

Health Premiums



Rate change for all participants effective December 2025 for January 2026 coverage

Subscriber Category/Contribution Cycle		Coverage Types	HMO/PPO Standard			HMO/PPO HDHP		
			Employer	Enrollee	Total	Employer ⁴	Enrollee	Total
Career Service/OPS	Monthly Full-Time Employees ¹	Single	\$925.35	\$50.00	\$975.35	\$925.35	\$15.00	\$940.35
		Family	\$2,015.48	\$180.00	\$2,195.48	\$2,015.48	\$64.30	\$2,079.78
		Spouse ¹²	\$2,165.48	\$30.00	\$2,195.48	\$2,039.40	\$30.00	\$2,069.40
	Bi-Weekly Full-Time Employees ¹	Single	\$462.68	\$25.00	\$487.68	\$462.68	\$7.50	\$470.18
		Family	\$1,007.74	\$90.00	\$1,097.74	\$1,007.74	\$32.15	\$1,039.89
		Spouse ¹²	\$1,082.74	\$15.00	\$1,097.74	\$1,019.70	\$15.00	\$1,034.70
SES/SMS	Monthly Full-Time Employees ^{1,2}	Single	\$967.01	\$8.34	\$975.35	\$928.86	\$8.34	\$937.20
		Family	\$2,165.48	\$30.00	\$2,195.48	\$2,039.37	\$30.00	\$2,069.37
	Bi-Weekly Full-Time Employees ^{1,2}	Single	\$483.51	\$4.17	\$487.68	\$464.43	\$4.17	\$468.60
		Family	\$1,082.74	\$15.00	\$1,097.74	\$1,019.69	\$15.00	\$1,034.69
COBRA (Non-Medicare)	Monthly ³	Single	\$0	\$994.86	\$994.86	\$0	\$916.66	\$916.66
		Family	\$0	\$2,239.39	\$2,239.39	\$0	\$2,036.38	\$2,036.38
Early Retirees/Eligible Former Employees/Surviving Spouse	Monthly	Single	\$0	\$813.46	\$813.46	\$0	\$736.80	\$736.80
		Family	\$0	\$1,831.08	\$1,831.08	\$0	\$1,632.05	\$1,632.05
Over-age Dependents	Single	\$0	\$813.46	\$813.46	\$0	\$736.80	\$736.80	

Medicare Monthly Rates¹¹

Plan Name	Plan Type	Medicare I One Eligible ⁵	Medicare II One Under/Over ⁶	Medicare III Both Eligible ⁷	MA-PD Plans ¹⁰
Self-Insured HMO/PPO	Standard	\$430.18	\$1,243.63	\$860.35	
	HDHP	\$324.26	\$1,061.06	\$648.52	
Capital Health Plan ⁷	Standard (Retiree Advantage)	\$319.44	\$1,345.02	\$638.88	
	HDHP (Retiree Advantage)	\$290.74	\$1,202.94	\$581.48	
	MA-PD ⁸ (Classic)				\$203.00
Humana	HMO MA-PD ⁸				\$74.30
	PPO MA-PD ⁸				\$353.43
COBRA Self-Insured HMO/PPO ^{3,8,9}	Standard	\$438.78	\$1,268.50	\$877.56	
	HDHP	\$330.75	\$1,082.28	\$661.49	
COBRA Capital Health Plan ^{3,8,9}	Standard	\$325.83	\$1,371.92	\$651.66	
	HDHP	\$296.55	\$1,227.00	\$593.11	

Acronyms

- COBRA Consolidated Omnibus Budget Reconciliation Act, which provides eligible employees and their dependents the option of continued health insurance coverage based on sets of criteria.
- HDHP High-Deductible Health Plan.
- HMO Health Maintenance Organization.
- OPS Other Personal Service.
- PPO Preferred Provider Organization.
- SES/SMS Selected Exempt Service/Senior Management Service.

Legend

- 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 COBRA includes an additional 2% for administrative costs as permitted by federal regulations.
- 4 The employer monthly Health Savings Account 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 Part A and Part 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 Part A and Part B. Does not include Medicare Part B premium.
- 7 Family coverage for two participants and both are eligible for Medicare Part A and Part B. Does not include Medicare Part B premium.
- 8 Must be enrolled in Medicare and complete the HMO's Retiree Advantage application process to be eligible for this coverage.
- 9 COBRA premiums include an additional 2% for administrative costs as permitted by federal regulations. The People First Service Center must have your Medicare information on file. If your Medicare enrollment cannot be verified, you will be moved to the PPO plan through Florida Blue. To confirm your Medicare information is on file, contact the People First Service Center.
- 10 Must be enrolled in Medicare Part A and Part B to be eligible for an MA-PD plan. If you are enrolled in family coverage, all covered family members must be enrolled in Medicare Part A and Part B to be eligible for an MA-PD plan. The premiums listed above are per member. Multiply the premium by the number of members covered under your plan to calculate total cost. Premiums do not include Medicare Part B.
- 11 Medicare monthly premium rates apply to Surviving Spouse and Eligible Former Employees that select a Medicare option.
- 12 If you and your spouse are state employees, you can participate in the Spouse Program and pay for health insurance at a reduced premium.