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)

<table>
<thead>
<tr>
<th></th>
<th>FY 2017-18</th>
<th>FY 2018-19</th>
<th>Difference</th>
</tr>
</thead>
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<tr>
<td></td>
<td>Mar-17 Jun-17</td>
<td>Mar-17 Jun-17</td>
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<tr>
<td>Beginning Cash Balance</td>
<td>$562.3</td>
<td>$562.3</td>
<td>$0.0</td>
</tr>
<tr>
<td>Total Revenues</td>
<td>2,439.1</td>
<td>2,438.9</td>
<td>(0.2)</td>
</tr>
<tr>
<td>Total Expenses</td>
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</tr>
<tr>
<td>Operating Gain/(Loss)</td>
<td>(103.8)</td>
<td>(107.9)</td>
<td>(4.2)</td>
</tr>
<tr>
<td>Ending Cash Balance</td>
<td>$458.6</td>
<td>$454.4</td>
<td>($4.2)</td>
</tr>
</tbody>
</table>

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


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

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.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning Cash Balance</strong></td>
<td>$567.0</td>
<td>$562.3</td>
<td>$454.4</td>
<td>$123.2</td>
<td>$0.0</td>
<td>$0.0</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$2,347.9</td>
<td>$2,438.9</td>
<td>$2,460.9</td>
<td>$2,489.3</td>
<td>$2,522.6</td>
<td>$2,557.0</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td>$2,352.6</td>
<td>$2,446.9</td>
<td>$2,460.9</td>
<td>$2,489.3</td>
<td>$2,522.6</td>
<td>$2,557.0</td>
</tr>
<tr>
<td><strong>Operating Gain/(Loss)</strong></td>
<td>$(4.7)</td>
<td>$(107.9)</td>
<td>$(331.2)</td>
<td>$(615.4)</td>
<td>$(945.6)</td>
<td>$(1,360.1)</td>
</tr>
<tr>
<td><strong>Ending Cash Balance</strong></td>
<td>$562.3</td>
<td>$454.4</td>
<td>$123.2</td>
<td>$(492.1)</td>
<td>$(945.6)</td>
<td>$(1,360.1)</td>
</tr>
</tbody>
</table>

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.
Growth factors used to develop this Outlook are reflected below:

<table>
<thead>
<tr>
<th></th>
<th>FY 16-17</th>
<th>FY 17-18</th>
<th>FY 18-19</th>
<th>FY 19-20</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applied</strong></td>
<td>6.5%</td>
<td>6.5%</td>
<td>6.5%</td>
<td>6.5%</td>
<td>6.5%</td>
<td>6.5%</td>
</tr>
<tr>
<td><strong>Actual YTD + Projected</strong></td>
<td>4.7%</td>
<td>5.0%</td>
<td>5.0%</td>
<td>5.0%</td>
<td>5.0%</td>
<td>5.0%</td>
</tr>
<tr>
<td><strong>December 2016 Conference</strong></td>
<td>6.5%</td>
<td>6.0%</td>
<td>6.8%</td>
<td>7.8%</td>
<td>8.2%</td>
<td>8.3%</td>
</tr>
<tr>
<td><strong>March 2017 Conference</strong></td>
<td>6.5%</td>
<td>6.0%</td>
<td>6.8%</td>
<td>7.8%</td>
<td>8.2%</td>
<td>8.3%</td>
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**PPO MEDICAL**

<table>
<thead>
<tr>
<th></th>
<th>FY 16-17</th>
<th>FY 17-18</th>
<th>FY 18-19</th>
<th>FY 19-20</th>
<th>FY 20-21</th>
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<tr>
<td><strong>Applied</strong></td>
<td>10.1%</td>
<td>8.8%</td>
<td>13.3%</td>
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<td>15.9%</td>
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<tr>
<td><strong>Actual YTD + Projected</strong></td>
<td>8.8%</td>
<td>11.1%</td>
<td>14.8%</td>
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<td>15.9%</td>
<td>15.9%</td>
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<tr>
<td><strong>December 2016 Conference</strong></td>
<td>6.5%</td>
<td>6.0%</td>
<td>6.8%</td>
<td>7.8%</td>
<td>8.2%</td>
<td>8.3%</td>
</tr>
<tr>
<td><strong>March 2017 Conference</strong></td>
<td>6.5%</td>
<td>6.0%</td>
<td>6.8%</td>
<td>7.8%</td>
<td>8.2%</td>
<td>8.3%</td>
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**HMO MEDICAL**

