

**Self-Insurance Estimating Conference
State Employees' Group Health Self-Insurance Trust Fund
Executive Summary**

**Last Conference: March 3, 2017
Updated: June 28, 2017 for Session Changes**

Post-Session Changes

The Post-Session Impact Outlook uses the March 2017 Outlook as its base and holds all enrollment, revenues, and expenses constant, except for the following impact issues:

1. Inclusion of Occupational Therapy services starting January 1, 2018.
2. Increase in pharmacy claims in Fiscal Years 2017-18 and 2018-19 associated with the Obesity Pilot Program starting January 1, 2018.
3. Decrease in claims experience due to projected savings from the Dependent Eligibility Verification Audit (DEVA).
4. Changes in operating costs and administrative assessments associated with Independent Benefit Consultant (IBC), DEVA, and document intake and storage of Quality Assurance reviews.

The ending cash balance for FY 2016-17 remains \$562.3 million. For FY 2017-18, the forecasted ending cash balance is adjusted from \$458.6 million to \$454.4 million. For FY 2018-19, the forecasted ending cash balance is adjusted from \$128.3 million to \$123.2 million. Ending cash balance deficits of \$492.1 million, \$945.6 million, and \$1,360.1 million are projected for Fiscal Years 2019-20 through 2021-22, respectively.

**Financial Outlook for FY 2017-18 and FY 2018-19
Changes to Conference Forecast – June 2017 Compared to March 2017
(In Millions)**

	FY 2017-18			FY 2018-19		
	Mar-17	Jun-17	Difference	Mar-17	Jun-17	Difference
Beginning Cash Balance	\$562.3	\$562.3	\$0.0	\$458.6	\$454.4	(\$4.2)
<i>Total Revenues</i>	<i>2,439.1</i>	<i>2,438.9</i>	<i>(0.2)</i>	<i>2,467.0</i>	<i>2,460.9</i>	<i>(6.1)</i>
<i>Total Expenses</i>	<i>2,542.9</i>	<i>2,546.8</i>	<i>4.0</i>	<i>2,797.3</i>	<i>2,792.1</i>	<i>(5.1)</i>
Operating Gain/(Loss)	(103.8)	(107.9)	(4.2)	(330.3)	(331.2)	(1.0)
Ending Cash Balance	\$458.6	\$454.4	(\$4.2)	\$128.3	\$123.2	(\$5.1)

Note: Numbers may not sum due to rounding.

March 3, 2017 Conference

The outlook for the State Employees' Health Insurance Trust Fund has been revised to reflect actual enrollment, revenues, and expenses through January 2017; adjusted enrollment due to an updated model using CY 2016 actual activity; and revised trends for PPO and HMO pharmacy claims. The fund is expected to remain solvent through FY 2018-19, with decreases in ending cash balances for FY 2016-17 and FY 2017-18 when compared to the December outlook and increases in ending cash balances for all subsequent years of the forecast period.

For FY 2016-17, the ending cash balance decreased from \$571.6 million to \$562.3 million; for FY 2017-18, the ending cash balance decreased from \$465.8 million to \$458.6 million; and for FY 2018-19, the ending cash balance increased from \$124.3 million to \$128.3 million. The outlook for subsequent years shows that expenses are expected to exceed revenues by an amount that generates a negative cash flow of -\$489.7 million in FY 2019-20, -\$949.5 million in FY 2020-21, and -\$1,365.4 million in FY 2021-22.

A complete Executive Summary outlining all of the changes since the December 2016 Conference can be found in the Report on the Financial Outlook Conference packet. The following are the **major** net changes in the forecast for the current and out-years (dollar values shown are the FY 2016-17 changes between the December 2016 and March 2017 Conferences):

- Expenses for PPO Plan Medical Claims (+\$4.4 million) – The increase in the forecast is due to an increase in projected enrollment and higher actual than projected claims activity.
- Expenses for PPO Plan Prescription Drug Claims (+\$6.1 million) – The net increase in the forecast is due to an increase in the projected enrollment and higher actual than projected claims activity, which outweighed a decrease in the forecasted cost growth factor.
- Expenses for HMO Plan Medical Claims (-\$3.5 million) – The decrease in the forecast is due to a decrease in projected enrollment and lower actual than projected claims activity.
- Expenses for HMO Plan Prescription Drug Claims (+\$3.7 million) – The net increase in the forecast is due to higher actual than projected claims activity, which outweighed a decrease in projected enrollment and a decrease in the forecasted cost growth factor.

Special Notes

Reports on the Financial Outlook prepared from December 2010 through June 2012 included estimates of the impact of the Patient Protection and Affordable Care Act (PPACA) on the Trust Fund. Beginning with the August 2012 report, the impact of PPACA was addressed separately to mirror the treatment used by the Social Services Estimating Conference for Medicaid and KidCare, and were described in a separate report titled *Impact on the State Health Insurance Program of the Patient Protection and Affordable Care Act*. Beginning with the December 2013 forecast, the impacts of the provisions of PPACA have been incorporated into this single report rather than a separate report. For this reason, the reader is urged to note that direct comparisons of conference reports over the time frame referenced in this paragraph will need to be approached with this in mind.

State Employees' Group Health Self-Insurance Trust Fund

Post Legislative Session Impact Outlook

For the Fiscal Years Ending June 30, 2017 through June 30, 2022

**Adopted June 28, 2017, by the
Self-Insurance Estimating Conference**

Prepared by: Florida Department of Management Services
Division of State Group Insurance

STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

EXECUTIVE SUMMARY

The Florida Division of State Group Insurance (Division) prepared a financial Outlook for the State Employees' Group Health Self-Insurance Trust Fund (Trust Fund) for the fiscal years (FY) ending June 30, 2017, through June 30, 2022. The Outlook is prepared to assist in the State's planning and budgeting in accordance with section 216.136(9), Florida Statutes. The Outlook is prepared using cash basis methods and modeling based on the healthcare benefit and funding design currently in place.

The March 2017 Outlook reported and recognized the fiscal impact of the activities listed below:

1. Actual enrollment through January 2017.
2. Adjusted enrollment due to updated model using CY 2016 actual activity.
3. Actual revenues and expenses through January 2017.
4. Revised claims trends for PPO pharmacy claims and HMO pharmacy claims.

This is a Post Legislative Session Impact Outlook using the March 2017 Outlook as its base and holds all enrollment, revenues, and expenses constant, except for the following impact issues:

1. Inclusion of Occupational Therapy services starting January 1, 2018.
2. Increase in pharmacy claims in Fiscal Years 2017-18 and 2018-19 associated with the Obesity Pilot Program starting January 1, 2018.
3. Decrease in claims experience due to projected savings from the Dependent Eligibility Verification Audit (DEVA).
4. Changes in operating costs and administrative assessments associated with Independent Benefit Consultant (IBC), DEVA, and document intake and storage of Quality Assurance reviews.

