

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
PREMIUM RATES
 Effective July 1, 2009

LEGACY EMPLOYEES
 (INITIALLY HIRED BEFORE 1/1/2006)

COVERAGE TYPE

BASE (High Deductible) **SELECT**
TOTAL EMPLOYEE TOTAL EMPLOYEE

ACTIVE*				
	BASE (High Deductible)		SELECT	
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
Employee*	\$343	\$0	\$361	\$0
Employee + Spouse	\$682	\$339	\$746	\$385
Employee + Spouse & Child(ren)	\$860	\$517	\$924	\$563
Employee + Child	\$432	\$89	\$496	\$135
Employee + Children	\$568	\$225	\$632	\$271

RETIRED EMPLOYEE < 65 and NON-MEDICARE ELIGIBLE				
	BASE (High Deductible)		SELECT	
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
Retiree		\$394		\$415
Retiree + Spouse (Non-Medicare)		\$784		\$857
Retiree + Spouse & Child(ren) (Non-Medicare)		\$989		\$1,062
Retiree + Child		\$496		\$550
Retiree + Children		\$653		\$686
Retiree + Spouse (Medicare)		N/A		\$577
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$712

DISABLED RETIREE < 65 and NON-MEDICARE ELIGIBLE				
	BASE (High Deductible)		SELECT	
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
Retiree		\$394		\$415
Retiree + Spouse (Non-Medicare)		\$784		\$857
Retiree + Spouse & Child(ren) (Non-Medicare)		\$989		\$1,062
Retiree + Child		\$496		\$550
Retiree + Children		\$653		\$686
Retiree + Spouse (Medicare)		N/A		\$577
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$712

DISABLED RETIREE < 65 and MEDICARE ELIGIBLE				
	BASE (High Deductible)		SELECT	
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
Retiree		N/A		\$162
Retiree + Spouse (Non-Medicare)		N/A		\$604
Retiree + Spouse & Child(ren) (Non-Medicare)		N/A		\$809
Retiree + Child		N/A		\$297
Retiree + Children		N/A		\$433
Retiree + Spouse (Medicare)		N/A		\$324
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$459

RETIRED EMPLOYEE > or = 65 and MEDICARE ELIGIBLE				
	BASE (High Deductible)		SELECT	
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
Retiree		N/A		\$162
Retiree + Spouse (Non-Medicare)		N/A		\$604
Retiree + Spouse & Child(ren) (Non-Medicare)		N/A		\$809
Retiree + Child		N/A		\$297
Retiree + Children		N/A		\$433
Retiree + Spouse (Medicare)		N/A		\$324
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$459

RETIRED NON-MEDICARE MARRIED TO ACTIVE				
	BASE (High Deductible)		SELECT	
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
Retiree		\$367		\$385
Retiree + Child		\$456		\$520
Retiree + Children		\$592		\$656

* The State pays 100% of the Legacy employee's premium for Base (\$343) or Select (\$361) coverage.

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
PREMIUM RATES
 Effective July 1, 2009

HORIZON EMPLOYEES

(INITIALLY HIRED ON OR AFTER 1/1/2006)

COVERAGE TYPE

BASE (High Deductible)

SELECT

TOTAL

EMPLOYEE

TOTAL

EMPLOYEE

ACTIVE*				
	BASE (High Deductible)		SELECT	
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
Employee*	\$343	\$0	\$361	\$18
Employee + Spouse	\$682	\$339	\$746	\$403
Employee + Spouse & Child(ren)	\$860	\$517	\$924	\$581
Employee + Child	\$432	\$89	\$496	\$153
Employee + Children	\$568	\$225	\$632	\$289

RETIRED EMPLOYEE < 65 and NON-MEDICARE ELIGIBLE				
	BASE (High Deductible)		SELECT	
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
Retiree		\$575		\$596
Retiree + Spouse (Non-Medicare)		\$1,146		\$1,219
Retiree + Spouse & Child(ren) (Non-Medicare)		\$1,281		\$1,354
Retiree + Child		\$658		\$731
Retiree + Children		\$794		\$867
Retiree + Spouse (Medicare)		N/A		\$758
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$893

