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MANAGEMENT ADVISORY #10-014

DATE: June 11, 2010
TO: Agency and University Personnel Officers and Benefit Coordinators
FROM: Suzetta Furlong, Manager
SUBJECT: Premium Rate Changes: July 2010 for August Coverage

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 July 1, 2010, for August 2010 coverage. Please see the table on the next page for detailed rate information.

STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

Premium Rate Table
Effective July 2010 for August 2010 Coverage

Subscriber Category / Contribution Cycle		Coverage Type	PPO/HMO Standard			PPO/HMO HIHP		
			Employer	Enrollee	Total	Employer ⁽⁵⁾	Enrollee	Total
Career Service	Monthly Full-Time Employees ⁽¹⁾	Single	473.62	50.00	523.62	473.62	15.00	488.62
		Family	1,004.14	180.00	1,184.14	1,004.14	64.30	1,068.44
		Spouse	1,154.16	30.00	1,184.16	1,038.44	30.00	1,068.44
	Biweekly Full-Time Employees ⁽¹⁾	Single	236.81	25.00	261.81	236.81	7.50	244.31
		Family	502.07	90.00	592.07	502.07	32.15	534.22
		Spouse	577.08	15.00	592.08	519.22	15.00	534.22
"Payalls"	Monthly Full-Time Employees ^(1, 2)	Single	515.30	8.34	523.64	480.28	8.34	488.62
		Family	1,154.14	30.00	1,184.14	1,038.44	30.00	1,068.44
	Biweekly Full-Time Employees ^(1, 2)	Single	257.65	4.17	261.82	240.14	4.17	244.31
		Family	577.07	15.00	592.07	519.22	15.00	534.22
COBRA	Monthly ⁽³⁾	Single	0.00	534.09	534.09	0.00	455.90	455.90
		Family	0.00	1,207.82	1,207.82	0.00	1,004.81	1,004.81
Early Retirees	Monthly	Single	0.00	523.62	523.62	0.00	446.96	446.96
		Family	0.00	1,184.14	1,184.14	0.00	985.11	985.11
Medicare	Monthly ⁽⁴⁾	(I) One Eligible	0.00	278.02	278.02	0.00	209.56	209.56
		(II) One Under/Over	0.00	801.64	801.64	0.00	656.52	656.52
		(III) Both Eligible	0.00	556.04	556.04	0.00	419.12	419.12
Overage Dependents - Monthly		Single	0.00	523.62	523.62	0.00	446.96	446.96

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) "Payalls" - Includes executive, legislative and judicial branch agencies for employees with enhanced benefits, excluding Spouse Program participants.

(3) Includes an additional 2% for administrative costs as permitted by federal regulations.

(4) The actual premium rate for Medicare participants enrolled in an HMO plan may differ from what is presented.

(5) 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.