<table>
<thead>
<tr>
<th></th>
<th>FY 16-17</th>
<th>FY 17-18</th>
<th>FY 18-19</th>
<th>FY 19-20</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
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<tbody>
<tr>
<td><strong>Applied</strong></td>
<td>8.9%</td>
<td>7.4%</td>
<td>14.2%</td>
<td>15.5%</td>
<td>16.2%</td>
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<tr>
<td><strong>Actual YTD + Projected</strong></td>
<td>7.4%</td>
<td>9.1%</td>
<td>12.2%</td>
<td>14.3%</td>
<td>16.0%</td>
<td>16.0%</td>
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<tr>
<td><strong>December 2016 Conference</strong></td>
<td>6.8%</td>
<td>6.0%</td>
<td>6.8%</td>
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<td>8.3%</td>
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<tr>
<td><strong>March 2017 Conference</strong></td>
<td>6.8%</td>
<td>6.0%</td>
<td>6.8%</td>
<td>7.8%</td>
<td>8.2%</td>
<td>8.3%</td>
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**PPO PHARMACY**

<table>
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<tr>
<th></th>
<th>FY 16-17</th>
<th>FY 17-18</th>
<th>FY 18-19</th>
<th>FY 19-20</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applied</strong></td>
<td>4.7%</td>
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<td>7.8%</td>
<td>8.2%</td>
</tr>
<tr>
<td><strong>Actual YTD + Projected</strong></td>
<td>2.4%</td>
<td>6.0%</td>
<td>6.8%</td>
<td>7.8%</td>
<td>8.2%</td>
<td>8.3%</td>
</tr>
<tr>
<td><strong>December 2016 Conference</strong></td>
<td>4.7%</td>
<td>6.0%</td>
<td>6.8%</td>
<td>7.8%</td>
<td>8.2%</td>
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<tr>
<td><strong>March 2017 Conference</strong></td>
<td>4.7%</td>
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<td>6.8%</td>
<td>7.8%</td>
<td>8.2%</td>
<td>8.3%</td>
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**HMO PHARMACY**

<table>
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<tbody>
<tr>
<td><strong>December 2016 Conference</strong></td>
<td>4.7%*</td>
<td>2.4%*</td>
<td>6.0%</td>
<td>6.8%</td>
<td>7.8%</td>
<td>8.2%</td>
<td>8.3%</td>
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<tr>
<td><strong>March 2017 Conference</strong></td>
<td>4.7%*</td>
<td>2.4%*</td>
<td>6.0%</td>
<td>6.8%</td>
<td>7.8%</td>
<td>8.2%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

*Actual trend rates
## Financial Outlook by Fiscal Year

### Changes to Conference Forecast - June 2017 Compared to March 2017

### (In Millions)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEGINNING CASH BALANCE</strong></td>
<td>$567.0</td>
<td>$567.0</td>
<td>$562.3</td>
<td>$564.4</td>
<td>$0.0</td>
<td>$0.0</td>
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<tr>
<td><strong>REVENUES:</strong></td>
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<td>Insurance Premiums (a)</td>
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<td>$2,347.6</td>
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<td>TPA &amp; Self-Insured HMO Refunds</td>
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<td>PBMI Rebates</td>
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<td>Medicare Part D Subsidy</td>
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<td>2.3</td>
<td>-</td>
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<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td>$2,347.9</td>
<td>$2,347.9</td>
<td>$2,439.1</td>
<td>$2,460.9</td>
<td>$2,528.7</td>
<td>$2,522.6</td>
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<td><strong>TOTAL CASH AVAILABLE</strong></td>
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<td><strong>EXPENSES:</strong></td>
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<td>804.4</td>
<td>801.1</td>
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<td>ASO Fee</td>
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<td>Prescription Drug Claims</td>
<td>337.7</td>
<td>337.7</td>
<td>373.5</td>
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<td>HMO Plan</td>
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<td>$2,352.6</td>
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<td><strong>ENDING CASH BALANCE</strong></td>
<td>$562.3</td>
<td>$562.3</td>
<td>$564.4</td>
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<td><strong>ADDITIONAL INFORMATION</strong></td>
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<td>Unreported PPO Plan Claims Liability (a)</td>
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<td>$48.7</td>
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<td>$51.3</td>
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<td>$54.3</td>
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<td>77.4</td>
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<td>84.6</td>
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<td>93.3</td>
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<td>Total Unreported Claims Liability</td>
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<td>$121.1</td>
<td>$142.7</td>
<td>$142.7</td>
<td>$155.4</td>
<td>$155.4</td>
</tr>
</tbody>
</table>
### Exhibit II

