



GENERAL APPROPRIATIONS BILL

SB2000

<u>Committee</u>	<u>Amendment</u>
BC	24

Senator(s) **Alexander** moved the following LATE FILED amendment:

Section: 06	<u>EXPLANATION:</u> Transfer health insurance premium payments from the nonoperating budget to the operating budget and increase Administrative Services Only Contract.
On Page: 343	
Spec App: 2660	

<u>NET IMPACT ON:</u>	<u>Total Funds</u>	<u>General Revenue</u>	<u>Trust Funds</u>
Recurring -	2,010,880,800	0	2,010,880,800
Non-Recurring -	0	0	0

		Positions & Amount DELETE	Positions & Amount INSERT
MANAGEMENT SERVICES, DEPARTMENT OF			
Workforce Programs			
Program: Insurance Benefits			
Administration 72750200			
In Section 06 On Page 343			
2660	Special Categories 101520		
	Administrative Services Only Contract For		
	Health Insurance IOEA		
2668	From State Employees Health Insurance Trust Fund	20,100,000	29,600,000
	<i>CA 9,500,000 FSI1 9,500,000</i>		
2661	Special Categories 101530		
	Prescription Drug Claims Administration IOEA		
2668	From State Employees Health Insurance Trust Fund	319,200	600,000
	<i>CA 280,800 FSI1 280,800</i>		
2661A	Lump Sum 097300		
	State Employees Health Insurance IOEA		
2667	From State Employees Life Insurance Trust Fund		2,001,100,000
	<i>CA 2,001,100,000 FSI1 2,001,100,000</i>		

INSERT:

From the funds provided in Specific Appropriation 2661A, the Department of Management Services shall:

For coverage periods until December 31, 2011, continue to provide the same health insurance benefits under the existing state group health insurance plans offered for active state employees, retirees eligible for Medicare and retirees not eligible for Medicare, under the same conditions and terms as provided on June 30, 2011, except that the monthly employee contribution for all active state employees for individual coverage shall be \$50.00 for individual coverage and \$200.00 for family coverage.

Effective for health insurance benefits for the coverage period beginning on January 1, 2012, and notwithstanding any provision of s. 110.123, Florida Statutes:

Provide self-insured state group health insurance plans for a separate health insurance risk pool consisting solely of active state employees based on actuarially-certified minimum benefit plans which offer specific health benefits which shall be determined by the Department of Management Services, using employee contributions of: i) \$50 per month per employee for individual coverage; ii) employee contributions of \$200 per month for family coverage; iii) state-paid contributions of \$500 per month per employee for individual coverage; and iv) state-paid contributions of \$875 per month per employee for family coverage. At a minimum, the state group health insurance program shall include a health insurance standard plan, a state group health insurance high-deductible plan, a state-contracted health maintenance organization standard plan, and a state-contracted health maintenance organization high-deductible plan. The specific benefits provided by the actuarially-certified minimum benefit plans developed by the Department of Management Services shall be construed as having been approved by the Legislature. Employees shall be provided the opportunity to select health insurance plan options offering more benefits than the actuarially-certified minimum benefit plans to be provided under those parameters; however, any employee selecting any plan offering more benefits than the actuarially-certified minimum benefit plans shall be responsible for the amount of the actual monthly premium for a plan offering greater benefits less a state contribution of \$500 per month per employee for individual coverage or \$875 per month per employee for family coverage. All plan options shall encourage and promote enrollee health plan choices and positive behavior to promote the health and well-being of health plan members and to encourage appropriate plan utilization. The Department of Management Services shall allow the health maintenance organizations that responded to ITN Number DMS 10/11-011 to submit revised replies addressing the requirements applicable for health insurance benefits for the coverage period beginning January 1, 2012.

Establish a separate self-insured, health insurance risk pool for retirees not eligible for Medicare and a separate health insurance risk pool for retirees eligible for Medicare, both of which shall charge retirees an actuarially indicated premium for the coverage selected by the retiree. The health insurance plans available for retirees not eligible for Medicare and for retirees eligible for Medicare shall include each type of plan available for active state employees.

Line item amendments are accepted as part of the amendatory process. However, due to the necessity of using computerized systems this may entail a different placement within a budget entity or the renumbering of the specific appropriation items.