Self-Insurance Estimating Conference State Employees' Health Insurance Trust Fund Last conference held: March 2, 2006

Post-Session outlook

Executive Summary

The outlook for the State Employees' Health Insurance Trust Fund was changed due to legislative action with regard to premiums and administrative costs. Overall, premiums were increased by 8%, effective April 1, 2007, with the State picking up all of the increase for active employees. As a result, the projected revenues for 2006-07 were increased by \$26.4 million. For 2007-08, projected revenues were increased by \$106.8 million. For both fiscal years, administrative costs for the Division of State Group Insurance were reduced by \$.1 million. The net result of the changes is an increase in the projected ending balance for the trust fund for 2007-08 from -\$95.1 million to \$38.2 million.

State Employees' Group Health Self-Insurance Trust Fund

Post-Session Outlook

For the Fiscal Years Ending June 30, 2006, 2007 & 2008

JUNE 2006

Exhibit I Financial Outlook

By Fiscal Year (In Millions)

		_	FY 05-06 Estimate		FY 06-07 Estimate		FY 07-08 Estimate
BEGINNING CASH BAI	ANCE	\$	115.9	\$	159.7	\$	147.8
REVENUES:							
Insurance Premiums: (1)						
Employer - Plan		\$	961.8	\$	1,018.5	\$	1,088.8
Employer - HSA			0.3		0.6		0.6
Employee			155.1		157.1		156.7
COBRA			8.3		8.6		9.1
Early Retiree			48.3		53.2		58.4
Medicare			87.1		96.2		105.9
Tricare Premium Sur			5.3		4.7		5.0
Interest on Investments			3.8		4.4		3.0
TPA Refunds/PBM Rel			20.0		20.0		20.0
Pretax Trust Fund Tran			18.0		17.0		17.0
Medicare Part D Subsi	dy (=)	_	0.0	_	17.3	_	13.0
TOTAL REVENUES		\$	1,308.0	\$	1,397.6	\$	1,477.5
TOTAL CASH AVAILABLE		\$_	1,423.9	\$	1,557.3	\$_	1,625.3
EXPENSES:							
PPO Plan - Medical Claims		\$	504.8	\$	551.8	\$	610.8
PPO Plan - Prescription Drug Claims			202.3		223.2		254.7
HMO Premiums			513.4		594.7		681.9
Employer HSA Contributions			0.3		0.6		0.6
ASO Fee - TPA			35.6		32.5		32.4
DSGI Administrative C	osts		4.7		3.6		3.6
Premium Refunds			3.0		3.0		3.0
Other Expenses		=	0.1	_	0.1	_	0.1
TOTAL EXPENSES		\$_	1,264.2	\$	1,409.5	\$_	1,587.1
EXCESS OF REVENUE	S OVER EXPENSES	\$_	43.8	\$	(11.9)	\$_	(109.6)
ENDING CASH BALAN	CE	\$_	159.7	\$	147.8	\$_	38.2
A.,,,,,,,,,	PPO Standard		106,312		104,699		104,394
Average Enrollment	PPO HIHP		599		599		599
by Plan	HMO Standard		62,776		66,088		67,778
by i iuii	HMO HIHP		248		248	_	248
	Total		169,935		171,634	_	173,019
	Active Standard		134,937		135,431		135,513
Average	Active HIHP		780		780		780
Enrollment by	Cobra		1,274		1,249		1,249
Coverage Type	Early Retiree		8,454		8,685		8,965
	Medicare		24,490	_	25,489	_	26,512
-	Total		169,935		171,634	_	173,019
Average	Active		593		708		708
TRICARE Enrollment	Retiree		118		151	_	151_
	Total		711		859_	_	859

⁽¹⁾ Per Conference Report on HB 5001, Sec. 8, para. 2 - Revised premium revenue to include an eight-percent increase in rates effective April 1, 2007 for all enrollment categories. Percent increase in employer contribution rates differ by health plan by coverage tier due to no change in the employee contribution rate.

⁽²⁾ Actuarial estimate per participation in the Prescription Drug Subsidy program resulting from the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA), effective January 1, 2006. The subsidy estimation is \$550 to \$600 per eligible member not enrolled in Medicare Part D, or \$13M per year, \$1.08M per month. Subsidy amounts accrued in FY 2005-06 are assumed to be collected in FY 2006-07.

