

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

August 3, 2017

The Outlook for the State Employees' Health Insurance Trust Fund has been revised to reflect actual enrollment, revenues, and expenses for FY 2016-17; projected enrollment due to new HMO contracts effective January 1, 2018; changes in HMO ASO fees and fully-insured premiums due to new HMO contracts effective January 1, 2018; revised trends for PPO and HMO pharmacy claims; and inclusion of projections for FY 2022-23. The fund is expected to remain solvent through FY 2018-19, with increases in ending cash balances for all years of the forecast when compared to the June 2017 Post-Session Outlook.

For FY 2016-17, the ending cash balance increased from \$562.3 million to \$582.6 million; for FY 2017-18, the ending cash balance increased from \$454.4 million to \$488.0 million; and for FY 2018-19, the ending cash balance increased from \$123.2 million to \$200.7 million. The Outlook for subsequent years shows that expenses are expected to exceed revenues by an amount that generates a negative cash flow of -\$357.3 million in FY 2019-20, -\$872.3 million in FY 2020-21, -\$1,269.4 million in FY 2021-22, and -\$1,705.6 million in FY 2022-23.

A complete Executive Summary outlining all of the changes since the June 2017 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 2017-18 changes between the June 2017 and August 2017 Conferences):

- Revenues from Insurance Premiums (-\$6.0 million) – The net decrease in the forecast is due mainly to lower projected enrollment and HMO ITN county awards and lower negotiated fully-insured Medicare rates effect January 2018, which outweigh the increase in premiums due to shifts in enrollment categories.
- Expenses for PPO Plan Medical Claims (-\$15.3 million) – The decrease in the forecast is due to lower projected claims experience.
- Expenses for PPO Plan Prescription Drug Claims (+\$10.4 million) – The increase in the forecast is due to an increase in the forecasted cost growth factor in FY 2017-18 and a higher base going forward.
- Expenses for HMO Plan Premium Payments (-\$4.1 million) – The net decrease in the forecast is due to decreased contract rates effective January 2018, which outweigh the increases from higher projected enrollment and from shifts in enrollment categories and between HMOs.
- Expenses for HMO Plan Medical Claims (-\$13.5 million) – The net decrease in the forecast is due to a decrease in projected enrollment and lower projected claims activity, which outweigh the increase due to a higher base for FY 2016-17.

- Expenses for HMO Plan Prescription Drug Claims (+\$5.4 million) – The net increase in the forecast is due an increase in the forecasted cost growth factor for FY 2017-18 and a higher base going forward, which outweigh the decrease due to lower projected enrollment.

Financial Outlook for FY 2016-17 and FY 2017-18
Changes to Conference Forecast – August 2017 Compared to June 2017
(In Millions)

	FY 2016-17			FY 2017-18		
	Jun-17	Aug-17	Difference	Jun-17	Aug-17	Difference
Beginning Cash Balance	\$567.0	\$567.0	\$0.0	\$562.3	\$582.6	\$20.3
Total Revenues	2,347.9	2,367.3	19.4	2,438.9	2,433.2	(5.7)
Total Expenses	2,352.6	2,351.7	(0.9)	2,546.8	2,527.8	(19.0)
Operating Gain/(Loss)	(4.7)	15.6	20.3	(107.9)	(94.6)	13.3
Ending Cash Balance	\$562.3	\$582.6	20.3	\$454.4	\$488.0	\$33.6

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

Report on Financial Outlook

For the Fiscal Years Ending June 30, 2017 through June 30, 2023

**Adopted August 3, 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 (the Division) prepared an 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, 2023. 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 Outlook builds on the financial and enrollment data presented in the June 2017 Impact Report, henceforth referred to as the Prior Outlook. Other than adjustments for legislation that were included in the June 2017 Impact Report, other numbers in the Prior Outlook were as of the March 2017 Revenue Estimating Conference. With the Prior Outlook as the base, this Outlook has adjustments for the following:

1. Actual FY 2016-17 enrollment, revenues and expenses.
2. Projected enrollment due to new Health Maintenance Organization (HMO) contracts effective January 1, 2018.
3. Changes in HMO Administrative Service Only (ASO) fees and Fully-insured premiums due to new HMO contracts effective January 1, 2018.
4. Revised claims trends for PPO pharmacy claims and HMO pharmacy claims.
5. Inclusion of projections for FY 2022-23.

This Outlook reflects changes in revenues and reductions in expenses for FY 2016-17 through FY 2021-22 compared to the Prior Outlook. FY 2022-23 has been added to this Outlook and will be referenced for comparisons in future reports. Increases in ending cash balances are reflected for FY 2016-17 through FY 2018-19, and projected deficits reflected in the Prior Outlook have decreased in FY 2019-20 through FY 2021-22. The Outlook reflects that the Trust Fund is projected to remain solvent through FY 2018-19.

The ending cash balance for FY 2016-17 is adjusted from \$562.3 million to \$582.6 million, an increase of \$20.3 million. For FY 2017-18, the forecasted ending cash balance is adjusted from \$454.4 million to \$488.0 million, and the estimated operating loss is decreased from \$107.9 million to \$94.6 million. For FY 2018-19, the forecasted ending cash balance is adjusted from \$123.2 million to \$200.7 million, and the operating loss is reduced from \$331.2 million to \$287.3 million. Ending cash balance deficits and operating losses are projected for FY 2019-20 through FY 2022-23.

Below is a summary of the Outlook for the Trust Fund through FY 2022-23:

	<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>FY 2022-23</u>
	<u>Actual</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
BEGINNING CASH BALANCE	\$ 567.0	\$ 582.6	\$ 488.0	\$ 200.7	\$ 0.0	\$ 0.0	\$ 0.0
TOTAL REVENUES	\$ 2,367.3	\$ 2,433.2	\$ 2,449.5	\$ 2,475.1	\$ 2,506.3	\$ 2,538.5	\$ 2,571.3
TOTAL EXPENSES	\$ 2,351.7	\$ 2,527.8	\$ 2,736.8	\$ 3,033.1	\$ 3,378.6	\$ 3,807.9	\$ 4,276.9
Operating Gain(Loss)	\$ 15.6	\$ (94.6)	\$ (287.3)	\$ (558.0)	\$ (872.3)	\$ (1,269.4)	\$ (1,705.6)
ENDING CASH BALANCE	\$ <u>582.6</u>	\$ <u>488.0</u>	\$ <u>200.7</u>	\$ <u>(357.3)</u>	\$ <u>(872.3)</u>	\$ <u>(1,269.4)</u>	\$ <u>(1,705.6)</u>

Note: Assumes no carry forward of negative cash balance.

Contracts for HMO plan vendors expire at the end of 2017. In April 2017, the Department completed a new HMO procurement and awarded contracts to five vendors for an initial term of three years (January 1, 2018 through December 31, 2020) with annual renewal options for up to three additional years.

Medical benefits for three of the awarded HMO vendors were contracted under a self-insured financial model and two HMO vendors were contracted under a fully-insured model. Prescription drug services remain carved-out to a pharmacy benefits manager (PBM) under a self-insured financial model, except for the fully-insured vendors that will continue to offer Medicare Advantage Prescription Drug Plans to Medicare subscribers. Additionally, the number of HMO vendors offered per county will be limited to one. Estimated contract savings from higher guaranteed discounts, lower fully-insured premium rates, and lower administrative fees will be realized throughout the initial and renewal contract periods. Adjustments to corresponding revenue and expense categories resulting from the new HMO contracts have been incorporated into this Outlook.