DISABLED RETIREE < 65 and NON-MEDICARE ELIGIBLE				
	BASE (High Deductible)		SELECT	
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
Retiree		\$575		\$596
Retiree + Spouse (Non-Medicare)		\$1,146		\$1,219
Retiree + Spouse & Child(ren) (Non-Medicare)		\$1,281		\$1,354
Retiree + Child		\$658		\$731
Retiree + Children		\$794		\$867
Retiree + Spouse (Medicare)		N/A		\$758
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$893

DISABLED RETIREE < 65 and MEDICARE ELIGIBLE				
	BASE (High Deductible)		SELECT	
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
Retiree		N/A		\$162
Retiree + Spouse (Non-Medicare)		N/A		\$785
Retiree + Spouse & Child(ren) (Non-Medicare)		N/A		\$920
Retiree + Child		N/A		\$297
Retiree + Children		N/A		\$433
Retiree + Spouse (Medicare)		N/A		\$324
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$459

RETIRED EMPLOYEE > or = 65 and MEDICARE ELIGIBLE				
	BASE (High Deductible)		SELECT	
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
Retiree		N/A		\$162
Retiree + Spouse (Non-Medicare)		N/A		\$785
Retiree + Spouse & Child(ren) (Non-Medicare)		N/A		\$920
Retiree + Child		N/A		\$297
Retiree + Children		N/A		\$433
Retiree + Spouse (Medicare)		N/A		\$324
Retiree + Spouse & Child(ren) (One or more Medicare)		N/A		\$459

RETIRED NON-MEDICARE MARRIED TO ACTIVE				
	BASE (High Deductible)		SELECT	
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
Retiree		\$367		\$385
Retiree + Child		\$456		\$520
Retiree + Children		\$592		\$656

* The State pays 100% of the Horizon employee's premium for Base (\$343) coverage. For Select coverage, the State pays \$343 of the Horizon employee's total \$361 premium.

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
PREMIUM RATES
 Effective July 1, 2009

COBRA ENROLLEES

(Legacy and Horizon)

COVERAGE TYPE

BASE (High Deductible)

SELECT

COBRA

Participant	\$349	\$368
Participant + Spouse	\$695	\$760
Participant + Spouse & Child(ren)	\$877	\$942
Participant + Child	\$440	\$505
Participant + Children	\$579	\$644

COBRA DISABILITY EXTENSION

Participant	\$514	\$541
Participant + Spouse	\$1,023	\$1,119
Participant + Spouse & Child(ren)	\$1,290	\$1,386
Participant + Child	\$648	\$744
Participant + Children	\$852	\$948

COBRA ENROLLEES on SUBSIDY

(Legacy and Horizon)

BASE COVERAGE

COBRA

	Total Premium	Employer Subsidy	Participant Premium
Participant	\$349	\$227	\$122
Participant + Spouse	\$695	\$452	\$243
Participant + Spouse & Child(ren)	\$877	\$571	\$306
Participant + Child	\$440	\$286	\$154
Participant + Children	\$579	\$377	\$202

COBRA DISABILITY EXTENSION

Participant	\$514	\$335	\$179
Participant + Spouse	\$1,023	\$665	\$358
Participant + Spouse & Child(ren)	\$1,290	\$839	\$451
Participant + Child	\$648	\$422	\$226
Participant + Children	\$852	\$554	\$298

SELECT COVERAGE

COBRA

	Total Premium	Employer Subsidy	Participant Premium
Participant	\$368	\$240	\$128
Participant + Spouse	\$760	\$494	\$266
Participant + Spouse & Child(ren)	\$942	\$613	\$329
Participant + Child	\$505	\$329	\$176
Participant + Children	\$644	\$419	\$225

COBRA DISABILITY EXTENSION

Participant	\$541	\$352	\$189
Participant + Spouse	\$1,119	\$728	\$391
Participant + Spouse & Child(ren)	\$1,386	\$901	\$485
Participant + Child	\$744	\$484	\$260
Participant + Children	\$948	\$617	\$331