Exhibit II

Financial Outlook

Fiscal Year 2006-07

(In Millions)

		(A)		(B)		(B) - (A)
		March '06	_	June ' 06	_	Difference
BEGINNING CASH BA	ALANCE	\$ 159.7	\$	159.7	\$	0.0
REVENUES:						
Insurance Premiums: (1)					
Employer - Plan		\$ 995.5	\$	1,018.5	\$	23.0
Employer - HSA		0.6		0.6		0.0
Employee		157.1		157.1		0.0
COBRA		8.4		8.6		0.2
Early Retiree		52.2		53.2		1.0
Medicare		94.3		96.2		1.9
Tricare Premium Su	ırplus	4.6		4.7		0.1
Interest on Investmen	its	4.3		4.4		0.1
TPA Refunds/PBM R	ebates	20.0		20.0		0.0
Pretax Trust Fund Tra		17.0		17.0		0.0
Medicare Part D Sub	sidy ⁽²⁾	 17.3	_	17.3	_	0.0
TOTAL REVENUES		\$ 1,371.3	\$	1,397.6	\$	26.3
TOTAL CASH AVAILA	ABLE	\$ 1,531.0	\$_	1,557.3	\$_	26.3
EXPENSES:						
PPO Plan - Medical C	Claims	\$ 551.8	\$	551.8	\$	0.0
PPO Plan - Prescripti	on Drug Claims	223.2		223.2	'	0.0
HMO Premiums	ŭ	594.7		594.7		0.0
Employer HSA Contri	butions	0.6		0.6		0.0
ASO Fee - TPA		32.5		32.5		0.0
DSGI Administrative	Costs	3.7		3.6		(0.1)
Premium Refunds		3.0		3.0		0.0
Other Expenses		 0.1	_	0.1	l _	0.0
TOTAL EXPENSES		\$ 1,409.6	\$	1,409.5	\$	(0.1)
EXCESS OF REVENU	ES OVER EXPENSES	\$ (38.3)	\$	(11.9)	\$	26.4
ENDING CASH BALA	NCE	\$ 121.4	\$_	147.8	\$	26.4
Average	PPO Standard	104,699		104,699		
Enrollment	PPO HIHP	599		599		
by Plan	HMO Standard	66,088		66,088		
by I id.i.	HMO HIHP	 248	_	248		
	Total	 171,634	_	171,634		
A	Active Standard	135,431		135,431		
Average	Active HIHP	780		780		
Enrollment by Coverage Type	Cobra	1,249		1,249		
Coverage Type	Early Retiree	8,685		8,685		
	Medicare	 25,489	_	25,489		
	Total	 171,634	_	171,634		
Average	Active	708		708		
TRICARE Enrollment	Retiree	 151	_	151_		
	Total	 859	_	859		

⁽¹⁾ Per Conference Report on HB 5001, Sec. 8, para. 2 - Revised premium revenue to include an eight-percent increase in rates effective April 1, 2007 for all enrollment categories. Percent increase in employer contribution rates differ by health plan by coverage tier due to no change in the employee contribution rate.

⁽²⁾ Actuarial estimate per participation in the Prescription Drug Subsidy program resulting from the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA), effective January 1, 2006. The subsidy estimation is \$550 to \$600 per eligible member not enrolled in Medicare Part D, or \$13M per year, \$1.08M per month. Subsidy amounts accrued in FY 2005-06 are assumed to be collected in FY 2006-07.

Exhibit III

Financial Outlook

Fiscal Year 2007-08

(In Millions)