Enrollment

Final actual enrollment for FY 2016-17 reflects 174,902 subscribers and 192,115 dependents, totaling 367,017 covered lives. Approximately 48.0% of subscribers were enrolled in Preferred Provider Organization (PPO) plans, and 52.0% enrolled in HMO plans. Subscriber enrollment in single coverage plans was 47.3%, and 52.7% were enrolled in family plans which had an average size of 3.1 members. Enrollment for FY 2017-18 through FY 2022-23 continues to reflect increasing

STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

enrollment trends in the Active coverage category with growth of 1.5% annually. The Early Retiree coverage categories are projected to decrease an average of 1.1% annually, and enrollment in the Medicare coverage categories are expected to increase 0.3%. Total enrollment is projected to increase an average of 1.2% year over year throughout the forecast period.

Subscriber migration patterns indicate continuing change in the enrollment distribution between the PPO plans and the HMO plans. Overall enrollment projections across all years of the forecast reflect an average annual decrease of 0.6% in PPO plans and an average increase of 2.7% in HMO plans.

As of June 2017, approximately 3,577 subscribers, or 2.0%, were enrolled in a High Deductible Health Plan (HDHP), which reflects a slight increase from 1.9% reported at the prior Outlook. Active employees account for 97.1% of these subscribers, of which 82.3% are participating in the integrated state-sponsored Health Savings Account (HSA) offering.

As of June 2017, a total of 25,570 eligible employees, or 15.1%, opted out of enrollment in the Program; 38.8% of those were eligible employees in Other Personal Services positions. The previous Outlook reflected that 13.8% opted out of coverage; 36.1% were in OPS positions.

REVENUE

Actual premium revenue received during FY 2016-17 was \$2.18 billion, \$2.7 million more than projected in the Prior Outlook due to enrollment updates and higher actual premium receipts. Investment earnings received during FY 2016-17 were \$7.5 million, \$0.1 million less than the Prior Outlook, based on lower actual investment earnings. Refunds received for medical claims overpayments were \$4.9 million more than the Prior Outlook, with actual receipts of \$21.1 million. Pharmacy rebates received during FY 2016-17 totaled \$100.1 million, \$2.9 million higher than the Prior Outlook based on actual rebates received. This forecast also reflects the year-end pretax transfer of \$18.6 million, required by Section 110.161(8), Florida Statutes. Medicare drug subsidy payments received during FY 2016-17 were \$18.2 million, down \$0.8 million due to lower than projected enrollment and lower actual subsidy collections. Other revenue received during the period increased \$11.9 million due primarily to the collection of network discount guarantee payments received from the current PBM. Total revenues received during FY 2016-17 were \$2.37 billion, reflecting an increase of \$19.4 million over the Prior Outlook.

Changes in Insurance Premiums in this forecast are primarily driven by changes in enrollment due to new HMO contracts, lower negotiated fully-insured rates associated with new HMO contracts effective January 2018, and revised trend rates for fully-insured premiums. Combined premium contribution revenues for FY 2017-18 through FY 2021-22 are \$68.4 million lower than projected in the Prior Outlook. Investment earnings are projected higher in FY 2017-18 and 2018-19 due to a higher projected cash balances. TPA refunds reflect an increase of \$2.4 million per year starting FY 2017-18 due to actual experience in FY 2016-17. PBM Rebate revenues reflect a slight increase of \$0.6 million for FY 2017-18 through FY2021-22. Medicare drug subsidies reflect a decreased combined projection of \$1.7 million due to decreased enrollment projections and lower projected per member subsidies.

SPEND

Total expenses paid in FY 2016-17 for self-insured PPO and HMO medical claims were \$1.36 billion, which was \$11.7 million lower than the Prior Outlook due to lower than expected PPO claims. ASO fee expenses paid during the fiscal year were \$45.4 million. Total pharmacy claim expenses were \$611.7 million, up \$12.2 million from the Prior Outlook due to higher than expected pharmacy claims; PPO was up \$6.9 million and HMO was up \$5.3 million. FY 2016-17 fully-insured premium expenses were \$305.9 million, reflecting a decrease of \$0.4 million due to enrollment updates. Health savings account expenses were \$4.2 million, reflecting a slight decrease of \$0.1 million from the Prior Outlook. Operating costs were \$3.7 million; \$0.1 million higher than the Prior Outlook due to higher actual costs. Premium refunds for the period were \$5.9 million, reflecting a decrease of \$0.9 million due to lower actuals than previously forecasted. Actual other expenses for FY 2016-17 totaled \$9.7 million which is attributed to annual Patient Center Outcome and Research Institute and reinsurance fees required by the Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 (2010).

The forecast of PPO expenses for FY 2017-18 through FY 2021-22 reflects a combined projected decrease of \$49.8 million across all years. PPO medical claims projections are \$87.7 million lower due to lower projected claims experience. PPO pharmacy expenses reflect a combined increase across all years of \$38.0 million due to a higher base for FY 2016-17, combined with slightly lower growth factors. PPO ASO fees are unchanged from the Prior Outlook and PBM claims administration fees reflect a decrease of \$0.1 million due to enrollment projections.

The forecast of FY 2017-18 through FY 2021-22 reflects a combined decrease of \$300.1 million in fully-insured and self-insured HMO expenses. Self-insured HMO medical claims decreased \$156.3 million due to resetting the year-end base and the impacts of new contracts effective January 2018. HMO pharmacy expenses reflect a combined increase across all years of \$6.4 million due to enrollment updates and reduced growth factors. HMO ASO fees reflect a combined decrease across all years of \$22.4 million due to new HMO contract rates effective January 2018. PBM administration fees decreased

STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

by \$0.1 million in FY 2019-20 from the Prior Outlook due to lower projected enrollment. Projected Premium payments reflect a combined decrease of \$127.7 million due a lower growth factor being used and new HMO contract rates effective January 2018.

HSA Deposits reflect an increase of \$1.2 million across all out years of the forecast due to higher enrollment in the High Deductible Health Plans.

Growth factors used to develop this Outlook are reflected below:

PPO MEDICAL								
Industry Range for CYs 2016-17: 3.0% - 7.8%								
	FY 16-17		FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23
	Applied	Actual YTD + Projected	Applied	Applied	Applied	Applied	Applied	Applied
June 2017 Conference	6.5%	5.4%	6.0%	6.8%	7.8%	8.2%	8.3%	n/a
August 2017 Conference	n/a	3.1%	6.0%	6.8%	7.8%	8.2%	8.3%	8.3%

HMO MEDICAL								
Industry Range for CYs 2016-17: 3.0% - 7.8%								
	FY 16-17		FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23
	Applied	Actual YTD + Projected	Applied	Applied	Applied	Applied	Applied	Applied
June 2017 Conference	6.5%	4.6%	6.0%	6.8%	7.8%	8.2%	8.3%	n/a
August 2017 Conference	n/a	5.1%	6.0%	6.8%	7.8%	8.2%	8.3%	8.3%

PPO PHARMACY								
Industry Range for CYs 2016-17: 6.7% - 13.9%								
	FY 16-17		FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23
	Applied	Actual YTD + Projected	Applied	Applied	Applied	Applied	Applied	Applied
June 2017 Conference	7.7%	10.7%	11.1%	14.8%	15.9%	15.9%	15.9%	n/a
August 2017 Conference	n/a	13.0%	11.9%	13.3%	15.8%	15.8%	15.8%	15.8%

HMO PHARMACY								
Industry Range for CYs 2016-17: 6.7% - 13.9%								
	FY 16-17		FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23
	Applied	Actual YTD + Projected	Applied	Applied	Applied	Applied	Applied	Applied
June 2017 Conference	6.8%	9.1%	12.2%	14.3%	16.0%	16.0%	16.0%	n/a
August 2017 Conference	n/a	11.4%	12.3%	12.5%	15.9%	15.9%	15.9%	15.9%