**Enrollment Outlook by Fiscal Year**

Changes to Conference Forecast - June 2017 Compared to March 2017

#### Average Enrollment by Plan

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>FY 2016-17</th>
<th>FY 2017-18</th>
<th>FY 2018-19</th>
<th>FY 2019-20</th>
<th>FY 2020-21</th>
<th>FY 2021-22</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mar '17</td>
<td>Jun '17</td>
<td>Mar '17</td>
<td>Jun '17</td>
<td>Mar '17</td>
<td>Jun '17</td>
</tr>
<tr>
<td>PPO Standard</td>
<td>81,626</td>
<td>81,626</td>
<td>81,626</td>
<td>81,626</td>
<td>81,069</td>
<td>81,069</td>
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<tr>
<td>PPO HIHP</td>
<td>2,309</td>
<td>2,309</td>
<td>2,485</td>
<td>2,485</td>
<td>2,585</td>
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<tr>
<td>HMO Standard</td>
<td>90,096</td>
<td>90,096</td>
<td>92,532</td>
<td>92,532</td>
<td>95,139</td>
<td>95,139</td>
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<tr>
<td>HMO HIHP</td>
<td>954</td>
<td>954</td>
<td>1,004</td>
<td>1,004</td>
<td>1,020</td>
<td>1,020</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>174,985</strong></td>
<td><strong>174,985</strong></td>
<td><strong>177,090</strong></td>
<td><strong>177,090</strong></td>
<td><strong>179,235</strong></td>
<td><strong>179,235</strong></td>
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</tbody>
</table>

#### Average Enrollment by Coverage Type

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>FY 2016-17</th>
<th>FY 2017-18</th>
<th>FY 2018-19</th>
<th>FY 2019-20</th>
<th>FY 2020-21</th>
<th>FY 2021-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active (Non-OPS) HIHP</td>
<td>2,887</td>
<td>2,887</td>
<td>3,055</td>
<td>3,055</td>
<td>3,123</td>
<td>3,123</td>
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<tr>
<td>OPS Standard</td>
<td>4,393</td>
<td>4,393</td>
<td>4,667</td>
<td>4,667</td>
<td>4,882</td>
<td>4,882</td>
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<tr>
<td>OPS HIHP</td>
<td>273</td>
<td>273</td>
<td>317</td>
<td>317</td>
<td>350</td>
<td>350</td>
</tr>
<tr>
<td>COBRA</td>
<td>488</td>
<td>488</td>
<td>488</td>
<td>488</td>
<td>488</td>
<td>488</td>
</tr>
<tr>
<td>Early Retiree</td>
<td>5,879</td>
<td>5,879</td>
<td>5,764</td>
<td>5,764</td>
<td>5,757</td>
<td>5,757</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>174,985</strong></td>
<td><strong>174,985</strong></td>
<td><strong>177,090</strong></td>
<td><strong>177,090</strong></td>
<td><strong>179,235</strong></td>
<td><strong>179,235</strong></td>
</tr>
</tbody>
</table>

### ACTIVE ENROLLMENT

#### PPO (Actual)

- FY 2016-17: 81,626
- FY 2017-18: 81,626
- ... (Continues)

#### PPO (Projected)

- FY 2016-17: 81,626
- FY 2017-18: 81,626
- ... (Continues)

#### HMO (Actual)

- FY 2016-17: 90,096
- FY 2017-18: 90,096
- ... (Continues)

#### HMO (Projected)

- FY 2016-17: 90,096
- FY 2017-18: 90,096
- ... (Continues)

### RETIREE ENROLLMENT

#### PPO (Actual)

- FY 2016-17: 2,309
- FY 2017-18: 2,309
- ... (Continues)

#### PPO (Projected)

- FY 2016-17: 2,309
- FY 2017-18: 2,309
- ... (Continues)