BEGINNING CASH BALANCE 121.4 147.8 5 26.4			(A) March '06			(B) June ' 06	 <u></u>	(B) - (A) Difference	
Employer - Plan \$ 996.4 \$ 1,088.8 \$ 92.4	BEGINNING CASH B	ALANCE	\$	121.4	\$	147.8	\$	26.4	
Employer - Plan	REVENUES:								
Employer - HSA 0.6 156.7 156.7 0.0 Employee	Insurance Premiums:	1)							
Employee	Employer - Plan		\$	996.4	\$	1,088.8	\$	92.4	
COBRA 8.4 9.1 0.7 Early Retiree 54.1 58.4 4.3 Medicare 98.1 105.9 7.8 Tricare Premium Surplus 4.6 5.0 0.4 Interest on Investments 1.8 3.0 1.2 TPA Refunds/PBM Rebates 20.0 20.0 0.0 Pretax Trust Fund Transfer 17.0 17.0 0.0 Medicare Part D Subsidy (2) 13.0 13.0 1.0 TOTAL CASH AVAILABLE 1,492.1 \$ 1,625.3 \$ 133.2 EXPENSES: TOPO Plan - Medical Claims \$ 610.8 \$ 610.8 \$ 610.8 \$ 0.0 PPO Plan - Prescription Drug Claims 254.7 254.7 0.0 HMO Premiums 681.9 681.9 0.0 Employer HSA Contributions 0.6 0.6 0.6 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	Employer - HSA			0.6		0.6		0.0	
Early Retiree	Employee			156.7		156.7			
Medicare Premium Surplus 4.6 5.0 0.4 Interest on Investments 1.8 3.0 1.2 TPA Refunds/PBM Rebates 20.0 20.0 0.0 Pretax Trust Fund Transfer 17.0 17.0 0.0 Medicare Part D Subsidy (2) 13.0 13.0 0.0 TOTAL REVENUES \$ 1,370.7 \$ 1,477.5 \$ 106.8 TOTAL CASH AVAILABLE \$ 1,492.1 \$ 1,625.3 \$ 133.2 EXPENSES: PPO Plan - Medical Claims \$ 610.8 \$ 610.8 \$ 0.0 PPO Plan - Prescription Drug Claims 254.7 254.7 0.0 HMO Premiums 681.9 681.9 0.0 Employer HSA Contributions 0.6 0.6 0.0 ASO Fee - TPA 32.4 32.4 32.4 DSGI Administrative Costs 3.7 3.6 (0.1) Premium Refunds 3.0 3.0 0.0 Other Expenses 0.1 0.1 0.0 TOTAL EXPENSES \$ 1,587.2 \$ 1,587.1 \$ (0.1)				_					
Tricare Premium Surplus 4.6 5.0 0.4 Interest on Investments 1.8 3.0 1.2 TPA Refunds/PBM Rebates 20.0 20.0 0.0 Pretax Trust Fund Transfer 17.0 17.0 0.0 Medicare Part D Subsidy (2) 13.0 13.0 0.0 TOTAL REVENUES \$ 1,370.7 \$ 1,477.5 \$ 106.8 TOTAL CASH AVAILABLE \$ 1,492.1 \$ 1,625.3 \$ 133.2 EXPENSES: *** *** \$ 1,625.3 \$ 133.2 EXPENSES: *** *** \$ 610.8 \$ 610.8 \$ 0.0 PPO Plan - Medical Claims \$ 610.8 \$ 610.8 \$ 0.0 <t< td=""><td></td><td></td><td></td><td>_</td><td></td><td></td><td></td><td></td></t<>				_					
Interest on Investments								_	
TPA Refunds/PBM Rebates 20.0 20.0 0.0 Pretax Trust Fund Transfer 17.0 17.0 0.0 Medicare Part D Subsidy (2) 13.0 13.0 0.0 TOTAL REVENUES \$ 1,370.7 \$ 1,477.5 \$ 106.8 TOTAL CASH AVAILABLE \$ 1,492.1 \$ 1,625.3 \$ 133.2 EXPENSES: PPO Plan - Medical Claims \$ 610.8 \$ 610.8 \$ 0.0 PPO Plan - Medical Claims \$ 610.8 \$ 610.8 \$ 0.0 PPO Plan - Prescription Drug Claims 254.7 254.7 0.0 HMO Premiums 681.9 681.9 0.0 Employer HSA Contributions 0.6 0.6 0.0 ASO Fee - TPA 32.4 32.4 0.0 DSGI Administrative Costs 3.7 3.6 (0.1) Premium Refunds 3.0 3.0 0.0 Other Expenses 0.1 0.1 0.0 TOTAL EXPENSES \$ 1,587.2 \$ 1,587.1 \$ (0.1) EXCESS OF REVENUES OVER EXPENSES (216.5) \$ (109.6)				_					
Pretax Trust Fund Transfer 17.0 17.0 13.0 13.0 13.0 13.0 13.0 13.0 10.0				_					
Medicare Part D Subsidy Co 13.0 13.0 10.0 TOTAL REVENUES									
