

**Self-Insurance Estimating Conference  
State Employees' Group Health Self-Insurance Trust Fund  
December 13, 2013**

**Executive Summary**

The outlook for the State Employees' Health Insurance Trust Fund has been revised to reflect 2014 preliminary Open Enrollment results, recent Trust Fund experience and updated forecasts for price and utilization trends. The outlook in the short run is more positive: for FY 2012-13, the actual ending balance was \$346.1 million, well above the previous estimate of \$266.4 million. For FY 2013-14, the projected ending balance has been increased by \$118.0 million from \$246.6 million to \$364.6 million. For FY 2014-15, the ending cash balance increased from \$170.6 million to \$355.8 million, and for FY 2015-16, the ending cash balance increased from a deficit of \$109.1 million to a surplus of \$169.8 million. The outlook for subsequent years shows that expenses will exceed revenues by an amount that generates a negative cash flow of \$208.3 million in FY 2016-17 and \$600.8 in FY 2017-18 (down from -\$493.2 million and -\$723.2 million, respectively, in the previous forecast).

Enrollment projections have changed from previously projected new open enrollment subscribers and monthly enrollment results updated through November of 2013. Excluding Other Personal Services (OPS), enrollment for active employees has increased somewhat. Excluding OPS enrollment elections, 2014 Open Enrollment reflects a decrease of active subscriber enrollment in the PPO plans of 587 and an increase of 2,538 in HMO plans, for a net change of 1,951 new active subscribers.

As a result of SB 1802 from the 2013 session, eligible OPS employees were provided with an Open Enrollment opportunity in the Fall of 2013. A total of 12,553 employees paid from OPS funds were offered Open Enrollment and preliminary enrollment reflects that 3,577, or 28.5%, elected coverage. Of these, 2,549 (71.3%) enrolled in Individual coverage, 1,013 (28.3%) enrolled in Family coverage, and 15 (0.4%) enrolled in Spouse coverage. Of the OPS employees selecting coverage, 42.8% chose PPO enrollment and 57.2% chose HMO coverage. Of those OPS employees who did not elect coverage, 695, or 5.5%, are already covered dependents of another subscriber enrolled in Family coverage.

On the revenue side, the forecast for premiums is increased due to higher projected enrollment. Also, because of the higher Trust Fund balance projections, there are increases in interest earnings. Further, there are slight increases in pharmacy rebate amounts projected for both PPO and HMO subscribers.

On the expense side, plan expenses are lower than in the previous forecast, due to lower projected claims experience, contract rate decreases as part of contract renewals, and favorable trend factor adjustments. This is true for both PPOs and HMOs. It should also be noted that those expense items associated with the Patient Protection and Affordable Care Act are reflected in the Other Expenses category.

**Special Note**

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 this forecast, the impacts of the provisions of PPACA have been incorporated into this single report rather than contained in a separate report. For this reason, the reader is urged to note that direct comparisons of this report to prior reports will need to be approached with caution. This is especially true regarding the addition of OPS and "Opt Out" employee information to the report. Notes have been made in multiple locations in the accompanying detailed report.

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# **State Employees' Group Health Self-Insurance Trust Fund**

## **Report on the Financial Outlook**

**For the Fiscal Years Ending June 30, 2013 through June 30, 2018**

**Presented December 13, 2013 to the  
Self-Insurance Estimating Conference**

**(Updated December 19, 2013)**

**NOTE:** The December outlook includes enrollment and cash flow estimates for OPS and “Opted Out” employees associated with the implementation of the Patient Protection and Affordable Care Act that were not included in the August 2013 Post Legislative Session Impact Outlook, but were reported in the August 2013 Post Legislative Session Impact Outlook on the State Health Insurance Program of the Patient Protection and Affordable Care Act. Caution should be exercised when interpreting differences between the two independent outlooks.

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

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# STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

## EXECUTIVE SUMMARY

The Florida Division of State Group Insurance (the Division) has prepared a financial outlook for the State Employees' Group Health Self-Insurance Trust Fund (the Trust Fund) for the fiscal years ending June 30, 2013, through June 30, 2018. This outlook is prepared to assist in the State's planning and budgeting in accordance with Section 216.136(9), *Florida Statutes*. The forecast is prepared using cash basis methods and modeling based on the healthcare benefit and funding design currently in place.

The August 2013 Post Legislative Session Impact Outlook recognized the fiscal impact of the following:

1. State health insurance premium increases established in the 2013 General Appropriations Act (GAA) (Section 8).

This forecast uses the Post-Session Outlook as the base and reports, recognizes and estimates the fiscal impact of the activities and developments listed below:

1. Fiscal year 2012-13 final actual revenues, enrollment and expenses.
2. February through November 2013 monthly enrollment activity.
3. Plan year 2014 preliminary Open Enrollment results.
4. Medical and pharmacy claims experience through September 2013.
5. HMO contract renewals.
6. Reductions in medical and pharmacy claim trends.

This outlook for the Trust Fund reflects improvements in ending cash balances for all years of the forecast. The changes are primarily due to lower actual than projected claims cost for FY 2012-13 and reduced expense trend rates.

The actual ending cash balance for FY 2012-13 was \$346.1 million, with revenues exceeding expenses by \$32.2 million. The forecasted ending cash balance for FY 2013-14 increased from \$246.6 million to \$364.6 million, and the estimated operating loss changed from a \$19.8 million deficit to a surplus of \$18.5 million. For FY 2014-15 the ending cash balance increased from \$170.6 million to \$355.8 million; the estimated operating loss decreased from a deficit of \$76.0 million to a deficit of \$8.8 million. For FY 2015-16 the ending cash balance increased from a deficit of \$109.1 million to a surplus of \$169.8 million, however expenses are projected to exceed revenues by \$186.0 million.

Ending cash balance deficits projected in subsequent years of the outlook were reduced; however negative cash flows are projected for FY 2016-17 and FY 2017-18. If there are no changes to benefit attributes, covered services, premium rates, or other plan factors, the Trust Fund is projected to have deficits of \$208.3 million and \$600.8 million in FY 2016-17 and FY 2017-18, respectively. Below is a summary of the outlook for the Trust Fund through FY 2017-18.

(Dollars in Millions)	<u>FY 2012-13</u> <u>Actual</u>	<u>FY 2013-14</u> <u>Estimate</u>	<u>FY 2014-15</u> <u>Estimate</u>	<u>FY 2015-16</u> <u>Estimate</u>	<u>FY 2016-17</u> <u>Estimate</u>	<u>FY 2017-18</u> <u>Estimate</u>
Beginning Cash Balance	\$ 313.9	\$ 346.1	\$ 364.6	\$ 355.8	\$ 169.8	\$ 0.0
Total Revenues	\$ 1,887.1	\$ 2,039.4	\$ 2,176.5	\$ 2,193.2	\$ 2,213.5	\$ 2,232.9
Total Expenses	\$ 1,854.9	\$ 2,020.9	\$ 2,185.3	\$ 2,379.2	\$ 2,591.6	\$ 2,833.6
Operating Gain / (Loss)	\$ 32.2	\$ 18.5	\$ (8.8)	\$ (186.0)	\$ (378.1)	\$ (600.8)
Ending Cash Balance	\$ 346.1	\$ 364.6	\$ 355.8	\$ 169.8	\$ (208.3)	\$ (600.8)

**STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND**

**ENROLLMENT**

During the 2014 Open Enrollment, approximately 12,553 employees paid from Other Personal Services (OPS) funds were offered coverage due to the 2013 passage of Senate Bill 1802. Preliminary enrollment reflects that 3,577 (28.5%) of the eligible OPS employees elected coverage; of which 2,549 (71.3%) enrolled in individual coverage; 1,013 (28.3%) enrolled in Family coverage; and 15 (0.4%) enrolled in Spouse coverage. OPS enrollment in PPO plans was 42.8% and 57.2% enrolled in HMO plans. Of those who did not elect to enroll, 695 or 5.5% are covered dependents of another subscriber enrolled in Family coverage.

Results from the past five Open Enrollments show that active subscriber membership in the PPO plans decreased an average of 857 subscribers annually and HMO membership increased an average of 2,235 subscribers; the annual net change was an average increase of 1,378 new active subscribers. Excluding OPS enrollment elections, 2014 Open Enrollment reflects a decrease of active subscriber enrollment in the PPO plans of 587 and an increase of 2,538 in the HMO plans; the net change excluding the OPS enrollment was 1,951 new active subscribers.

The changes in enrollment between February and November 2013 have also had a significant impact to the forecast compared to the prior period. Updated enrollment data reflects membership in PPO plans decreased by 1,084 contracts and HMO plan membership decreased by 1,330 subscribers. Active subscriber enrollment decreased by 2,622 members; and the net change in non-active membership was an increase of 208 subscribers.

As of November 2013, approximately 1,920 subscribers (1,830 active employees) were enrolled in a High Deductible Health Plan (1.14% of total enrollment). Approximately 1,158 or 63.3% of those active employees were participating in the integrated state-sponsored Health Savings Account offering. In January 2014, approximately 2,092 subscribers (2,033 active employees) will be enrolled in a High Deductible Health Plan (1.20% of total enrollment). Approximately 1,306 or 64.2% of those active employees will be participating in the integrated state-sponsored Health Savings Account offering.

**EXPENSE TRENDS**

Based upon data provided by the program's administrative service providers, industry information, and actual FY 2012-13 results, expense trends were reduced in the projections for this outlook compared to the August outlook.

Below is a summary of the trends used to develop expense projections used in this outlook.

	August 2013 <sup>(1)</sup>		December 2013 <sup>(2)</sup>	
	Trend	Industry Range	Trend	Industry Range
PPO Medical Claims	8.5%	4.0% - 11.0%	8.0%	4.0% - 9.7%
HMO Medical Claims	8.5%		8.0%	
PPO Prescription Drug Claims <sup>(3)(5)</sup>	7.5%	5.3% - 10.5%	6.8%	5.3% - 10.5%
HMO Prescription Drug Claims <sup>(4)(5)</sup>	10.0%		8.6%	
HMO Premium Payments	8.5%	3.5% - 9.2%	7.5%	5.0% - 9.3%

1) Survey data for Calendar years 2012 and 2013

2) Survey Data for Calendar Years 2013 and 2014

3) PPO trend rates provided by the Pharmacy Benefits Manager and used to project costs for this outlook are: FY 2013-14 4.5%; FY 2014-15 4.9%; 2015-16 9.2%; 2016-17 7.5%; and FY 2017-18 9.5%.

4) HMO trend rates provided by Pharmacy Benefit Manager and used to project costs for this outlook are: FY 2013-14 7.9%; FY 2014-15 7.2%; 2015-16 10.0%; 2016-17 8.1%; and FY 2017-18 10.1%.

5) Pharmacy trend rates of 6.8% for PPO and 8.6% for HMO reflect annual growth from FY 2012-13 to FY 2017-18 distributed annually within each year of the outlook. These rates were not used to project costs for this outlook.

**FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)**

The August 2013 report "Impact on the State Health Insurance Program of the Patient Protection and Affordable Care Act" reflected projected costs to the Program associated with the implementation of the individual mandate with federal subsidies provision of PPACA. Revenue and expense projections were based on enrollment assumptions of eligible OPS employees and increased participation by eligible members who previously declined enrollment (opted out) in health coverage offered through the Program. Also included in the report were projections associated with the implementation of other mandates of PPACA including pharmaceutical industry pass through fees, medical device excise taxes, and reinsurance program fees.

The projections of PPACA impacts and assumptions reported in the August 2013 report were updated to reflect preliminary plan year 2014 enrollment results for OPS employees and eligible members who opted out of health insurance offered through the Program in plan year 2013 but enrolled in 2014. The revenues and expense projections of PPACA impacts that were previously reported separately have been updated based on the Open Enrollment results and are now included in the outlook. The details of those projections and comparisons to the August 2013 report are provided in Exhibit IX.

**EXHIBITS**

The exhibits that follow provide updated projections and information including assumptions used to develop the forecast, final actual results from FY 2012-2013, the estimated cash positions of the Trust Fund for Fiscal Years 2013-14 through 2017-18, and changes to projections presented in the August 2013 Outlook and Impact on the State Health Insurance Program of the Patient Protection and Affordable Care Act Report.

**\*\*IMPORTANT NOTE\*\***

**FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)**

The August 2013 report "Impact on the State Health Insurance Program of the Patient Protection and Affordable Care Act" included enrollment and cash flow estimates for OPS and "Opted Out" employees (i.e., eligible employees not enrolled in a health plan) associated with the implementation of the individual mandate with the federal subsidies provision of PPACA. The report also included projections associated with the implementation of other mandates of PPACA including pharmaceutical industry pass through fees, medical device excise taxes, and reinsurance program fees. However, the customary financial outlook exhibits **did not** include the aforementioned enrollment and cash flow estimates in the August 2013 Financial Outlook. This outlook (December 2013 Financial Outlook) **does** include enrollment and cash flow estimates for OPS and "Opted Out" employees associated with the implementation of the subject PPACA mandates.