This Outlook reflects changes in revenues and reductions in expenses for Fiscal Years 2017-18 through 2021-22 compared to the March 2017 Outlook. Increases in ending cash balances are reflected for FY 2017-18 and 2018-19, and projected deficits reflected in the prior Outlook have decreased in FY 2019-20 through FY 2021-22. The report reflects that the Trust Fund is projected to remain solvent through FY 2018-19.

The ending cash balance for FY 2016-17 remains \$562.3 million with an estimated operating loss of \$4.7 million. For FY 2017-18, the forecasted ending cash balance is adjusted from \$458.6 million to \$454.5 million, and the estimated operating loss is increased from \$103.8 million to \$107.9 million. For FY 2018-19, the forecasted ending cash balance is adjusted from \$128.3 million to \$123.2 million and the operating loss is increased from \$330.3 million to \$331.2 million. Ending cash balance deficits and operating losses are projected for Fiscal Years 2019-20 through 2021-22.

Below is a summary of the Outlook for the Trust Fund through FY 2021-22.

	<u>FY 2016-17</u>	<u>FY 2017-18</u>	<u>FY 2018-19</u>	<u>FY 2019-20</u>	<u>FY 2020-21</u>	<u>FY 2021-22</u>
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
BEGINNING CASH BALANCE	\$ 567.0	\$ 562.3	\$ 454.4	\$ 123.2	\$ 0.0	\$ 0.0
TOTAL REVENUES	\$ <u>2,347.9</u>	\$ <u>2,438.9</u>	\$ <u>2,460.9</u>	\$ <u>2,489.3</u>	\$ <u>2,522.6</u>	\$ <u>2,557.0</u>
TOTAL EXPENSES	\$ <u>2,352.6</u>	\$ <u>2,546.8</u>	\$ <u>2,792.1</u>	\$ <u>3,104.7</u>	\$ <u>3,468.2</u>	\$ <u>3,917.1</u>
Operating Gain/(Loss)	\$ <u>(4.7)</u>	\$ <u>(107.9)</u>	\$ <u>(331.2)</u>	\$ <u>(615.4)</u>	\$ <u>(945.6)</u>	\$ <u>(1,360.1)</u>
ENDING CASH BALANCE ⁽⁵⁾	\$ <u>562.3</u>	\$ <u>454.4</u>	\$ <u>123.2</u>	\$ <u>(492.1)</u>	\$ <u>(945.6)</u>	\$ <u>(1,360.1)</u>

Note: Assumes no carry forward of negative cash balance.

ENROLLMENT

Overall enrollment estimates and actuals remain the same as the last Outlook in March 2017. However, it is assumed that some subscribers will shift enrollment category from Family to Single coverage as ineligible dependents are removed from coverage due to the DEVA.

REVENUE

Insurance Premiums decreased a combined total of \$22.6 million through FY 2021-22 as a result of subscriber category shifts due to the DEVA. PBM Rebates decreased a combined total of \$2.1 million through FY 2021-22 due to lower than projected pharmacy claims as a result of the DEVA. Overall, Total Revenue changes in the June 2017 outlook reflect a combined decrease of \$24.7 million across all years of the outlook.

SPEND

Review of Dependent Eligibility Verification Audits conducted by other states returned a wide range of results. Given the variances, and being in a post-Affordable Care Act environment, the Revenue Estimating Conference felt unsure of the potential results of the DEVA and therefore has elected to project saving on the low end of the spectrum to be conservative.

Self-insured PPO expenses for FY 2016-17 through FY 2021-22 reflect a combined projected decrease of \$22.3 million. In FY 2017-18, PPO medical claims decrease by \$0.2 million compared to the March 2017 Outlook. This net decrease is due to the estimated \$1.3 million in savings from the DEVA, offset by a \$1.1 million projected increase from to the inclusion of Occupational Therapy services. The DEVA savings continue by an average of \$6.1 million a year from FY 2018-19 through FY 2021-22. Occupational Therapy costs continue by an average of \$2.6 million a year from FY 2018-19 through FY 2021-22. Pharmacy expenses for the PPO plan are \$0.9 million higher in FY 2017-18 due to a \$0.5 million in projected DEVA savings offset by \$1.4 million in projected claims expenses for the Obesity Pilot program. There is no change in the PPO ASO fee projections.

Self-insured HMO expenses for FY 2016-17 through FY 2021-22 reflect a combined projected decrease of \$11.7 million. In FY 2017-18, HMO medical claims increase by \$0.5 million compared to the March 2017 report. This net increase is due to the estimated \$1.5 million in savings from the DEVA, offset by a projected \$2.0 million increase in Occupational Therapy claims. The DEVA savings continue by an average of \$6.7 million a year from FY 2018-19 through FY 2021-22. Occupational Therapy costs continue by an average of \$4.7 million a year from FY 2018-19 through FY 2021-22. Pharmacy expenses for HMO plans in FY 2017-18 are \$1.1 million higher due to a \$0.3 million in projected DEVA savings offset by a \$1.4 million increase in projected claims expenses for the Obesity Pilot program. There is an estimated \$5.6 million in HMO pharmacy savings spread out between FY 2018-19 through FY 2021-22 due to DEVA. There is no change in the HMO ASO fee projections.

Combined, PPO and HMO medical claims across all years of the forecast, compared to the March 2017 report, reflect a \$21.3 million decrease. The net combined decrease in pharmacy claims costs across all years is \$12.7 million compared to the March 2017 forecast.

HSA deposit estimates and actuals remain the same as the last outlook in March 2017.

Operating Costs and Admin Assessments for FY 2017-18 include the addition of \$1.0 million for the Dependent Eligibility Verification Audit and \$0.5 million for the contracting of an Independent Benefits Consultant. There is also \$0.2 million included in FY 2017-18 through FY 2021-22 for the addition of two full-time employees, plus document storage for Quality Assurance reviews.

Overall, expenses across all years of the forecast reflect a combined decrease of \$31.5 million compared to the March 2017 forecast.

STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

Growth factors used to develop this Outlook are reflected below:

PPO MEDICAL							
Industry Range for CYs 2016-17: 3.0% - 7.8%			FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22
	Applied	Actual YTD + Projected	Applied	Applied	Applied	Applied	Applied
December 2016 Conference	6.5%	4.7%	6.0%	6.8%	7.8%	8.2%	8.3%
March 2017 Conference	6.5%	5.4%	6.0%	6.8%	7.8%	8.2%	8.3%

HMO MEDICAL							
Industry Range for CYs 2016-17: 3.0% - 7.8%			FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22
	Applied	Actual YTD + Projected	Applied	Applied	Applied	Applied	Applied
December 2016 Conference	6.5%	5.0%	6.0%	6.8%	7.8%	8.2%	8.3%
March 2017 Conference	6.5%	4.6%	6.0%	6.8%	7.8%	8.2%	8.3%

PPO PHARMACY							
Industry Range for CYs 2016-17: 6.7% - 13.9%			FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22
	Applied	Actual YTD + Projected	Applied	Applied	Applied	Applied	Applied
December 2016 Conference	10.1%	8.8%	13.3%	15.5%	15.9%	15.9%	15.9%
March 2017 Conference	7.7%	10.7%	11.1%	14.8%	15.9%	15.9%	15.9%

HMO PHARMACY							
Industry Range for CYs 2016-17: 6.7% - 13.9%			FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22
	Applied	Actual YTD + Projected	Applied	Applied	Applied	Applied	Applied
December 2016 Conference	8.9%	7.4%	14.2%	15.5%	16.2%	16.2%	16.2%
March 2017 Conference	6.8%	9.1%	12.2%	14.3%	16.0%	16.0%	16.0%

FULLY INSURED HMO PREMIUM PAYMENTS							
Industry Range for CYs 2016-17: 4.0% - 6.2%			CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
	CY 2016	CY 2017					
December 2016 Conference	4.7%*	2.4%*	6.0%	6.8%	7.8%	8.2%	8.3%
March 2017 Conference	4.7%*	2.4%*	6.0%	6.8%	7.8%	8.2%	8.3%

*Actual trend rates

STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

Exhibit I

Financial Outlook by Fiscal Year ⁽¹⁾

Changes to Conference Forecast - June 2017 Compared to March 2017

(In Millions)

	FY 2016-17			FY 2017-18			FY 2018-19			FY 2019-20			FY 2020-21			FY 2021-22		
	Mar '17	June '17	Diff.	Mar '17	June '17	Diff.	Mar '17	June '17	Diff.	Mar '17	June '17	Diff.	Mar '17	June '17	Diff.	Mar '17	June '17	Diff.
BEGINNING CASH BALANCE	\$ 567.0	\$ 567.0	\$ -	\$ 562.3	\$ 562.3	\$ -	\$ 458.6	\$ 454.4	\$ (4.2)	\$ 128.3	\$ 123.2	\$ (5.1)	\$ 0.0 ⁽²⁾	\$ 0.0 ⁽²⁾	\$ 0.0	\$ 0.0 ⁽²⁾	\$ 0.0 ⁽²⁾	\$ -
REVENUES:																		
Insurance Premiums ⁽³⁾	\$ 2,184.9	\$ 2,184.9	\$ -	\$ 2,272.5	\$ 2,272.5	\$ -	\$ 2,298.6	\$ 2,292.9	\$ (5.7)	\$ 2,325.6	\$ 2,319.9	\$ (5.7)	\$ 2,353.2	\$ 2,347.6	\$ (5.6)	\$ 2,381.8	\$ 2,376.2	\$ (5.6)
Investment Earnings	7.6	7.6	-	6.8	6.8	-	3.9	3.9	-	-	-	-	-	-	-	-	-	-
TPA & Self-Insured HMO Refunds	16.2	16.2	-	15.0	15.0	-	15.0	15.0	-	15.0	15.0	-	15.0	15.0	-	15.0	15.0	-
PBM Rebates	97.2	97.2	-	106.4	106.2	(0.2)	111.2	110.8	(0.4)	116.5	116.0	(0.5)	122.1	121.6	(0.5)	127.9	127.4	(0.5)
Pretax Trust Fund Transfer	20.7	20.7	-	20.7	20.7	-	20.7	20.7	-	20.7	20.7	-	20.7	20.7	-	20.7	20.7	-
Medicare Part D Subsidy	19.0	19.0	-	17.7	17.7	-	17.6	17.6	-	17.7	17.7	-	17.7	17.7	-	17.7	17.7	-
Other Revenues	2.3	2.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL REVENUES	\$ 2,347.9	\$ 2,347.9	\$ -	\$ 2,439.1	\$ 2,438.9	\$ (0.2)	\$ 2,467.0	\$ 2,460.9	\$ (6.1)	\$ 2,495.5	\$ 2,489.3	\$ (6.2)	\$ 2,528.7	\$ 2,522.6	\$ (6.1)	\$ 2,563.1	\$ 2,557.0	\$ (6.1)
TOTAL CASH AVAILABLE	\$ 2,914.9	\$ 2,914.9	\$ -	\$ 3,001.4	\$ 3,001.2	\$ (0.2)	\$ 2,925.6	\$ 2,915.3	\$ (10.3)	\$ 2,623.8	\$ 2,612.5	\$ (11.3)	\$ 2,528.7	\$ 2,522.6	\$ (6.1)	\$ 2,563.1	\$ 2,557.0	\$ (6.1)
EXPENSES:																		
PPO Plan	\$ 1,027.4	\$ 1,027.4	\$ -	\$ 1,100.0	\$ 1,100.7	\$ 0.7	\$ 1,196.4	\$ 1,192.6	\$ (3.8)	\$ 1,315.2	\$ 1,309.5	\$ (5.7)	\$ 1,450.5	\$ 1,444.1	\$ (6.4)	\$ 1,602.7	\$ 1,595.6	\$ (7.1)
Medical Claims	669.8	669.8	-	706.7	706.5	(0.2)	750.5	747.4	(3.1)	804.4	801.1	(3.3)	865.1	861.5	(3.6)	931.3	927.4	(3.9)
ASO Fee	17.6	17.6	-	17.6	17.6	-	17.5	17.5	-	17.4	17.4	-	17.2	17.2	-	17.1	17.1	-
Prescription Drug Claims	337.7	337.7	-	373.5	374.4	0.9	426.3	425.6	(0.7)	491.3	488.9	(2.4)	566.1	563.3	(2.8)	652.2	649.0	(3.2)
PBM Claims Administration	2.3	2.3	-	2.2	2.2	-	2.1	2.1	-	2.1	2.1	-	2.1	2.1	-	2.1	2.1	-
HMO Plan	\$ 1,301.0	\$ 1,301.0	\$ -	\$ 1,425.7	\$ 1,427.3	\$ 1.6	\$ 1,585.2	\$ 1,583.7	\$ (1.5)	\$ 1,782.6	\$ 1,779.2	\$ (3.4)	\$ 2,012.6	\$ 2,008.8	\$ (3.8)	\$ 2,275.9	\$ 2,271.4	\$ (4.5)
Premium Payments	306.3	306.3	-	324.3	324.3	-	350.9	350.9	-	383.1	383.1	-	420.9	420.9	-	463.3	463.3	-
Medical Claims	702.7	702.7	-	768.5	769.0	0.5	847.3	845.7	(1.6)	942.8	941.0	(1.8)	1,052.4	1,050.4	(2.0)	1,175.0	1,172.7	(2.3)
ASO Fee	28.1	28.1	-	29.1	29.1	-	30.0	30.0	-	31.0	31.0	-	31.9	31.9	-	32.9	32.9	-
Prescription Drug Claims	261.8	261.8	-	301.8	302.9	1.1	354.9	355.0	0.1	423.5	421.9	(1.6)	505.2	503.4	(1.8)	602.4	600.2	(2.2)
PBM Claims Administration	2.1	2.1	-	2.0	2.0	-	2.1	2.1	-	2.2	2.2	-	2.2	2.2	-	2.3	2.3	-
HSA Deposits ⁽³⁾	4.3	4.3	-	4.5	4.5	-	4.5	4.5	-	4.6	4.6	-	4.6	4.6	-	4.7	4.7	-
Operating Costs & Admin Assessment	3.6	3.6	-	3.6	5.3	1.7	3.6	3.8	0.2	3.6	3.8	0.2	3.6	3.8	0.2	3.6	3.8	0.2
Premium Refunds	6.9	6.9	-	6.9	6.9	-	6.9	6.9	-	6.9	6.9	-	6.9	6.9	-	6.9	6.9	-
Other Expenses ⁽⁴⁾	9.4	9.4	-	2.2	2.2	-	0.7	0.7	-	0.7	0.7	-	-	-	-	34.7	34.7	-
TOTAL EXPENSES	\$ 2,352.6	\$ 2,352.6	\$ -	\$ 2,542.9	\$ 2,546.8	\$ 4.0	\$ 2,797.3	\$ 2,792.1	\$ (5.1)	\$ 3,113.6	\$ 3,104.7	\$ (8.9)	\$ 3,478.2	\$ 3,468.2	\$ (10.0)	\$ 3,928.5	\$ 3,917.1	\$ (11.4)
EXCESS OF REV. OVER EXP.	\$ (4.7)	\$ (4.7)	\$ -	\$ (103.8)	\$ (107.9)	\$ (4.2)	\$ (330.3)	\$ (331.2)	\$ (1.0)	\$ (618.1)	\$ (615.4)	\$ 2.7	\$ (949.5)	\$ (945.6)	\$ 3.9	\$ (1,365.4)	\$ (1,360.1)	\$ 5.3
ENDING CASH BALANCE ⁽⁵⁾	\$ 562.3	\$ 562.3	\$ -	\$ 458.6	\$ 454.4	\$ (4.2)	\$ 128.3	\$ 123.2	\$ (5.1)	\$ (489.7)	\$ (492.1)	\$ (2.4)	\$ (949.5)	\$ (945.6)	\$ 3.9	\$ (1,365.4)	\$ (1,360.1)	\$ 5.3
ADDITIONAL INFORMATION																		
Unreported PPO Plan Claims Liability ⁽⁶⁾	\$ 48.7	\$ 48.7	\$ -	\$ 51.3	\$ 51.3	\$ -	\$ 54.3	\$ 54.3	\$ -	\$ 58.1	\$ 58.1	\$ -	\$ 62.4	\$ 62.4	\$ -	\$ 67.0	\$ 67.0	\$ -
Unreported HMO Plan Claims Liability ⁽⁷⁾	77.4	77.4	-	84.6	84.6	-	93.3	93.3	-	103.8	103.8	-	115.9	115.9	-	129.4	129.4	-
Unreported PBM Claims Liability ⁽⁸⁾	6.0	6.0	-	6.8	6.8	-	7.8	7.8	(0.0)	9.1	9.1	(0.0)	10.7	10.7	(0.0)	12.5	12.5	(0.1)
Total Unreported Claims Liability	\$ 132.1	\$ 132.1	\$ -	\$ 142.7	\$ 142.7	\$ -	\$ 155.4	\$ 155.4	\$ (0.0)	\$ 171.0	\$ 171.0	\$ (0.0)	\$ 189.0	\$ 189.0	\$ (0.0)	\$ 208.9	\$ 208.9	\$ (0.1)