FULLY INSURED HMO PREMIUM PAYMENTS								
Industry Range for CYs 2016-17: 4.0% - 6.2%								
	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023
June 2017 Conference	4.7%*	2.4%*	6.0%	6.8%	7.8%	8.2%	8.3%	n/a
August 2017 Conference	4.7%*	2.4%*	3.8%*	4.3%	4.9%	5.2%	5.3%	5.3%

*Actual trend rates

STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

Exhibit I

Financial Outlook by Fiscal Year ⁽¹⁾
Changes to Conference Forecast - August 2017 Compared to June 2017
(In Millions)

	FY 2016-17			FY 2017-18			FY 2018-19			FY 2019-20			FY 2020-21			FY 2021-22			FY 2022-23
	June '17	Aug '17	Diff.	June '17	Aug '17	Diff.	June '17	Aug '17	Diff.	June '17	Aug '17	Diff.	June '17	Aug '17	Diff.	June '17	Aug '17	Diff.	Aug '17
BEGINNING CASH BALANCE	\$ 567.0	\$ 567.0	\$ -	\$ 562.3	\$ 582.6	\$ 20.3	\$ 454.4	\$ 488.0	\$ 33.6	\$ 123.2	\$ 200.7	\$ 77.5	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ -	\$ 0.0
REVENUES:																			
Insurance Premiums ⁽³⁾	\$ 2,184.9	\$ 2,187.6	\$ 2.7	\$ 2,272.5	\$ 2,266.5	\$ (6.0)	\$ 2,292.9	\$ 2,280.1	\$ (12.8)	\$ 2,319.9	\$ 2,305.5	\$ (14.4)	\$ 2,347.6	\$ 2,331.1	\$ (16.5)	\$ 2,376.2	\$ 2,357.5	\$ (18.7)	\$ 2,384.0
Investment Earnings	7.6	7.5	(0.1)	6.8	7.2	0.4	3.9	4.6	0.7	-	-	-	-	-	-	-	-	-	-
TPA & Self-Insured HMO Refunds	16.2	21.1	4.9	15.0	17.4	2.4	15.0	17.4	2.4	15.0	17.4	2.4	15.0	17.4	2.4	15.0	17.4	2.4	17.4
PBM Rebates	97.2	100.1	2.9	106.2	106.0	(0.2)	110.8	111.0	0.2	116.0	116.2	0.2	121.6	121.8	0.2	127.4	127.6	0.2	133.9
Pretax Trust Fund Transfer	20.7	18.6	(2.1)	20.7	18.6	(2.1)	20.7	18.6	(2.1)	20.7	18.6	(2.1)	20.7	18.6	(2.1)	20.7	18.6	(2.1)	18.6
Medicare Part D Subsidy	19.0	18.2	(0.8)	17.7	17.5	(0.2)	17.6	17.8	0.2	17.7	17.4	(0.3)	17.7	17.4	(0.3)	17.7	17.4	(0.3)	17.4
Other Revenues	2.3	14.2	11.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL REVENUES	\$ 2,347.9	\$ 2,367.3	\$ 19.4	\$ 2,438.9	\$ 2,433.2	\$ (5.7)	\$ 2,460.9	\$ 2,449.5	\$ (11.4)	\$ 2,489.3	\$ 2,475.1	\$ (14.2)	\$ 2,522.6	\$ 2,506.3	\$ (16.3)	\$ 2,557.0	\$ 2,538.5	\$ (18.5)	\$ 2,571.3
TOTAL CASH AVAILABLE	\$ 2,914.9	\$ 2,934.3	\$ 19.4	\$ 3,001.2	\$ 3,015.8	\$ 14.6	\$ 2,915.3	\$ 2,937.5	\$ 22.2	\$ 2,612.5	\$ 2,675.8	\$ 63.3	\$ 2,522.6	\$ 2,506.3	\$ (16.3)	\$ 2,557.0	\$ 2,538.5	\$ (18.5)	\$ 2,571.3
EXPENSES:																			
PPO Plan	\$ 1,027.4	\$ 1,019.6	\$ (7.8)	\$ 1,100.7	\$ 1,095.7	\$ (5.0)	\$ 1,192.6	\$ 1,182.6	\$ (10.0)	\$ 1,309.5	\$ 1,298.8	\$ (10.7)	\$ 1,444.1	\$ 1,432.5	\$ (11.6)	\$ 1,595.6	\$ 1,583.1	\$ (12.5)	\$ 1,751.9
Medical Claims	669.8	655.2	(14.6)	706.5	691.2	(15.3)	747.4	731.2	(16.2)	801.1	783.7	(17.4)	861.5	842.8	(18.7)	927.4	907.3	(20.1)	976.9
ASO Fee	17.6	17.5	(0.1)	17.6	17.6	-	17.5	17.5	-	17.4	17.4	-	17.2	17.2	-	17.1	17.1	-	17.0
Prescription Drug Claims	337.7	344.6	6.9	374.4	384.8	10.4	425.6	431.8	6.2	488.9	495.6	6.7	563.3	570.4	7.1	649.0	656.6	7.6	755.9
PBM Claims Administration	2.3	2.3	-	2.2	2.1	(0.1)	2.1	2.1	-	2.1	2.1	-	2.1	2.1	-	2.1	2.1	-	2.1
HMO Plan	\$ 1,301.0	\$ 1,308.6	\$ 7.6	\$ 1,427.3	\$ 1,412.5	\$ (14.8)	\$ 1,583.7	\$ 1,537.5	\$ (46.2)	\$ 1,779.2	\$ 1,717.5	\$ (61.7)	\$ 2,008.8	\$ 1,930.0	\$ (78.8)	\$ 2,271.4	\$ 2,172.8	\$ (98.6)	\$ 2,435.1
Premium Payments	306.3	305.9	(0.4)	324.3	320.2	(4.1)	350.9	338.7	(12.2)	383.1	360.1	(23.0)	420.9	384.5	(36.4)	463.3	411.3	(52.0)	426.1
Medical Claims	702.7	705.6	2.9	769.0	755.5	(13.5)	845.7	815.8	(29.9)	941.0	906.8	(34.2)	1,050.4	1,012.9	(37.5)	1,172.7	1,131.5	(41.2)	1,263.2
ASO Fee	28.1	27.9	(0.2)	29.1	26.5	(2.6)	30.0	25.2	(4.8)	31.0	26.1	(4.9)	31.9	26.9	(5.0)	32.9	27.8	(5.1)	29.2
Prescription Drug Claims	261.8	267.1	5.3	302.9	308.3	5.4	355.0	355.7	0.7	421.9	422.4	0.5	503.4	503.5	0.1	600.2	599.9	(0.3)	714.3
PBM Claims Administration	2.1	2.1	-	2.0	2.0	-	2.1	2.1	-	2.2	2.1	(0.1)	2.2	2.2	-	2.3	2.3	-	2.3
HSA Deposits ⁽³⁾	4.3	4.2	(0.1)	4.5	4.7	0.2	4.5	4.8	0.3	4.6	4.8	0.2	4.6	4.9	0.3	4.7	4.9	0.2	4.9
Operating Costs & Admin Assessment	3.6	3.7	0.1	5.3	5.8	0.5	3.8	4.3	0.5	3.8	4.3	0.5	3.8	4.3	0.5	3.8	4.3	0.5	4.3
Premium Refunds	6.9	5.9	(0.9)	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	9.7	0.3	2.2	2.3	0.1	0.7	0.8	0.1	0.7	0.8	0.1	-	-	-	34.7	35.9	1.2	73.8
TOTAL EXPENSES	\$ 2,352.6	\$ 2,351.7	\$ (0.9)	\$ 2,546.8	\$ 2,527.8	\$ (19.0)	\$ 2,792.1	\$ 2,736.8	\$ (55.3)	\$ 3,104.7	\$ 3,033.1	\$ (71.6)	\$ 3,468.2	\$ 3,378.6	\$ (89.6)	\$ 3,917.1	\$ 3,807.9	\$ (109.2)	\$ 4,276.9
EXCESS OF REV. OVER EXP.	\$ (4.7)	\$ 15.6	\$ 20.3	\$ (107.9)	\$ (94.6)	\$ 13.3	\$ (331.2)	\$ (287.3)	\$ 43.9	\$ (615.4)	\$ (558.0)	\$ 57.4	\$ (945.6)	\$ (872.3)	\$ 73.3	\$ (1,360.1)	\$ (1,269.4)	\$ 90.7	\$ (1,705.6)
ENDING CASH BALANCE ⁽⁵⁾	\$ 562.3	\$ 582.6	\$ 20.3	\$ 454.4	\$ 488.0	\$ 33.6	\$ 123.2	\$ 200.7	\$ 77.5	\$ (492.1)	\$ (357.3)	\$ 134.9	\$ (945.6)	\$ (872.3)	\$ 73.3	\$ (1,360.1)	\$ (1,269.4)	\$ 90.7	\$ (1,705.6)
ADDITIONAL INFORMATION																			
Unreported PPO Plan Claims Liability ⁽⁶⁾	\$ 48.7	\$ 62.2	\$ 13.5	\$ 51.3	\$ 65.4	\$ 14.1	\$ 54.3	\$ 69.0	\$ 14.7	\$ 58.1	\$ 73.7	\$ 15.6	\$ 62.4	\$ 79.0	\$ 16.6	\$ 67.0	\$ 84.9	\$ 17.9	\$ 91.1
Unreported HMO Plan Claims Liability ⁽⁷⁾	77.4	77.7	0.3	84.6	83.2	(1.4)	93.3	98.0	4.7	103.8	108.9	5.1	115.9	121.6	5.7	129.4	135.9	6.5	151.7
Unreported PBM Claims Liability ⁽⁸⁾	6.0	6.1	0.1	6.8	6.9	0.1	7.8	7.9	0.1	9.1	9.2	0.1	10.7	10.7	0.1	12.5	12.6	0.1	14.7
Total Unreported Claims Liability	\$ 132.1	\$ 146.0	\$ 13.9	\$ 142.7	\$ 155.5	\$ 12.8	\$ 155.4	\$ 174.9	\$ 19.5	\$ 171.0	\$ 191.8	\$ 20.8	\$ 189.0	\$ 211.3	\$ 22.4	\$ 208.9	\$ 233.4	\$ 24.5	\$ 257.5

