



DEPARTMENT OF MANAGEMENT  
**SERVICES**

**Governor Charlie Crist**  
**Secretary Linda H. South**

**Office of the Secretary**  
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Welcome to the People First Service Center!

When you retire, you have the opportunity to continue benefits for yourself and your eligible dependents. Prior to your retirement, you may also enroll in health insurance as an active employee, provided that you enroll within 31 days prior to termination of employment. Once enrolled with active employee coverage for one month, you may then continue your health insurance coverage as a retiree.

Upon your termination of employment, the People First Service Center will send you two packets by mail.

**COBRA information packet** – This packet contains information about your COBRA rights.

- **State Health:** Federal law (COBRA) provides that insured employees and their covered dependents may elect to continue group health coverage for up to 18 months from the date employment terminates or until the employee becomes covered under another group plan, whichever is first. We are required by law to notify you of your COBRA rights, so you will receive a COBRA mailing in addition to information about coverage as a retiree. You can only maintain COBRA coverage for a limited time, whereas you may continue your State health and life coverage indefinitely as a retiree.
- **State Supplemental Dental & Vision:** Please see the enrollment forms enclosed in your COBRA notification for information on your current State dental or vision plan (if any). These plans are only available to retirees under COBRA.

**Retiree enrollment packet** – This package contains:

- **A Benefits Statement.** This shows your current coverage with the State. Please carefully review this statement and the benefit messages. **Your monthly premium costs are on this statement.**
- **New Retiree Health and Life Insurance Election Form.** This form is designed for you to continue or terminate your coverage as a retiree. The form must be received at the People First Service Center within 31 days of employment termination, and you must submit the appropriate payments (see the next page) in order to remain covered. Please contact the Service Center if you have questions about use of this form.
- **Premium Chart** showing retiree premiums for coverage under the PPO Plan and HMOs.

If you prefer, you may make your elections prior to receipt of your packets by contacting the Service Center as soon as you have submitted your retirement application to the Division of Retirement (or have contacted the party handling your retirement from one of the State's optional retirement plans).

**You must contact the Service Center (by telephone or mail) to enroll within 31 days of your termination date. If you do not enroll within this time, you will not be allowed to re-enroll at a later date as a retiree,** unless you become a dependent and maintain continuous coverage under your spouse's State Plan. To continue your benefits, you should follow these steps:

- **Call the People First Service Center no later than 31 days after you terminate your employment (See number below).** Ask about your health coverage choices and how much your monthly premium will be for the health and the life, if you choose to continue coverage.
- **Tell the Service Center What Coverage You Want or Complete the New Retiree Insurance Election Form (enclosed).** The form is designed for you to continue or terminate your coverage as a retiree. It is not necessary to submit this form if you contact the People First Service Center and make your elections over the telephone.
- Submit the required premium payments for each month of coverage. (***Direct premium payments should be received by the Service Center by the 10<sup>th</sup> of the month prior to the coverage month.***)

**You must pay the required premiums for your retiree health and life insurance coverage:**

- To continue State health and life as a retiree, you must submit a **personal check or money order** for the first month of coverage as a retiree. Checks and enrollment forms should be submitted to the address below. To make your enrollment election prior to submission of your check, please call the **Service Center**.
- If you will receive a benefit payment from the Division of Retirement, the premiums can be deducted when you begin to receive your retirement warrant, **if your monthly benefit is sufficient to cover the cost.**
- **You must continue to submit monthly payments until your retirement benefit payments begin.** Please contact the Division of Retirement to verify the start of your retirement benefit payment.
- If your premiums are not paid by deduction from your retirement payment, you must continue to submit personal checks or money orders by the **10<sup>th</sup> of each month** for the following month's coverage.
- You must submit your application for the **Health Insurance Subsidy** to the Division of Retirement in order to receive Health Insurance Subsidy payments.
- **Please contact the Service Center if you are a retiree under an optional retirement plan or if your FRS benefit (including the Health Insurance Subsidy) is not sufficient to cover your monthly premium deductions.** You will be sent coupons for direct payment of your premiums.

- Please make checks **payable to Division of State Group Insurance**. Submit your check and your enrollment form to this address:

**People First Service Center  
Post Office Box 863477  
Orlando, Florida 32886-3477**

**How and where to get additional information:** If you have any questions about the information in this packet or want to call to request any changes in your coverage as a result of your retirement, contact the **PEOPLE FIRST SERVICE CENTER** at **1-866-ONE-HRFL (1-866-663-4735)** or **1-866-221-0269 (TTY)**.