TOTAL REVENUES \$ 1,370.7 \$ 1,477.5 \$ 106.8 TOTAL CASH AVAILABLE \$ 1,492.1 \$ 1,625.3 \$ 133.2 EXPENSES: PPO Plan - Medical Claims \$ 610.8 \$ 610.8 \$ 0.0 PPO Plan - Medical Claims \$ 610.8 \$ 0.0 PPO Plan - Prescription Drug Claims 254.7 254.7 0.0 HMO Premiums 681.9 681.9 0.0 HMO Premiums 681.9 681.9 0.0 ASG Active Institutions 0.6 0.6 0.6 0.0 ASO Fee - TPA 32.4 32.4 32.4 0.0 DSG Administrative Costs 3.7 3.6 (0.1) Premium Refunds 3.0 3.0 0.0 Other Expenses 0.1 0.1 0.1 EXCESS OF REVENUES OVER EXPENSES \$ (216.5) \$ (109.6) \$ 106.9 ENDING CASH BALANCE \$ (95.1) \$ 38.2 \$ 133.3 Average Enr						_			
PPO Plan - Medical Claims \$ 610.8 \$ 610.8 \$ 0.0		siuy	\$		\$	-	\$		
PPO Plan - Medical Claims \$ 610.8 \$ 610.8 \$ 0.0 PPO Plan - Prescription Drug Claims 254.7 254.7 0.0 HMO Premiums 681.9 681.9 0.0 Employer HSA Contributions 0.6 0.6 0.0 ASO Fee - TPA 32.4 32.4 0.0 DSGI Administrative Costs 3.7 3.6 (0.1) Premium Refunds 3.0 3.0 0.0 Other Expenses 0.1 0.1 0.0 TOTAL EXPENSES \$ 1,587.2 \$ 1,587.1 \$ (0.1) EXCESS OF REVENUES OVER EXPENSES \$ (216.5) \$ (109.6) \$ 106.9 ENDING CASH BALANCE \$ (95.1) \$ 38.2 \$ 133.3 Average Enrollment by Plan PPO Standard 104,394 104,394 \$ 104,394 \$ 104,394 \$ 104,394 \$ 104,394 \$ 104,394 \$ 104,394 \$ 104,394 \$ 104,394 \$ 104,394 \$ 104,394 \$ 104,394 \$ 104,394 \$ 104,394 \$ 104,394 \$ 104,394 \$ 104,394 \$ 104,394 \$ 104,394 \$ 104,394	TOTAL CASH AVAILABLE		\$	1,492.1	\$_	1,625.3	\$	133.2	
PPO Plan - Prescription Drug Claims 254.7 254.7 0.0 HMO Premiums 681.9 681.9 0.0 Employer HSA Contributions 0.6 0.6 0.0 ASO Fee - TPA 32.4 32.4 0.0 DSGI Administrative Costs 3.7 3.6 (0.1) Premium Refunds 3.0 3.0 0.0 Other Expenses 0.1 0.1 0.0 TOTAL EXPENSES \$ 1,587.2 \$ 1,587.1 \$ (0.1) EXCESS OF REVENUES OVER EXPENSES \$ (216.5) \$ (109.6) \$ 106.9 ENDING CASH BALANCE \$ (95.1) \$ 38.2 \$ 133.3 Average Enrollment by Plan PPO HIHP 599 <t< td=""><td colspan="2">EXPENSES:</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	EXPENSES:								
PPO Plan - Prescription Drug Claims 254.7 254.7 0.0 HMO Premiums 681.9 681.9 0.0 Employer HSA Contributions 0.6 0.6 0.0 ASO Fee - TPA 32.4 32.4 0.0 DSGI Administrative Costs 3.7 3.6 (0.1) Premium Refunds 3.0 3.0 0.0 Other Expenses 0.1 0.1 0.0 TOTAL EXPENSES \$ 1,587.2 \$ 1,587.1 \$ (0.1) EXCESS OF REVENUES OVER EXPENSES \$ (216.5) \$ (109.6) \$ 106.9 ENDING CASH BALANCE \$ (95.1) \$ 38.2 \$ 133.3 Average Enrollment by Plan PPO HIHP 599 <t< td=""><td colspan="2">PPO Plan - Medical Claims</td><td>\$</td><td>610.8</td><td>\$</td><td>610.8</td><td>\$</td><td>0.0</td></t<>	PPO Plan - Medical Claims		\$	610.8	\$	610.8	\$	0.0	
HMO Premiums	PPO Plan - Prescription Drug Claims		,	254.7	Ť	254.7	'	0.0	
ASO Fee - TPA DSGI Administrative Costs 3.7 3.6 (0.1) Premium Refunds Other Expenses Other Expenses 1.587.2 EXCESS OF REVENUES OVER EXPENSES ENDING CASH BALANCE PPO Standard PPO HIHP PO HIHP PO HIHP PO HIHP PO Standard HMO HIHP PO Standard HMO HIHP PO	•	•		681.9		681.9		0.0	
DSGI Administrative Costs 3.7 3.6 (0.1) Premium Refunds 3.0 3.0 0.0 Other Expenses 0.1 0.1 0.0 TOTAL EXPENSES \$ 1,587.2 \$ 1,587.1 \$ (0.1) EXCESS OF REVENUES OVER EXPENSES \$ (216.5) \$ (109.6) \$ 106.9 ENDING CASH BALANCE \$ (95.1) \$ 38.2 \$ 133.3 Average Enrollment by Plan PPO Standard PPO HIHP PS99 S99 S99 S99 S99 S99 S99 S99 S99 S	Employer HSA Contributions			0.6		0.6		0.0	