Highlights of Changes to Forecast

- A) Inclusion of actual enrollment through June 2017
- B) Inclusion of actual revenues and expenses through June 2017
- C) Revised the growth factors from PPO Pharmacy claims, HMO Pharmacy claims
- D) Inclusion of new HMO contract rates - effective January 1, 2018
- E) Revised projected enrollment to account for new HMO contracts

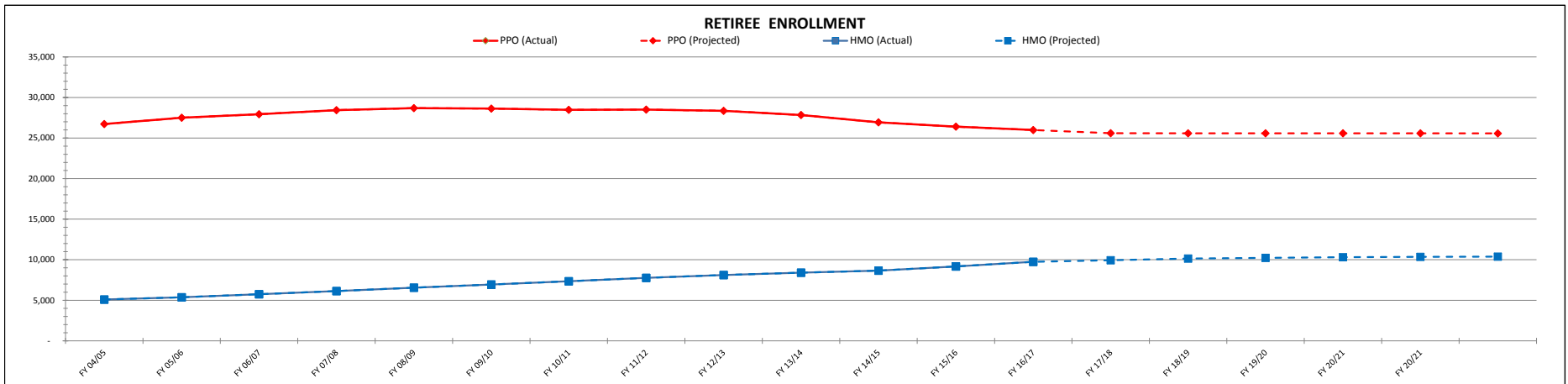
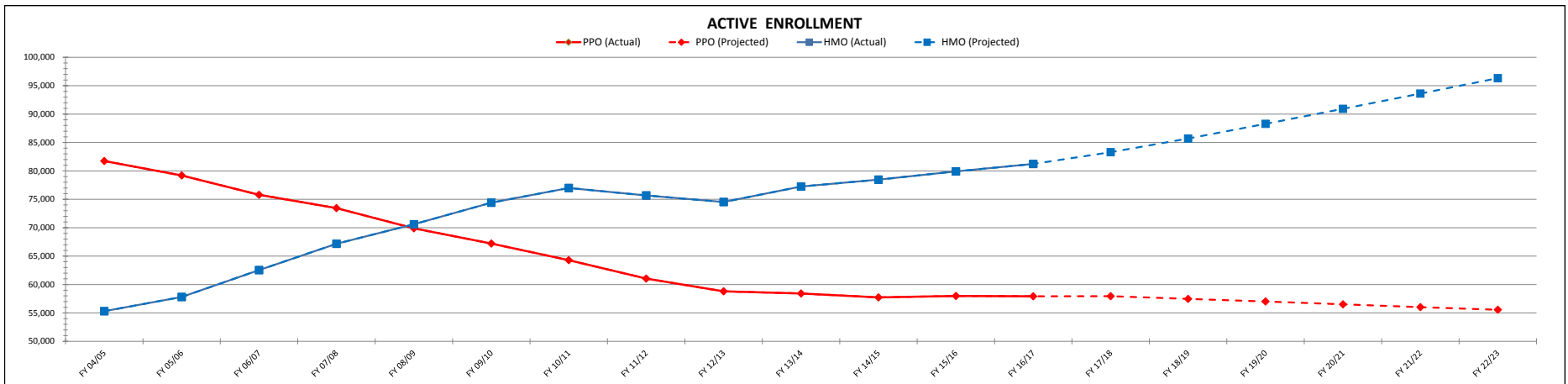
STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

