

MEMORANDUM NO: 034-11HR

TO: Agency Administrators

FROM: Bobbie Chappell

VIA: Rip Colvin, Executive Director

RE: Premium Rate Changes Effective July 2011 for August 2011 Coverage

As a result of legislative action, the Standard Plan Spouse Program **employer** contribution rates under the State Employees' Group Health Insurance Program will change, effective July 2011 for August 2011 coverage. Please see the table on the next page for detailed rate information.

**STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND
Premium Rate Table
Effective July 2011 for August 2011 Coverage
(Premium Rate Change ONLY for "Spouse Program" Participants)**

Subscriber Category / Contribution Cycle		Coverage Type	PPO/HMO Standard			PPO/HMO HIHP		
			Employer	Enrollee	Total	Employer ⁽⁸⁾	Enrollee	Total
Career Service	Monthly Full -Time Employees ⁽¹⁾	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	1,213.36	30.00	1,243.36	1,097.64	30.00	1,127.64
	Bi-Weekly Full -Time Employees ⁽¹⁾	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	606.68	15.00	621.68	548.82	15.00	563.82
"Payalls"	Monthly Full -Time Employees ^(1,2)	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
	Bi-Weekly Full -Time Employees ^(1,2)	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 ⁽³⁾	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 ⁽⁴⁾	(I) One Eligible ⁽⁵⁾	0.00	305.82	305.82	0.00	230.52	230.52
		(II) One Under/Over ⁽⁶⁾	0.00	881.80	881.80	0.00	722.16	722.16
		(III) Both Eligible ⁽⁷⁾	0.00	611.64	611.64	0.00	461.04	461.04
Overage Dependents		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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2. "Payalls" - 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 actual premium rate for Medicare participants enrolled in an HMO plan may differ from what is presented.
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. The employer monthly HSA contribution of 541.66/single (\$500 annually) and \$83.33/family (\$1,000 annually) is included in the listed employer rates.

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