant	\$363	\$383	\$363	\$401
Participant + Spouse	\$759	\$835	\$759	\$853
Participant + Spouse & Child(ren)	\$967	\$1,043	\$967	\$1,061
Participant + Child	\$466	\$541	\$466	\$559
Participant + Children	\$626	\$701	\$626	\$720

COBRA DISABILITY EXTENSION	LEGACY PARTICIPANTS		HORIZON PARTICIPANTS	
	BASE	SELECT	BASE	SELECT
Participant	\$534	\$564	\$534	\$591
Participant + Spouse	\$1,117	\$1,228	\$1,117	\$1,255
Participant + Spouse & Child(ren)	\$1,423	\$1,534	\$1,423	\$1,561
Participant + Child	\$685	\$796	\$685	\$823
Participant + Children	\$921	\$1,032	\$921	\$1,059

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
COBRA SUBSIDY PREMIUM RATES
 Effective JANUARY 1, 2011

LEGACY BASE COVERAGE	Total Premium	Employer Subsidy	Participant Premium
Participant	\$363	\$236	\$127
Participant + Spouse	\$759	\$494	\$265
Participant + Spouse & Child(ren)	\$967	\$629	\$338
Participant + Child	\$466	\$303	\$163
Participant + Children	\$626	\$407	\$219

LEGACY SELECT COVERAGE	Total Premium	Employer Subsidy	Participant Premium
Participant	\$383	\$249	\$134
Participant + Spouse	\$835	\$543	\$292
Participant + Spouse & Child(ren)	\$1,043	\$678	\$365
Participant + Child	\$541	\$352	\$189
Participant + Children	\$701	\$456	\$245

HORIZON BASE COVERAGE	Total Premium	Employer Subsidy	Participant Premium
Participant	\$363	\$236	\$127
Participant + Spouse	\$759	\$494	\$265
Participant + Spouse & Child(ren)	\$967	\$629	\$338
Participant + Child	\$466	\$303	\$163
Participant + Children	\$626	\$407	\$219

HORIZON SELECT COVERAGE	Total Premium	Employer Subsidy	Participant Premium
Participant	\$401	\$261	\$140
Participant + Spouse	\$853	\$555	\$298
Participant + Spouse & Child(ren)	\$1,061	\$690	\$371
Participant + Child	\$559	\$364	\$195
Participant + Children	\$720	\$468	\$252