Exhibit II

Enrollment Outlook by Fiscal Year

Changes to Conference Forecast - August 2017 Compared to June 2017

	FY 2016-17			FY 2017-18			FY 2018-19			FY 2019-20			FY 2020-21			FY 2021-22			FY 2022-23
	Jun '17	Aug '17	Diff.	Jun '17	Aug '17	Diff.	Jun '17	Aug '17	Diff.	Jun '17	Aug '17	Diff.	Jun '17	Aug '17	Diff.	Jun '17	Aug '17	Diff.	Aug '17
Average Enrollment by Plan																			
PPO Standard	81,626	81,580	(46)	81,069	80,941	(128)	80,491	80,361	(130)	79,930	79,802	(128)	79,356	79,228	(128)	78,793	78,665	(128)	78,112
PPO HIHP	2,309	2,342	33	2,485	2,609	124	2,585	2,708	123	2,668	2,792	124	2,743	2,867	124	2,817	2,925	108	3,002
HMO Standard	90,096	90,017	(79)	92,532	92,174	(358)	95,139	94,768	(371)	97,805	97,433	(372)	100,512	100,138	(374)	103,234	102,859	(375)	105,591
HMO HIHP	954	963	9	1,004	1,052	48	1,020	1,072	52	1,041	1,084	43	1,060	1,096	36	1,074	1,105	31	1,116
Total	174,985	174,902	(83)	177,090	176,776	(314)	179,235	178,909	(326)	181,444	181,111	(333)	183,671	183,329	(342)	185,918	185,554	(364)	187,821
Average Enrollment by Coverage Type																			
Active (Non-OPS) Standard	131,107	131,046	(61)	132,776	132,449	(327)	134,487	134,113	(374)	136,304	135,932	(372)	138,174	137,802	(372)	140,103	139,731	(372)	141,691
Active (Non-OPS) HIHP	2,887	2,923	36	3,055	3,204	149	3,123	3,282	159	3,178	3,331	153	3,223	3,370	147	3,262	3,405	143	3,445
OPS Standard	4,393	4,426	33	4,667	4,756	89	4,882	4,908	26	5,100	5,125	25	5,312	5,335	23	5,519	5,542	23	5,749
OPS HIHP	273	282	9	317	344	27	350	371	21	383	403	20	416	435	19	449	467	18	499
COBRA	488	480	(8)	488	495	7	488	495	7	488	495	7	488	495	7	488	495	7	495
Early Retiree	5,879	5,820	(59)	5,764	5,561	(203)	5,757	5,588	(169)	5,733	5,564	(169)	5,702	5,533	(169)	5,666	5,487	(179)	5,444
Medicare	29,958	29,925	(33)	30,023	29,967	(56)	30,148	30,152	4	30,258	30,261	3	30,356	30,359	3	30,431	30,427	(4)	30,498
Total	174,985	174,902	(83)	177,090	176,776	(314)	179,235	178,909	(326)	181,444	181,111	(333)	183,671	183,329	(342)	185,918	185,554	(364)	187,821



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>FY 2022-23</u>
	<u>Actual</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
BEGINNING CASH BALANCE	\$ 567.0	\$ 582.6	\$ 488.0	\$ 200.7	\$ 0.0 ⁽²⁾	\$ 0.0 ⁽²⁾	\$ 0.0
REVENUES:							
Insurance Premiums:							
Employer	\$ 1,784.7	\$ 1,868.3	\$ 1,885.7	\$ 1,908.0	\$ 1,930.7	\$ 1,954.2	\$ 1,978.1
Employee	168.3	171.3	172.8	175.1	177.4	179.7	182.1
HSA Contributions ⁽³⁾	4.2	4.7	4.8	4.8	4.9	4.9	4.9
COBRA	5.4	5.9	5.9	5.9	5.9	5.9	5.9
Early Retiree	57.5	57.4	57.7	57.6	57.3	57.0	56.7
Medicare	167.5	158.9	153.2	154.1	154.9	155.8	156.3
Investment Earnings	7.5	7.2	4.6	0.0	0.0	0.0	0.0
PPO - TPA Refunds	11.3	8.4	8.4	8.4	8.4	8.4	8.4
PPO - PBM Rebates	57.6	56.2	57.9	59.6	61.5	63.3	65.3
HMO - Self-Insured Refunds	9.8	9.0	9.0	9.0	9.0	9.0	9.0
HMO - PBM Rebates	42.5	49.8	53.1	56.6	60.3	64.3	68.6
Pretax Trust Fund Transfer	18.6	18.6	18.6	18.6	18.6	18.6	18.6
PPO - Medicare Part D Subsidy	17.0	16.3	16.6	16.3	16.3	16.3	16.3
HMO - Medicare Part D Subsidy	1.2	1.2	1.2	1.1	1.1	1.1	1.1
Other Revenues	14.2	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL REVENUES	\$ 2,367.3	\$ 2,433.2	\$ 2,449.5	\$ 2,475.1	\$ 2,506.3	\$ 2,538.5	\$ 2,571.3
TOTAL CASH AVAILABLE	\$ 2,934.3	\$ 3,015.8	\$ 2,937.5	\$ 2,675.8	\$ 2,506.3	\$ 2,538.5	\$ 2,571.3
EXPENSES:							
State PPO Plan:							
Medical Claims	\$ 655.2	\$ 691.2	\$ 731.2	\$ 783.7	\$ 842.8	\$ 907.3	\$ 976.9
ASO Fee	17.5	17.6	17.5	17.4	17.2	17.1	17.0
Prescription Drug Claims	344.6	384.8	431.8	495.6	570.4	656.6	755.9
PBM Claims Administration	2.3	2.1	2.1	2.1	2.1	2.1	2.1
HMO Plan:							
Premium Payments	305.9	320.2	338.7	360.1	384.5	411.3	426.1
Medical Claims	705.6	755.5	815.8	906.8	1,012.9	1,131.5	1,263.2
ASO Fee	27.9	26.5	25.2	26.1	26.9	27.8	29.2
Prescription Drug Claims	267.1	308.3	355.7	422.4	503.5	599.9	714.3
PBM Claims Administration	2.1	2.0	2.1	2.1	2.2	2.3	2.3
HSA Deposits ⁽³⁾	4.2	4.7	4.8	4.8	4.9	4.9	4.9
Operating Costs & Admin Assessment	3.7	5.8	4.3	4.3	4.3	4.3	4.3
Premium Refunds	5.9	6.9	6.9	6.9	6.9	6.9	6.9
Other Expenses ⁽⁴⁾	9.7	2.3	0.8	0.8	0.0	35.9	73.8
TOTAL EXPENSES	\$ 2,351.7	\$ 2,527.8	\$ 2,736.8	\$ 3,033.1	\$ 3,378.6	\$ 3,807.9	\$ 4,276.9
EXCESS OF REVENUES OVER EXPENSES	\$ 15.6	\$ (94.6)	\$ (287.3)	\$ (558.0)	\$ (872.3)	\$ (1,269.4)	\$ (1,705.6)
ENDING CASH BALANCE ⁽⁵⁾	\$ 582.6	\$ 488.0	\$ 200.7	\$ (357.3)	\$ (872.3)	\$ (1,269.4)	\$ (1,705.6)
ADDITIONAL INFORMATION							
Total Unreported Claims Liability ⁽⁹⁾	\$ 146.0	\$ 155.5	\$ 174.9	\$ 191.8	\$ 211.3	\$ 233.4	\$ 257.5
Average Enrollment by Plan							
PPO Standard	81,580	80,941	80,361	79,802	79,228	78,665	78,112
PPO HIHP	2,342	2,609	2,708	2,792	2,867	2,925	3,002
HMO Standard	90,017	92,174	94,768	97,433	100,138	102,859	105,591
HMO HIHP	963	1,052	1,072	1,084	1,096	1,105	1,116
Total	174,902	176,776	178,909	181,111	183,329	185,554	187,821
Average Enrollment by Coverage Type							
Active (Non-OPS) Standard	131,046	132,449	134,113	135,932	137,802	139,731	141,691
Active (Non-OPS) HIHP	2,923	3,204	3,282	3,331	3,370	3,405	3,445
OPS Standard	4,426	4,756	4,908	5,125	5,335	5,542	5,749
OPS HIHP	282	344	371	403	435	467	499
COBRA	480	495	495	495	495	495	495
Early Retiree	5,820	5,561	5,588	5,564	5,533	5,487	5,444
Medicare	29,925	29,967	30,152	30,261	30,359	30,427	30,498
Total	174,902	176,776	178,909	181,111	183,329	185,554	187,821

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 48% and 52%, 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.
- 10) Outlook is based on the original ITN award of April 18, 2017, for HMO services.