Premium Refunds 3.0 3.0 0.0 Other Expenses 0.1 0.1 0.0 TOTAL EXPENSES \$ 1,587.2 \$ 1,587.1 \$ (0.1) EXCESS OF REVENUES OVER EXPENSES \$ (216.5) \$ (109.6) \$ 106.9 ENDING CASH BALANCE \$ (95.1) \$ 38.2 \$ 133.3 Average Enrollment by Plan PPO Standard PPO HIHP PPO HIHP PPO HIMP P	ASO Fee - TPA			32.4		32.4		0.0	
Other Expenses 0.1 0.1 0.0 TOTAL EXPENSES \$ 1,587.2 \$ 1,587.1 \$ (0.1) EXCESS OF REVENUES OVER EXPENSES \$ (216.5) \$ (109.6) \$ 106.9 ENDING CASH BALANCE \$ (95.1) \$ 38.2 \$ 133.3 Average Enrollment by PPO HIHP 599 599 HMO Standard 67,778 67,778 HMO HIHP 248 248 Total 173,019 173,019 Average Enrollment by Coverage Type Active Standard Active HIHP Active Bases 1,249 1,249 Cobra 1,249 1,249 1,249 Early Retiree Barly Retiree Bases 8,965 8,965 Medicare 26,512 26,512 26,512 Total 173,019 173,019 Average TRICARE Enrollment Active Retiree 708 Retiree 708 Retiree	DSGI Administrative	Costs		3.7		3.6		(0.1)	
TOTAL EXPENSES S									
State	•						l. —		
Average Enrollment by Plan PPO Standard PPO HIHP PO HIMP PO HI				,	_		· —		
Average Enrollment by Plan PPO Standard PPO HIHP 104,394 104,394 By Plan PPO HIHP 599 599 HMO Standard 67,778 67,778 67,778 HMO HIHP 248 248 Total 173,019 173,019 Average Enrollment by Coverage Type Active Standard Active HIHP 780 780 780 780 Cobra 1,249 1,249 Early Retiree 8,965 8,965 8,965 Medicare 26,512 26,512 8,965 Medicare 26,512 26,512 Total 173,019 173,019 173,019 Average TRICARE Enrollment Active 708 708 708 708 Retiree 151 151			· —				'		
PPO HIHP 599 599 599 HMO Standard 67,778 67,778 67,778 HMO HIHP 248	ENDING CASH BALA	NCE	\$ <u> </u>	(95.1)	\$ _	38.2	\$	133.3	
Enrollment by Plan PPO HIHP HMO Standard for,778 for,7	Average	PPO Standard		104,394		104,394			
HMO HIHP 248 248	_	_							
Total 173,019 173,019	by Plan			•					
Average Enrollment by Coverage Type Active Standard Active HIHP 135,513 135,513 Early Retiree Medicare 8,965 8,965 Medicare 26,512 26,512 Total 173,019 173,019 Average TRICARE Enrollment Active Retiree 151 151				•	_				
Average Enrollment by Coverage Type Active HIHP Cobra 780 780 780 780 Medicare 8,965 8,965 8,965 8,965 70al Medicare 26,512 26,512 70al Average TRICARE Enrollment Active Retiree 708 708 708 708 708 708 705		Total	- —	173,019	-				
Cobra 1,249 1,249 Early Retiree 8,965 8,965 Medicare 26,512 26,512	Average								
Coverage Type Early Retiree 8,965 8,965 Medicare 26,512 26,512 Total 173,019 173,019 Average TRICARE Enrollment Active Retiree 708 708 Total 151 151									
Medicare 26,512 26,512 Total 173,019 173,019 Average TRICARE Enrollment Active Retiree 708 708 708 151 151 151				,					
Total 173,019 173,019 Average TRICARE Enrollment Active Retiree 708 Position (151) 151	•								
Average Active 708 708 TRICARE Enrollment Retiree 151 151					_				
Average TRICARE Enrollment					_				
IRICARE Enrollment ————————————————————————————————————		Potiroo							
	I KICAKE Enrollment		_	·	_				