#### HMO (Actual)

- FY 2016-17: 954
- FY 2017-18: 954
- ... (Continues)

#### HMO (Projected)

- FY 2016-17: 954
- FY 2017-18: 954
- ... (Continues)

### BEGINNING CASH BALANCE
<table>
<thead>
<tr>
<th></th>
<th>Estimate</th>
<th>Estimate</th>
<th>Estimate</th>
<th>Estimate</th>
<th>Estimate</th>
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<tbody>
<tr>
<td>Average</td>
<td>$567.0</td>
<td>$562.3</td>
<td>$454.4</td>
<td>$123.2</td>
<td>$0.0 (2)</td>
<td>$0.0 (2)</td>
</tr>
</tbody>
</table>

### 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
- **PPO - Medicare Part D Subsidy**: 5.4, 5.5, 5.5, 5.5, 5.5, 5.5
- **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
- FY 2016-17: $2,347.9
- FY 2017-18: $2,438.9
- FY 2018-19: $2,460.9
- FY 2019-20: $2,489.3
- FY 2020-21: $2,522.6
- FY 2021-22: $2,557.0

### TOTAL CASH AVAILABLE
- FY 2016-17: $2,914.9
- FY 2017-18: $3,001.2
- FY 2018-19: $2,915.3
- FY 2019-20: $2,612.5
- FY 2020-21: $2,522.6
- FY 2021-22: $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
- FY 2016-17: $2,352.6
- FY 2017-18: $2,546.8
- FY 2018-19: $2,792.1
- FY 2019-20: $3,104.7
- FY 2020-21: $3,468.2
- FY 2021-22: $3,917.1

### EXCESS OF REVENUES OVER EXPENSES
- FY 2016-17: $(4.7)
- FY 2017-18: $107.9
- FY 2018-19: $(331.2)
- FY 2019-20: $(615.4)
- FY 2020-21: $(945.6)
- FY 2021-22: $(1,360.1)

### ENDING CASH BALANCE (5)
- FY 2016-17: $562.3
- FY 2017-18: $454.4
- FY 2018-19: $123.2
- FY 2019-20: $(492.1)
- FY 2020-21: $(945.6)
- FY 2021-22: $(1,360.1)

## ADDITIONAL INFORMATION
### Total Unreported Claims Liability (9)
- FY 2016-17: $132.1
- FY 2017-18: $142.7
- FY 2018-19: $155.4
- FY 2019-20: $171.0
- FY 2020-21: $189.0
- FY 2021-22: $208.9

### Average Enrollment by Plan
- **PPO Standard**: 81,626, 81,069, 80,491, 79,930
- **PPO HIHP**: 2,309, 2,485, 2,585, 2,668
- **HMO Standard**: 90,096, 92,532, 95,139, 97,805
- **HMO HIHP**: 954, 1,004, 1,020, 1,041

### Average Enrollment by Coverage Type
- **Active (Non-OPS) Standard**: 131,107, 132,776, 134,487, 136,304
- **Active (Non-OPS) HIHP**: 2,887, 3,055, 3,123, 3,178
- **OPS Standard**: 4,393, 4,667, 4,882, 5,100
- **OPS HIHP**: 273, 317, 350, 383
- **COBRA**: 488, 488, 488, 488
- **Early Retiree**: 5,879, 5,764, 5,757, 5,733
- **Medicare**: 29,958, 30,023, 30,148, 30,258

### Total
- **PPO Standard**: 174,985, 177,090, 179,235, 181,444
- **PPO HIHP**: 273, 317, 350, 383
- **HMO Standard**: 174,985, 177,090, 179,235, 181,444
- **HMO HIHP**: 273, 317, 350, 383

### Total Unreported Claims Liability (9)
- FY 2016-17: $132.1
- FY 2017-18: $142.7
- FY 2018-19: $155.4
- FY 2019-20: $171.0
- FY 2020-21: $189.0
- FY 2021-22: $208.9
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.
## Comparison of Financial Outlooks
### Fiscal Year 2017-18

