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**MANAGEMENT ADVISORY #10-006**

**DATE:** March 30, 2010  
**TO:** Agency and University Personnel Officers and Benefit Coordinators  
**FROM:** Suzetta Furlong, Manager  
**SUBJECT:** Premium Rate Changes: May 2010 for June Coverage

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As a result of legislative action, premium rates for the State Employees' Group Health Insurance Program under both the Standard Plans and the Health Investor Health Plans will change for payrolls with warrant dates on or after May 1, 2010, for June 2010 coverage. Please see the tables on the next two pages for detailed rate information.

We are mailing letters to participants whose rates will change. Letters and management advisory forthcoming.

# State Employees' Group Health Insurance Program Premium Rate Table

## Standard Plans

Effective May 1, 2010

| Category                                  | Coverage Type          | Code  | Biweekly Contribution |          |        | Monthly Contribution |          |          |
|---|------------------------|-------|-----------------------|----------|--------|----------------------|----------|----------|
|   |                        |       | State                 | Enrollee | Total  | State                | Enrollee | Total    |
| Active Full-Time Employees <sup>(1)</sup> | Single                 | 01    | 236.81                | 25.00    | 261.81 | 473.62               | 50.00    | 523.62   |
|   | Family                 | 02    | 502.07                | 90.00    | 592.07 | 1,004.14             | 180.00   | 1,184.14 |
|   | Spouse                 | 22/89 | 592.07                | 0.00     | 592.07 | 1,184.14             | 0.00     | 1,184.14 |
| COBRA Participants                        | Single <sup>(2)</sup>  | 9     | 0.00                  | 0.00     | 0.00   | 0.00                 | 534.09   | 534.09   |
|   | Family <sup>(2)</sup>  | 10    | 0.00                  | 0.00     | 0.00   | 0.00                 | 1,207.82 | 1,207.82 |
|   | Single <sup>(3)</sup>  | 11    | 0.00                  | 0.00     | 0.00   | 0.00                 | 785.43   | 785.43   |
|   | Family <sup>(3)</sup>  | 12    | 0.00                  | 0.00     | 0.00   | 0.00                 | 1,776.21 | 1,776.21 |
| Early Retirees                            | Single                 | 61    | 0.00                  | 0.00     | 0.00   | 0.00                 | 523.62   | 523.62   |
|   | Family                 | 62    | 0.00                  | 0.00     | 0.00   | 0.00                 | 1,184.14 | 1,184.14 |
| Medicare Participants <sup>(4)</sup>      | Single                 | 63    | 0.00                  | 0.00     | 0.00   | 0.00                 | 278.02   | 278.02   |
|   | Family (one Eligible)  | 64    | 0.00                  | 0.00     | 0.00   | 0.00                 | 801.64   | 801.64   |
|   | Family (both Eligible) | 65    | 0.00                  | 0.00     | 0.00   | 0.00                 | 556.04   | 556.04   |
| Overage Dependents                        | Single                 |       | 0.00                  | 261.81   | 0.00   | 0.00                 | 523.62   | 523.62   |

### Notes:

(1) Premium contribution for Part-Time Employees 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) Includes an additional 2% charge per federal regulations.

(3) Includes an additional 50% charge per federal regulations for extended COBRA.

(4) The actual premium rate for some retirees participating in an HMO plan may differ from what is presented.

# State Employees' Group Health Insurance Program Premium Rate Table

## Health Investor Health Plans

Effective May 1, 2010

| Category                                  | Coverage Type          | Code  | Biweekly Contribution |          |        | Monthly Contribution |          |          |
|---|------------------------|-------|-----------------------|----------|--------|----------------------|----------|----------|
|   |                        |       | State                 | Enrollee | Total  | State                | Enrollee | Total    |
| Active Full-Time Employees <sup>(1)</sup> | Single                 | 01    | 236.81                | 7.50     | 244.31 | 473.62               | 15.00    | 488.62   |
|   | Family                 | 02    | 502.07                | 32.15    | 534.22 | 1,004.14             | 64.30    | 1,068.44 |
|   | Spouse                 | 22/89 | 534.22                | 0.00     | 534.22 | 1,068.44             | 0.00     | 1,068.44 |
| COBRA Participants                        | Single <sup>(2)</sup>  | 9     | 0.00                  | 0.00     | 0.00   | 0.00                 | 455.90   | 455.90   |
|   | Family <sup>(2)</sup>  | 10    | 0.00                  | 0.00     | 0.00   | 0.00                 | 1,004.81 | 1,004.81 |
|   | Single <sup>(3)</sup>  | 11    | 0.00                  | 0.00     | 0.00   | 0.00                 | 670.44   | 670.44   |
|   | Family <sup>(3)</sup>  | 12    | 0.00                  | 0.00     | 0.00   | 0.00                 | 1,477.67 | 1,477.67 |
| Early Retirees                            | Single                 | 61    | 0.00                  | 0.00     | 0.00   | 0.00                 | 446.96   | 446.96   |
|   | Family                 | 62    | 0.00                  | 0.00     | 0.00   | 0.00                 | 985.11   | 985.11   |
| Medicare Participants <sup>(4)</sup>      | Single                 | 63    | 0.00                  | 0.00     | 0.00   | 0.00                 | 209.56   | 209.56   |
|   | Family (one Eligible)  | 64    | 0.00                  | 0.00     | 0.00   | 0.00                 | 656.52   | 656.52   |
|   | Family (both Eligible) | 65    | 0.00                  | 0.00     | 0.00   | 0.00                 | 419.12   | 419.12   |
| Overage Dependents                        | Single                 |       | 0.00                  | 223.48   | 0.00   | 0.00                 | 446.96   | 446.96   |

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Step 2. Total Contribution - Calculated State Contribution = Employee Contribution

(2) Includes an additional 2% charge per federal regulations.

(3) Includes an additional 50% charge per federal regulations for extended COBRA.

(4) The actual premium rate for some retirees participating in an HMO plan may differ from what is presented.