⁽¹⁾ Per Conference Report on HB 5001, Sec. 8, para. 2 - Revised premium revenue to include an eight-percent increase in rates effective April 1, 2007 for all enrollment categories. Percent increase in employer contribution rates differ by health plan by coverage tier due to no change in the employee contribution rate.

⁽²⁾ Actuarial estimate per participation in the Prescription Drug Subsidy program resulting from the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA), effective January 1, 2006. The subsidy estimation is \$550 to \$600 per eligible member not enrolled in Medicare Part D, or \$13M per year, \$1.08M per month. Subsidy amounts accrued in FY 2005-06 are assumed to be collected in FY 2006-07.

Exhibit IV Premium Rate Table

ALL ENROLLEES (Excluding TRICARE Supplemental Plan)									
	Coverage	PPO/	HMO Stand	dard	PPO/HMO HIHP ⁽⁴⁾				
Category	Туре	Employer	Enrollee	Total	Employer	Enrollee	Total		
(1)	Single	346.16	50.00	396.16	346.16	15.00	361.16		
Full -Time Employees ⁽¹⁾ (Monthly)	Family	715.92	180.00	895.92	715.92	64.30	780.22		
(World liy)	Spouse	895.92	0.00	895.92	780.22	0.00	780.22		
(4)	Single	173.08	25.00	198.08	173.08	7.50	180.58		
Full -Time Employees ⁽¹⁾ (Bi-Weekly)	Family	357.96	90.00	447.96	357.96	32.15	390.11		
(Bi Wookly)	Spouse	447.96	0.00	447.96	390.11	0.00	390.11		
COBRA Participants (2)	Single	0.00	404.08	404.08	0.00	325.88	325.88		
(Monthly)	Family	0.00	913.84	913.84	0.00	710.82	710.82		
Early Retirees	Single	0.00	396.16	396.16	0.00	319.48	319.48		
(Monthly)	Family	0.00	895.92	895.92	0.00	696.88	696.88		
Medicare Participants ⁽³⁾ (Monthly)	(I) One Eligible	0.00	210.34	210.34	0.00	154.16	154.16		
	(II) One Under/Over	0.00	606.50	606.50	0.00	515.32	515.32		
()	(III) Both Eligible	0.00	420.69	420.69	0.00	308.32	308.32		

Notes:

- (1) Premium contribution for Part-Time Employees 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) Includes an additional 2% for administrative costs as permitted by federal regulations.
- (3) The actual premium rate for Medicare participants enrolled in an HMO plan may differ from what is presented.
- (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.