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Ending Cash Balance Forecast</td>
<td>$458.6</td>
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<tr>
<td>No Change in Beginning Cash Balance Forecast</td>
<td>$0.0</td>
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<tr>
<td>Decrease in Revenue Forecast</td>
<td>$(0.2)</td>
</tr>
<tr>
<td>- Decrease in PPO - PBM Rebates due to lower projected rebates as a result of Dependent Eligibility Verification Audit (DEVA)</td>
<td>$(0.1)</td>
</tr>
<tr>
<td>- Decrease in HMO - PBM Rebates due to lower projected rebates as a result of Dependent Eligibility Verification Audit (DEVA)</td>
<td>$(0.1)</td>
</tr>
<tr>
<td>Increase in Expense Forecast</td>
<td>$3.9</td>
</tr>
<tr>
<td>- Increase in State PPO Plan</td>
<td>$0.7</td>
</tr>
<tr>
<td>- Decrease in Medical Claims</td>
<td>$(0.2)</td>
</tr>
<tr>
<td>- Increase in projected claims experience due addition of Occupational Therapy services starting January 1, 2018</td>
<td>$1.1</td>
</tr>
<tr>
<td>- Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)</td>
<td>$(1.3)</td>
</tr>
<tr>
<td>- Increase in Prescription Drug Claims</td>
<td>$0.9</td>
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<tr>
<td>- Increase due to Obesity Pilot starting January 1, 2018</td>
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<tr>
<td>- Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)</td>
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<td>- Increase in Medical Claims</td>
<td>$1.6</td>
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<td>- Increase in projected claims experience due addition of Occupational Therapy services starting January 1, 2018</td>
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<tr>
<td>- Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)</td>
<td>$(1.5)</td>
</tr>
<tr>
<td>- Increase in Prescription Drug Claims</td>
<td>$1.1</td>
</tr>
<tr>
<td>- Increase due to Obesity Pilot starting January 1, 2018</td>
<td>$1.4</td>
</tr>
<tr>
<td>- Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)</td>
<td>$(0.3)</td>
</tr>
<tr>
<td>- Increase in Other Expense Categories</td>
<td>$1.7</td>
</tr>
<tr>
<td>- Increase in Operating Costs and Administrative Assessments due to actual budget appropriations for FY 2017-18</td>
<td>$1.7</td>
</tr>
<tr>
<td>- Independent Benefit Consultant (IBC) - nonrecurring</td>
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</tr>
<tr>
<td>- Dependent Eligibility Verification Audit (DEVA) - nonrecurring</td>
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</tr>
<tr>
<td>- Addition of 2 Full-Time Employees as directed by SB 7022</td>
<td>$0.2</td>
</tr>
<tr>
<td>- Document intake and storage expense for Quality Assurance reviews</td>
<td>$0.1</td>
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<tr>
<td>Ending Cash Balance</td>
<td>$454.4</td>
</tr>
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(i) Self Insurance Estimating Conference held in March 2017.
### Comparison of Financial Outlooks