Therefore, we have placed the following note on all affected exhibits.

"The December outlook includes enrollment and cash flow estimates for OPS and "Opted Out" employees associated with the implementation of the PPACA mandates that were not included in the August projections. Caution should be exercised when interpreting differences between the two independent outlooks."

**STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND**

**Exhibit I**

**Financial Outlook by Fiscal Year**

**Highlights of Changes to Forecast - Conference December 2013 Compared to August 2013**

(In Millions)

	FY 2012-13			FY 2013-14			FY 2014-15			FY 2015-16			FY 2016-17			FY 2017-18		
	Aug '13	Dec '13	Diff.	Aug '13	Dec '13	Diff.	Aug '13	Dec '13	Diff.	Aug '13	Dec '13	Diff.	Aug '13	Dec '13	Diff.	Aug '13	Dec '13	Diff.
<b>BEGINNING CASH BALANCE</b>	\$ 313.9	\$ 313.9	\$ -	\$ 266.4	\$ 346.1	\$ 79.7	\$ 246.6	\$ 364.6	\$ 118.0	\$ 170.6	\$ 355.8	\$ 185.2	\$ 0.0	\$ 169.8	\$ 169.8	\$ 0.0	\$ 0.0	\$ -
<b>REVENUES:</b>																		
Insurance Premiums	\$ 1,790.0	\$ 1,788.3	\$ (1.7)	\$ 1,939.8	\$ 1,950.1	\$ 10.3	\$ 2,054.9	\$ 2,091.0	\$ 36.1	\$ 2,064.6	\$ 2,112.2	\$ 47.6	\$ 2,081.1	\$ 2,140.5	\$ 59.4	\$ 2,089.0	\$ 2,160.1	\$ 71.1
Investment Interest	5.7	5.4	(0.3)	5.1	7.2	2.1	4.1	7.9	3.8	0.6	6.9	6.3	-	-	-	-	-	-
PPO - TPA Refunds	10.7	10.7	(0.0)	9.3	9.0	(0.3)	9.3	9.3	-	9.3	9.3	-	9.3	9.3	-	9.3	9.3	-
PPO - PBM Rebates	23.4	27.3	3.9	17.5	17.9	0.4	14.7	15.5	0.8	13.1	13.8	0.7	12.1	12.9	0.8	11.7	12.5	0.8
HMO - TPA Refunds	3.2	3.1	(0.1)	3.2	4.6	1.4	3.2	3.2	-	3.2	3.2	-	3.2	3.2	-	3.2	3.2	-
HMO - PBM Rebates	9.8	11.2	1.4	9.2	9.4	0.2	8.3	8.8	0.5	7.7	8.3	0.6	7.4	8.0	0.6	7.4	8.0	0.6
Pretax Trust Fund Transfer	19.0	23.5	4.5	19.0	19.0	-	19.0	19.0	-	19.0	19.0	-	19.0	19.0	-	19.0	19.0	-
PPO - Medicare Part D Subsidy	17.3	15.3	(2.0)	18.7	21.2	2.5	20.1	20.8	0.7	20.1	19.5	(0.6)	20.1	19.6	(0.5)	20.1	19.8	(0.3)
HMO - Medicare Part D Subsidy	1.0	0.6	(0.4)	1.0	1.0	-	1.0	1.0	-	1.0	1.0	-	1.0	1.0	-	1.0	1.0	-
Other Revenues	-	1.7	1.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL REVENUES</b>	\$ 1,880.1	\$ 1,887.1	\$ 7.0	\$ 2,022.8	\$ 2,039.4	\$ 16.6	\$ 2,134.6	\$ 2,176.5	\$ 41.9	\$ 2,138.6	\$ 2,193.2	\$ 54.6	\$ 2,153.2	\$ 2,213.5	\$ 60.3	\$ 2,160.7	\$ 2,232.9	\$ 72.2
<b>TOTAL CASH AVAILABLE</b>	\$ 2,194.0	\$ 2,201.0	\$ 7.0	\$ 2,289.2	\$ 2,385.5	\$ 96.3	\$ 2,381.2	\$ 2,541.1	\$ 159.9	\$ 2,309.2	\$ 2,549.0	\$ 239.9	\$ 2,153.2	\$ 2,383.3	\$ 230.1	\$ 2,160.7	\$ 2,232.9	\$ 72.2
<b>EXPENSES:</b>																		
PPO Plan	\$ 912.0	\$ 883.8	\$ (28.2)	\$ 965.5	\$ 940.0	\$ (25.5)	\$ 1,022.3	\$ 994.2	\$ (28.1)	\$ 1,097.6	\$ 1,065.1	\$ (32.5)	\$ 1,175.4	\$ 1,139.0	\$ (36.4)	\$ 1,255.0	\$ 1,220.3	\$ (34.7)
HMO Plan	1,005.9	963.4	(42.5)	1,068.0	1,060.7	(7.3)	1,179.2	1,164.0	(15.2)	1,311.6	1,292.8	(18.8)	1,461.9	1,437.8	(24.1)	1,619.8	1,602.7	(17.1)
HSA Deposits	1.6	1.9	0.3	1.6	2.0	0.4	1.6	2.0	0.4	1.6	2.0	0.4	1.6	2.0	0.4	1.6	2.0	0.4
Operating Costs & Admin Assessme	3.6	2.6	(1.0)	3.0	4.6	1.6	3.0	4.6	1.6	3.0	4.6	1.6	3.0	4.6	1.6	3.0	4.6	1.6
Premium Refunds	4.4	3.2	(1.2)	4.4	3.2	(1.2)	4.4	3.2	(1.2)	4.4	3.2	(1.2)	4.4	3.2	(1.2)	4.4	3.2	(1.2)
Other Expenses	0.1	-	(0.1)	0.1	10.4	10.3	0.1	17.3	17.2	0.1	11.6	11.5	0.1	5.0	4.9	0.1	0.9	0.8
<b>TOTAL EXPENSES</b>	\$ 1,927.6	\$ 1,854.9	\$ (72.7)	\$ 2,042.6	\$ 2,020.9	\$ (21.7)	\$ 2,210.6	\$ 2,185.3	\$ (25.3)	\$ 2,418.3	\$ 2,379.2	\$ (39.1)	\$ 2,646.4	\$ 2,591.6	\$ (54.8)	\$ 2,883.9	\$ 2,833.6	\$ (50.3)
<b>EXCESS OF REV. OVER EXP.</b>	\$ (47.5)	\$ 32.2	\$ 79.7	\$ (19.8)	\$ 18.5	\$ 38.3	\$ (76.0)	\$ (8.8)	\$ 67.2	\$ (279.7)	\$ (186.0)	\$ 93.7	\$ (493.2)	\$ (378.1)	\$ 115.1	\$ (723.2)	\$ (600.8)	\$ 122.4
<b>ENDING CASH BALANCE</b>	\$ 266.4	\$ 346.1	\$ 79.7	\$ 246.6	\$ 364.6	\$ 118.0	\$ 170.6	\$ 355.8	\$ 185.2	\$ (109.1)	\$ 169.8	\$ 278.9	\$ (493.2)	\$ (208.3)	\$ 284.9	\$ (723.2)	\$ (600.8)	\$ 122.4
<b>ADDITIONAL INFORMATION</b>																		
Total Unreported Claims Liability	\$ 137.4	\$ 125.4	\$ (12.0)	\$ 142.6	\$ 138.4	\$ (4.2)	\$ 154.8	\$ 145.8	\$ (9.0)	\$ 174.9	\$ 165.5	\$ (9.3)	\$ 192.1	\$ 181.2	\$ (10.9)	\$ 209.5	\$ 199.4	\$ (10.1)

Exhibits II through XVI present detail forecast information per fiscal year.

**Highlights of Changes to Forecast**

- 1) Inclusion of actual enrollment through November 2013
- 2) Inclusion of Preliminary Open Enrollment results for Plan Year 2014
- 3) Inclusion of cash flow activity through September 2013
- 4) Reduced PPO and HMO Medical trend rates from 8.5% to 8.0%
- 5) Reduced PPO Rx trend from 7.5% to 6.8%
- 6) Reduced HMO Rx trend from 10.0% to 8.6%
- 7) Inclusion of updated HMO contract rates effective January 2014
- 8) Inclusion of the impact to the Health Trust Fund of the Patient Protection and Affordable Care Act
- 9) Removal of \$32 million from the Risk Reserve expense category in FY 2012-13 due to lower actual HMO Medical and Rx costs

**NOTE:** The December outlook includes enrollment and cash flow estimates for OPS and "Opted Out" employees associated with the implementation of the PPACA mandates that were not included in the August projections. Caution should be exercised when interpreting differences between the two independent outlooks.

STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND

Exhibit II

Financial Outlook by Fiscal Year <sup>(1)</sup> (In Millions)

	<u>FY 2012-13</u>	<u>FY 2013-14</u>	<u>FY 2014-15</u>	<u>FY 2015-16</u>	<u>FY 2016-17</u>	<u>FY 2017-18</u>
	<u>Actual</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
<b>BEGINNING CASH BALANCE</b>	\$ 313.9	\$ 346.1	\$ 364.6	\$ 355.8	\$ 169.8	\$ 0.0 <sup>(2)</sup>
<b>REVENUES:</b>						
Insurance Premiums:						
Employer	\$ 1,412.1	\$ 1,557.2	\$ 1,681.3	\$ 1,694.8	\$ 1,709.8	\$ 1,725.7
Employee	161.1	162.1	165.0	166.5	168.2	170.0
HSA Contributions <sup>(3)</sup>	1.9	2.0	2.0	2.0	2.0	2.0
COBRA	6.2	6.5	7.0	7.0	7.0	7.0
Early Retiree	60.9	63.1	65.1	67.8	75.1	72.9
Medicare	146.1	159.2	170.6	174.1	178.4	182.5
Investment Interest	5.4	7.2	7.9	6.9	0.0	0.0
PPO-TPA Refunds	10.7	9.0	9.3	9.3	9.3	9.3
PPO-PBM Rebates	27.3	17.9	15.5	13.8	12.9	12.5
HMO-TPA Refunds	3.1	4.6	3.2	3.2	3.2	3.2
HMO-PBM Rebates	11.2	9.4	8.8	8.3	8.0	8.0
Pretax Trust Fund Transfer	23.5	19.0	19.0	19.0	19.0	19.0
PPO-Medicare Part D Subsidy	15.3	21.2	20.8	19.5	19.6	19.8
HMO-Medicare Part D Subsidy	0.6	1.0	1.0	1.0	1.0	1.0
Other Revenues	1.7	0.0	0.0	0.0	0.0	0.0
<b>TOTAL REVENUES</b>	\$ 1,887.1	\$ 2,039.4	\$ 2,176.5	\$ 2,193.2	\$ 2,213.5	\$ 2,232.9
<b>TOTAL CASH AVAILABLE</b>	\$ 2,201.0	\$ 2,385.5	\$ 2,541.1	\$ 2,549.0	\$ 2,383.3	\$ 2,232.9
<b>EXPENSES:</b>						
State PPO Plan:						
Medical Claims	\$ 604.0	\$ 650.0	\$ 694.4	\$ 742.6	\$ 796.2	\$ 850.7
ASO Fee	18.9	18.6	18.6	18.4	18.3	18.1
Prescription Drug Claims	260.8	271.2	281.0	303.9	324.3	351.3
PBM Claims Administration	0.1	0.2	0.2	0.2	0.2	0.2
HMO Plan: <sup>(4)</sup>						
Premium Payments	259.7	274.2	297.8	328.4	363.9	401.0
Medical Claims	516.9	580.0	642.1	712.8	793.6	886.4
Risk Reserve <sup>(5)</sup>	0.0	N/A	N/A	N/A	N/A	N/A
ASO Fee	29.3	30.5	31.1	33.2	36.7	40.5
Prescription Drug Claims	157.5	175.9	193.1	218.4	243.5	274.8
HSA Deposits <sup>(3)</sup>	1.9	2.0	2.0	2.0	2.0	2.0
Operating Costs & Admin Assessment	2.6	4.6	4.6	4.6	4.6	4.6
Premium Refunds	3.2	3.2	3.2	3.2	3.2	3.2
Other Expenses	0.0	10.4	17.3	11.6	5.0	0.9
<b>TOTAL EXPENSES</b>	\$ 1,854.9	\$ 2,020.9	\$ 2,185.3	\$ 2,379.2	\$ 2,591.6	\$ 2,833.6
<b>EXCESS OF REVENUES OVER EXPENSES</b>	\$ 32.2	\$ 18.5	\$ (8.8)	\$ (186.0)	\$ (378.1)	\$ (600.8)
<b>ENDING CASH BALANCE <sup>(6)</sup></b>	\$ 346.1	\$ 364.6	\$ 355.8	\$ 169.8	\$ (208.3)	\$ (600.8)