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

\$ 562.3	Previous Ending Cash Balance Forecast ⁽ⁱ⁾
0.0	Increase in Beginning Cash Balance Forecast
19.4	Increase in Revenue Forecast
	2.7 - Net Increase in Insurance Premiums
	(0.7) - Decrease in employer and enrollee Insurance Premiums due to lower actual than projected enrollment from 174,985 to 174,902
	(0.1) - Decrease in actual employer and enrollee HSA contributions
	3.5 - Increase in Insurance Premiums due to shifts in enrollment categories
	(0.1) - Decrease in Investment Earnings due to lower actual than projected interest rates
	3.6 - Increase in PPO - TPA Refunds due to higher actual than projected activity
	3.6 - Increase in PPO - PBM Rebates due to higher actual than projected
	1.3 - Increase in HMO - Self-Insured Refunds due to higher actual than projected activity
	(0.7) - Decrease in HMO - PBM Rebates due to lower actual than projected rebates
	(2.1) - Decrease in Pretax Trust Fund Transfer due to lower actual FY 2016-17 transfer
	(0.8) - Decrease in PPO - Medicare Part D Subsidy due to lower actual than projected subsidies
	11.9 - Increase in Other Revenues
	11.2 - Increase due to network discount guarantee from the pharmacy benefits manager
	0.5 - Increase due to claims settlements
	0.1 - Increase due to claims adjustments from the pharmacy benefits manager and PPO plan provider
	0.1 - Increase due to other non-recurring activity
(0.9)	Decrease in Expense Forecast
	(7.8) Decrease in State PPO Plan
	(14.6) - Decrease in Medical Claims
	(0.1) - Decrease due to lower actual than projected enrollment from 83,935 to 83,922
	(14.5) - Decrease due to lower actual than projected claims activity
	(0.1) - Decrease in ASO Fee Expense due to lower actual than projected enrollment
	6.9 - Increase in Prescription Drug Claims
	(0.1) - Decrease due to lower actual than projected enrollment
	7.0 - Increase due to higher actual than projected claims activity
	7.6 Increase in HMO Plan
	(0.4) - Decrease in Premium Payments
	(0.1) - Decrease due to lower actual than projected enrollment from 32,387 to 32,375
	(0.3) - Decrease due to shifts in enrollment categories and between HMOs
	2.9 - Increase in Medical Claims
	(0.7) - Decrease due to lower actual than projected enrollment from 58,661 to 58,603
	3.6 - Increase due to higher actual than projected claims activity
	(0.2) - Decrease in ASO Fee Expense
	(0.1) - Decrease due to lower actual than projected enrollment from 58,661 to 58,603
	(0.1) - Decrease due to shifts in enrollment between HMOs
	5.3 - Increase in Prescription Drug Claims
	(0.2) - Decrease due to lower actual than projected enrollment from 85,869 to 85,788
	5.5 - Increase due to higher actual than projected claims activity
	(0.7) Decrease in Other Expense Categories
	(0.1) - Decrease in employer and enrollee HSA Deposits due to lower actual than projected activity
	0.1 - Increase in Operating Costs and Administrative Assessments due to actual budget appropriation
	(0.9) - Decrease in Premium Refunds due to lower actual than projected activity
	0.3 - Increase in Other Expense Categories due to higher legal expense
582.6	Ending Cash Balance

⁽ⁱ⁾ Self Insurance Impact Conference held in June 2017.

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

\$ 454.4	Previous Ending Cash Balance Forecast ⁽ⁱ⁾
20.3	Increase in Beginning Cash Balance Forecast
(5.7)	Decrease in Revenue Forecast
	(6.0) - Net Decrease in Insurance Premiums
	(2.7) - Decrease in employer and enrollee Insurance Premiums due to lower projected enrollment from 177,090 to 176,776
	0.2 - Increase in projected employer and enrollee HSA contributions
	4.4 - Increase in Insurance Premiums due to shifts in enrollment categories
	(7.9) - Decrease in Insurance Premiums due to HMO ITN county awards and lower negotiated fully-insured Medicare rates effective January 2018
	0.4 - Increase in Investment Earnings due to higher projected cash balance
	1.2 - Increase in PPO - TPA Refunds due to higher projected activity
	0.1 - Increase in PPO - PBM Rebates due to higher projected rebates
	1.2 - Increase in HMO - Self-Insured Refunds
	(0.1) - Decrease due to lower projected enrollment from 60,522 to 59,700
	1.3 - Increase due to higher projected activity
	(0.3) - Decrease in HMO - PBM Rebates due to lower projected rebates
	(0.2) - Decrease due to lower projected enrollment from 88,226 to 87,870
	(0.1) - Decrease due to lower projected rebates
	(2.1) - Decrease in Pretax Trust Fund Transfer due to lower actual than projected FY 2016-17
	(0.2) - Decrease in PPO - Medicare Part D Subsidy due to lower projected Medicare enrollment from 23,008 to 22,792
(19.0)	Decrease in Expense Forecast
	(5.0) Decrease in State PPO Plan
	(15.3) - Decrease in Medical Claims due to lower projected claims experience
	10.4 - Increase in Prescription Drug Claims due to higher projected claims experience
	2.7 Increase due to higher growth factor from 11.1% to 11.9%
	7.7 - Increase due to higher base for FY 2016-17
	(0.1) - Decrease in PBM Claims Administration due to lower projected enrollment
	(14.8) Decrease in HMO Plan
	(4.1) - Decrease in Premium Payments
	4.9 - Increase due to higher projected enrollment from 33,011 to 33,521
	(12.5) - Decrease due to new contract rates effective January 2018
	3.5 - Increase due to shifts in enrollment categories and between HMOs as a result of new HMO contracts effective January 2018
	(13.5) - Decrease in Medical Claims
	(10.4) - Decrease due to lower projected enrollment from 60,522 to 59,700
	(7.0) - Decrease due to lower projected claims experience as a result of new HMO contracts effective January 2018
	3.9 - Increase due to higher base for FY 2016-17
	(2.6) - Decrease in ASO Fees
	(0.4) - Decrease due to lower projected enrollment from 60,522 to 59,700
	(2.4) - Decrease due to new contract rates effective January 2018
	0.2 - Increase due to shifts between HMOs as a result of new HMO contracts effective January 2018
	5.4 - Increase in Prescription Drug Claims
	(1.2) - Decrease due to lower projected enrollment from 88,226 to 87,870
	0.3 - Increase due to higher growth factor from 12.2% to 12.3%
	6.3 - Increase due to higher base for FY 2016-17
	0.8 Increase in Other Expense Categories
	0.2 - Increase due to higher projected employer and enrollee HSA Deposits
	0.5 - Increase in Operating Costs and Administrative Assessments due to actual budget appropriations for FY 2017-18
	0.1 - Increase in Other Expenses due to revised Transitional Reinsurance Fees
488.0	Ending Cash Balance⁽¹⁾

⁽ⁱ⁾ Self Insurance Impact Conference held in June 2017.

