THE STATE OF FLORIDA
JUSTICE ADMINISTRATIVE COMMISSION

Post Office Box 1654 (32302)
227 North Bronough Street, Suite 2100
Tallahassee, Florida 32301

Alton L. "Rip" Colvin, Jr.
Executive Director

(850) 488-2415
Toll Free (866) 355-7902
FAX (850) 488-8944

www.justiceadmin.org

COMMISSIONERS

Brad King, Chair
State Attorney
Diamond R. Litty
Public Defender
Jerry Hill
State Attorney
Nancy Daniels
Public Defender

MEMORANDUM #002-14HR

TO: Agency Administrators

FROM: Carolyn Horwich, J.D., Director of Human Resources

THROUGH: Rip Colvin, Executive Director

SUBJECT: Premium Rate Changes March 2014 for April 2014

DATE: January 14, 2014

In 2013, the Legislature instituted a graduated premium increase provision in the General Appropriations Act (p. 388). Accordingly, the Department of Management Services, Division of State Group Insurance issued *Management Advisory 14-001*, which states:

> As a result of legislative action, employer 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 March 1, 2014 for April 2014 coverage.

Attached please find the table with the new rate information. The premium rate chart can also be found on our website at: http://www.justiceadmin.com/HR/benefits.aspx or http://www.myflorida.com/mybenefits/Tools/Premiums.htm

Please note that the JAC Budget Office has advised us that all agencies will receive additional budget authority for the health insurance premium rate changes from the statewide Administered Funds appropriations but as of this date, they have not been notified by the Governor's Office of Policy and Budget (OPB) as to when the amounts will be posted to the Appropriation Ledger. As soon as they receive notification from OPB, they will distribute the information to you.

Your entity was sent an e-mail from the JAC Budget Office on September 20, 2013 with a copy of your respective Exhibit D-3A Base Budget showing the amount of the FY 13/14 Health Insurance Adjustments noted under issue code #1001330. If you cannot locate that e-mail please refer to your FY 2014-2015 LBR under the same issue code.

Thank you.

Premium Rate Table

Effective March 2014 for April 2014 Coverage

(Premium rate change for all participants EXCEPT COBRA and CHP / FHCP Medicare)

Subscriber Category / Contribution Cycle		Coverage Type	PPO/HMO Standard			PPO/HMO HIHP		
			Employer	Enrollee	Total	Employer [4]	Enrollee	Total
Career Service	Monthly Full -Time Employees [1]	Single	591.52	50.00	641.52	591.52	15.00	606.52
		Family	1,264.06	180.00	1,444.06	1,264.06	64.30	1,328.36
		Spouse	1,429.08	30.00	1,459.08	1,298.36	30.00	1,328.36
	Bi-Weekly Full -Time Employees [1]	Single	295.76	25.00	320.76	295.76	7.50	303.26
		Family	632.03	90.00	722.03	632.03	32.15	664.18
		Spouse	714.54	15.00	729.54	649.18	15.00	664.18
"Payalls"	Monthly Full -Time Employees [1,2]	Single	637.34	8.34	645.68	598.18	8.34	606.52
		Family	1,429.06	30.00	1,459.06	1,298.36	30.00	1,328.36
	Bi-Weekly Full -Time Employees [1,2]	Single	318.67	4.17	322.84	299.09	4.17	303.26
		Family	714.53	15.00	729.53	649.18	15.00	664.18
COBRA	Monthly [3]	Single	0.00	599.49	599.49	0.00	521.30	521.30
		Family	0.00	1,355.72	1,355.72	0.00	1,152.71	1,152.71
Early Retirees	Monthly	Single	0.00	641.52	641.52	0.00	564.86	564.86
		Family	0.00	1,444.06	1,444.06	0.00	1,245.03	1,245.03
Overage Dependents		Single	0.00	641.52	641.52	0.00	564.86	564.86

Medicare Monthly Premium Rates (Premium rate change effective March 1, 2014 for PPO and Self-Insured HMOs only)

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	359.61	1,036.90	719.22
	HIHP	271.07	849.19	542.15
Capital Health Plan [8]	Standard	275.00	844.77	550.00
	HIHP	249.75	756.16	499.50
Florida Health Care Plan [8]	Standard	24.00	688.85	48.00
	HIHP	24.00	572.36	48.00

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

(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 rate

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

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

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

(8) Medicare eligible members who enroll with either CHP or FHCP must also enroll in a Medicare Advantage Prescription Drug ("MAPD") plan with CH or FHCP.