



**State of Alabama**  
**STATE EMPLOYEES' INSURANCE BOARD**  
 State Employees' Health Insurance Plan  
 Joe N. Dickson, Chairman  
 William L. Ashmore, CPA, Chief Executive Officer

August 24, 2009

**MEMORANDUM**

TO: Payroll/Personnel Officers

FROM: William L. Ashmore, CPA *WLA*  
 Chief Executive Officer

SUBJECT: Health Insurance Rates for FY 2009-2010

The State Employees' Insurance Board (SEIB) met August 19 and voted to change the FY 2009-2010 monthly employer State share premiums, the employee share premiums, and the employee dependent premiums as follows:

State funding rate per employee	\$805
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Active employee contribution	Premium	Non-tobacco usage discount	Premium after discount
Single	\$ 45 *	\$30	\$15
Family	\$235 *	\$30	\$205

\* Effective January 1, 2010, these amounts will increase to \$70 for single and \$260 for family but employees can receive an additional \$25 discount for participating in the wellness screening program.

A breakdown of the costs for each code is attached, along with the prorata daily premium schedule.

As always, we greatly appreciate your understanding and cooperation in this matter. If we can be of further service, please contact Patricia Taylor in our office at (334) 263-8358.

Attachments

# STATE EMPLOYEES' INSURANCE BOARD

## HEALTH INSURANCE RATES FOR FY 2009-2010

<u>Codes</u>	<u>Description</u>	<u>State Share</u>	<u>Employee Share</u>	<u>Total</u>
A1, G1	Single, 1/4 time	\$201	\$619	\$820
A2, G2	Single, 1/2 time	\$403	\$417	\$820
A3, G3	Single, 3/4 time	\$604	\$216	\$820
A4, G4	Single, full-time	\$805	\$ 15	\$820
A5	Legislator only	\$ 0	\$460	\$460
B1, H1	Family, 1/4 time	\$201	\$809	\$1,010
B2, H2	Family, 1/2 time	\$403	\$607	\$1,010
B3, H3	Family, 3/4 time	\$604	\$406	\$1,010
B4, H4	Family, full-time	\$805	\$205	\$1,010
B5	Legislator family coverage	\$ 0	\$650	\$ 650

### SUPERNUMERARIES

C4, I4	Emp/Not Med, Dep/Med	\$805	\$121	\$926
D4, J4	Emp/Med	\$121	\$ 0	\$121
E4, K4	Emp/Med, Dep/Not Med	\$121	\$212	\$333
F4, L4	Emp/Med, Dep/Med	\$121	\$121	\$242

**FY 2009-2010 PRORATA PREMIUM SCHEDULE**

	Employee Daily Rate + 1 month		Dependent Daily Rate + 1 month		Family Daily Rate	
1	\$ 805	\$ 1,610	\$ 190	\$ 380	\$ 995	
2	\$ 778	\$ 1,583	\$ 184	\$ 374	\$ 962	
3	\$ 751	\$ 1,556	\$ 177	\$ 367	\$ 928	
4	\$ 724	\$ 1,529	\$ 171	\$ 361	\$ 895	
5	\$ 698	\$ 1,503	\$ 165	\$ 355	\$ 863	
6	\$ 671	\$ 1,476	\$ 158	\$ 348	\$ 829	
7	\$ 644	\$ 1,449	\$ 152	\$ 342	\$ 796	
8	\$ 617	\$ 1,422	\$ 146	\$ 336	\$ 763	
9	\$ 590	\$ 1,395	\$ 139	\$ 329	\$ 729	
10	\$ 563	\$ 1,368	\$ 133	\$ 323	\$ 696	
11	\$ 537	\$ 1,342	\$ 127	\$ 317	\$ 664	
12	\$ 510	\$ 1,315	\$ 120	\$ 310	\$ 630	
13	\$ 483	\$ 1,288	\$ 114	\$ 304	\$ 597	
14	\$ 456	\$ 1,261	\$ 108	\$ 298	\$ 564	
15	\$ 429	\$ 1,234	\$ 101	\$ 291	\$ 530	
16	\$ 402	\$ 1,207	\$ 95	\$ 285	\$ 497	
17	\$ 376	\$ 1,181	\$ 89	\$ 279	\$ 465	
18	\$ 349	\$ 1,154	\$ 82	\$ 272	\$ 431	
19	\$ 322	\$ 1,127	\$ 76	\$ 266	\$ 398	
20	\$ 295	\$ 1,100	\$ 70	\$ 260	\$ 365	
21	\$ 268	\$ 1,073	\$ 63	\$ 253	\$ 331	
22	\$ 241	\$ 1,046	\$ 57	\$ 247	\$ 298	
23	\$ 215	\$ 1,020	\$ 51	\$ 241	\$ 266	
24	\$ 188	\$ 993	\$ 44	\$ 234	\$ 232	
25	\$ 161	\$ 966	\$ 38	\$ 228	\$ 199	
26	\$ 134	\$ 939	\$ 32	\$ 222	\$ 166	
27	\$ 107	\$ 912	\$ 25	\$ 215	\$ 132	
28	\$ 80	\$ 885	\$ 19	\$ 209	\$ 99	
29	\$ 54	\$ 859	\$ 13	\$ 203	\$ 67	
30	\$ 27	\$ 832	\$ 6	\$ 196	\$ 33	
31	\$ 27	\$ 832	\$ 6	\$ 196	\$ 33	

Note: Starting FY 2009-2010, there will be a \$15 employee monthly premium deducted from an employee's pay check.