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

\$ 123.2	Previous Ending Cash Balance Forecast ⁽ⁱ⁾
33.6	Increase in Beginning Cash Balance Forecast
(11.4)	Decrease in Revenue Forecast
	(12.8) - Net Decrease in Insurance Premiums
	(2.7) - Decrease in employer and enrollee Insurance Premiums due to lower projected enrollment from 179,235 to 178,909
	0.3 - Increase in projected employer and enrollee HSA contributions
	4.3 - Increase in Insurance Premiums due to shifts in enrollment categories
	(0.2) - Decrease due to lower growth factor for Fully Insured premiums from 6.8% to 4.3%
	(14.5) - Decrease in Insurance Premiums due to HMO ITN county awards and lower negotiated fully-insured Medicare rates
	0.7 - Increase in Investment Earnings due to higher projected cash balance
	1.2 - Increase in PPO - TPA Refunds due to higher projected activity
	0.3 - Increase in PPO - PBM Rebates due to higher projected rebates
	1.2 - Increase in HMO - Self-Insured Refunds
	(0.2) - Decrease due to lower projected enrollment from 62,485 to 61,105
	1.4 - Increase due to higher projected activity
	(0.1) - Decrease in HMO - PBM Rebates due to lower projected rebates
	(0.2) - Decrease due to lower projected enrollment from 90,753 to 90,400
	0.1 - Increase due to higher projected rebates
	(2.1) - Decrease in Pretax Trust Fund Transfer due to lower actual than projected FY 2016-17
	0.1 - Increase in PPO - Medicare Part D Subsidy
	(0.2) - Decrease due to lower projected Medicare enrollment from 23,031 to 22,815
	0.3 - Increase due to higher projected per member subsidy
	0.1 - Increase in HMO - Medicare Part D Subsidy due to higher projected Medicare enrollment from 1,715 to 1,899
(55.3)	Decrease in Expense Forecast
	(10.0) Decrease in State PPO Plan
	(16.2) - Decrease in Medical Claims due to lower projected claims experience
	6.2 - Increase in Prescription Drug Claims
	(5.7) - Decrease due to decreased growth factor from 14.8% to 13.3%
	11.9 - Increase due to higher base for FY 2016-17
	(46.2) Decrease in HMO Plan
	(12.2) - Decrease in Premium Payments
	10.8 - Increase due to higher projected enrollment from 33,669 to 34,733
	(26.2) - Decrease due to new contract rates effective January 2018
	(4.2) - Decrease due to lower growth factor for Fully Insured premiums from 6.8% to 4.3%
	7.4 - Increase due to shifts in enrollment categories and between HMOs as a result of new HMO contracts effective January 2018
	(29.9) - Decrease in Medical Claims
	(18.7) - Decrease due to lower projected enrollment from 62,485 to 61,105
	(15.5) - Decrease due to lower projected claims experience as a result of new HMO contracts effective January 2018
	4.3 - Increase due to higher base for FY 2016-17
	(4.8) - Decrease in ASO Fees
	(0.6) - Decrease due to lower projected enrollment from 62,485 to 61,105
	(4.9) - Decrease due to new contract rates effective January 2018
	0.7 - Increase due to shifts between HMOs as a result of new HMO contracts effective January 2018
	0.7 - Increase in Prescription Drug Claims
	(1.4) - Decrease due to lower projected enrollment from 90,753 to 90,400
	(5.7) - Decrease due to lower growth factor from 14.3% to 12.5%
	7.8 - Increase due to higher base for FY 2016-17
	0.9 Increase in Other Expense Categories
	0.3 - Increase due to higher projected employer and enrollee HSA Deposits
	0.5 - Increase in Operating Costs and Administrative Assessments due to actual budget appropriations for FY 2017-18
	0.1 - Increase in Other Expenses due to revised Transitional Reinsurance Fees
200.7	Ending Cash Balance⁽¹⁾

⁽ⁱ⁾ Self Insurance Impact Conference held in June 2017.

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

\$ (492.1)	Previous Ending Cash Balance Forecast ⁽ⁱ⁾
77.5	Increase in Beginning Cash Balance Forecast
(14.2)	Decrease in Revenue Forecast
(14.4)	- Net Decrease in Insurance Premiums
(2.9)	- Decrease in employer and enrollee Insurance Premiums due to lower projected enrollment from 181,444 to 181,111
0.2	- Increase in projected employer and enrollee HSA contributions
4.6	- Increase in Insurance Premiums due to shifts in enrollment categories
(0.4)	- Decrease due to lower growth factor for Fully Insured premiums from 7.8% to 4.9%
(15.9)	- Decrease in Insurance Premiums due to HMO ITN county awards and lower negotiated fully-insured Medicare rates
1.2	- Increase in PPO - TPA Refunds due to higher projected activity
0.3	- Increase in PPO - PBM Rebates due to higher projected rebates
1.2	- Increase in HMO - Self-Insured Refunds
(0.2)	- Decrease due to lower projected enrollment from 64,494 to 63,110
1.4	- Increase due to higher projected activity
(0.1)	- Decrease in HMO - PBM Rebates due to lower projected rebates
(0.2)	- Decrease due to lower projected enrollment from 93,363 to 92,999
0.1	- Increase due to higher projected rebates
(2.1)	- Decrease in Pretax Trust Fund Transfer due to lower actual than projected FY 2016-17
(0.2)	- Decrease in PPO - Medicare Part D Subsidy due to lower projected Medicare enrollment from 23,056 to 22,840
(0.1)	- Decrease in HMO - Medicare Part D Subsidy
0.1	- Increase due to higher projected Medicare enrollment from 1,722 to 1,906
(0.2)	- Decrease due to lower projected per member subsidy
(71.6)	Decrease in Expense Forecast
(10.7)	Decrease in State PPO Plan
(17.4)	- Decrease in Medical Claims due to lower projected claims experience
6.7	- Increase in Prescription Drug Claims
(0.5)	- Decrease due to lower growth factor from 15.9% to 15.8%
7.2	- Increase due to higher base for FY 2016-17
(61.7)	Decrease in HMO Plan
(23.0)	- Decrease in Premium Payments
11.5	- Increase due to higher projected enrollment from 34,349 to 35,405
(28.5)	- Decrease due to new contract rates effective January 2018
(13.9)	- Decrease due to lower growth factor for Fully Insured premiums from 7.8% to 4.9%
7.9	- Increase due to shifts in enrollment categories and between HMOs as a result of new HMO contracts effective January 2018
(34.2)	- Decrease in Medical Claims
(20.2)	- Decrease due to lower projected enrollment from 64,494 to 63,110
(18.7)	- Decrease due to lower projected claims experience as a result of new HMO contracts effective January 2018
4.7	- Increase due to higher base for FY 2016-17
(4.9)	- Decrease in ASO Fees
(0.6)	- Decrease due to lower projected enrollment from 64,494 to 63,110
(4.9)	- Decrease due to new contract rates effective January 2018
0.6	- Increase due to shifts between HMOs as a result of new HMO contracts effective January 2018
0.5	- Increase in Prescription Drug Claims
(1.6)	- Decrease due to lower projected enrollment from 93,363 to 92,999
(0.4)	- Decrease due to higher growth factor from 16.0% to 15.9%
2.5	- Increase due to higher base for FY 2016-17
(0.1)	- Decrease in PBM Claims Administration due to lower projected enrollment
0.8	Increase in Other Expense Categories
0.2	- Increase due to higher projected employer and enrollee HSA Deposits
0.5	- Increase in Operating Costs and Administrative Assessments due to actual budget appropriations for FY 2017-18
0.1	- Increase in Other Expenses due to revised Transitional Reinsurance Fees
(357.3)	Ending Cash Balance ⁽¹⁾

⁽ⁱ⁾ Self Insurance Impact Conference held in June 2017.

