



THE STATE OF FLORIDA
JUSTICE ADMINISTRATIVE COMMISSION

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MEMORANDUM 032-19HR

TO: Agency Administrators

FROM: Carolyn Horwich, Esq., Director of Human Resources

THROUGH: Rip Colvin, Executive Director

SUBJECT: Employer Insurance Premium Contribution Rates for 2020

DATE: September 9, 2019

The Division of State Group Insurance just announced that in December 2019 for January 2020 coverage, the employer contribution amounts for health insurance will increase. Please see the attached Premium Rate Table.

Thank you.



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Ron DeSantis, Governor
Jonathan R. Satter, Secretary

MANAGEMENT ADVISORY 19-007

DATE: September 9, 2019
TO: Benefit Managers and Payroll Administrators
FROM: Jennifer K. Lloyd, Director
SUBJECT: Premium Rates – December 2019 for January 2020 Coverage

Effective December 1, 2019 for January 2020 coverage, the employer contribution amounts for health insurance will change. Early retiree, all Medicare tiers, over-age dependent, and COBRA premiums will also change.

Premiums for the new MA-PD plans have been added to the [MA-PD page](#) of the myBenefits site.

Please view the [premium rate chart](#) on the myBenefits site, under the [Resources tab](#).

STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

Premium Rate Table

Effective December 2019 for January 2020 Coverage

(Premium rate change for all participants)

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	713.80	50.00	763.80	713.80	15.00	728.80
		Family	1,539.32	180.00	1,719.32	1,539.32	64.30	1,603.62
		Spouse	1,689.32	30.00	1,719.32	1,573.64	30.00	1,603.64
	Bi-Weekly Full -Time Employees ⁽¹⁾	Single	356.90	25.00	381.90	356.90	7.50	364.40
		Family	769.66	90.00	859.66	769.66	32.15	801.81
		Spouse	844.66	15.00	859.66	786.82	15.00	801.82
SES / SMS	Monthly Full -Time Employees ^(1,2)	Single	755.46	8.34	763.80	720.46	8.34	728.80
		Family	1,689.32	30.00	1,719.32	1,573.62	30.00	1,603.62
	Bi-Weekly Full -Time Employees ^(1,2)	Single	377.73	4.17	381.90	360.23	4.17	364.40
		Family	844.66	15.00	859.66	786.81	15.00	801.81
COBRA (Non-Medicare)	Monthly ⁽³⁾	Single	0.00	779.08	779.08	0.00	700.88	700.88
		Family	0.00	1,753.71	1,753.71	0.00	1,550.70	1,550.70
Early Retirees	Monthly	Single	0.00	763.80	763.80	0.00	687.14	687.14
		Family	0.00	1,719.32	1,719.32	0.00	1,520.29	1,520.29
Overage Dependents		Single	0.00	763.80	763.80	0.00	687.14	687.14

Medicare Monthly Premium Rates				
Plan Name	Plan Type	Medicare I One Eligible ⁽⁵⁾	Medicare II One Under/Over ⁽⁶⁾	Medicare III Both Eligible ⁽⁷⁾
Self-Insured PPO/HMO	Standard	403.92	1,167.71	807.83
	HDHP	304.47	991.61	608.94
Capital Health Plan ⁽⁸⁾	Standard	282.62	1,000.47	565.24
	HDHP	257.23	902.17	514.46
COBRA Self-Insured PPO/HMO ⁽³⁾	Standard	412.00	1,191.06	823.99
	HDHP	310.56	1,011.44	621.12
COBRA Capital Health Plan ^(3,8)	Standard	288.27	1,020.48	576.54
	HDHP	262.37	920.21	524.75

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) Must be enrolled in Medicare and must complete the HMO's Retiree Advantage application process to be eligible for this coverage.