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MANAGEMENT ADVISORY 18-006

DATE: September 17, 2018
TO: Benefit Managers and Payroll Administrators
FROM: Ryan Stokes, Bureau Chief
SUBJECT: Premium Rates – Effective Dec. 2018 for Jan. 2019 Coverage

In Dec. 2018 for Jan. 2019 coverage, the employer contribution amounts for health insurance will increase. As a result, early retiree, COBRA, surviving spouse, and overage dependent premiums will increase. There are no changes to Medicare tier premiums.

Please see the [premium rate chart](#) (*attached*).

STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

Premium Rate Table

Effective December 2018 for January 2019 Coverage

(Premium rate change for Employer, COBRA, Early Retirees, and Overage Dependents ONLY)

| Subscriber Category / Contribution Cycle | | Coverage Type | PPO/HMO Standard | | | PPO/HMO HDHP | | |
|--|---|---------------|------------------|----------|----------|-------------------------|----------|----------|
| | | | Employer | Enrollee | Total | Employer ⁽⁴⁾ | Enrollee | Total |
| Career Service / OPS | Monthly Full -Time Employees ⁽¹⁾ | Single | 684.42 | 50.00 | 734.42 | 684.42 | 15.00 | 699.42 |
| | | Family | 1,473.18 | 180.00 | 1,653.18 | 1,473.18 | 64.30 | 1,537.48 |
| | | Spouse | 1,623.20 | 30.00 | 1,653.20 | 1,507.48 | 30.00 | 1,537.48 |
| | Bi-Weekly Full -Time Employees ⁽¹⁾ | Single | 342.21 | 25.00 | 367.21 | 342.21 | 7.50 | 349.71 |
| | | Family | 736.59 | 90.00 | 826.59 | 736.59 | 32.15 | 768.74 |
| | | Spouse | 811.60 | 15.00 | 826.60 | 753.74 | 15.00 | 768.74 |
| SES / SMS | Monthly Full -Time Employees ^(1,2) | Single | 726.08 | 8.34 | 734.42 | 691.08 | 8.34 | 699.42 |
| | | Family | 1,623.20 | 30.00 | 1,653.20 | 1,507.48 | 30.00 | 1,537.48 |
| | Bi-Weekly Full -Time Employees ^(1,2) | Single | 363.04 | 4.17 | 367.21 | 345.54 | 4.17 | 349.71 |
| | | Family | 811.60 | 15.00 | 826.60 | 753.74 | 15.00 | 768.74 |
| COBRA (Non-Medicare) | Monthly ⁽³⁾ | Single | 0.00 | 749.11 | 749.11 | 0.00 | 670.92 | 670.92 |
| | | Family | 0.00 | 1,686.24 | 1,686.24 | 0.00 | 1,483.23 | 1,483.23 |
| Early Retirees | Monthly | Single | 0.00 | 734.42 | 734.42 | 0.00 | 657.76 | 657.76 |
| | | Family | 0.00 | 1,653.18 | 1,653.18 | 0.00 | 1,454.15 | 1,454.15 |
| Overage Dependents | | Single | 0.00 | 734.42 | 734.42 | 0.00 | 657.76 | 657.76 |

| Medicare Monthly Premium Rates | | | | |
|------------------------------------|-----------|--|---|---|
| Plan Name | Plan Type | Medicare I One Eligible ⁽⁵⁾ | Medicare II One Under/Over ⁽⁶⁾ | Medicare III Both Eligible ⁽⁷⁾ |
| COBRA (Medicare) ⁽³⁾ | Standard | 396.15 | 1,142.25 | 792.30 |
| | HDHP | 298.62 | 935.47 | 597.22 |
| Self-Insured PPO / HMO | Standard | 388.38 | 1,119.85 | 776.76 |
| | HDHP | 292.76 | 917.13 | 585.51 |
| Capital Health Plan ⁽⁸⁾ | Standard | 282.62 | 945.62 | 565.24 |
| | HDHP | 257.23 | 852.80 | 514.46 |

Notes:

- (1) Premium contribution for Part-Time Employees (FTE < 0.75) is to be calculated as follows:
 Step 1. State Contribution x FTE% = Calculated State Contribution
 Step 2. Total Contribution - Calculated State Contribution = Employee Contribution
- (2) SES/SMS - Includes executive, legislative and judicial branch agencies for employees with enhanced benefits, excluding Spouse Program participants.
- (3) Enrollment into COBRA Medicare tiers is not available at this time. Includes an additional 2% for administrative costs as permitted by federal regulations.
- (4) The employer monthly HSA contribution of \$41.66/single (\$500 annually) and \$83.33/family (\$1,000 annually) is included in the listed employer rates.
- (5) Single coverage for participant eligible for Medicare Parts A and B. Does not include monthly Medicare Part B premium.
- (6) Family coverage for two or more participants, if at least one participant is eligible for Medicare Parts A and B. Does not include Medicare Part B premium.
- (7) Family coverage for two participants and both are eligible for Medicare Parts A and B. Does not include Medicare Part B premium.
- (8) Medicare eligible retirees must complete the HMO's Medicare Advantage Plan application process to be eligible for this coverage.