TRICARE Supplemental Health Insurance Plan									
	Coverage	Biweel	dy Contrib	ution	Mont	hly Contrib	oution		
Category	Туре	Employer	Enrollee	Total	Employer	Enrollee	Total		
Active Full-Time	Single	173.08	0.00	173.08	346.16	0.00	346.16		
Employees (1)	Family	357.96	0.00	357.96	715.92	0.00	715.92		
	Spouse (3)	357.96	0.00	357.96	715.92	0.00	715.92		
COBRA Participants	Single (2)	N/A	N/A	N/A	0.00	61.20	61.20		
	Family (2)	N/A	N/A	N/A	0.00	163.20	163.20		
Early Retirees (4)	Single	N/A	N/A	N/A	0.00	60.00	60.00		
	Family	N/A	N/A	N/A	0.00	160.00	160.00		

Notes:

- (1) Premium contribution for a Part-Time Employee is to be calculated as follows: Employer Contribution x FTE% = Calculated Employer Contribution
- (2) Includes an additional 2% for administrative costs as permitted by federal regulations.
- (3) Premium is shared equally between respective agencies.
- (4) Medicare participants are ineligible for participation.

Exhibit V Premium Rate Table — Effective April 1, 2007 — —

ALL ENROLLEES (Excluding TRICARE Supplemental Plan)									
	Coverage	PPO/	PPO/HMO Standard PPO/HMO HIHP (4)						
Category	Туре	Employer	Enrollee	Total	Employer	Enrollee	Total		
(1)	Single	377.86	50.00	427.86	377.86	15.00	392.86		
Full -Time Employees ⁽¹⁾ (Monthly)	Family	787.60	180.00	967.60	787.60	64.30	851.90		
(Worldiny)	Spouse	967.60	0.00	967.60	851.90	0.00	851.90		
Full -Time Employees (1) (Bi-Weekly)	Single	188.93	25.00	213.93	188.93	7.50	196.43		
	Family	393.80	90.00	483.80	393.80	32.15	425.95		
(Bi Wookiy)	Spouse	483.80	0.00	483.80	425.95	0.00	425.95		
COBRA Participants (2)	Single	0.00	436.42	436.42	0.00	358.22	358.22		
(Monthly)	Family	0.00	986.96	986.96	0.00	783.94	783.94		
Early Retirees	Single	0.00	427.86	427.86	0.00	351.20	351.20		
(Monthly)	Family	0.00	967.60	967.60	0.00	768.56	768.56		
Medicare Participants ⁽³⁾ (Monthly)	(I) One Eligible	0.00	227.18	227.18	0.00	169.46	169.46		
	(II) One Under/Over	0.00	655.04	655.04	0.00	562.34	562.34		
(monuny)	(III) Both Eligible	0.00	454.36	454.36	0.00	338.92	338.92		

Notes:

- (1) Premium contribution for Part-Time Employees 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) Includes an additional 2% for administrative costs as permitted by federal regulations.
- (3) The actual premium rate for Medicare participants enrolled in an HMO plan may differ from what is presented.
- (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.

TRICARE Supplemental Health Insurance Plan								
	Coverage	Biweekly Contribution			Mont	hly Contrib	oution	
Category	Type	Employer	Enrollee	Total	Employer	Enrollee	Total	
Active Full-Time	Single	188.93	0.00	188.93	377.86	0.00	377.86	
Employees (1)	Family	393.80	0.00	393.80	787.60	0.00	787.60	
	Spouse (3)	393.80	0.00	393.80	787.60	0.00	787.60	
COBRA Participants	Single (2)	N/A	N/A	N/A	0.00	61.20	61.20	
	Family (2)	N/A	N/A	N/A	0.00	163.20	163.20	
Early Retirees (4)	Single	N/A	N/A	N/A	0.00	60.00	60.00	
	Family	N/A	N/A	N/A	0.00	160.00	160.00	

Notes:

- (1) Premium contribution for a Part-Time Employee is to be calculated as follows: Employer Contribution x FTE% = Calculated Employer Contribution
- (2) Includes an additional 2% for administrative costs as permitted by federal regulations.
- (3) Premium is shared equally between respective agencies.
- (4) Medicare participants are ineligible for participation.