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MANAGEMENT ADVISORY #10-028

DATE: November 4, 2010
TO: Agency and University Personnel Officers and Benefit Coordinators
FROM: Suzetta Furlong, Manager
SUBJECT: REVISED Premium Rate Changes: December 2010 for January 2011 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 December 1, 2010, for January 2011 coverage. Please see the table on the next page for rate information.

All rates, including HMO rates for Medicare participants, are posted at
<http://www.myflorida.com/mybenefits/Tools/Premiums.htm>.

STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

Premium Rate Table
Effective December 2010 for January 2011 Coverage

(COBRA premium rates remain unchanged from May 2010)

Subscriber Category / Contribution Cycle		Coverage Type	PPO/HMO Standard			PPO/HMO HIHP		
			Employer	Enrollee	Total	Employer	Enrollee	Total
Career Service	Monthly Full -Time Employees ⁽¹⁾	Single	499.80	50.00	549.80	499.80	15.00	514.80
		Family	1,063.34	180.00	1,243.34	1,063.34	64.30	1,127.64
		Spouse ⁽⁵⁾	1,243.32	30.00	1,273.32	1,097.64	30.00	1,127.64
	Bi-Weekly Full -Time Employees ⁽¹⁾	Single	249.90	25.00	274.90	249.90	7.50	257.40
		Family	531.67	90.00	621.67	531.67	32.15	563.82
		Spouse ⁽⁶⁾	621.66	15.00	636.66	548.82	15.00	563.82
"Payalls"	Monthly Full -Time Employees ^(1,2)	Single	541.46	8.34	549.80	506.46	8.34	514.80
		Family	1,213.34	30.00	1,243.34	1,097.64	30.00	1,127.64
	Bi-Weekly Full -Time Employees ^(1,2)	Single	270.73	4.17	274.90	253.23	4.17	257.40
		Family	606.67	15.00	621.67	548.82	15.00	563.82
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	549.80	549.80	0.00	473.12	473.12
		Family	0.00	1,243.34	1,243.34	0.00	1,044.32	1,044.32
Medicare	Monthly ⁽⁴⁾	(I) One Eligible ⁽⁷⁾	0.00	305.82	305.82	0.00	230.52	230.52
		(II) One Under/Over ⁽⁸⁾	0.00	881.80	881.80	0.00	722.16	722.16
		(III) Both Eligible ⁽⁹⁾	0.00	611.64	611.64	0.00	461.04	461.04
Overage Dependents		Single	0.00	549.80	549.80	0.00	473.14	473.14

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) Total monthly premiums for both Spouses.

Standard Plan - Monthly **employer** premium per spouse is \$621.66. Monthly **employee** premium per spouse is \$15.00.

HIHP - Monthly **employer** premium per spouse is \$548.82. Monthly **employee** premium per spouse is \$15.00.

(6) Total biweekly premiums for both Spouses.

Standard Plan - Biweekly **employer** premium per spouse is \$310.83. Biweekly **employee** premium per spouse is \$7.50.

HIHP - Biweekly **employer** premium per spouse is \$274.41. Biweekly **employee** premium per spouse is \$7.50.

(7) Single coverage for participant eligible for Medicare Parts A and B.

(8) Family coverage for two or more participants, if at least one participant is eligible for Medicare Parts A and B.

(9) Family coverage for two participants and both are eligible for Medicare Parts A and B.

(10) 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.