**ADDITIONAL INFORMATION**

<b>Total Unreported Claims Liability <sup>(7)</sup></b>	\$ 125.4	\$ 138.4	\$ 145.8	\$ 165.5	\$ 181.2	\$ 199.4
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<b>Average Enrollment by Plan</b>	PPO Standard	85,929	85,179	84,095	83,279	82,684	81,802
	PPO HIHP	1,224	1,527	1,547	1,547	1,547	1,547
	HMO Standard	82,185	85,151	87,247	89,708	92,502	94,848
	HMO HIHP	466	581	586	586	586	586
	<b>Total</b>	<b>169,804</b>	<b>172,438</b>	<b>173,475</b>	<b>175,120</b>	<b>177,319</b>	<b>178,783</b>
<b>Average Enrollment by Coverage Type</b>	Active Standard	131,043	129,879	130,964	132,402	133,954	135,583
	Active HIHP	1,601	1,804	1,830	1,830	1,830	1,830
	OPS Standard	N/A	3,364	3,364	3,364	3,364	3,364
	OPS HIHP	N/A	213	213	213	213	213
	COBRA	686	676	674	674	674	674
	Early Retiree	7,369	7,033	6,807	6,900	7,403	7,190
	Medicare	29,105	29,469	29,623	29,737	29,881	29,929
	<b>Total</b>	<b>169,804</b>	<b>172,438</b>	<b>173,475</b>	<b>175,120</b>	<b>177,319</b>	<b>178,783</b>

**Exhibit III**  
**Financial Outlook - Fiscal Year 2012-13 (In Millions)**

	(A) <u>Aug '13</u>	(B) <u>Dec '13</u>	(B) - (A) <u>Difference</u>
<b>BEGINNING CASH BALANCE</b>	\$ 313.9	\$ 313.9	\$ 0.0
<b>REVENUES:</b>			
Insurance Premiums:			
Employer	\$ 1,414.1	\$ 1,412.1	\$ (2.0)
Employee	161.3	161.1	(0.2)
HSA Contributions <sup>(3)</sup>	1.6	1.9	0.3
COBRA	6.2	6.2	0.0
Early Retiree	61.0	60.9	(0.1)
Medicare	145.8	146.1	0.3
Investment Interest	5.7	5.4	(0.3)
PPO-TPA Refunds	10.7	10.7	(0.0)
PPO-PBM Rebates	23.4	27.3	3.9
HMO-TPA Refunds	3.2	3.1	(0.1)
HMO-PBM Rebates	9.8	11.2	1.4
Pretax Trust Fund Transfer	19.0	23.5	4.5
PPO Medicare Part D Subsidy	17.3	15.3	(2.0)
HMO Medicare Part D Subsidy	1.0	0.6	(0.4)
Other Revenues	0.0	1.7	1.7
<b>TOTAL REVENUES</b>	<b>\$ 1,880.1</b>	<b>\$ 1,887.1</b>	<b>\$ 7.0</b>
<b>TOTAL CASH AVAILABLE</b>	<b>\$ 2,194.0</b>	<b>\$ 2,201.0</b>	<b>\$ 7.0</b>
<b>EXPENSES:</b>			
State PPO Plan:			
Medical Claims	\$ 624.6	\$ 604.0	\$ (20.6)
ASO Fee	19.0	18.9	(0.1)
Prescription Drug Claims	268.2	260.8	(7.4)
PBM Claims Administration	0.2	0.1	(0.1)
HMO Plan: <sup>(4)</sup>			
Premium Payments	259.5	259.7	0.2
Medical Claims	531.6	516.9	(14.7)
Risk Reserve <sup>(5)</sup>	32.0	0.0	(32.0)
ASO Fee	29.4	29.3	(0.1)
Prescription Drug Claims	153.4	157.5	4.1
HSA Deposits <sup>(3)</sup>	1.6	1.9	0.3
Operating Costs & Admin Assessment	3.6	2.6	(1.0)
Premium Refunds	4.4	3.2	(1.2)
Other Expenses	0.1	0.0	(0.1)
<b>TOTAL EXPENSES</b>	<b>\$ 1,927.6</b>	<b>\$ 1,854.9</b>	<b>\$ (72.7)</b>
<b>EXCESS OF REVENUES OVER EXPENSES</b>	<b>\$ (47.5)</b>	<b>\$ 32.2</b>	<b>\$ 79.7</b>
<b>ENDING CASH BALANCE <sup>(6)</sup></b>	<b>\$ 266.4</b>	<b>\$ 346.1</b>	<b>\$ 79.7</b>
<b><u>ADDITIONAL INFORMATION</u></b>			
Total Unreported PPO Plan Claims Liability <sup>(8)</sup>	\$ 62.0	\$ 59.1	\$ (2.9)
Total Unreported HMO Plan Claims Liability <sup>(9)</sup>	67.0	57.9	(9.1)
Total Unreported PBM Claims Liability <sup>(10)</sup>	8.4	8.4	(0.0)
<b>Total Unreported Claims Liability</b>	<b>\$ 137.4</b>	<b>\$ 125.4</b>	<b>\$ (12.0)</b>
<b><u>Average Enrollment by Plan</u></b>			
	PPO Standard	86,069	85,929
	PPO HIHP	1,211	1,224
	HMO Standard	82,285	82,185
	HMO HIHP	465	466
	<u>Total</u>	<u>170,030</u>	<u>169,804</u>
<b><u>Average Enrollment by Coverage Type</u></b>			
	Active Standard	131,279	131,043
	Active HIHP	1,586	1,601
	COBRA	695	686
	Early Retiree	7,388	7,369
	Medicare	29,082	29,105
	<u>Total</u>	<u>170,030</u>	<u>169,804</u>



Exhibit IV  
Financial Outlook - Fiscal Year 2013-14 (In Millions)

	(A) Aug '13	(B) Dec '13	(B) - (A) Difference
<b>BEGINNING CASH BALANCE</b>	\$ 266.4	\$ 346.1	\$ 79.7
<b>REVENUES:</b>			
Insurance Premiums:			
Employer	\$ 1,547.0	\$ 1,557.2	\$ 10.2
Employee	160.6	162.1	1.5
HSA Contributions <sup>(3)</sup>	1.6	2.0	0.4
COBRA	6.7	6.5	(0.2)
Early Retiree	64.7	63.1	(1.6)
Medicare	159.2	159.2	0.0
Investment Interest	5.1	7.2	2.1
PPO-TPA Refunds	9.3	9.0	(0.3)
PPO-PBM Rebates	17.5	17.9	0.4
HMO-TPA Refunds	3.2	4.6	1.4
HMO-PBM Rebates	9.2	9.4	0.2
Pretax Trust Fund Transfer	19.0	19.0	0.0
PPO Medicare Part D Subsidy	18.7	21.2	2.5
HMO Medicare Part D Subsidy	1.0	1.0	0.0
Other Revenues	0.0	0.0	0.0
<b>TOTAL REVENUES</b>	<b>\$ 2,022.8</b>	<b>\$ 2,039.4</b>	<b>\$ 16.6</b>
<b>TOTAL CASH AVAILABLE</b>	<b>\$ 2,289.2</b>	<b>\$ 2,385.5</b>	<b>\$ 96.3</b>
<b>EXPENSES:</b>			
State PPO Plan:			
Medical Claims	\$ 664.7	\$ 650.0	\$ (14.7)
ASO Fee	18.7	18.6	(0.1)
Prescription Drug Claims	281.9	271.2	(10.7)
PBM Claims Administration	0.2	0.2	0.0
HMO Plan: <sup>(4)</sup>			
Premium Payments	279.4	274.2	(5.2)
Medical Claims	588.2	580.0	(8.2)
ASO Fee	32.0	30.5	(1.5)
Prescription Drug Claims	168.4	175.9	7.5
HSA Deposits <sup>(3)</sup>	1.6	2.0	0.4
Operating Costs & Admin Assessment	3.0	4.6	1.6
Premium Refunds	4.4	3.2	(1.2)
Other Expenses	0.1	10.4	10.3
<b>TOTAL EXPENSES</b>	<b>\$ 2,042.6</b>	<b>\$ 2,020.9</b>	<b>\$ (21.7)</b>
<b>EXCESS OF REVENUES OVER EXPENSES</b>	<b>\$ (19.8)</b>	<b>\$ 18.5</b>	<b>\$ 38.3</b>
<b>ENDING CASH BALANCE <sup>(6)</sup></b>	<b>\$ 246.6</b>	<b>\$ 364.6</b>	<b>\$ 118.0</b>

**ADDITIONAL INFORMATION**

Total Unreported PPO Plan Claims Liability <sup>(8)</sup>	\$ 64.2	\$ 58.7	\$ (5.5)
Total Unreported HMO Plan Claims Liability <sup>(9)</sup>	69.4	70.8	1.4
Total Unreported PBM Claims Liability <sup>(10)</sup>	9.0	8.9	(0.1)
<b>Total Unreported Claims Liability</b>	<b>\$ 142.6</b>	<b>\$ 138.4</b>	<b>\$ (4.2)</b>

<b>Average Enrollment by Plan</b>	PPO Standard	84,381	85,179	798
	PPO HIHP	1,227	1,527	300
	HMO Standard	83,679	85,151	1,472
	HMO HIHP	473	581	108
	<b>Total</b>	<b>169,760</b>	<b>172,438</b>	<b>2,678</b>
<b>Average Enrollment by Coverage Type</b>	Active (Non-OPS) Standard	130,972	129,879	(1,093)
	Active (Non-OPS) HIHP	1,610	1,804	194
	OPS Standard	N/A	3,364	3,364
	OPS HIHP	N/A	213	213
	COBRA	695	676	(19)
	Early Retiree	7,216	7,033	(183)
	Medicare	29,267	29,469	202
<b>Total</b>	<b>169,760</b>	<b>172,438</b>	<b>2,678</b>	

**NOTE:** The December outlook includes enrollment and cash flow estimates for OPS and "Opted Out" employees associated with the implementation of the PPACA mandates that were not included in the August projections. Caution should be exercised when interpreting differences between the two independent outlooks.

**Exhibit V  
Financial Outlook - Fiscal Year 2014-15 (In Millions)**

	<u>(A)</u> Aug '13	<u>(B)</u> Dec '13	<u>(B) - (A)</u> Difference
<b>BEGINNING CASH BALANCE</b>	\$ 246.6	\$ 364.6	\$ 118.0
<b>REVENUES:</b>			
Insurance Premiums:			
Employer	\$ 1,646.0	\$ 1,681.3	\$ 35.3
Employee	160.7	165.0	4.3
HSA Contributions <sup>(3)</sup>	1.6	2.0	0.4
COBRA	7.2	7.0	(0.2)
Early Retiree	68.0	65.1	(2.9)
Medicare	171.4	170.6	(0.8)
Investment Interest	4.1	7.9	3.8
PPO-TPA Refunds	9.3	9.3	0.0
PPO-PBM Rebates	14.7	15.5	0.8
HMO-TPA Refunds	3.2	3.2	0.0
HMO-PBM Rebates	8.3	8.8	0.5
Pretax Trust Fund Transfer	19.0	19.0	0.0
PPO Medicare Part D Subsidy	20.1	20.8	0.7
HMO Medicare Part D Subsidy	1.0	1.0	0.0
Other Revenues	0.0	0.0	0.0
<b>TOTAL REVENUES</b>	\$ 2,134.6	\$ 2,176.5	\$ 41.9
<b>TOTAL CASH AVAILABLE</b>	\$ 2,381.2	\$ 2,541.1	\$ 159.9
<b>EXPENSES:</b>			
State PPO Plan:			
Medical Claims	\$ 710.4	\$ 694.4	\$ (16.0)
ASO Fee	18.4	18.6	0.2
Prescription Drug Claims	293.3	281.0	(12.3)
PBM Claims Administration	0.2	0.2	0.0
HMO Plan: <sup>(4)</sup>			
Premium Payments	309.0	297.8	(11.2)
Medical Claims	650.6	642.1	(8.5)
ASO Fee	34.3	31.1	(3.2)
Prescription Drug Claims	185.3	193.1	7.8
HSA Deposits <sup>(3)</sup>	1.6	2.0	0.4
Operating Costs & Admin Assessment	3.0	4.6	1.6
Premium Refunds	4.4	3.2	(1.2)
Other Expenses	0.1	17.3	17.2
<b>TOTAL EXPENSES</b>	\$ 2,210.6	\$ 2,185.3	\$ (25.3)
<b>EXCESS OF REVENUES OVER EXPENSES</b>	\$ (76.0)	\$ (8.8)	\$ 67.2
<b>ENDING CASH BALANCE <sup>(6)</sup></b>	\$ 170.6	\$ 355.8	\$ 185.2

**ADDITIONAL INFORMATION**

Total Unreported PPO Plan Claims Liability <sup>(8)</sup>	\$ 68.4	\$ 62.5	\$ (5.9)
Total Unreported HMO Plan Claims Liability <sup>(9)</sup>	76.8	73.8	(3.0)
Total Unreported PBM Claims Liability <sup>(10)</sup>	9.6	9.5	(0.1)
<b>Total Unreported Claims Liability</b>	\$ 154.8	\$ 145.8	\$ (9.0)

<b>Average Enrollment by Plan</b>	PPO Standard	83,096	84,095	999
	PPO HIHP	1,227	1,547	320
	HMO Standard	85,316	87,247	1,931
	HMO HIHP	473	586	113
	<b>Total</b>	<b>170,112</b>	<b>173,475</b>	<b>3,363</b>
<b>Average Enrollment by Coverage Type</b>	Active (Non-OPS) Standard	131,258	130,964	(294)
	Active (Non-OPS) HIHP	1,610	1,830	220
	OPS Standard	N/A	3,364	3,364
	OPS HIHP	N/A	213	213
	COBRA	695	674	(21)
	Early Retiree	7,104	6,807	(297)
	Medicare	29,445	29,623	178
	<b>Total</b>	<b>170,112</b>	<b>173,475</b>	<b>3,363</b>

**NOTE:** The December outlook includes enrollment and cash flow estimates for OPS and "Opted Out" employees associated with the implementation of the PPACA mandates that were not included in the August projections. Caution should be exercised when interpreting differences between the two independent outlooks.