Highlights of Changes to Forecast

- A) Proviso – Additional Occupational Therapy benefit services and Obesity Pilot Program.
- B) SB 2508 – Dependent Eligibility Verification Audit (DEVA).
- C) HB 7007/SB 7022 – Contracting with independent benefits consultant, transparency portal entity, and bundled services entity

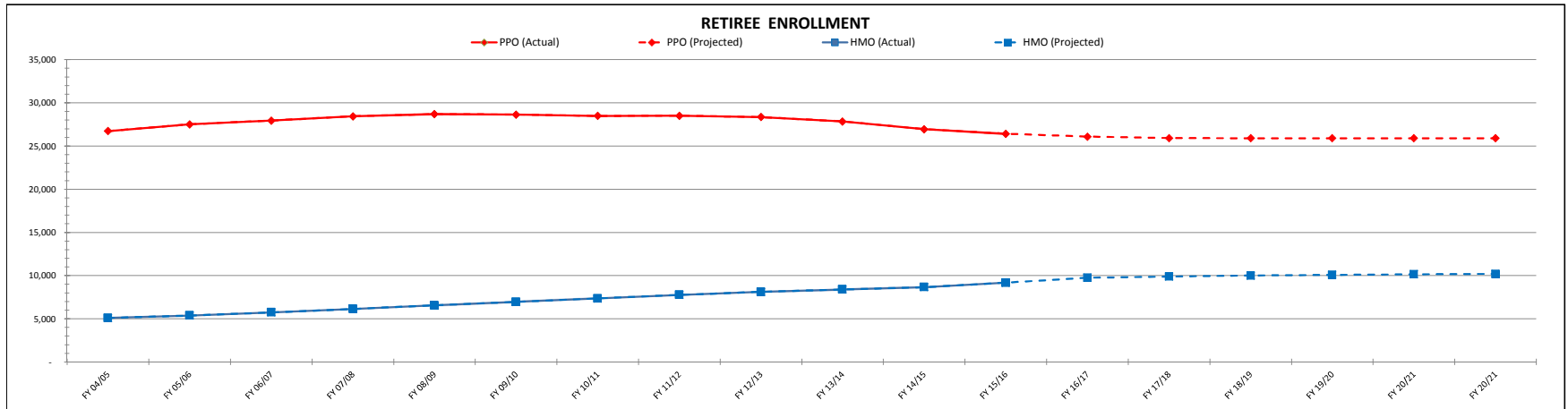
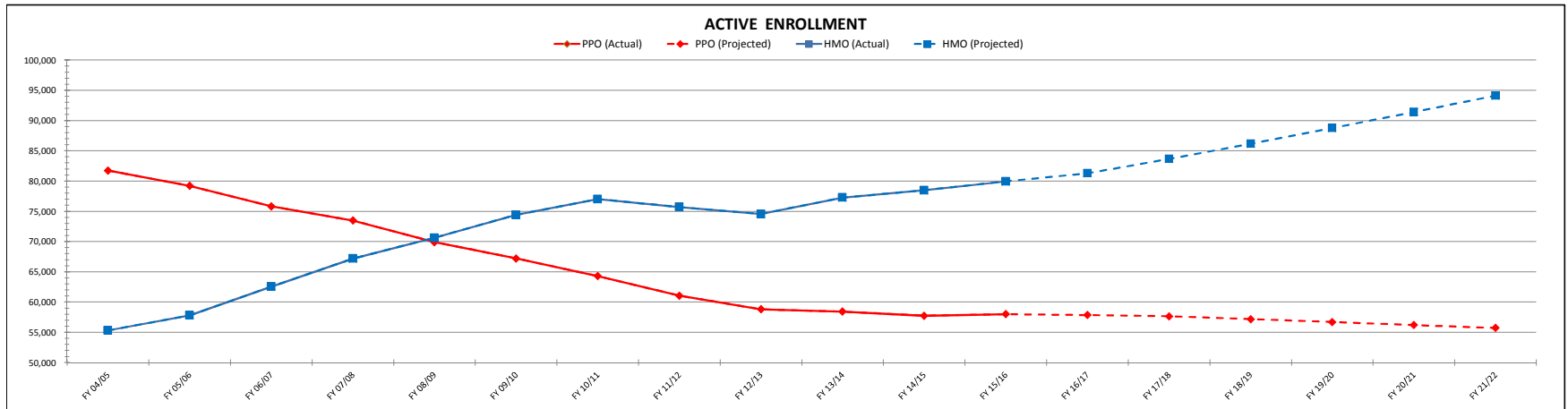
STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

