

STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

Premium Rate Table

Effective December 2019 for January 2020 Coverage

(Premium rate change for all participants)

| Subscriber Category / Contribution Cycle | | Coverage Type | PPO/HMO Standard | | | PPO/HMO HDHP | | |
|--|---|---------------|------------------|----------|----------|-------------------------|----------|----------|
| | | | Employer | Enrollee | Total | Employer ⁽⁴⁾ | Enrollee | Total |
| Career Service / OPS | Monthly Full -Time Employees ⁽¹⁾ | Single | 713.80 | 50.00 | 763.80 | 713.80 | 15.00 | 728.80 |
| | | Family | 1,539.32 | 180.00 | 1,719.32 | 1,539.32 | 64.30 | 1,603.62 |
| | | Spouse | 1,689.32 | 30.00 | 1,719.32 | 1,573.64 | 30.00 | 1,603.64 |
| | Bi-Weekly Full -Time Employees ⁽¹⁾ | Single | 356.90 | 25.00 | 381.90 | 356.90 | 7.50 | 364.40 |
| | | Family | 769.66 | 90.00 | 859.66 | 769.66 | 32.15 | 801.81 |
| | | Spouse | 844.66 | 15.00 | 859.66 | 786.82 | 15.00 | 801.82 |
| SES / SMS | Monthly Full -Time Employees ^(1,2) | Single | 755.46 | 8.34 | 763.80 | 720.46 | 8.34 | 728.80 |
| | | Family | 1,689.32 | 30.00 | 1,719.32 | 1,573.62 | 30.00 | 1,603.62 |
| | Bi-Weekly Full -Time Employees ^(1,2) | Single | 377.73 | 4.17 | 381.90 | 360.23 | 4.17 | 364.40 |
| | | Family | 844.66 | 15.00 | 859.66 | 786.81 | 15.00 | 801.81 |
| COBRA (Non-Medicare) | Monthly ⁽³⁾ | Single | 0.00 | 779.08 | 779.08 | 0.00 | 700.88 | 700.88 |
| | | Family | 0.00 | 1,753.71 | 1,753.71 | 0.00 | 1,550.70 | 1,550.70 |
| Early Retirees | Monthly | Single | 0.00 | 763.80 | 763.80 | 0.00 | 687.14 | 687.14 |
| | | Family | 0.00 | 1,719.32 | 1,719.32 | 0.00 | 1,520.29 | 1,520.29 |
| Overage Dependents | | Single | 0.00 | 763.80 | 763.80 | 0.00 | 687.14 | 687.14 |

| 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 | 403.92 | 1,167.71 | 807.83 |
| | HDHP | 304.47 | 991.61 | 608.94 |
| Capital Health Plan ⁽⁸⁾ | Standard | 282.62 | 1,000.47 | 565.24 |
| | HDHP | 257.23 | 902.17 | 514.46 |
| COBRA Self-Insured PPO/HMO ⁽³⁾ | Standard | 412.00 | 1,191.06 | 823.99 |
| | HDHP | 310.56 | 1,011.44 | 621.12 |
| COBRA Capital Health Plan ^(3,8) | Standard | 288.27 | 1,020.48 | 576.54 |
| | HDHP | 262.37 | 920.21 | 524.75 |

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) Must be enrolled in Medicare and must complete the HMO's Retiree Advantage application process to be eligible for this coverage.