**Exhibit VI  
Financial Outlook - Fiscal Year 2015-16 (In Millions)**

	<u>(A)</u>	<u>(B)</u>	<u>(B) - (A)</u>
	<u>Aug '13</u>	<u>Dec '13</u>	<u>Difference</u>
<b>BEGINNING CASH BALANCE</b>	\$ 170.6	\$ 355.8	\$ 185.2
<b>REVENUES:</b>			
Insurance Premiums:			
Employer	\$ 1,647.6	\$ 1,694.8	\$ 47.2
Employee	161.0	166.5	5.5
HSA Contributions <sup>(3)</sup>	1.6	2.0	0.4
COBRA	7.2	7.0	(0.2)
Early Retiree	71.7	67.8	(3.9)
Medicare	175.5	174.1	(1.4)
Investment Interest	0.6	6.9	6.3
PPO-TPA Refunds	9.3	9.3	0.0
PPO-PBM Rebates	13.1	13.8	0.7
HMO-TPA Refunds	3.2	3.2	0.0
HMO-PBM Rebates	7.7	8.3	0.6
Pretax Trust Fund Transfer	19.0	19.0	0.0
PPO Medicare Part D Subsidy	20.1	19.5	(0.6)
HMO Medicare Part D Subsidy	1.0	1.0	0.0
Other Revenues	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
<b>TOTAL REVENUES</b>	\$ 2,138.6	\$ 2,193.2	\$ 54.6
<b>TOTAL CASH AVAILABLE</b>	\$ 2,309.2	\$ 2,549.0	\$ 239.9
<b>EXPENSES:</b>			
State PPO Plan:			
Medical Claims	\$ 761.3	\$ 742.6	\$ (18.7)
ASO Fee	18.2	18.4	0.2
Prescription Drug Claims	317.9	303.9	(14.0)
PBM Claims Administration	0.2	0.2	0.0
HMO Plan: <sup>(4)</sup>			
Premium Payments	342.8	328.4	(14.4)
Medical Claims	721.7	712.8	(8.9)
ASO Fee	36.9	33.2	(3.7)
Prescription Drug Claims	210.2	218.4	8.2
HSA Deposits <sup>(3)</sup>	1.6	2.0	0.4
Operating Costs & Admin Assessment	3.0	4.6	1.6
Premium Refunds	4.4	3.2	(1.2)
Other Expenses	<u>0.1</u>	<u>11.6</u>	<u>11.5</u>
<b>TOTAL EXPENSES</b>	\$ 2,418.3	\$ 2,379.2	\$ (39.1)
<b>EXCESS OF REVENUES OVER EXPENSES</b>	\$ (279.7)	\$ (186.0)	\$ 93.7
<b>ENDING CASH BALANCE <sup>(6)</sup></b>	\$ <u>(109.1)</u>	\$ <u>169.8</u>	\$ <u>278.9</u>
<b><u>ADDITIONAL INFORMATION</u></b>			
Total Unreported PPO Plan Claims Liability <sup>(8)</sup>	\$ 73.4	\$ 66.7	\$ (6.7)
Total Unreported HMO Plan Claims Liability <sup>(9)</sup>	90.9	88.4	(2.5)
Total Unreported PBM Claims Liability <sup>(10)</sup>	10.6	10.4	(0.1)
<b>Total Unreported Claims Liability</b>	\$ <u>174.9</u>	\$ <u>165.5</u>	\$ <u>(9.3)</u>
<b>Average Enrollment by Plan</b>			
PPO Standard	82,061	83,279	1,218
PPO HIHP	1,227	1,547	320
HMO Standard	87,223	89,708	2,485
HMO HIHP	473	586	113
<u>Total</u>	<u>170,984</u>	<u>175,120</u>	<u>4,136</u>
<b>Average Enrollment by Coverage Type</b>			
Active (Non-OPS) Standard	131,760	132,402	642
Active (Non-OPS) HIHP	1,610	1,830	220
OPS Standard	N/A	3,364	3,364
OPS HIHP	N/A	213	213
COBRA	695	674	(21)
Early Retiree	7,289	6,900	(389)
Medicare	29,630	29,737	107
<u>Total</u>	<u>170,984</u>	<u>175,120</u>	<u>4,136</u>

**NOTE:** The December outlook includes enrollment and cash flow estimates for OPS and "Opted Out" employees associated with the implementation of the PPACA mandates that were not included in the August projections. Caution should be exercised when interpreting differences between the two independent outlooks.

**Exhibit VII  
Financial Outlook - Fiscal Year 2016-17 (In Millions)**

	<u>(A)</u> Aug '13	<u>(B)</u> Dec '13	<u>(B) - (A)</u> Difference
<b>BEGINNING CASH BALANCE</b>	\$ 0.0 <sup>(2)</sup>	\$ 169.8	\$ 169.8
<b>REVENUES:</b>			
Insurance Premiums:			
Employer	\$ 1,650.7	\$ 1,709.8	\$ 59.1
Employee	161.4	168.2	6.8
HSA Contributions <sup>(3)</sup>	1.6	2.0	0.4
COBRA	7.2	7.0	(0.2)
Early Retiree	80.1	75.1	(5.0)
Medicare	180.1	178.4	(1.7)
Investment Interest	0.0	0.0	0.0
PPO-TPA Refunds	9.3	9.3	0.0
PPO-PBM Rebates	12.1	12.9	0.8
HMO-TPA Refunds	3.2	3.2	0.0
HMO-PBM Rebates	7.4	8.0	0.6
Pretax Trust Fund Transfer	19.0	19.0	0.0
PPO Medicare Part D Subsidy	20.1	19.6	(0.5)
HMO Medicare Part D Subsidy	1.0	1.0	0.0
Other Revenues	0.0	0.0	0.0
<b>TOTAL REVENUES</b>	\$ 2,153.2	\$ 2,213.5	\$ 60.3
<b>TOTAL CASH AVAILABLE</b>	\$ 2,153.2	\$ 2,383.3	\$ 230.1
<b>EXPENSES:</b>			
State PPO Plan:			
Medical Claims	\$ 818.0	\$ 796.2	\$ (21.8)
ASO Fee	18.0	18.3	0.3
Prescription Drug Claims	339.2	324.3	(14.9)
PBM Claims Administration	0.2	0.2	0.0
HMO Plan: <sup>(4)</sup>			
Premium Payments	381.5	363.9	(17.6)
Medical Claims	803.1	793.6	(9.5)
ASO Fee	43.1	36.7	(6.4)
Prescription Drug Claims	234.2	243.5	9.3
HSA Deposits <sup>(3)</sup>	1.6	2.0	0.4
Operating Costs & Admin Assessment	3.0	4.6	1.6
Premium Refunds	4.4	3.2	(1.2)
Other Expenses	0.1	5.0	4.9
<b>TOTAL EXPENSES</b>	\$ 2,646.4	\$ 2,591.6	\$ (54.8)
<b>EXCESS OF REVENUES OVER EXPENSES</b>	\$ (493.2)	\$ (378.1)	\$ 115.1
<b>ENDING CASH BALANCE <sup>(6)</sup></b>	\$ (493.2)	\$ (208.3)	\$ 284.9
<b>ADDITIONAL INFORMATION</b>			
Total Unreported PPO Plan Claims Liability <sup>(8)</sup>	\$ 79.4	\$ 71.4	\$ (8.0)
Total Unreported HMO Plan Claims Liability <sup>(9)</sup>	101.2	98.4	(2.8)
Total Unreported PBM Claims Liability <sup>(10)</sup>	11.5	11.4	(0.1)
<b>Total Unreported Claims Liability</b>	\$ 192.1	\$ 181.2	\$ (10.9)
<b>Average Enrollment by Plan</b>			
PPO Standard	81,252	82,684	1,432
PPO HIHP	1,227	1,547	320
HMO Standard	89,466	92,502	3,036
HMO HIHP	473	586	113
<b>Total</b>	<b>172,418</b>	<b>177,319</b>	<b>4,901</b>
<b>Average Enrollment by Coverage Type</b>			
Active (Non-OPS) Standard	132,379	133,954	1,575
Active (Non-OPS) HIHP	1,610	1,830	220
OPS Standard	N/A	3,364	3,364
OPS HIHP	N/A	213	213
COBRA	695	674	(21)
Early Retiree	7,887	7,403	(484)
Medicare	29,847	29,881	34
<b>Total</b>	<b>172,418</b>	<b>177,319</b>	<b>4,901</b>

**NOTE:** The December outlook includes enrollment and cash flow estimates for OPS and "Opted Out" employees associated with the implementation of the PPACA mandates that were not included in the August projections. Caution should be exercised when interpreting differences between the two independent outlooks.

**Exhibit VIII  
Financial Outlook - Fiscal Year 2017-18 (In Millions)**

	<u>(A)</u> Aug '13	<u>(B)</u> Dec '13	<u>(B) - (A)</u> Difference
<b>BEGINNING CASH BALANCE</b>	\$ 0.0 <sup>(2)</sup>	\$ 0.0 <sup>(2)</sup>	\$ 0.0
<b>REVENUES:</b>			
Insurance Premiums:			
Employer	\$ 1,654.6	\$ 1,725.7	\$ 71.1
Employee	161.9	170.0	8.1
HSA Contributions <sup>(3)</sup>	1.6	2.0	0.4
COBRA	7.2	7.0	(0.2)
Early Retiree	79.1	72.9	(6.2)
Medicare	184.6	182.5	(2.1)
Investment Interest	0.0	0.0	0.0
PPO-TPA Refunds	9.3	9.3	0.0
PPO-PBM Rebates	11.7	12.5	0.8
HMO-TPA Refunds	3.2	3.2	0.0
HMO-PBM Rebates	7.4	8.0	0.6
Pretax Trust Fund Transfer	19.0	19.0	0.0
PPO Medicare Part D Subsidy	20.1	19.8	(0.3)
HMO Medicare Part D Subsidy	1.0	1.0	0.0
Other Revenues	0.0	0.0	0.0
<b>TOTAL REVENUES</b>	\$ 2,160.7	\$ 2,232.9	\$ 72.2
<b>TOTAL CASH AVAILABLE</b>	\$ 2,160.7	\$ 2,232.9	\$ 72.2
<b>EXPENSES:</b>			
State PPO Plan:			
Medical Claims	\$ 875.7	\$ 850.7	\$ (25.0)
ASO Fee	17.8	18.1	0.3
Prescription Drug Claims	361.3	351.3	(10.0)
PBM Claims Administration	0.2	0.2	0.0
HMO Plan: <sup>(4)</sup>			
Premium Payments	422.1	401.0	(21.1)
Medical Claims	888.8	886.4	(2.4)
ASO Fee	47.7	40.5	(7.2)
Prescription Drug Claims	261.2	274.8	13.6
HSA Deposits <sup>(3)</sup>	1.6	2.0	0.4
Operating Costs & Admin Assessment	3.0	4.6	1.6
Premium Refunds	4.4	3.2	(1.2)
Other Expenses	0.1	0.9	0.8
<b>TOTAL EXPENSES</b>	\$ 2,883.9	\$ 2,833.6	\$ (50.3)
<b>EXCESS OF REVENUES OVER EXPENSES</b>	\$ (723.2)	\$ (600.8)	\$ 122.4
<b>ENDING CASH BALANCE <sup>(6)</sup></b>	\$ (723.2)	\$ (600.8)	\$ 122.4
<b>ADDITIONAL INFORMATION</b>			
Total Unreported PPO Plan Claims Liability <sup>(8)</sup>	\$ 85.9	\$ 76.1	\$ (9.8)
Total Unreported HMO Plan Claims Liability <sup>(9)</sup>	111.1	110.8	(0.3)
Total Unreported PBM Claims Liability <sup>(10)</sup>	12.5	12.5	0.0
<b>Total Unreported Claims Liability</b>	\$ 209.5	\$ 199.4	\$ (10.1)
<b>Average Enrollment by Plan</b>			
PPO Standard	80,154	81,802	1,648
PPO HIHP	1,227	1,547	320
HMO Standard	91,260	94,848	3,588
HMO HIHP	473	586	113
<b>Total</b>	<b>173,114</b>	<b>178,783</b>	<b>5,669</b>
<b>Average Enrollment by Coverage Type</b>			
Active (Non-OPS) Standard	133,072	135,583	2,511
Active (Non-OPS) HIHP	1,610	1,830	220
OPS Standard	N/A	3,364	3,364
OPS HIHP	N/A	213	213
COBRA	695	674	(21)
Early Retiree	7,769	7,190	(579)
Medicare	29,968	29,929	(39)
<b>Total</b>	<b>173,114</b>	<b>178,783</b>	<b>5,669</b>

**NOTE:** The December outlook includes enrollment and cash flow estimates for OPS and "Opted Out" employees associated with the implementation of the PPACA mandates that were not included in the August projections. Caution should be exercised when interpreting differences between the two independent outlooks.

**STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND**

**Exhibit IX**

**Summary of Fiscal Impact to Forecast of Federal Patient Protection Affordable Care Act (PPACA) <sup>(11)</sup>**  
(In Millions)

Reform	Effective Date	Revenue(R) Expense (E) Net <sup>(12)</sup>	FY 2013-14			FY 2014-15			FY 2015-16			FY 2016-17			FY 2017-18											
			Aug '13	Dec '13	Diff	Aug '13	Dec '13	Diff	Aug '13	Dec '13	Diff	Aug '13	Dec '13	Diff	Aug '13	Dec '13	Diff									
			1. Early retiree medical reinsurance		Net	NO ESTIMATED IMPACT ON THE TRUST FUND																				
2. No lifetime dollar maximum	Jan 2011	Net	PREVIOUSLY IMPLEMENTED																							
3. Restricted annual dollar limits		Net	NO ESTIMATED IMPACT ON THE TRUST FUND																							
4. Eliminate preexisting condition limitations for dependent children under 19	Jan 2011	Net	PREVIOUSLY IMPLEMENTED																							
5. Patient-centered outcomes research institute fees (\$1 per participant in 1st year, \$2 in 2nd year, assumes 3rd year is same as 2nd year) <sup>(13)</sup>	Jan 2012	R E Net	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
6. Other pass-through fees to include: Pharmaceutical industry fees 2.3% excise tax on medical devices Reinsurance (Expires 12/31/16)	Jan 2011 Jan 2013 Jan 2014	E E Net	PREVIOUSLY IMPLEMENTED																							
7. Extension of coverage for all adult children until age 26	Jan 2011	Net	PREVIOUSLY IMPLEMENTED																							
8. Eliminate all preexisting condition limitations	Jan 2014	R E Net	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
9. Free choice vouchers		Net	REPEALED BY CONGRESS																							
10. Individual Mandate "free rider surcharge"		Net	NO ESTIMATED IMPACT ON THE TRUST FUND																							
11. Medicaid Expansion and migration into Exchange		Net	PENDING FUTURE ACTION BY THE LEGISLATURE AND GOVERNOR																							
12. Employer Mandate with federal subsidies	Jan 2014	R R R E E E Net	9.73	21.58	11.85	27.34	60.69	33.35	34.54	60.69	26.15	34.54	60.69	26.15	34.54	60.69	26.15	34.54	60.69	26.15	34.54	60.69	26.15	34.54	60.69	26.15
Opt-Outs <sup>(14)</sup>		R	12.14	13.84	1.70	21.58	24.59	3.01	21.58	24.59	3.01	21.58	24.59	3.01	21.58	24.59	3.01	21.58	24.59	3.01	21.58	24.59	3.01	21.58	24.59	3.01
Agency OPS <sup>(15)</sup>		R	23.04	7.23	(15.81)	40.92	12.85	(28.07)	40.92	12.85	(28.07)	40.92	12.85	(28.07)	40.92	12.85	(28.07)	40.92	12.85	(28.07)	40.92	12.85	(28.07)	40.92	12.85	(28.07)
Universities OPS <sup>(16)</sup>		R	8.07	19.83	11.76	26.16	63.94	37.78	37.94	68.96	31.02	41.20	74.19	32.99	41.20	80.45	39.25	41.20	80.45	39.25	41.20	80.45	39.25	41.20	80.45	39.25
Opt-Outs <sup>(14)</sup>		E	12.28	13.57	1.29	26.54	29.18	2.64	28.88	31.47	2.59	31.34	33.85	2.51	31.34	36.71	5.37	31.34	36.71	5.37	31.34	36.71	5.37	31.34	36.71	5.37
Agency OPS <sup>(15)</sup>		E	23.32	7.39	(15.93)	50.36	15.89	(34.47)	54.82	17.13	(37.69)	59.46	18.43	(41.03)	59.46	19.99	(39.47)	59.46	19.99	(39.47)	59.46	19.99	(39.47)	59.46	19.99	(39.47)
Universities OPS <sup>(16)</sup>		E	1.24	1.86	0.62	(13.22)	(10.88)	2.34	(24.60)	(19.44)	5.16	(34.96)	(28.34)	6.62	(34.96)	(39.02)	(4.06)	(34.96)	(39.02)	(4.06)	(34.96)	(39.02)	(4.06)	(34.96)	(39.02)	(4.06)
<b>TOTAL REVENUES <sup>(17)</sup></b>			44.91	42.65	(2.26)	89.84	98.13	8.29	97.04	98.13	1.09	97.04	98.13	1.09	97.04	98.13	1.09	97.04	98.13	1.09	97.04	98.13	1.09	97.04	98.13	1.09
<b>TOTAL EXPENSES</b>			55.97	53.09	(2.88)	124.56	130.51	5.95	137.40	133.32	(4.08)	141.17	135.64	(5.53)	137.05	142.20	5.15	137.05	142.20	5.15	137.05	142.20	5.15	137.05	142.20	5.15
<b>NET TOTAL <sup>(18)</sup></b>			(11.06)	(10.44)	0.62	(34.72)	(32.38)	2.34	(40.36)	(35.20)	5.16	(44.13)	(37.51)	6.62	(40.01)	(44.07)	(4.06)	(40.01)	(44.07)	(4.06)	(40.01)	(44.07)	(4.06)	(40.01)	(44.07)	(4.06)
Estimated annual revenue shift from Employee to Employer premium contributions for 0.75 - 0.99 FTEs (in millions) <sup>(19)</sup> :																										
Agency			0.27	0.25	(0.02)	0.48	0.44	(0.04)	0.48	0.44	(0.04)	0.48	0.44	(0.04)	0.48	0.44	(0.04)	0.48	0.44	(0.04)	0.48	0.44	(0.04)	0.48	0.44	(0.04)
Universities			0.30	0.31	0.01	0.53	0.54	0.01	0.53	0.54	0.01	0.53	0.54	0.01	0.53	0.54	0.01	0.53	0.54	0.01	0.53	0.54	0.01	0.53	0.54	0.01

**Opt-Out and OPS Enrollment Projected vs. Actual**

	FY 2013-14			FY 2014-15			FY 2015-16			FY 2016-17			FY 2017-18		
	Aug '13 Proj	Prelim OE	Diff	Aug '13 Proj	Dec '13 Proj	Diff	Aug '13 Proj	Dec '13 Proj	Diff	Aug '13 Proj	Dec '13 Proj	Diff	Aug '13 Proj	Dec '13 Proj	Diff
	Opt-Out Individual	621	2,109	1,488	1,242	4,218	2,976	1,242	4,218	2,976	1,242	4,218	2,976	1,242	4,218
Opt-Out Family	721	1,275	554	1,441	2,550	1,109	1,441	2,550	1,109	1,441	2,550	1,109	1,441	2,550	1,109
Agency OPS Individual	1,434	1,614	180	1,434	1,614	180	1,434	1,614	180	1,434	1,614	180	1,434	1,614	180
Agency OPS Family	608	702	94	608	702	94	608	702	94	608	702	94	608	702	94
University OPS Individual	2,722	935	(1,787)	2,722	935	(1,787)	2,722	935	(1,787)	2,722	935	(1,787)	2,722	935	(1,787)
University OPS Family	1,153	326	(827)	1,153	326	(827)	1,153	326	(827)	1,153	326	(827)	1,153	326	(827)
<b>Total Individual</b>	4,777	4,658	(119)	5,398	6,767	1,369	5,398	6,767	1,369	5,398	6,767	1,369	5,398	6,767	1,369
<b>Total Family</b>	2,482	2,303	(179)	3,202	3,578	376	3,202	3,578	376	3,202	3,578	376	3,202	3,578	376
<b>Total Opt-Outs</b>	1,342	3,384	2,042	2,683	6,768	4,085	2,683	6,768	4,085	2,683	6,768	4,085	2,683	6,768	4,085
<b>Total Agency OPS</b>	2,042	2,316	274	2,042	2,316	274	2,042	2,316	274	2,042	2,316	274	2,042	2,316	274
<b>Total University OPS</b>	3,875	1,261	(2,614)	3,875	1,261	(2,614)	3,875	1,261	(2,614)	3,875	1,261	(2,614)	3,875	1,261	(2,614)
<b>Total OPS</b>	5,917	3,577	(2,340)	5,917	3,577	(2,340)	5,917	3,577	(2,340)	5,917	3,577	(2,340)	5,917	3,577	(2,340)
<b>Total All</b>	7,259	6,961	(298)	8,600	10,345	1,745	8,600	10,345	1,745	8,600	10,345	1,745	8,600	10,345	1,745

**Exhibit X**  
**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 negative ending cash balance from prior year.
- 3) Contributions approximate a split between employer and employee of 42% and 58%, respectively.
- 4) Estimated annual HMO PBM claim administration costs are approximately \$20,000 and therefore round to \$0.0M.
- 5) Established by Principals of the Revenue Estimating Conference for HMO medical and prescription drug claims. Calculated for Fiscal Year 2012-13 at 6.5% of total estimated HMO claim costs. Per approval of Principals for December 12, 2012 Conference, the calculated amount of the Risk Reserve from the previous Estimating Conference is reduced by the net increase in HMO Medical and Rx claims.
- 6) Includes \$85.1M held in accounts outside of the Trust Fund at the Dept. of Financial Services, Division of Treasury, for the purpose of paying medical claims.
- 7) Includes estimated PPO Plan and Self-Insured HMO Plans Incurred but not Reported (IBNR) claims and outstanding drafts.
- 8) Includes estimated PPO Incurred but not Reported (IBNR) medical claims and outstanding drafts.
- 9) Includes estimated HMO IBNR medical claims and outstanding drafts.
- 10) Includes estimated PPO and HMO IBNR Rx claims.
- 11) Projected revenues and expenses for Items 1 - 11 provided by Milliman Consulting. Revenues and expenses for Item 12 are projected using the analysis described in Notes 14 and 15.
- 12) "Net" is defined as Revenue less Expense.
- 13) Patient-centered outcomes research institute fees have been shifted out one fiscal year to reflect when payment of the fees will actually occur, in July for the previous fiscal year.
- 14) August 2013 Estimating Conference projections were based on the following assumptions: As of January 1, 2013, 13,414 eligible individuals have opted-out ("Opt-Outs") of the Health Insurance Plan. Using the January 2013 Single and Family ratios of 46.3% and 53.7%, respectively, it is projected that 6,211 will qualify for single coverage and 7,203 will qualify for family coverage if they elect to enter the Plan. It is projected that 20% of the Opt-Outs will elect to enter the Plan with 10% entering on January 1, 2014, and the remaining 10% on January 1, 2015. Projections in the December 2013 outlook are based on preliminary 2014 open enrollment results.
- 15) August 2013 Estimating Conference projections were based on the following assumptions: There are an estimated 3,015 State Agency OPS employees not covered under the State's Health Insurance Plan who work an annual average of 30 hours or more per week. 59.72% are Single (24.31% are under 30 years old) and 40.28% are Married. It is projected that 50% of the Married OPS will elect to enter the Plan on January 1, 2014, 50% of the Single OPS Under 30 Years Old will elect to enter the Plan on January 1, 2014, and all of the Single OPS Over 30 Years Old will elect to enter the Plan on January 1, 2014. Projections in the December 2013 outlook are based on preliminary 2014 open enrollment results.
- 16) August 2013 Estimating Conference projections were based on the following assumptions: The State University System of Florida Board of Governors has indicated that there are an estimated 5,722 State University System OPS employees who work an annual average of 30 hours or more per week. Assumptions pertaining to Single and Married percentages are the same as for State Agency OPS, as described in Note 15.
- 17) Revenues are derived largely from state-paid premiums. The funding methodology determined by the Legislature will establish the cost to the participating employers. Projections in the December 2013 outlook are based on preliminary 2014 open enrollment results.
- 18) The "net total" simply shows the shortfalls resulting from projected revenues being less than projected expenses.
- 19) August 2013 Estimating Conference projections were based on the following assumptions: As of January 1, 2013, there are approximately 425 State Agency and University System employees who work 30-39 hours per week. These employees are currently required to pay the full employee health insurance premium plus a prorated portion of the employer premium. Under PPACA, employees working more than 30 hours per week meet the definition of "full-time employee". This is the estimated annual portion of the employer premium revenue these employees are paying that will be shifted back to the employer. Projections in the December 2013 outlook are based on preliminary 2014 open enrollment results.

**Exhibit XI**  
**Comparison of Financial Outlooks**  
**Fiscal Year 2012-13**  
(In Millions)

**\$ 266.4 Previous Ending Cash Balance Forecast <sup>(1)</sup>**

- 7.0 Increase in Revenue Forecast
  - (1.7) - Net decrease in Insurance Premiums
    - 0.9 - Increase in premium revenues due to category shifts
    - 0.3 - Increase due to higher actual HSA contributions
  - (2.9) - Decrease in employer and enrollee Insurance Premiums due to lower actual enrollment from 170,030 to 169,804
  - (0.3) - Decrease in Investment Interest due to lower actual interest rates
  - 3.9 - Increase in PPO - PBM Rebates due to higher actual rebates received
  - (0.1) - Decrease in HMO - TPA Refunds due to lower actual activity
  - 1.4 - Increase in HMO - PBM Rebates due to higher actual rebates received
  - 4.5 - Increase in Pretax Trust Fund Transfer due to higher actual than projected revenues
  - (2.0) - Decrease in PPO - Medicare Part D Subsidy due to lower actual subsidies
  - (0.4) - Decrease in HMO - Medicare Part D Subsidy due to lower actual subsidies
  - 1.7 - Increase in Other Revenues due to nonrecurring activity
- (72.7) Decrease in Expense Forecast
  - (28.2) Decrease in State PPO Plan
    - (20.6) - Decrease in Medical Claims
      - (0.9) - Decrease due to a decrease in actual enrollment from 87,280 to 87,153
      - (19.7) - Decrease due to lower actual than projected claims experience
    - (0.1) - Decrease in ASO Fee due to lower actual than projected enrollment
    - (7.4) - Decrease in Prescription Drug Claims
      - (0.4) - Decrease due to lower actual than projected enrollment and category shifts
      - (7.0) - Decrease due to lower actual claims experience
    - (0.1) - Decrease in PBM Claims Administration due to lower actual than projected enrollment
  - (42.5) Decrease in HMO Plan
    - 0.2 - Increase in Premium Payments due to an increase in actual enrollment from 30,171 to 30,176 and category shifts
    - (14.7) - Decrease in Medical Claims
      - (1.1) - Decrease due to a decrease in actual enrollment from 52,580 to 52,474
      - (13.6) - Decrease due to lower actual than projected claims experience
    - (32.0) - Decrease in Risk Reserve due to lower actual than projected Medical and Rx claims
    - (0.1) - Decrease in ASO Fees due to a decrease in projected enrollment from 52,580 to 52,474
    - 4.1 - Increase in Prescription Drug Claims
      - (0.3) - Decrease due to a decrease in actual enrollment from 78,866 to 78,731
      - (7.2) - Decrease due to correction to enrollment count used to calculate per member cost in previous conference
      - 11.6 - Increase due to higher actual than projected claims experience
  - (2.0) Decrease in Other Expense Categories
    - 0.3 - Increase in HSA Deposits due to higher actual than projected activity
    - (1.0) - Decrease in Operating Costs and Administrative Assessments due to lower actual than projected activity
    - (1.2) - Decrease in Premium Refund due to lower actual than projected activity
    - (0.1) - Decrease in Other Expenses due to lower actual than projected activity

**\$ 346.1 Ending Cash Balance**

<sup>(1)</sup> Self Insurance Estimating Conference held in August 2013.



**Exhibit XII**  
**Comparison of Financial Outlooks**  
**Fiscal Year 2013-14**  
(In Millions)

<b>\$ 246.6</b>	<b>Previous Ending Cash Balance Forecast <sup>(1)</sup></b>
79.7	Increase in Beginning Cash Balance Forecast
16.6	Increase in Revenue Forecast
10.3	- Net Increase in Insurance Premiums
33.7	- Increase in employer and enrollee Insurance Premiums due to higher projected enrollment from 169,760 to 172,438
(23.4)	- Decrease in Insurance Premiums due to shifts in enrollment categories
2.1	- Increase in Investment Interest due to an increase in projected cash balance
(0.3)	- Decrease in PPO - TPA Refunds
0.1	- Increase due to an increase in projected enrollment from 85,608 to 86,706
(0.4)	- Decrease due to lower actual and projected activity
0.4	- Increase in PPO - PBM Rebates
0.2	- Increase due to higher projected enrollment
0.2	- Increase due to higher projected rebates
1.4	- Increase in HMO - TPA Refunds
0.1	- Increase due to higher projected enrollment from 53,623 to 54,409
1.3	- Increase due to higher actual and projected activity
0.2	- Increase in HMO - PBM Rebates due to higher projected enrollment from 80,218 to 81,510
2.5	- Increase in PPO - Medicare Part D Subsidy
(0.1)	- Decrease due to a decrease in projected Medicare enrollment from 23,933 to 23,875
2.6	- Increase due to higher projected claims experience
(21.7)	Decrease in Expense Forecast
(25.5)	Decrease in State PPO Plan
(14.7)	- Decrease in Medical Claims
8.5	- Increase due to an increase in projected enrollment from 85,608 to 86,706
(3.0)	- Decrease due to reduced trend from 8.5% to 8.0%
(20.2)	- Decrease due to lower base for FY 2012-13
(0.1)	- Decrease in ASO Fee
0.2	- Increase due to higher projected enrollment
(0.3)	- Decrease due to lower actual and projected retro payments
(10.7)	- Decrease in Prescription Drug Claims
3.6	- Increase due to higher projected enrollment
(6.9)	- Decrease due to reduced trend
(7.4)	- Decrease due to lower base for FY 2012-13
(7.3)	Decrease in HMO Plan
(5.2)	- Decrease in Premium Payments
7.1	- Increase due to an increase in projected enrollment from 30,531 to 31,322
(12.3)	- Decrease due to new contract rates effective January 2014
(8.2)	- Decrease in Medical Claims
8.6	- Increase due to an increase in projected enrollment from 53,623 to 54,409
(2.7)	- Decrease due to reduced trend from 8.5% to 8.0%
(14.1)	- Decrease due to lower base for FY 2012-13
(1.5)	- Decrease in ASO Fees
0.4	- Increase due to an increase in projected enrollment from 53,623 to 54,409
(1.9)	- Decrease due to new contract rates effective January 2014
7.5	- Increase in Prescription Drug Claims
2.6	- Increase due to an increase in projected enrollment from 80,218 to 81,510
(7.9)	- Decrease due to correction to enrollment count used to calculate per member cost in previous conference
(0.1)	- Decrease due to reduced trend
12.9	- Increase due to higher base for FY 2012-13
11.1	Increase in Other Expense Categories
0.4	- Increase in HSA Deposits
1.6	- Increase in Operating Costs and Administrative Assessments due to additional funding for Contracted Services and other general increases
(1.2)	- Decrease in Premium Refunds due to lower base for FY 2012-13
10.3	- Increase in Other Expenses due to the inclusion of PPACA patient-centered outcome research institute fees and reinsurance

**364.6 Ending Cash Balance**

<sup>(1)</sup> Self Insurance Estimating Conference held in August 2013.

## Exhibit XIII

## Comparison of Financial Outlooks

Fiscal Year 2014-15

(In Millions)

<b>\$ 170.6</b>	<b>Previous Ending Cash Balance Forecast <sup>(1)</sup></b>
118.0	Increase in Beginning Cash Balance Forecast
41.9	Increase in Revenue Forecast
36.1	- Net Increase in Insurance Premiums
45.6	- Increase in employer and enrollee Insurance Premiums due to higher projected enrollment from 170,112 to 173,475
(9.5)	- Decrease in Insurance Premiums due to shifts in enrollment categories
3.8	- Increase in Investment Interest due to an increase in projected cash balance
0.8	- Increase in PPO - PBM Rebates
0.2	- Increase due to an increase in projected enrollment from 84,323 to 85,642
0.6	- Increase due to higher projected rebates
0.5	- Increase in HMO - PBM Rebates
0.2	- Increase due to an increase in projected enrollment from 81,775 to 83,467
0.3	- Increase due to higher projected claims experience
0.7	- Increase in PPO - Medicare Part D Subsidy
(0.1)	- Decrease due to a decrease in projected Medicare enrollment from 24,044 to 23,900
0.8	- Increase due to higher projected claims experience
(25.3)	Decrease in Expense Forecast
(28.1)	Decrease in State PPO Plan
(16.0)	- Decrease in Medical Claims
11.1	- Increase due to an increase in projected enrollment from 84,323 to 85,642
(6.4)	- Decrease due to reduced trend from 8.5% to 8.0%
(20.7)	- Decrease due to lower base for FY 2012-13
0.2	- Increase in ASO Fee due to an increase in projected enrollment
(12.3)	- Decrease in Prescription Drug Claims
4.6	- Increase due to higher projected enrollment
(9.2)	- Decrease due to reduced trend
(7.7)	- Decrease due to lower projected base for FY 2012-13
(15.2)	Decrease in HMO Plan
(11.2)	- Decrease in Premium Payments
9.6	- Increase due to an increase in projected enrollment from 31,122 to 32,124
(1.3)	- Decrease due to reduced trend from 8.5% to 7.5%
(19.5)	- Decrease due to new contract rates effective January 2014
(8.5)	- Decrease in Medical Claims
12.4	- Increase due to an increase in projected enrollment from 54,668 to 55,711
(5.9)	- Decrease due to reduced trend from 8.5% to 8.0%
(15.0)	- Decrease due to lower base for FY 2012-13
(3.2)	- Decrease in ASO Fees
0.6	- Increase due to an increase in projected enrollment from 54,668 to 55,711
(3.8)	- Decrease due to new contract rates effective January 2014
7.8	- Increase in HMO Plan Prescription Drug Claims
3.7	- Increase due to an increase in projected enrollment from 81,775 to 83,467
(8.7)	- Decrease due to correction to enrollment count used to calculate per member cost in previous conference
(1.4)	- Decrease due to reduced trend
14.2	- Increase due to higher base for FY 2012-13
18.0	Increase in Other Expense Categories
0.4	- Increase in HSA Deposits
1.6	- Increase in Operating Costs and Administrative Assessments due to additional funding for Contracted Services and other general increases
(1.2)	- Decrease in Premium Refunds due to lower base for FY 2012-13
17.2	- Increase in Other Expenses due to the inclusion of PPACA patient-centered outcome research institute fees and reinsurance