Exhibit II

Enrollment Outlook by Fiscal Year

Changes to Conference Forecast - June 2017 Compared to March 2017

	FY 2016-17			FY 2017-18			FY 2018-19			FY 2019-20			FY 2020-21			FY 2021-22			
	Mar '17	Jun '17	Diff.	Mar '17	Jun '17	Diff.	Mar '17	Jun '17	Diff.	Mar '17	Jun '17	Diff.	Mar '17	Jun '17	Diff.	Mar '17	Jun '17	Diff.	
Average Enrollment by Plan	PPO Standard	81,626	81,626	-	81,069	81,069	-	80,491	80,491	-	79,930	79,930	-	79,356	79,356	-	78,793	78,793	-
	PPO HIHP	2,309	2,309	-	2,485	2,485	-	2,585	2,585	-	2,668	2,668	-	2,743	2,743	-	2,817	2,817	-
	HMO Standard	90,096	90,096	-	92,532	92,532	-	95,139	95,139	-	97,805	97,805	-	100,512	100,512	-	103,234	103,234	-
	HMO HIHP	954	954	-	1,004	1,004	-	1,020	1,020	-	1,041	1,041	-	1,060	1,060	-	1,074	1,074	-
	Total	174,985	174,985	-	177,090	177,090	-	179,235	179,235	-	181,444	181,444	-	183,671	183,671	-	185,918	185,918	-
Average Enrollment by Coverage Type	Active (Non-OPS) Standard	131,107	131,107	-	132,776	132,776	-	134,487	134,487	-	136,304	136,304	-	138,174	138,174	-	140,103	140,103	-
	Active (Non-OPS) HIHP	2,887	2,887	-	3,055	3,055	-	3,123	3,123	-	3,178	3,178	-	3,223	3,223	-	3,262	3,262	-
	OPS Standard	4,393	4,393	-	4,667	4,667	-	4,882	4,882	-	5,100	5,100	-	5,312	5,312	-	5,519	5,519	-
	OPS HIHP	273	273	-	317	317	-	350	350	-	383	383	-	416	416	-	449	449	-
	COBRA	488	488	-	488	488	-	488	488	-	488	488	-	488	488	-	488	488	-
	Early Retiree	5,879	5,879	-	5,764	5,764	-	5,757	5,757	-	5,733	5,733	-	5,702	5,702	-	5,666	5,666	-
	Medicare	29,958	29,958	-	30,023	30,023	-	30,148	30,148	-	30,258	30,258	-	30,356	30,356	-	30,431	30,431	-
	Total	174,985	174,985	-	177,090	177,090	-	179,235	179,235	-	181,444	181,444	-	183,671	183,671	-	185,918	185,918	-



STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

Exhibit III
Financial Outlook by Fiscal Year ⁽¹⁾

(In Millions)

