



THE STATE OF FLORIDA  
**JUSTICE ADMINISTRATIVE COMMISSION**

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**MEMORANDUM HR01-18**

TO: Agency Administrators  
FROM: Carolyn Horwich, Esq., Director of Human Resources  
THROUGH: Rip Colvin, Executive Director  
SUBJECT: Health Insurance Premiums for January 2018  
DATE: January 3, 2018

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Attached please find the Premium Rate Table effective December 2017 for January 2018 coverage.

You will note two changes:

1. The premium rate for the Medicare II One Under/Over plan at Capital Health Plan has increased to \$945.62 per month.
2. Florida Health Care Plan is no longer an option for Medicare recipients.

Please contact JAC if you have any questions.

Thank you.

**STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND**

**Premium Rate Table**

**Effective December 2017 for January 2018 Coverage**

(Premium rate change for CHP participants ONLY)

| Subscriber Category / Contribution Cycle |   | Coverage Type | PPO/HMO Standard |          |          | PPO/HMO HDHP            |          |          |
|--|---|---------------|------------------|----------|----------|-------------------------|----------|----------|
|  |   |               | Employer         | Enrollee | Total    | Employer <sup>(4)</sup> | Enrollee | Total    |
| Career Service / OPS                     | Monthly Full -Time Employees <sup>(1)</sup>     | Single        | 642.84           | 50.00    | 692.84   | 642.84                  | 15.00    | 657.84   |
|  |   | Family        | 1,379.60         | 180.00   | 1,559.60 | 1,379.60                | 64.30    | 1,443.90 |
|  |   | Spouse        | 1,529.60         | 30.00    | 1,559.60 | 1,413.92                | 30.00    | 1,443.92 |
|  | Bi-Weekly Full -Time Employees <sup>(1)</sup>   | Single        | 321.42           | 25.00    | 346.42   | 321.42                  | 7.50     | 328.92   |
|  |   | Family        | 689.80           | 90.00    | 779.80   | 689.80                  | 32.15    | 721.95   |
|  |   | Spouse        | 764.80           | 15.00    | 779.80   | 706.96                  | 15.00    | 721.96   |
| SES / SMS                                | Monthly Full -Time Employees <sup>(1,2)</sup>   | Single        | 684.50           | 8.34     | 692.84   | 649.50                  | 8.34     | 657.84   |
|  |   | Family        | 1,529.60         | 30.00    | 1,559.60 | 1,413.90                | 30.00    | 1,443.90 |
|  | Bi-Weekly Full -Time Employees <sup>(1,2)</sup> | Single        | 342.25           | 4.17     | 346.42   | 324.75                  | 4.17     | 328.92   |
|  |   | Family        | 764.80           | 15.00    | 779.80   | 706.95                  | 15.00    | 721.95   |
| COBRA                                    | Monthly <sup>(3)</sup>                          | Single        | 0.00             | 706.70   | 706.70   | 0.00                    | 628.50   | 628.50   |
|  |   | Family        | 0.00             | 1,590.79 | 1,590.79 | 0.00                    | 1,387.78 | 1,387.78 |
| Early Retirees                           | Monthly   | Single        | 0.00             | 692.84   | 692.84   | 0.00                    | 616.18   | 616.18   |
|  |   | Family        | 0.00             | 1,559.60 | 1,559.60 | 0.00                    | 1,360.57 | 1,360.57 |
| Overage Dependents                       |   | Single        | 0.00             | 692.84   | 692.84   | 0.00                    | 616.18   | 616.18   |

| Medicare Monthly Premium Rates     |           |  |   |   |
|------------------------------------|-----------|--|---|---|
| Plan Name                          | Plan Type | Medicare I One Eligible <sup>(5)</sup> | Medicare II One Under/Over <sup>(6)</sup> | Medicare III Both Eligible <sup>(7)</sup> |
| Self-Insured PPO / HMO             | Standard  | 388.38                                 | 1,119.85                                  | 776.76                                    |
|                                    | HDHP      | 292.76                                 | 917.13                                    | 585.51                                    |
| Capital Health Plan <sup>(8)</sup> | Standard  | 282.62                                 | <b>945.62</b>                             | 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) 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.