Enclosures

**STATE OF FLORIDA**  
**2008 Plan Year - New Retiree Health and Life Insurance Election Form**

**You must return this form and elect to continue or cancel your health and life insurance benefits**

People First Employee ID: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please check the appropriate box(es) to indicate your choice(s).**

Regular Retirement       Disability Retirement       Optional Retirement Plan       PEORP

Employment termination date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part 1: Health Insurance Election**

I elect to continue my current level of health insurance coverage as a retiree.

I wish to make the following changes to my health insurance coverage as a retiree:

Change my coverage level to:

- (01) Individual – Not entitled to Medicare / Not enrolled in Medicare
- (09) Family - Not entitled to Medicare / Not enrolled in Medicare
- (23) Medicare I – Individual eligible for Medicare\*
- (24) Medicare II – At least one eligible for Medicare/At least one ineligible for Medicare\*
- (25) Medicare III – All members eligible for Medicare\*

*\*HMO participants must be enrolled in Medicare Parts A and B to qualify for the reduced premium.*

I wish to terminate my State Health Insurance Coverage.

**NOTE: A retiree who terminates coverage will not be eligible to re-enroll in the Health Insurance Program.**

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**Part 2: Life Insurance Election**

I wish to continue my Basic Life insurance coverage at one of the benefit levels below. I understand that these benefits and rates are subject to change:

I understand that the amount of life insurance shall be \$10,000, the accidental death and dismemberment benefits (AD&D) shall not exceed \$10,000, and the monthly premiums shall be \$29.65.

I understand that the amount of life insurance shall be \$2,500, the accidental death and dismemberment benefits (AD&D) shall not exceed \$2,500, and the monthly premiums shall be \$7.41.

*(If I cease active employment due to total disability, the benefit would be based on my benefit amount at the time of the disability.)*

I do not wish to continue my Basic Life insurance coverage under the State Group Life Insurance Plan as a retiree and request that the coverage be terminated.

**NOTE: A retiree who terminates coverage will not be eligible to re-enroll in the Life Insurance Program.**

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**Part 3: Method of Premium Payment**

I will submit premium payments to People First by the tenth of the month prior to each month of coverage.

I have elected to continue benefits coverage as indicated above and authorize People First to have the appropriate deductions taken from my retirement warrant from the Division of Retirement.

Retiree Signature \_\_\_\_\_

Date \_\_\_\_\_

**STATE OF FLORIDA**  
**January 2008 Coverage - Retiree Monthly Premiums by County**

County/Available Offerings	Monthly Premiums				
	Pre-65 Individual	Pre-65 Family	Medicare I	Medicare II	Medicare III
<b>Alachua County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08
<b>Baker County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Bay County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
<b>Bradford County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08
<b>Brevard County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Broward County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08

**NOTE:** To enroll in the HMO's Medicare Plan you must be enrolled in Medicare Part A and Part B.

\*To enroll in CHP/FHCP's Medicare Plan, you must also enroll in the applicable Retiree Advantage or Medicare Advantage With Rx Plan.

**STATE OF FLORIDA**  
**January 2008 Coverage - Retiree Monthly Premiums by County**

County/Available Offerings	Monthly Premiums				
	Pre-65 Individual	Pre-65 Family	Medicare I	Medicare II	Medicare III
<b>Calhoun County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08
<b>Charlotte County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	159.79	499.83	319.59
<b>Citrus County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Clay County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Collier County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Columbia County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08
<b>Desoto County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69

**NOTE:** To enroll in the HMO's Medicare Plan you must be enrolled in Medicare Part A and Part B.

\*To enroll in CHP/FHCP's Medicare Plan, you must also enroll in the applicable Retiree Advantage or Medicare Advantage With Rx Plan.

**STATE OF FLORIDA**  
**January 2008 Coverage - Retiree Monthly Premiums by County**

County/Available Offerings	Monthly Premiums				
	Pre-65 Individual	Pre-65 Family	Medicare I	Medicare II	Medicare III
<b>Dixie County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08
<b>Duval County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Escambia County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08
<b>Flagler County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
Florida Health Care Plans Standard HMO	427.86	967.60	51.90*	500.78*	103.80*
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
Florida Health Care Plans Health Investor HMO	351.20	768.56	51.90*	435.71*	103.80*
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Franklin County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08
<b>Gadsden County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
Capital Health Plan Standard HMO	427.86	967.60	218.17*	796.87*	436.34*
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08
<b>Gilchrist County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08

**NOTE:** To enroll in the HMO's Medicare Plan you must be enrolled in Medicare Part A and Part B.

\*To enroll in CHP/FHCP's Medicare Plan, you must also enroll in the applicable Retiree Advantage or Medicare Advantage With Rx Plan.