	<u>FY 2016-17</u>	<u>FY 2017-18</u>	<u>FY 2018-19</u>	<u>FY 2019-20</u>	<u>FY 2020-21</u>	<u>FY 2021-22</u>
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
BEGINNING CASH BALANCE	\$ 567.0	\$ 562.3	\$ 454.4	\$ 123.2	\$ 0.0 ⁽²⁾	\$ 0.0 ⁽²⁾
REVENUES:						
Insurance Premiums:						
Employer	\$ 1,781.2	\$ 1,862.8	\$ 1,879.5	\$ 1,901.8	\$ 1,924.7	\$ 1,948.1
Employee	168.1	171.1	172.6	174.8	177.1	179.5
HSA Contributions ⁽³⁾	4.3	4.5	4.5	4.6	4.6	4.7
COBRA	5.4	5.5	5.5	5.5	5.5	5.5
Early Retiree	58.3	59.4	59.5	59.4	59.1	58.8
Medicare	167.6	169.2	171.3	173.8	176.6	179.6
Investment Earnings	7.6	6.8	3.9	0.0	0.0	0.0
PPO - TPA Refunds	7.7	7.2	7.2	7.2	7.2	7.2
PPO - PBM Rebates	54.0	56.1	57.6	59.3	61.1	62.9
HMO - Self-Insured Refunds	8.5	7.8	7.8	7.8	7.8	7.8
HMO - PBM Rebates	43.2	50.1	53.2	56.7	60.5	64.5
Pretax Trust Fund Transfer	20.7	20.7	20.7	20.7	20.7	20.7
PPO - Medicare Part D Subsidy	17.8	16.5	16.5	16.5	16.5	16.5
HMO - Medicare Part D Subsidy	1.2	1.2	1.1	1.2	1.2	1.2
Other Revenues	2.3	0.0	0.0	0.0	0.0	0.0
TOTAL REVENUES	\$ 2,347.9	\$ 2,438.9	\$ 2,460.9	\$ 2,489.3	\$ 2,522.6	\$ 2,557.0
TOTAL CASH AVAILABLE	\$ 2,914.9	\$ 3,001.2	\$ 2,915.3	\$ 2,612.5	\$ 2,522.6	\$ 2,557.0
EXPENSES:						
State PPO Plan:						
Medical Claims	\$ 669.8	\$ 706.5	\$ 747.4	\$ 801.1	\$ 861.5	\$ 927.4
ASO Fee	17.6	17.6	17.5	17.4	17.2	17.1
Prescription Drug Claims	337.7	374.4	425.6	488.9	563.3	649.0
PBM Claims Administration	2.3	2.2	2.1	2.1	2.1	2.1
HMO Plan:						
Premium Payments	306.3	324.3	350.9	383.1	420.9	463.3
Medical Claims	702.7	769.0	845.7	941.0	1,050.4	1,172.7
ASO Fee	28.1	29.1	30.0	31.0	31.9	32.9
Prescription Drug Claims	261.8	302.9	355.0	421.9	503.4	600.2
PBM Claims Administration	2.1	2.0	2.1	2.2	2.2	2.3
HSA Deposits ⁽³⁾	4.3	4.5	4.5	4.6	4.6	4.7
Operating Costs & Admin Assessment	3.6	5.3	3.8	3.8	3.8	3.8
Premium Refunds	6.9	6.9	6.9	6.9	6.9	6.9
Other Expenses ⁽⁴⁾	9.4	2.2	0.7	0.7	0.0	34.7
TOTAL EXPENSES	\$ 2,352.6	\$ 2,546.8	\$ 2,792.1	\$ 3,104.7	\$ 3,468.2	\$ 3,917.1
EXCESS OF REVENUES OVER EXPENSES	\$ (4.7)	\$ (107.9)	\$ (331.2)	\$ (615.4)	\$ (945.6)	\$ (1,360.1)
ENDING CASH BALANCE ⁽⁵⁾	\$ <u>562.3</u>	\$ <u>454.4</u>	\$ <u>123.2</u>	\$ <u>(492.1)</u>	\$ <u>(945.6)</u>	\$ <u>(1,360.1)</u>

ADDITIONAL INFORMATION

Total Unreported Claims Liability ⁽⁹⁾	\$ 132.1	\$ 142.7	\$ 155.4	\$ 171.0	\$ 189.0	\$ 208.9
Average Enrollment by Plan						
PPO Standard	81,626	81,069	80,491	79,930	79,356	78,793
PPO HIHP	2,309	2,485	2,585	2,668	2,743	2,817
HMO Standard	90,096	92,532	95,139	97,805	100,512	103,234
HMO HIHP	954	1,004	1,020	1,041	1,060	1,074
Total	<u>174,985</u>	<u>177,090</u>	<u>179,235</u>	<u>181,444</u>	<u>183,671</u>	<u>185,918</u>
Average Enrollment by Coverage Type						
Active (Non-OPS) Standard	131,107	132,776	134,487	136,304	138,174	140,103
Active (Non-OPS) HIHP	2,887	3,055	3,123	3,178	3,223	3,262
OPS Standard	4,393	4,667	4,882	5,100	5,312	5,519
OPS HIHP	273	317	350	383	416	449
COBRA	488	488	488	488	488	488
Early Retiree	5,879	5,764	5,757	5,733	5,702	5,666
Medicare	29,958	30,023	30,148	30,258	30,356	30,431
Total	<u>174,985</u>	<u>177,090</u>	<u>179,235</u>	<u>181,444</u>	<u>183,671</u>	<u>185,918</u>

Exhibit IV
Notes to the Financial Outlook

- 1) Actual results may differ from projected values with increasing likelihood of variance in future periods.
- 2) Assumes no carry forward of a negative ending cash balance from prior year.
- 3) Includes HSA contributions which approximate a split between employer and employee of 49% and 51%, respectively.
- 4) Other Expenses include the estimated impact of Patient-Centered Outcomes Research Institute (PCORI) fees, Transitional Reinsurance Fees, and the Affordable Care Act's Excise Tax provision. The Transitional Reinsurance Fees phase out after calendar year 2016 and the ACA's Excise Tax is effective for calendar year 2020.
- 5) Includes funds held in accounts outside of the Trust Fund at the Department of Financial Services, Division of Treasury, for the purpose of paying medical claims.
- 6) Includes estimated PPO Incurred but not Reported (IBNR) medical claims and outstanding drafts.
- 7) Includes estimated HMO IBNR medical claims and outstanding drafts.
- 8) Includes estimated PPO and HMO IBNR Rx claims.
- 9) Includes estimated PPO Plan and Self-Insured HMO Plans Incurred but not Reported (IBNR) claims and outstanding drafts.

Exhibit V
Comparison of Financial Outlooks
Fiscal Year 2016-17
(In Millions)

\$ 562.3	Previous Ending Cash Balance Forecast ⁽ⁱ⁾
	- No Change in Revenue Forecast
	- No Change in Expense Forecast
562.3	Ending Cash Balance

⁽ⁱ⁾ Self Insurance Estimating Conference held in March 2017.

Exhibit VI
Comparison of Financial Outlooks
Fiscal Year 2017-18
(In Millions)

\$ 458.6	Previous Ending Cash Balance Forecast ⁽ⁱ⁾
0.0	No Change in Beginning Cash Balance Forecast
(0.2)	Decrease in Revenue Forecast
	(0.1) - Decrease in PPO - PBM Rebates due to lower projected rebates as a result of the Dependent Eligibility Verification Audit (DEVA)
	(0.1) - Decrease in HMO - PBM Rebates due to lower projected rebates as a result of the Dependent Eligibility Verification Audit (DEVA)
3.9	Increase in Expense Forecast
0.7	Increase in State PPO Plan
	(0.2) - Decrease in Medical Claims
	1.1 - Increase in projected claims experience due addition of Occupational Therapy services starting January 1, 2018
	(1.3) - Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)
	0.9 - Increase in Prescription Drug Claims
	1.4 - Increase due to Obesity Pilot starting January 1, 2018
	(0.5) - Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)
1.6	Increase in HMO Plan
	0.5 - Increase in Medical Claims
	2.0 - Increase in projected claims experience due addition of Occupational Therapy services starting January 1, 2018
	(1.5) - Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)
	1.1 - Increase in Prescription Drug Claims
	1.4 - Increase due to Obesity Pilot starting January 1, 2018
	(0.3) - Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)
1.7	Increase in Other Expense Categories
	1.7 - Increase in Operating Costs and Administrative Assessments due to actual budget appropriations for FY 2017-18
	0.5 - Independent Benefit Consultant (IBC) - nonrecurring
	1.0 - Dependent Eligibility Verification Audit (DEVA) - nonrecurring
	0.2 - Addition of 2 Full-Time Employees as directed by SB 7022
	0.1 - Document intake and storage expense for Quality Assurance reviews
454.4	Ending Cash Balance ⁽¹⁾

⁽ⁱ⁾ Self Insurance Estimating Conference held in March 2017.