#### Fiscal Year 2018-19

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<th>Amount (In Millions)</th>
</tr>
</thead>
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<td><strong>$ 128.3 Previous Ending Cash Balance Forecast</strong>&lt;sup&gt;(i)&lt;/sup&gt;</td>
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<tr>
<td>4.1 Decrease in Beginning Cash Balance Forecast</td>
<td></td>
</tr>
<tr>
<td>6.1 Decrease in Revenue Forecast</td>
<td></td>
</tr>
<tr>
<td>5.7 Net Decrease in insurance premiums due to the Dependent Eligibility Verification Audit (DEVA) causing a shift in coverage from Family to Single</td>
<td></td>
</tr>
<tr>
<td>0.2 Decrease in PPO - PBM Rebates due to lower projected rebates as a result of the Dependent Eligibility Verification Audit (DEVA)</td>
<td></td>
</tr>
<tr>
<td>0.2 Decrease in HMO - PBM Rebates due to lower projected rebates as a result of the Dependent Eligibility Verification Audit (DEVA)</td>
<td></td>
</tr>
<tr>
<td>5.1 Decrease in Expense Forecast</td>
<td></td>
</tr>
<tr>
<td>3.8 Decrease in State PPO Plan</td>
<td></td>
</tr>
<tr>
<td>3.1 Decrease in Medical Claims</td>
<td></td>
</tr>
<tr>
<td>2.3 Increase in projected claims experience due addition of Occupational Therapy services starting January 1, 2018</td>
<td></td>
</tr>
<tr>
<td>5.4 Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)</td>
<td></td>
</tr>
<tr>
<td>0.7 Decrease in Prescription Drug Claims</td>
<td></td>
</tr>
<tr>
<td>1.4 Increase due to Obesity Pilot ending December 31, 2018</td>
<td></td>
</tr>
<tr>
<td>2.0 Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)</td>
<td></td>
</tr>
<tr>
<td>1.5 Decrease in HMO Plan</td>
<td></td>
</tr>
<tr>
<td>1.6 Decrease in Medical Claims</td>
<td></td>
</tr>
<tr>
<td>4.2 Increase in projected claims experience due addition of Occupational Therapy services starting January 1, 2018</td>
<td></td>
</tr>
<tr>
<td>5.8 Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)</td>
<td></td>
</tr>
<tr>
<td>0.1 Increase in Prescription Drug Claims</td>
<td></td>
</tr>
<tr>
<td>1.4 Increase due to Obesity Pilot ending December 31, 2018</td>
<td></td>
</tr>
<tr>
<td>1.3 Decrease in claims experience due to projected savings from Dependent Eligibility Verification Audit (DEVA)</td>
<td></td>
</tr>
<tr>
<td>0.2 Increase in Other Expense Categories</td>
<td></td>
</tr>
<tr>
<td>2 Increase in Operating Costs and Administrative Assessments due to actual budget appropriations for FY 2017-18</td>
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</tr>
<tr>
<td>0.2 Addition of 2 Full-Time Employees as directed by SB 7022</td>
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</tr>
<tr>
<td>0.1 Document intake and storage expense for Quality Assurance reviews</td>
<td></td>
</tr>
<tr>
<td><strong>123.2 Ending Cash Balance</strong>&lt;sup&gt;(i)&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

<sup>(i)</sup> Self Insurance Estimating Conference held in March 2017.
Comparison of Financial Outlooks
Fiscal Year 2019-20
(In Millions)

$ 489.7 Previous Ending Cash Balance Forecast

(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)
(6.9) 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) Self Insurance Estimating Conference held in March 2017.
### Exhibit IX

**Comparison of Financial Outlooks**

**Fiscal Year 2020-21**

(In Millions)

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

\(\text{(945.6)}\) Ending Cash Balance \(^{(i)}\)

\(^{(i)}\) Self Insurance Estimating Conference held in March 2017.
## Comparison of Financial Outlooks
### Fiscal Year 2021-22

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

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(0) Self Insurance Estimating Conference held in March 2017.
### Premium Rate Table

**Effective December 2015 for January 2016 Coverage**

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

<table>
<thead>
<tr>
<th>Subscriber Category / Contribution Cycle</th>
<th>Coverage Type / Plan Name</th>
<th>PPO/HMO Standard Employer</th>
<th>Enrollee</th>
<th>Total</th>
<th>PPO/HMO HIHP Employer</th>
<th>Enrollee</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Full - Time Employees (1)</td>
<td>Single</td>
<td>591.52</td>
<td>50.00</td>
<td>641.52</td>
<td>591.52</td>
<td>15.00</td>
<td>606.52</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>1,264.06</td>
<td>180.00</td>
<td>1,444.06</td>
<td>1,264.06</td>
<td>64.30</td>
<td>1,328.36</td>
</tr>
<tr>
<td></td>
<td>Spouse</td>
<td>1,429.08</td>
<td>30.00</td>
<td>1,459.08</td>
<td>1,298.36</td>
<td>30.00</td>
<td>1,328.36</td>
</tr>
<tr>
<td>Bi-Weekly Full - Time Employees (1)</td>
<td>Single</td>
<td>295.76</td>
<td>25.00</td>
<td>320.76</td>
<td>295.76</td>
<td>7.50</td>
<td>303.26</td>
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<td></td>
<td>Family</td>
<td>632.03</td>
<td>90.00</td>
<td>722.03</td>
<td>632.03</td>
<td>32.15</td>
<td>664.18</td>
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<tr>
<td></td>
<td>Spouse</td>
<td>714.54</td>
<td>15.00</td>
<td>729.54</td>
<td>649.18</td>
<td>15.00</td>
<td>664.18</td>
</tr>
<tr>
<td>Monthly Full - Time Employees (1,2)</td>
<td>Single</td>
<td>637.34</td>
<td>8.34</td>
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<td>598.18</td>
<td>8.34</td>
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</tr>
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<td></td>
<td>Family</td>
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<td>1,459.06</td>
<td>1,298.36</td>
<td>30.00</td>
<td>1,328.36</td>
</tr>
<tr>
<td>Bi-Weekly Full - Time Employees (1,2)</td>
<td>Single</td>
<td>318.67</td>
<td>4.17</td>
<td>322.84</td>
<td>299.09</td>
<td>4.17</td>
<td>303.26</td>
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<tr>
<td></td>
<td>Family</td>
<td>714.53</td>
<td>15.00</td>
<td>729.53</td>
<td>649.18</td>
<td>15.00</td>
<td>664.18</td>
</tr>
<tr>
<td>SES / SMS Monthly (3)</td>
<td>Single</td>
<td>0.00</td>
<td>654.35</td>
<td>654.35</td>
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<td>COBRA</td>
<td>Monthly (3)</td>
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<td>641.52</td>
<td>0.00</td>
<td>564.86</td>
<td>564.86</td>
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<tr>
<td>Early Retirees</td>
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<td>1,444.06</td>
<td>0.00</td>
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</table>