**355.8 Ending Cash Balance**<sup>(1)</sup> Self Insurance Estimating Conference held in August 2013.

**Exhibit XIV**  
**Comparison of Financial Outlooks**  
**Fiscal Year 2015-16**  
(In Millions)

**\$ (109.1) Previous Ending Cash Balance Forecast <sup>(1)</sup>**

185.2	Increase in Beginning Cash Balance Forecast
54.6	Increase in Revenue Forecast
47.6	- Net increase in Insurance Premiums
56.8	- Increase in employer and enrollee Insurance Premiums due to higher projected enrollment from 170,984 to 175,120
(9.2)	- Decrease in Insurance Premiums due to shifts in enrollment categories
6.3	- Increase in Investment Interest due to an increase in projected cash balance
0.7	- Increase in PPO - PBM Rebates
0.3	- Increase due to an increase in projected enrollment from 83,288 to 84,826
0.4	- Increase due to higher projected rebates
0.6	- Increase in HMO - PBM Rebates
0.2	- Increase due to an increase in projected enrollment from 83,597 to 85,808
0.4	- Increase due to higher projected claims experience
(0.6)	- Decrease in PPO - Medicare Part D Subsidy
(0.2)	- Decrease due to a decrease in projected enrollment from 24,161 to 23,919
(0.4)	- Decrease due to lower projected claims experience
(39.1)	Decrease in Expense Forecast
(32.5)	Decrease in State PPO Plan
(18.7)	- Decrease in Medical Claims
14.1	- Increase due to an increase in projected enrollment from 83,288 to 84,826
(10.3)	- Decrease due to reduced trend from 8.5% to 8.0%
(22.5)	- Decrease due to lower base for FY 2012-13
0.2	- Increase in ASO Fee due to an increase in projected enrollment
(14.0)	- Decrease in Prescription Drug Claims
5.9	- Increase due to an increase in projected enrollment
(11.5)	- Decrease due to reduced trend
(8.4)	- Decrease due to lower projected base for FY 2012-13
(18.8)	Decrease in HMO Plan
(14.4)	- Decrease in Premium Payments
12.5	- Increase due to an increase in projected enrollment from 31,813 to 33,021
(4.4)	- Decrease due to reduced trend from 8.5% to 7.5%
(22.5)	- Decrease due to new contract rates effective January 2014
(8.9)	- Decrease in Medical Claims
17.9	- Increase due to an increase in projected enrollment from 55,887 to 57,277
(9.9)	- Decrease due to reduced trend from 8.5% to 8.0%
(16.9)	- Decrease due to lower base for FY 2012-13
(3.7)	- Decrease in ASO Fee
0.8	- Increase due to an increase in projected enrollment from 55,887 to 57,277
(0.2)	- Decrease due to reduced trend from 8.5% to 7.5%
(4.3)	- Decrease due to new contract rates effective January 2014
8.2	- Increase in Prescription Drug Claims
5.3	- Increase due to an increase in projected enrollment from 83,597 to 85,808
(9.8)	- Decrease due to correction to enrollment count used to calculate per member cost in previous conference
(3.5)	- Decrease due to reduced trend
16.2	- Increase due to higher base for FY 2012-13
12.3	Increase in Other Expense Categories
0.4	- Increase in HSA Deposits
1.6	- Increase in Operating Costs and Administrative Assessments due to additional funding for Contracted Services and other general increases
(1.2)	- Decrease in Premium Refunds due to lower base for FY 2012-13
11.5	- Increase in Other Expenses due to the inclusion of PPACA patient-centered outcome research institute fees and reinsurance

**169.8 Ending Cash Balance**<sup>(1)</sup> Self Insurance Estimating Conference held in August 2013.

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

**\$ (493.2) Previous Ending Cash Balance Forecast <sup>(1)</sup>**

169.8	Increase in Beginning Cash Balance Forecast
60.3	Increase in Revenue Forecast
59.4	- Net increase in Insurance Premiums
67.8	- Increase in employer and enrollee Insurance Premiums due to higher projected enrollment from 172,418 to 177,319
(8.4)	- Decrease in Insurance Premiums due to shifts in enrollment categories
0.8	- Increase in PPO - PBM Rebates
0.3	- Increase due to an increase in projected enrollment from 82,479 to 84,231
0.5	- Increase due to higher projected rebates
0.6	- Increase in HMO - PBM Rebates
0.3	- Increase due to an increase in projected enrollment from 85,735 to 88,465
0.3	- Increase due to higher projected claims experience
(0.5)	- Decrease in PPO - Medicare Part D Subsidy
(0.3)	- Decrease due to a decrease in projected enrollment from 24,304 to 23,963
(0.2)	- Decrease due to lower projected claims experience
(54.8)	Decrease in Expense Forecast
(36.4)	Decrease in State PPO Plan
(21.8)	- Decrease in Medical Claims
17.4	- Increase due to an increase in projected enrollment from 82,479 to 84,231
(14.8)	- Decrease due to reduced trend from 8.5% to 8.0%
(24.4)	- Decrease due to lower base for FY 2012-13
0.3	- Increase in ASO Fee due to an increase in projected enrollment
(14.9)	- Decrease in Prescription Drug Claims
7.2	- Increase due to an increase in projected enrollment
(13.1)	- Decrease due to reduced trend
(9.0)	- Decrease due to lower projected base for FY 2012-13
(24.1)	Decrease in HMO Plan
(17.6)	- Decrease in Premium Payments
15.8	- Increase due to an increase in projected enrollment from 32,625 to 34,038
(8.3)	- Decrease due to reduced trend from 8.5% to 7.5%
(25.1)	- Decrease due to new contract rates effective January 2014
(9.5)	- Decrease in Medical Claims
24.3	- Increase due to an increase in projected enrollment from 57,318 to 59,054
(14.8)	- Decrease due to reduced trend from 8.5% to 8.0%
(19.0)	- Decrease due to lower base for FY 2012-13
(6.4)	- Decrease in ASO Fee
1.1	- Increase due to an increase in projected enrollment from 57,318 to 59,054
(0.5)	- Decrease due to reduced trend from 8.5% to 7.5%
(7.0)	- Decrease due to new contract rates effective January 2014
9.3	- Increase in Prescription Drug Claims
7.1	- Increase due to an increase in projected enrollment from 85,735 to 88,465
(10.9)	- Decrease due to correction to enrollment count used to calculate per member cost in previous conference
(5.0)	- Decrease due to reduced trend
18.1	- Increase due to higher base for FY 2012-13
5.7	Increase in Other Expense Categories
0.4	- Increase in HSA Deposits
1.6	- Increase in Operating Costs and Administrative Assessments due to additional funding for Contracted Services and other general increases
(1.2)	- Decrease in Premium Refunds due to lower base for FY 2012-13
4.9	- Increase in Other Expenses due to the inclusion of PPACA patient-centered outcome research institute fees and reinsurance

**(208.3) Ending Cash Balance**<sup>(1)</sup> Self Insurance Estimating Conference held in August 2013.

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

**\$ (723.2) Previous Ending Cash Balance Forecast <sup>(1)</sup>**

72.2	Increase in Revenue Forecast
71.1	- Net increase in Insurance Premiums
78.8	- Increase in employer and enrollee Insurance Premiums due to higher projected enrollment from 173,114 to 178,783
(7.7)	- Decrease in Insurance Premiums due to shifts in enrollment categories
0.8	- Increase in PPO - PBM Rebates
0.3	- Increase due to an increase in projected enrollment from 81,381 to 83,349
0.5	- Increase due to higher projected rebates
0.6	- Increase in HMO - PBM Rebates
0.3	- Increase due to an increase in projected enrollment from 87,450 to 90,698
0.3	- Increase due to higher projected claims experience
(0.3)	- Decrease in PPO - Medicare Part D Subsidy
(0.4)	- Decrease due to a decrease in projected enrollment from 24,395 to 23,955
0.1	- Increase due to lower projected claims experience
(50.3)	Decrease in Expense Forecast
(34.7)	Decrease in State PPO Plan
(25.0)	- Decrease in Medical Claims
21.2	- Increase due to an increase in projected enrollment from 81,381 to 83,349
(19.8)	- Decrease due to reduced trend from 8.5% to 8.0%
(26.4)	- Decrease due to lower base for FY 2012-13
0.3	- Increase in ASO Fee due to an increase in projected enrollment
(10.0)	- Decrease in Prescription Drug Claims
8.7	- Increase due to an increase in projected enrollment
(9.1)	- Decrease due to reduced trend
(9.6)	- Decrease due to lower projected base for FY 2012-13
(17.1)	Decrease in HMO Plan
(21.1)	- Decrease in Premium Payments
13.1	- Increase due to an increase in projected enrollment from 33,273 to 34,359
(12.9)	- Decrease due to reduced trend from 8.5% to 7.5%
(21.3)	- Decrease due to new contract rates effective January 2014
(2.4)	- Decrease in Medical Claims
39.8	- Increase due to an increase in projected enrollment from 58,464 to 61,079
(20.7)	- Decrease due to reduced trend from 8.5% to 8.0%
(21.5)	- Decrease due to lower base for FY 2012-13
(7.2)	- Decrease in ASO Fee
1.8	- Increase due to an increase in projected enrollment from 58,464 to 61,079
(1.0)	- Decrease due to reduced trend from 8.5% to 7.5%
(8.0)	- Decrease due to new contract rates effective January 2014
13.6	- Increase in Prescription Drug Claims
9.2	- Increase due to an increase in projected enrollment from 87,450 to 90,698
(12.1)	- Decrease due to correction to enrollment count used to calculate per member cost in previous conference
(3.5)	- Decrease due to reduced trend
20.0	- Increase due to higher base for FY 2012-13
1.6	Increase in Other Expense Categories
0.4	- Increase in HSA Deposits
1.6	- Increase in Operating Costs and Administrative Assessments due to additional funding for Contracted Services and other general increases
(1.2)	- Decrease in Premium Refunds due to lower base for FY 2012-13
0.8	- Increase in Other Expenses due to the inclusion of PPACA patient-centered outcome research institute fees and reinsurance

**(600.8) Ending Cash Balance**

<sup>(1)</sup> Self Insurance Estimating Conference held in August 2013.

**STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND**

**Premium Rate Table**

**Effective December 2011 for January 2012 Coverage**

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

Subscriber Category / Contribution Cycle		Coverage Type	PPO/HMO Standard			PPO/HMO HIHP		
			Employer	Enrollee	Total	Employer <sup>(7)</sup>	Enrollee	Total
Career Service	Monthly Full -Time Employees <sup>(1)</sup>	Single	499.80	50.00	549.80	499.80	15.00	514.80
		Family	1,063.34	180.00	1,243.34	1,063.34	64.30	1,127.64
		Spouse	1,213.36	30.00	1,243.36	1,097.64	30.00	1,127.64
	Bi-Weekly Full -Time Employees <sup>(1)</sup>	Single	249.90	25.00	274.90	249.90	7.50	257.40
		Family	531.67	90.00	621.67	531.67	32.15	563.82
		Spouse	606.68	15.00	621.68	548.82	15.00	563.82
"Payalls"	Monthly Full -Time Employees <sup>(1,2)</sup>	Single	541.46	8.34	549.80	506.46	8.34	514.80
		Family	1,213.34	30.00	1,243.34	1,097.64	30.00	1,127.64
	Bi-Weekly Full -Time Employees <sup>(1,2)</sup>	Single	270.73	4.17	274.90	253.23	4.17	257.40
		Family	606.67	15.00	621.67	548.82	15.00	563.82
COBRA	Monthly <sup>(3)</sup>	Single	0.00	560.80	560.80	0.00	482.60	482.60
		Family	0.00	1,268.21	1,268.21	0.00	1,065.20	1,065.20
Early Retirees	Monthly	Single	0.00	549.80	549.80	0.00	473.14	473.14
		Family	0.00	1,243.34	1,243.34	0.00	1,044.31	1,044.31
Overage Dependents		Single	0.00	549.80	549.80	0.00	473.14	473.14

**Medicare Monthly Premium Rates (Effective January 1, 2012)**

Plan Name	Plan Type	Medicare I	Medicare II	Medicare III
		One Eligible <sup>(4)</sup>	One Under/Over <sup>(5)</sup>	Both Eligible <sup>(6)</sup>
Self-Insured PPO/HMO Plans	Standard	305.82	881.80	611.64
	HIHP	230.52	722.16	461.04
Capital Health Plan <sup>(8)</sup>	Standard	266.00	895.49	532.00
	HIHP	244.69	810.36	489.38
Florida Health Care Plan <sup>(8)</sup>	Standard	45.50	644.84	91.00
	HIHP	45.50	534.54	91.00

**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) "Payalls" - 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) Single coverage for participant eligible for Medicare Parts A and B.

(5) Family coverage for two or more participants, if at least one participant is eligible for Medicare Parts A and B.

(6) Family coverage for two participants and both are eligible for Medicare Parts A and B.

(7) 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.

(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 for an additional premium.