Exhibit VII
Comparison of Financial Outlooks
Fiscal Year 2018-19
(In Millions)

\$ 128.3 Previous Ending Cash Balance Forecast ⁽ⁱ⁾

(4.1) Decrease in Beginning Cash Balance Forecast

(6.1) Decrease in Revenue Forecast

(5.7) - Net Decrease in insurance premiums due to the Dependent Eligibility Verification Audit (DEVA) causing a shift in coverage from Family to Single

(0.2) - Decrease in PPO - PBM Rebates due to lower projected rebates as a result of the Dependent Eligibility Verification Audit (DEVA)

(0.2) - Decrease in HMO - PBM Rebates due to lower projected rebates as a result of the Dependent Eligibility Verification Audit (DEVA)

(5.1) Decrease in Expense Forecast

(3.8) Decrease in State PPO Plan

(3.1) - Decrease in Medical Claims

2.3 - Increase in projected claims experience due addition of Occupational Therapy services starting January 1, 2018

(5.4) Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)

(0.7) - Decrease in Prescription Drug Claims

1.4 - Increase due to Obesity Pilot ending December 31, 2018

(2.0) - Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)

(1.5) Decrease in HMO Plan

(1.6) - Decrease in Medical Claims

4.2 - Increase in projected claims experience due addition of Occupational Therapy services starting January 1, 2018

(5.8) - Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)

0.1 - Increase in Prescription Drug Claims

1.4 - Increase due to Obesity Pilot ending December 31, 2018

(1.3) - Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)

0.2 Increase in Other Expense Categories

0.2 - Increase in Operating Costs and Administrative Assessments due to actual budget appropriations for FY 2017-18

0.2 - Addition of 2 Full-Time Employees as directed by SB 7022

0.1 - Document intake and storage expense for Quality Assurance reviews

123.2 Ending Cash Balance ⁽¹⁾

⁽ⁱ⁾ Self Insurance Estimating Conference held in March 2017.

Exhibit VIII
Comparison of Financial Outlooks
Fiscal Year 2019-20
(In Millions)

\$ (489.7)	Previous Ending Cash Balance Forecast ⁽ⁱ⁾
(5.1)	Decrease in Beginning Cash Balance Forecast
(6.2)	Decrease in Revenue Forecast
(5.7)	- Net Decrease in insurance premiums due to the Dependent Eligibility Verification Audit (DEVA) causing a shift in coverage from Family to Single
(0.3)	- Decrease in PPO - PBM Rebates due to lower projected rebates as a result of the Dependent Eligibility Verification Audit (DEVA)
(0.2)	- Decrease in HMO - PBM Rebates due to lower projected rebates as a result of the Dependent Eligibility Verification Audit (DEVA)
(8.9)	Decrease in Expense Forecast
(5.7)	Decrease in State PPO Plan
(3.3)	- Decrease in Medical Claims
2.5	- Increase in projected claims experience due addition of Occupational Therapy services starting January 1, 2018
(5.8)	- Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)
(2.4)	- Decrease in Prescription Drug Claims due to projected savings from Dependent Eligibility Verification Audit (DEVA)
(3.4)	Decrease in HMO Plan
(1.8)	- Decrease in Medical Claims
4.5	- Increase in projected claims experience due addition of Occupational Therapy services starting January 1, 2018
(6.3)	- Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)
(1.6)	- Decrease in Prescription Drug Claims due to projected savings from Dependent Eligibility Verification Audit (DEVA)
0.2	Increase in Other Expense Categories
0.2	- Increase in Operating Costs and Administrative Assessments due to actual budget appropriations for FY 2017-18
0.2	- Addition of 2 Full-Time Employees as directed by SB 7022
0.1	- Document intake to Quality Assurance reviews and storage expense
(492.1)	Ending Cash Balance ⁽¹⁾

⁽ⁱ⁾ Self Insurance Estimating Conference held in March 2017.

Exhibit IX
Comparison of Financial Outlooks
Fiscal Year 2020-21
(In Millions)

\$ (949.5)	Previous Ending Cash Balance Forecast ⁽ⁱ⁾
0.0	No Change in Beginning Cash Balance Forecast
(6.1)	Decrease in Revenue Forecast
(5.6)	- Net Decrease in insurance premiums due to the Dependent Eligibility Verification Audit (DEVA) causing a shift in coverage from Family to Single.
(0.3)	- Decrease in PPO - PBM Rebates due to lower projected rebates as a result of the Dependent Eligibility Verification Audit (DEVA)
(0.2)	- Decrease in HMO - PBM Rebates due to lower projected rebates as a result of the Dependent Eligibility Verification Audit (DEVA)
(10.0)	Decrease in Expense Forecast
(6.4)	Decrease in State PPO Plan
(3.6)	- Decrease in Medical Claims
2.7	- Increase in projected claims experience due addition of Occupational Therapy services starting January 1, 2018
(6.3)	- Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)
(2.8)	- Decrease in Prescription Drug Claims due to projected savings from Dependent Eligibility Verification Audit (DEVA)
(3.8)	Decrease in HMO Plan
(2.0)	- Decrease in Medical Claims
4.9	- Increase in projected claims experience due addition of Occupational Therapy services starting January 1, 2018
(6.9)	- Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)
(1.8)	- Decrease in Prescription Drug Claims due to projected savings from Dependent Eligibility Verification Audit (DEVA)
0.2	Increase in Other Expense Categories
0.2	- Increase in Operating Costs and Administrative Assessments due to actual budget appropriations for FY 2017-18
0.2	- Addition of 2 Full-Time Employees as directed by SB 7022
0.1	- Document intake and storage expense for Quality Assurance reviews
(945.6)	Ending Cash Balance ⁽¹⁾

⁽ⁱ⁾ Self Insurance Estimating Conference held in March 2017.