**STATE OF FLORIDA**  
**January 2008 Coverage - Retiree Monthly Premiums by County**

County/Available Offerings	Monthly Premiums				
	Pre-65 Individual	Pre-65 Family	Medicare I	Medicare II	Medicare III
<b>Glades County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
<b>Gulf County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
<b>Hamilton County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08
<b>Hardee County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
<b>Hendry County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
<b>Hernando County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Highlands County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Hillsborough County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Holmes County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
<b>Indian River County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69

**NOTE:** To enroll in the HMO's Medicare Plan you must be enrolled in Medicare Part A and Part B.

\*To enroll in CHP/FHCP's Medicare Plan, you must also enroll in the applicable Retiree Advantage or Medicare Advantage With Rx Plan.

**STATE OF FLORIDA**  
**January 2008 Coverage - Retiree Monthly Premiums by County**

County/Available Offerings	Monthly Premiums				
	Pre-65 Individual	Pre-65 Family	Medicare I	Medicare II	Medicare III
<b>Jackson County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
<b>Jefferson County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
Capital Health Plan Standard HMO	427.86	967.60	218.17*	796.87*	436.34*
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08
<b>Lafayette County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08
<b>Lake County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Lee County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Leon County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
Capital Health Plan Standard HMO	427.86	967.60	218.17*	796.87*	436.34*
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08

**NOTE:** To enroll in the HMO's Medicare Plan you must be enrolled in Medicare Part A and Part B.

\*To enroll in CHP/FHCP's Medicare Plan, you must also enroll in the applicable Retiree Advantage or Medicare Advantage With Rx Plan.

**STATE OF FLORIDA**  
**January 2008 Coverage - Retiree Monthly Premiums by County**

County/Available Offerings	Monthly Premiums				
	Pre-65 Individual	Pre-65 Family	Medicare I	Medicare II	Medicare III
<b>Levy County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08
<b>Liberty County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08
<b>Madison County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08
<b>Manatee County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Marion County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08
<b>Martin County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69

**NOTE:** To enroll in the HMO's Medicare Plan you must be enrolled in Medicare Part A and Part B.

\*To enroll in CHP/FHCP's Medicare Plan, you must also enroll in the applicable Retiree Advantage or Medicare Advantage With Rx Plan.

**STATE OF FLORIDA**  
**January 2008 Coverage - Retiree Monthly Premiums by County**

County/Available Offerings	Monthly Premiums				
	Pre-65 Individual	Pre-65 Family	Medicare I	Medicare II	Medicare III
<b>Miami-Dade County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08
<b>Monroe County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
<b>Nassau County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Okaloosa County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Okeechobee County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Orange County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Osceola County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69

**NOTE:** To enroll in the HMO's Medicare Plan you must be enrolled in Medicare Part A and Part B.

\*To enroll in CHP/FHCP's Medicare Plan, you must also enroll in the applicable Retiree Advantage or Medicare Advantage With Rx Plan.

**STATE OF FLORIDA**  
**January 2008 Coverage - Retiree Monthly Premiums by County**

County/Available Offerings	Monthly Premiums				
	Pre-65 Individual	Pre-65 Family	Medicare I	Medicare II	Medicare III
<b>Palm Beach County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08
<b>Pasco County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Pinellas County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Polk County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
AvMed Health Plans Standard HMO	427.86	967.60	261.12	740.50	522.25
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
AvMed Health Plans Health Investor HMO	351.20	768.56	261.12	722.72	522.25
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Putnam County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
<b>Santa Rosa County</b>					
State Standard PPO	427.86	967.60	227.18	655.04	454.36
UnitedHealthcare Plans Standard HMO	427.86	967.60	271.02	847.77	542.06
Vista Healthplans Standard HMO	427.86	967.60	269.43	988.89	538.86
State Health Investor PPO	351.20	768.56	169.46	562.34	338.92
UnitedHealthcare Plans Health Investor HMO	351.20	768.56	184.83	578.18	369.69
Vista Healthplans Health Investor HMO	351.20	768.56	190.04	697.51	380.08

**NOTE:** To enroll in the HMO's Medicare Plan you must be enrolled in Medicare Part A and Part B.

\*To enroll in CHP/FHCP's Medicare Plan, you must also enroll in the applicable Retiree Advantage or Medicare Advantage With Rx Plan.