**Medicare Monthly Premium Rates**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Plan Type</th>
<th>Medicare I One Eligible (5)</th>
<th>Medicare II One Under/Over (6)</th>
<th>Medicare III Both Eligible (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Insured PPO / HMO</td>
<td>Standard</td>
<td>359.61</td>
<td>1,036.90</td>
<td>719.22</td>
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<td>HIHP</td>
<td>271.07</td>
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<td>542.15</td>
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<tr>
<td>Capital Health Plan (8)</td>
<td>Standard</td>
<td>276.00</td>
<td>893.92</td>
<td>552.00</td>
</tr>
<tr>
<td></td>
<td>HIHP</td>
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<td>Florida Health Care Plan (8)</td>
<td>Standard</td>
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<tr>
<td></td>
<td>HIHP</td>
<td>59.00</td>
<td>578.95</td>
<td>118.00</td>
</tr>
</tbody>
</table>

**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.**
## Premium Rate Table

**Effective December 2016 for January 2017 Coverage**

(Premium rate change for all participants)

<table>
<thead>
<tr>
<th>Subscriber Category / Contribution Cycle</th>
<th>Coverage Type</th>
<th>PPO/HMO Standard Employer</th>
<th>Enrollee</th>
<th>Total</th>
<th>PPO/HMO HIHP Employer</th>
<th>Enrollee</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Career Service / OPS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Full -Time Employees (1)</td>
<td>Single</td>
<td>642.84</td>
<td>50.00</td>
<td>692.84</td>
<td>642.84</td>
<td>15.00</td>
<td>657.84</td>
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<tr>
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<td>Family</td>
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<td>180.00</td>
<td>1,559.60</td>
<td>1,379.60</td>
<td>64.30</td>
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<td>Spouse</td>
<td>1,529.60</td>
<td>30.00</td>
<td>1,559.60</td>
<td>1,413.92</td>
<td>30.00</td>
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<tr>
<td>Bi-Weekly Full -Time Employees (1)</td>
<td>Single</td>
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<td>25.00</td>
<td>346.42</td>
<td>321.42</td>
<td>7.50</td>
<td>328.92</td>
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<tr>
<td></td>
<td>Family</td>
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<td>90.00</td>
<td>779.80</td>
<td>689.80</td>
<td>32.15</td>
<td>721.95</td>
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<tr>
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<td>Spouse</td>
<td>764.80</td>
<td>15.00</td>
<td>779.80</td>
<td>706.96</td>
<td>15.00</td>
<td>721.96</td>
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<tr>
<td>SES / SMS</td>
<td>Monthly Full -Time Employees (1,2)</td>
<td>684.50</td>
<td>8.34</td>
<td>692.84</td>
<td>649.50</td>
<td>8.34</td>
<td>657.84</td>
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<tr>
<td></td>
<td>Family</td>
<td>1,529.60</td>
<td>30.00</td>
<td>1,559.60</td>
<td>1,413.90</td>
<td>30.00</td>
<td>1,443.90</td>
</tr>
<tr>
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<td>Single</td>
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<td>764.80</td>
<td>15.00</td>
<td>779.80</td>
<td>706.95</td>
<td>15.00</td>
<td>721.95</td>
</tr>
<tr>
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<td>1,387.78</td>
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<td>Early Retirees</td>
<td>Monthly</td>
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<td>692.84</td>
<td>692.84</td>
<td>0.00</td>
<td>616.18</td>
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<tr>
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<td>692.84</td>
<td>0.00</td>
<td>616.18</td>
<td>616.18</td>
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<td>1,559.60</td>
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<td>1,360.57</td>
<td>1,360.57</td>
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</table>

### Medicare Monthly Premium Rates

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Plan Type</th>
<th>Medicare I One Eligible (5)</th>
<th>Medicare II One Under/Over (6)</th>
<th>Medicare III Both Eligible (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Insured PPO / HMO</td>
<td>Standard</td>
<td>388.38</td>
<td>1,119.85</td>
<td>776.76</td>
</tr>
<tr>
<td></td>
<td>HIHP</td>
<td>292.76</td>
<td>917.13</td>
<td>585.51</td>
</tr>
<tr>
<td>Capital Health Plan (8)</td>
<td>Standard</td>
<td>282.62</td>
<td>915.37</td>
<td>565.24</td>
</tr>
<tr>
<td></td>
<td>HIHP</td>
<td>257.23</td>
<td>834.26</td>
<td>514.46</td>
</tr>
<tr>
<td>Florida Health Care Plan (8)</td>
<td>Standard</td>
<td>49.00</td>
<td>679.41</td>
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</tr>
<tr>
<td></td>
<td>HIHP</td>
<td>49.00</td>
<td>568.95</td>
<td>98.00</td>
</tr>
</tbody>
</table>

**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
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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.
### Premium Rate Table

**Effective January 2017 for February 2017 Coverage**

(Premium rate change for CHP participants ONLY)

<table>
<thead>
<tr>
<th>Subscriber Category / Contribution Cycle</th>
<th>Coverage Type</th>
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<th>PPO/HMO HIHP</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Employer</td>
<td>Enrollee</td>
<td>Total</td>
</tr>
<tr>
<td><strong>Career Service / OPS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Full -Time Employees (1)</td>
<td>Single</td>
<td>642.84</td>
<td>50.00</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>1,379.60</td>
<td>180.00</td>
</tr>
<tr>
<td></td>
<td>Spouse</td>
<td>1,529.60</td>
<td>30.00</td>
</tr>
<tr>
<td><strong>SES / SMS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Full -Time Employees (1,2)</td>
<td>Single</td>
<td>684.50</td>
<td>8.34</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>1,529.60</td>
<td>30.00</td>
</tr>
<tr>
<td>**Bi-Weekly Full -Time Employees (1,2)</td>
<td>Single</td>
<td>342.25</td>
<td>4.17</td>
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<tr>
<td></td>
<td>Family</td>
<td>764.80</td>
<td>15.00</td>
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<td><strong>COBRA</strong></td>
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<tr>
<td>Monthly (3)</td>
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<tr>
<td></td>
<td>Family</td>
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<td>1,590.79</td>
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<tr>
<td><strong>Early Retirees</strong></td>
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</tr>
<tr>
<td></td>
<td>Family</td>
<td>0.00</td>
<td>1,559.60</td>
</tr>
<tr>
<td><strong>Overage Dependents</strong></td>
<td>Single</td>
<td>0.00</td>
<td>692.84</td>
</tr>
</tbody>
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### Medicare Monthly Premium Rates

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Plan Type</th>
<th>Medicare I One Eligible (5)</th>
<th>Medicare II One Under/Over (6)</th>
<th>Medicare III Both Eligible (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Insured PPO / HMO</td>
<td>Standard</td>
<td>388.38</td>
<td>1,119.85</td>
<td>776.76</td>
</tr>
<tr>
<td></td>
<td>HIHP</td>
<td>292.76</td>
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<td>585.51</td>
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<tr>
<td>Capital Health Plan (8)</td>
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<td></td>
<td>HIHP</td>
<td>257.23</td>
<td>834.26</td>
<td>514.46</td>
</tr>
<tr>
<td>Florida Health Care Plan (8)</td>
<td>Standard</td>
<td>49.00</td>
<td>679.41</td>
<td>98.00</td>
</tr>
<tr>
<td></td>
<td>HIHP</td>
<td>49.00</td>
<td>568.95</td>
<td>98.00</td>
</tr>
</tbody>
</table>

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