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

\$ (945.6)	Previous Ending Cash Balance Forecast ⁽¹⁾
0.0	No Change in Beginning Cash Balance Forecast
(16.3)	Decrease in Revenue Forecast
	(16.5) - Net Decrease in Insurance Premiums
	(2.9) - Decrease in employer and enrollee Insurance Premiums due to lower projected enrollment from 183,671 to 183,329
	0.3 - Increase in projected employer and enrollee HSA contributions
	4.5 - Increase in Insurance Premiums due to shifts in enrollment categories
	(0.8) - Decrease due to lower growth factor for Fully Insured premiums from 8.2% to 5.2%
	(17.6) - Decrease in Insurance Premiums due to HMO ITN county awards and lower negotiated fully-insured Medicare rates
	1.2 - Increase in PPO - TPA Refunds due to higher projected activity
	0.4 - Increase in PPO - PBM Rebates due to higher projected rebates
	1.2 - Increase in HMO - Self-Insured Refunds
	(0.2) - Decrease due to lower projected enrollment from 66,534 to 65,147
	1.4 - Increase due to higher projected activity
	(0.2) - Decrease in HMO - PBM Rebates due to lower projected rebates
	(0.2) - Decrease due to lower projected enrollment from 96,021 to 95,647
	(2.1) - Decrease in Pretax Trust Fund Transfer due to lower actual than projected FY 2016-17
	(0.2) - Decrease in PPO - Medicare Part D Subsidy due to lower projected Medicare enrollment from 23,081 to 22,865
	(0.1) - Decrease in HMO - Medicare Part D Subsidy
	0.1 - Increase due to higher projected Medicare enrollment from 1,727 to 1,911
	(0.2) - Decrease due to lower projected per member subsidy
(89.6)	Decrease in Expense Forecast
	(11.6) Decrease in State PPO Plan
	(18.7) - Decrease in Medical Claims due to lower projected claims experience
	7.1 - Increase in Prescription Drug Claims
	(0.6) - Decrease due to lower growth factor from 15.9% to 15.8%
	7.7 - Increase due to higher base for FY 2016-17
	(78.8) Decrease in HMO Plan
	(36.4) - Decrease in Premium Payments
	12.3 - Increase due to higher projected enrollment from 35,035 to 36,084
	(31.3) - Decrease due to new contract rates effective January 2018
	(26.0) - Decrease due to lower growth factor for Fully Insured premiums from 8.2% to 5.2%
	8.6 - Increase due to shifts in enrollment categories and between HMOs as a result of new HMO contracts effective January 2018
	(37.5) - Decrease in Medical Claims
	(21.9) - Decrease due to lower projected enrollment from 65,147 to 66,534
	(20.9) - Decrease due to lower projected claims experience as a result of new HMO contracts effective January 2018
	5.3 - Increase due to higher base for FY 2016-17
	(5.0) - Decrease in ASO Fees
	(0.6) - Decrease due to lower projected enrollment from 66,534 to 65,147
	(5.1) - Decrease due to new contract rates effective January 2018
	0.7 - Increase due to shifts between HMOs as a result of new HMO contracts effective January 2018
	0.1 - Increase in Prescription Drug Claims
	(2.0) - Decrease due to lower projected enrollment from 96,021 to 95,647
	(0.4) - Decrease due to lower growth factor from 16.0% to 15.9%
	2.5 - Increase due to higher base for FY 2016-17
	0.8 Increase in Other Expense Categories
	0.3 - Increase due to higher projected employer and enrollee HSA Deposits
	0.5 - Increase in Operating Costs and Administrative Assessments due to actual budget appropriations for FY 2017-18
(872.3)	Ending Cash Balance ⁽¹⁾

⁽¹⁾ Self Insurance Impact Conference held in June 2017.

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

\$ (1,360.1)	Previous Ending Cash Balance Forecast ⁽⁰⁾
0.0	No Change in Beginning Cash Balance Forecast
(18.5)	Decrease in Revenue Forecast
	(18.7) - Net Decrease in Insurance Premiums
	(2.9) - Decrease in employer and enrollee Insurance Premiums due to lower projected enrollment from 185,918 to 185,554
	0.2 - Increase in projected employer and enrollee HSA contributions
	4.6 - Increase in Insurance Premiums due to shifts in enrollment categories
	(1.1) - Decrease due to lower growth factor for Fully Insured premiums from 8.3% to 5.3%
	(19.5) - Decrease in Insurance Premiums due to HMO ITN county awards and lower negotiated fully-insured Medicare rates
	1.2 - Increase in PPO - TPA Refunds due to higher projected activity
	0.4 - Increase in PPO - PBM Rebates due to higher projected rebates
	1.2 - Increase in HMO - Self-Insured Refunds
	(0.2) - Decrease due to lower projected enrollment from 68,592 to 67,203
	1.4 - Increase due to higher projected activity
	(0.2) - Decrease in HMO - PBM Rebates due to a decrease in projected enrollment from 98,703 to 98,324
	(2.1) - Decrease in Pretax Trust Fund Transfer due to lower actual than projected FY 2016-17
	(0.2) - Decrease in PPO - Medicare Part D Subsidy due to lower projected Medicare enrollment from 23,106 to 22,890
	(0.1) - Decrease in HMO - Medicare Part D Subsidy
	0.1 - Increase due to higher projected Medicare enrollment from 1,723 to 1,907
	(0.2) - Decrease due to lower projected per member subsidy
(109.2)	Decrease in Expense Forecast
	(12.5) Decrease in State PPO Plan
	(20.1) - Decrease in Medical Claims due to lower projected claims experience
	7.6 - Increase in Prescription Drug Claims
	(0.6) - Decrease due to lower growth factor from 15.5% to 14.8%
	8.2 - Increase due to higher base for FY 2016-17
	(98.6) Decrease in HMO Plan
	(52.0) - Decrease in Premium Payments
	13.2 - Increase due to higher projected enrollment from 35,712 to 36,758
	(34.2) - Decrease due to new contract rates effective January 2018
	(40.4) - Decrease due to lower growth factor for Fully Insured premiums from 8.3% to 5.3%
	9.4 - Increase due to shifts in enrollment categories and between HMOs as a result of new HMO contracts effective January 2018
	(41.2) - Decrease in Medical Claims
	(23.7) - Decrease due to lower projected enrollment from 68,592 to 67,203
	(23.4) - Decrease due to lower projected claims experience as a result of new HMO contracts effective January 2018
	5.9 - Increase due to higher base for FY 2016-17
	(5.1) - Decrease in ASO Fees
	(0.6) - Decrease due to lower projected enrollment from 68,592 to 67,203
	(5.2) - Decrease due to new contract rates effective January 2018
	0.7 - Increase due to shifts between HMOs as a result of new HMO contracts effective January 2018
	(0.3) - Decrease in Prescription Drug Claims
	(2.3) - Decrease due to lower projected enrollment from 98,703 to 98,324
	(0.5) - Decrease due to lower growth factor from 16.0% to 15.9%
	2.5 - Increase due to higher base for FY 2016-17
	1.9 Increase in Other Expense Categories
	0.2 - Increase due to higher projected employer and enrollee HSA Deposits
	0.5 - Increase in Operating Costs and Administrative Assessments due to actual budget appropriations for FY 2017-18
	1.2 - Increase in Other Expenses due to revised projection of Federal Excise Taxes
(1,269.4)	Ending Cash Balance⁽¹⁾

⁽⁰⁾ Self Insurance Impact Conference held in June 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.

STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

Premium Rate Table

Effective December 2017 for January 2018 Coverage

(Premium rate change for CHP and FHCP 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	75.88	732.93	151.76
	HIHP	54.37	644.68	108.74
Florida Health Care Plan ⁽⁸⁾	Standard	20.00	652.06	40.00
	HIHP	20.00	541.60	40.00

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.