**STATE EMPLOYEES' GROUP HEALTH SELF-INSURANCE TRUST FUND**

**Premium Rate Table**

**Effective December 2012 for January 2013 Coverage**

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

Subscriber Category / Contribution Cycle		Coverage Type	PPO/HMO Standard			PPO/HMO HIHP		
			Employer	Enrollee	Total	Employer <sup>(4)</sup>	Enrollee	Total
Career Service	Monthly Full -Time Employees <sup>(1)</sup>	Single	499.80	50.00	549.80	499.80	15.00	514.80
		Family	1,063.34	180.00	1,243.34	1,063.34	64.30	1,127.64
		Spouse	1,213.36	30.00	1,243.36	1,097.64	30.00	1,127.64
	Bi-Weekly Full -Time Employees <sup>(1)</sup>	Single	249.90	25.00	274.90	249.90	7.50	257.40
		Family	531.67	90.00	621.67	531.67	32.15	563.82
		Spouse	606.68	15.00	621.68	548.82	15.00	563.82
"Payalls"	Monthly Full -Time Employees <sup>(1,2)</sup>	Single	541.46	8.34	549.80	506.46	8.34	514.80
		Family	1,213.34	30.00	1,243.34	1,097.64	30.00	1,127.64
	Bi-Weekly Full -Time Employees <sup>(1,2)</sup>	Single	270.73	4.17	274.90	253.23	4.17	257.40
		Family	606.67	15.00	621.67	548.82	15.00	563.82
COBRA	Monthly <sup>(3)</sup>	Single	0.00	560.80	560.80	0.00	482.60	482.60
		Family	0.00	1,268.21	1,268.21	0.00	1,065.20	1,065.20
Early Retirees	Monthly	Single	0.00	549.80	549.80	0.00	473.12	473.12
		Family	0.00	1,243.34	1,243.34	0.00	1,044.32	1,044.32
Overage Dependents		Single	0.00	549.80	549.80	0.00	473.14	473.14

Medicare Monthly Premium Rates (Premium rate change effective December 1, 2012 for CHP and FHCP only)				
Plan Name	Plan Type	Medicare I	Medicare II	Medicare III
		One Eligible <sup>(5)</sup>	One Under/Over <sup>(6)</sup>	Both Eligible <sup>(7)</sup>
Self-Insured PPO / HMO <sup>(8)</sup>	Standard	305.82	881.80	611.64
	HIHP	230.52	722.16	461.04
Capital Health Plan <sup>(9)</sup>	Standard	268.00	921.83	536.00
	HIHP	259.98	853.57	519.96
Florida Health Care Plan <sup>(9)</sup>	Standard	48.00	698.89	96.00
	HIHP	48.00	579.10	96.00

**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) "Payalls" - 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) Premium rates for Medicare participants enrolled in a Self-Insured HMO plan may differ from what is presented.
- (9) 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 May 2013 for June 2013 Coverage**

(Premium rate change for all participants EXCEPT CHP and FHCP Medicare)

Subscriber Category / Contribution Cycle		Coverage Type	PPO/HMO Standard			PPO/HMO HIHP		
			Employer	Enrollee	Total	Employer <sup>(4)</sup>	Enrollee	Total
Career Service	Monthly Full -Time Employees <sup>(1)</sup>	Single	537.74	50.00	587.74	537.74	15.00	552.74
		Family	1,149.14	180.00	1,329.14	1,149.14	64.30	1,213.44
		Spouse	1,299.16	30.00	1,329.16	1,183.44	30.00	1,213.44
	Bi-Weekly Full -Time Employees <sup>(1)</sup>	Single	268.87	25.00	293.87	268.87	7.50	276.37
		Family	574.57	90.00	664.57	574.57	32.15	606.72
		Spouse	649.58	15.00	664.58	591.72	15.00	606.72
"Payalls"	Monthly Full -Time Employees <sup>(1,2)</sup>	Single	579.40	8.34	587.74	544.40	8.34	552.74
		Family	1,299.14	30.00	1,329.14	1,183.44	30.00	1,213.44
	Bi-Weekly Full -Time Employees <sup>(1,2)</sup>	Single	289.70	4.17	293.87	272.20	4.17	276.37
		Family	649.58	15.00	664.58	591.72	15.00	606.72
COBRA	Monthly <sup>(3)</sup>	Single	0.00	599.49	599.49	0.00	521.30	521.30
		Family	0.00	1,355.72	1,355.72	0.00	1,152.71	1,152.71
Early Retirees	Monthly	Single	0.00	587.74	587.74	0.00	511.08	511.08
		Family	0.00	1,329.14	1,329.14	0.00	1,130.11	1,130.11
Overage Dependents		Single	0.00	587.74	587.74	0.00	511.08	511.08

**Medicare Monthly Premium Rates (Premium rate change effective May 1, 2013 for PPO only)**

Plan Name	Plan Type	Medicare I	Medicare II	Medicare III
		One Eligible <sup>(5)</sup>	One Under/Over <sup>(6)</sup>	Both Eligible <sup>(7)</sup>
Self-Insured PPO / HMO	Standard	326.92	942.64	653.84
	HIHP	246.43	771.99	492.85
Capital Health Plan <sup>(8)</sup>	Standard	268.00	921.83	536.00
	HIHP	259.98	853.57	519.96
Florida Health Care Plan <sup>(8)</sup>	Standard	48.00	698.89	96.00
	HIHP	48.00	579.10	96.00

**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) "Payalls" - 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 2013 for January 2014 Coverage**

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

Subscriber Category / Contribution Cycle		Coverage Type	PPO/HMO Standard			PPO/HMO HIHP		
			Employer	Enrollee	Total	Employer <sup>(4)</sup>	Enrollee	Total
Career Service	Monthly Full -Time Employees <sup>(1)</sup>	Single	537.74	50.00	587.74	537.74	15.00	552.74
		Family	1,149.14	180.00	1,329.14	1,149.14	64.30	1,213.44
		Spouse	1,299.16	30.00	1,329.16	1,183.44	30.00	1,213.44
	Bi-Weekly Full -Time Employees <sup>(1)</sup>	Single	268.87	25.00	293.87	268.87	7.50	276.37
		Family	574.57	90.00	664.57	574.57	32.15	606.72
		Spouse	649.58	15.00	664.58	591.72	15.00	606.72
"Payalls"	Monthly Full -Time Employees <sup>(1,2)</sup>	Single	579.40	8.34	587.74	544.40	8.34	552.74
		Family	1,299.14	30.00	1,329.14	1,183.44	30.00	1,213.44
	Bi-Weekly Full -Time Employees <sup>(1,2)</sup>	Single	289.70	4.17	293.87	272.20	4.17	276.37
		Family	649.58	15.00	664.58	591.72	15.00	606.72
COBRA	Monthly <sup>(3)</sup>	Single	0.00	599.49	599.49	0.00	521.30	521.30
		Family	0.00	1,355.72	1,355.72	0.00	1,152.71	1,152.71
Early Retirees	Monthly	Single	0.00	587.74	587.74	0.00	511.08	511.08
		Family	0.00	1,329.14	1,329.14	0.00	1,130.11	1,130.11
Overage Dependents		Single	0.00	587.74	587.74	0.00	511.08	511.08

Medicare Monthly Premium Rates (Premium rate change effective December 1, 2013 for CHP and FHCP only)				
Plan Name	Plan Type	Medicare I	Medicare II	Medicare III
		One Eligible <sup>(5)</sup>	One Under/Over <sup>(6)</sup>	Both Eligible <sup>(7)</sup>
Self-Insured PPO / HMO	Standard	326.92	942.64	653.84
	HIHP	246.43	771.99	492.85
Capital Health Plan <sup>(8)</sup>	Standard	275.00	844.77	550.00
	HIHP	249.75	756.16	499.50
Florida Health Care Plan <sup>(8)</sup>	Standard	50.00	714.85	100.00
	HIHP	50.00	598.36	100.00

**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) "Payalls" - 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 March 2014 for April 2014 Coverage**

(Premium rate change for all participants EXCEPT COBRA and CHP / FHCP Medicare)

Subscriber Category / Contribution Cycle		Coverage Type	PPO/HMO Standard			PPO/HMO HIHP		
			Employer	Enrollee	Total	Employer <sup>(4)</sup>	Enrollee	Total
Career Service	Monthly Full -Time Employees <sup>(1)</sup>	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 <sup>(1)</sup>	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
"Payalls"	Monthly Full -Time Employees <sup>(1,2)</sup>	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 <sup>(1,2)</sup>	Single	318.67	4.17	322.84	299.09	4.17	303.26
		Family	714.54	15.00	729.54	649.18	15.00	664.18
COBRA	Monthly <sup>(3)</sup>	Single	0.00	599.49	599.49	0.00	521.30	521.30
		Family	0.00	1,355.72	1,355.72	0.00	1,152.71	1,152.71
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 (Premium rate change effective March 1, 2014 for PPO and Self-Insured HMOs only)				
Plan Name	Plan Type	Medicare I	Medicare II	Medicare III
		One Eligible <sup>(5)</sup>	One Under/Over <sup>(6)</sup>	Both Eligible <sup>(7)</sup>
Self-Insured PPO / HMO	Standard	359.61	1,036.90	719.22
	HIHP	271.07	849.19	542.15
Capital Health Plan <sup>(8)</sup>	Standard	275.00	844.77	550.00
	HIHP	249.75	756.16	499.50
Florida Health Care Plan <sup>(8)</sup>	Standard	50.00	714.85	100.00
	HIHP	50.00	598.36	100.00

**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) "Payalls" - 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 May 2014 for June 2014 Coverage**

(Premium rate change for COBRA participants ONLY)

Subscriber Category / Contribution Cycle		Coverage Type	PPO/HMO Standard			PPO/HMO HIHP		
			Employer	Enrollee	Total	Employer <sup>(4)</sup>	Enrollee	Total
Career Service	Monthly Full -Time Employees <sup>(1)</sup>	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 <sup>(1)</sup>	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
"Payalls"	Monthly Full -Time Employees <sup>(1,2)</sup>	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 <sup>(1,2)</sup>	Single	318.67	4.17	322.84	299.09	4.17	303.26
		Family	714.54	15.00	729.54	649.18	15.00	664.18
COBRA	Monthly <sup>(3)</sup>	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	Medicare II	Medicare III
		One Eligible <sup>(5)</sup>	One Under/Over <sup>(6)</sup>	Both Eligible <sup>(7)</sup>
Self-Insured PPO / HMO	Standard	359.61	1,036.90	719.22
	HIHP	271.07	849.19	542.15
Capital Health Plan <sup>(8)</sup>	Standard	275.00	844.77	550.00
	HIHP	249.75	756.16	499.50
Florida Health Care Plan <sup>(8)</sup>	Standard	50.00	714.85	100.00
	HIHP	50.00	598.36	100.00

**Notes:**

(1) Premium contribution for Part-Time Employees is to be calculated as follows:

Step 1. State Contribution x FTE% = Calculated State 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.

(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.

## Exhibit XVII

## Abbreviations / Description of Terms

<b>Accrual Basis</b>	..... Accounting method in which transactions are recorded when the order is made, the item is delivered, or the services occur, regardless of when the money is actually received or paid. Income is recorded when the sale occurs, and expenses are recorded when goods or services are received.
<b>ASO</b>	..... Administrative Services Only
<b>Cash Basis</b>	..... Accounting method in which income is not recorded until cash, check or electronic payment is actually received, and expenses are not recorded until they are actually paid.
<b>Carve-Out</b>	..... Health insurance benefits that are separated from a contract and paid and administered under a different vendor/arrangement.
<b>COBRA</b>	..... Consolidated Omnibus Budget Reconciliation Act
<b>DSGI</b>	..... Division of State Group Insurance
<b>FTE</b>	..... Full Time Equivalency
<b>FY</b>	..... Fiscal Year (July 1 through June 30)
<b>HIHP</b>	..... Health Investor Health Plan (i.e., High Deductible Health Plan)
<b>HMO</b>	..... Health Maintenance Organization
<b>HSA</b>	..... Health Savings Account
<b>IBNR</b>	..... Incurred but not Reported Claims – The IBNR claims liability reflect the estimated total amount owed by the trust fund for valid medical claims incurred by self-insured plan members but not yet reported/submitted by providers to the state's TPA.
<b>Fully-Insured Plan</b>	..... A plan where the employer contracts with another organization to assume financial responsibility for the enrollees' medical claims and for all incurred administrative costs.
<b>Medicare Advantage Prescription Drug (MAPD) Plan</b>	..... A type of Medicare health plan offered by a private company that contracts with Medicare to provide beneficiaries with all Medicare Part A (hospital coverage), Part B (doctors' services, outpatient care, home health services, some preventive services, and other medical services) and Part D (prescription drugs) benefits. MAPDs include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans.
<b>Medicare Part D Subsidy</b>	..... A federal program passed as part of the Medicare Modernization Act (MMA) in 2003 to subsidize the costs of prescription drugs for Medicare beneficiaries in the United States. By being the primary payer for Medicare eligible subscribers drug claims, the state receives 28 percent of covered charges (net of rebates) between \$310 and \$6,300 for each Medicare-eligible participant.
<b>Outstanding Drafts</b>	..... Represent drafts (checks) that have been issued by the PPO plan TPA but have not been presented to the bank account for payment.
<b>N/A</b>	..... Not applicable.
<b>PBM</b>	..... Pharmacy Benefits Manager
<b>PPACA</b>	..... Patient Protection and Affordable Care Act signed into law on March 23, 2010, known as the Federal Health Care Reform
<b>PPO</b>	..... Preferred Provider Organization
<b>Self-Insured Plan</b>	..... A plan offered by employers who directly assume the major cost of health insurance for their employees. Some self-insured employers contract with insurance carriers or third party administrators for claims processing and other administrative services; other self-insured plans are self-administered. All types of plans (Conventional Indemnity, Preferred Provider Organizations, Exclusive Provider Organizations, Health Maintenance Organizations, Point of Service, and Physician Hospital Organizations) can be financed on a self-insured basis. Employers may offer both self-insured and fully insured plans to their employees.
<b>TPA</b>	..... Third Party Administrator