

**MEMORANDUM NO: 033-11HR**

**TO: Agency Administrators**

**FROM: Bobbie Chappell**

**VIA: Rip Colvin, Executive Director**

**RE: COBRA Premium Rate Changes: Effective May 2011 for June 2011 Coverage**

As a result of legislative action, COBRA premium rates for the State Employees' Group Health Insurance Program under both the Standard Plans and the Health Investor Health Plans changed May 2011 for June 2011 coverage. Please see the table below for detailed rate information.

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

**Premium Rate Table**

**Effective May 2011 for June 2011 Coverage**  
(Premium Rate Change Only for COBRA Participants)

Subscriber Category / Contribution Cycle		Coverage Type	PPO/HMO Standard			PPO/HMO HIHP		
			Employer	Enrollee	Total	Employer <sup>(5)</sup>	Enrollee	Total
Career Service	Monthly Full-Time Employees <sup>(1)</sup>	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	1,243.32	30.00	1,273.32	1,097.64	30.00	1,127.64
	Biweekly Full-Time Employees <sup>(1)</sup>	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	621.66	15.00	636.66	548.82	15.00	563.82
"Payalls"	Monthly Full-Time Employees <sup>(1,2)</sup>	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
	Biweekly Full-Time Employees <sup>(1,2)</sup>	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 <sup>(3)</sup>	Single	0.00	560.80	560.80	0.00	482.60	482.60
		Family	0.00	1,268.21	1,268.21	0.00	1,065.20	1,065.20
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 <sup>(4)</sup>	(I) One Eligible	0.00	305.82	305.82	0.00	230.52	230.52
		(II) One Under/Over	0.00	881.80	881.80	0.00	722.16	722.16
		(III) Both Eligible	0.00	611.64	611.64	0.00	461.04	461.04
Overage Dependents - Monthly		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:
  - a. Step 1. State Contribution x FTE% = Calculated State Contribution
  - b. Step 2. Total Contribution - Calculated State Contribution = Employee Contribution
2. "Payalls" - Includes executive, legislative and judicial branch agencies for employees with enhanced benefits, excluding
3. Spouse Program participants. 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. 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.

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