Exhibit X
Comparison of Financial Outlooks
Fiscal Year 2021-22
(In Millions)

\$	(1,365.4)	Previous Ending Cash Balance Forecast ⁽ⁱ⁾
	0.0	No Change in Beginning Cash Balance Forecast
	(6.1)	Decrease in Revenue Forecast
		(5.6) - Net Decrease in insurance premiums due to the Dependent Eligibility Verification Audit (DEVA) causing a shift in coverage from Family to Single.
		(0.3) - Decrease in PPO - PBM Rebates due to lower projected rebates as a result of the Dependent Eligibility Verification Audit (DEVA)
		(0.2) - Decrease in HMO - PBM Rebates due to lower projected rebates as a result of the Dependent Eligibility Verification Audit (DEVA)
	(11.4)	Decrease in Expense Forecast
		(7.1) Decrease in State PPO Plan
		(3.9) - Decrease in Medical Claims
		3.0 - Increase in projected claims experience due addition of Occupational Therapy services starting January 1, 2018
		(6.9) Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)
		(3.2) - Decrease in Prescription Drug Claims due to projected savings from Dependent Eligibility Verification Audit (DEVA)
		(4.5) Decrease in HMO Plan
		(2.3) - Decrease in Medical Claims
		5.3 - Increase in projected claims experience due addition of Occupational Therapy services starting January 1, 2018
		(7.6) - Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)
		(2.2) - Decrease in Prescription Drug Claims due to projected savings from Dependent Eligibility Verification Audit (DEVA)
	0.2	Increase in Other Expense Categories
		0.2 - Increase in Operating Costs and Administrative Assessments due to actual budget appropriations for FY 2017-18
		0.2 - Addition of 2 Full-Time Employees as directed by SB 7022
		0.1 - Document intake and storage expense for Quality Assurance reviews
	(1,360.1)	Ending Cash Balance ⁽¹⁾

⁽ⁱ⁾ Self Insurance Estimating Conference held in March 2017.

STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

Premium Rate Table

Effective December 2015 for January 2016 Coverage

(Premium rate change for CHP and FHCP Medicare participants ONLY)

Subscriber Category / Contribution Cycle		Coverage Type	PPO/HMO Standard			PPO/HMO HIHP		
			Employer	Enrollee	Total	Employer ⁽⁴⁾	Enrollee	Total
Career Service / OPS	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
SES / SMS	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	654.35	654.35	0.00	576.16	576.16
		Family	0.00	1,472.94	1,472.94	0.00	1,269.93	1,269.93
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				
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	276.00	893.92	552.00
	HIHP	251.20	814.71	502.40
Florida Health Care Plan ⁽⁸⁾	Standard	59.00	689.41	118.00
	HIHP	59.00	578.95	118.00

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) 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.
- (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 CHP or FHCP.

STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

Premium Rate Table

Effective December 2016 for January 2017 Coverage

(Premium rate change for all participants)

Subscriber Category / Contribution Cycle		Coverage Type	PPO/HMO Standard			PPO/HMO HIHP		
			Employer	Enrollee	Total	Employer ⁽⁴⁾	Enrollee	Total
Career Service / OPS	Monthly Full -Time Employees ⁽¹⁾	Single	642.84	50.00	692.84	642.84	15.00	657.84
		Family	1,379.60	180.00	1,559.60	1,379.60	64.30	1,443.90
		Spouse	1,529.60	30.00	1,559.60	1,413.92	30.00	1,443.92
	Bi-Weekly Full -Time Employees ⁽¹⁾	Single	321.42	25.00	346.42	321.42	7.50	328.92
		Family	689.80	90.00	779.80	689.80	32.15	721.95
		Spouse	764.80	15.00	779.80	706.96	15.00	721.96
SES / SMS	Monthly Full -Time Employees ^(1,2)	Single	684.50	8.34	692.84	649.50	8.34	657.84
		Family	1,529.60	30.00	1,559.60	1,413.90	30.00	1,443.90
	Bi-Weekly Full -Time Employees ^(1,2)	Single	342.25	4.17	346.42	324.75	4.17	328.92
		Family	764.80	15.00	779.80	706.95	15.00	721.95
COBRA	Monthly ⁽³⁾	Single	0.00	706.70	706.70	0.00	628.50	628.50
		Family	0.00	1,590.79	1,590.79	0.00	1,387.78	1,387.78
Early Retirees	Monthly	Single	0.00	692.84	692.84	0.00	616.18	616.18
		Family	0.00	1,559.60	1,559.60	0.00	1,360.57	1,360.57
Overage Dependents		Single	0.00	692.84	692.84	0.00	616.18	616.18

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	388.38	1,119.85	776.76
	HIHP	292.76	917.13	585.51
Capital Health Plan ⁽⁸⁾	Standard	282.62	915.37	565.24
	HIHP	257.23	834.26	514.46
Florida Health Care Plan ⁽⁸⁾	Standard	49.00	679.41	98.00
	HIHP	49.00	568.95	98.00

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) 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) Medicare eligible retirees must complete the HMO's Medicare Advantage Plan application process to be eligible for this coverage.

STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

Premium Rate Table

Effective January 2017 for February 2017 Coverage

(Premium rate change for CHP participants ONLY)

Subscriber Category / Contribution Cycle		Coverage Type	PPO/HMO Standard			PPO/HMO HIHP		
			Employer	Enrollee	Total	Employer ⁽⁴⁾	Enrollee	Total
Career Service / OPS	Monthly Full -Time Employees ⁽¹⁾	Single	642.84	50.00	692.84	642.84	15.00	657.84
		Family	1,379.60	180.00	1,559.60	1,379.60	64.30	1,443.90
		Spouse	1,529.60	30.00	1,559.60	1,413.92	30.00	1,443.92
	Bi-Weekly Full -Time Employees ⁽¹⁾	Single	321.42	25.00	346.42	321.42	7.50	328.92
		Family	689.80	90.00	779.80	689.80	32.15	721.95
		Spouse	764.80	15.00	779.80	706.96	15.00	721.96
SES / SMS	Monthly Full -Time Employees ^(1,2)	Single	684.50	8.34	692.84	649.50	8.34	657.84
		Family	1,529.60	30.00	1,559.60	1,413.90	30.00	1,443.90
	Bi-Weekly Full -Time Employees ^(1,2)	Single	342.25	4.17	346.42	324.75	4.17	328.92
		Family	764.80	15.00	779.80	706.95	15.00	721.95
COBRA	Monthly ⁽³⁾	Single	0.00	706.70	706.70	0.00	628.50	628.50
		Family	0.00	1,590.79	1,590.79	0.00	1,387.78	1,387.78
Early Retirees	Monthly	Single	0.00	692.84	692.84	0.00	616.18	616.18
		Family	0.00	1,559.60	1,559.60	0.00	1,360.57	1,360.57
Overage Dependents		Single	0.00	692.84	692.84	0.00	616.18	616.18

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	388.38	1,119.85	776.76
	HIHP	292.76	917.13	585.51
Capital Health Plan ⁽⁸⁾	Standard	282.62	915.37	565.24
	HIHP	257.23	834.26	514.46
Florida Health Care Plan ⁽⁸⁾	Standard	49.00	679.41	98.00
	HIHP	49.00	568.95	98.00

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) 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) Medicare eligible retirees must complete the HMO's Medicare Advantage Plan application process to be eligible for this coverage.