

OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF RATES

Effective July 1, 2010



	Available Statewide PPO Plan Administered by OGB			Available Nationwide HMO Plan Administered by Blue Cross & Blue Shield of LA			Available Nationwide CD-HSA Plan Administered by UnitedHealthcare			Available Statewide Medical Home HMO Plan Insured by Vantage Health Plan		
	STATE SHARE	EMPLOYEE SHARE	TOTAL	STATE SHARE	EMPLOYEE SHARE	TOTAL	STATE SHARE	EMPLOYEE SHARE	TOTAL	STATE SHARE	EMPLOYEE SHARE	TOTAL
<u>ACTIVE EMPLOYEE</u>												
SINGLE	418.98	139.66	558.64	395.82	131.94	527.76	325.24	108.40	433.64	399.00	133.00	532.00
WITH SPOUSE	732.94	453.62	1186.56	692.36	428.48	1120.84	568.94	352.10	921.04	697.98	431.98	1129.96
WITH CHILDREN	480.32	201.00	681.32	453.76	189.88	643.64	372.94	156.10	529.04	457.52	191.52	649.04
FAMILY	765.36	486.04	1251.40	722.98	459.10	1182.08	594.08	377.24	971.32	728.84	462.84	1191.68
<u>RETIREE WITH NO MEDICARE & RE-EMPLOYED RETIREE</u>												
SINGLE	899.62	139.66	1039.28	853.06	131.94	985.00	698.44	108.40	806.84	856.52	133.00	989.52
WITH SPOUSE	1381.58	453.62	1835.20	1310.76	428.48	1739.24	1072.46	352.10	1424.56	1315.62	431.98	1747.60
WITH CHILDREN	956.64	201.00	1157.64	907.32	189.88	1097.20	742.82	156.10	898.92	910.76	191.52	1102.28
FAMILY	1369.74	456.58	1826.32	1298.20	432.72	1730.92	1063.20	354.40	1417.60	1304.34	434.78	1739.12
<u>RETIREE WITH 1 MEDICARE</u>												
SINGLE	253.48	84.48	337.96	244.42	81.46	325.88	N/A	N/A	N/A	241.38	80.46	321.84
WITH SPOUSE	936.54	312.18	1248.72	893.20	297.72	1190.92	N/A	N/A	N/A	891.76	297.24	1189.00
WITH CHILDREN	438.72	146.24	584.96	420.40	140.12	560.52	N/A	N/A	N/A	417.76	139.24	557.00
FAMILY	1247.86	415.94	1663.80	1188.90	396.30	1585.20	N/A	N/A	N/A	1188.22	396.06	1584.28
<u>RETIREE WITH 2 MEDICARE</u>												
WITH SPOUSE	455.62	151.86	607.48	438.10	146.02	584.12	N/A	N/A	N/A	433.70	144.58	578.28
FAMILY	564.12	188.04	752.16	542.44	180.80	723.24	N/A	N/A	N/A	537.06	179.02	716.08
<u>C.O.B.R.A.</u>												
SINGLE	0.00	569.82	569.82	0.00	538.32	538.32	0.00	442.32	442.32	0.00	542.64	542.64
WITH SPOUSE	0.00	1210.30	1210.30	0.00	1143.28	1143.28	0.00	939.46	939.46	0.00	1152.84	1152.84
WITH CHILDREN	0.00	694.96	694.96	0.00	656.52	656.52	0.00	539.62	539.62	0.00	661.80	661.80
FAMILY	0.00	1276.44	1276.44	0.00	1205.72	1205.72	0.00	990.76	990.76	0.00	1215.60	1215.60
<u>DISABILITY C.O.B.R.A.</u>												
SINGLE	0.00	839.96	839.96	0.00	791.64	791.64	N/A	N/A	N/A	0.00	800.12	800.12
WITH SPOUSE	0.00	1779.84	1779.84	0.00	1681.28	1681.28	N/A	N/A	N/A	0.00	1694.96	1694.96
WITH CHILDREN	0.00	1021.98	1021.98	0.00	965.44	965.44	N/A	N/A	N/A	0.00	973.04	973.04
FAMILY	0.00	1877.10	1877.10	0.00	1773.12	1773.12	N/A	N/A	N/A	0.00	1787.52	1787.52

NOTE: 1) The breakdown between the state share and the employee share may not be accurate for certain School Board employees due to local funding affecting contributions. The total premium columns are correct for all agencies.

2) All employees who retire on or after July 1, 1997, must have Medicare Part A and Part B to qualify for the reduced premium rates.

Approved by: