



OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF PREMIUM RATES

Rates effective January 1, 2017 (38% participation rate)

For a complete list of rates at all participation levels please visit info.groupbenefits.org. School Board employee contributions may be different.

| | Magnolia Open Access Administered by Blue Cross | | | Magnolia Local Administered by Blue Cross | | | Magnolia Local Plus Administered by Blue Cross | | | Pelican HSA 775 Administered by Blue Cross | | | Pelican HRA 1000 Administered by Blue Cross | | | Vantage Medical Home HMO Insured by Vantage Health Plan | | |
|---|--|----------------|---------------|--|----------------|---------------|---|----------------|---------------|---|----------------|---------------|--|----------------|---------------|--|----------------|---------------|
| | State Share | Employee Share | Total Premium | State Share | Employee Share | Total Premium | State Share | Employee Share | Total Premium | State Share | Employee Share | Total Premium | State Share | Employee Share | Total Premium | State Share | Employee Share | Total Premium |
| RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE | | | | | | | | | | | | | | | | | | |
| ENROLLEE ONLY | 496.58 | 810.24 | 1,306.82 | 404.86 | 660.58 | 1,065.44 | 479.20 | 781.86 | 1,261.06 | N/A | N/A | N/A | 298.46 | 486.98 | 785.44 | 475.88 | 776.46 | 1,252.34 |
| ENROLLEE + 1 (SPOUSE) | 876.88 | 1,430.72 | 2,307.60 | 714.92 | 1,166.46 | 1,881.38 | 846.12 | 1,380.52 | 2,226.64 | N/A | N/A | N/A | 527.02 | 859.88 | 1,386.90 | 840.30 | 1,371.00 | 2,211.30 |
| ENROLLEE + 1 (CHILD) | 553.14 | 902.48 | 1,455.62 | 450.96 | 735.78 | 1,186.74 | 533.78 | 870.92 | 1,404.70 | N/A | N/A | N/A | 332.56 | 542.62 | 875.18 | 530.10 | 864.92 | 1,395.02 |
| ENROLLEE + CHILDREN | 553.14 | 902.48 | 1,455.62 | 450.96 | 735.78 | 1,186.74 | 533.78 | 870.92 | 1,404.70 | N/A | N/A | N/A | 332.56 | 542.62 | 875.18 | 530.10 | 864.92 | 1,395.02 |
| FAMILY | 872.64 | 1,423.76 | 2,296.40 | 711.44 | 1,160.78 | 1,872.22 | 842.06 | 1,373.90 | 2,215.96 | N/A | N/A | N/A | 524.40 | 855.62 | 1,380.02 | 836.26 | 1,364.42 | 2,200.68 |
| RETIREE WITH 1 MEDICARE | | | | | | | | | | | | | | | | | | |
| ENROLLEE ONLY | 161.48 | 263.48 | 424.96 | 131.66 | 214.80 | 346.46 | 158.52 | 258.66 | 417.18 | N/A | N/A | N/A | 97.06 | 158.36 | 255.42 | 157.44 | 256.86 | 414.30 |
| ENROLLEE + 1 (SPOUSE) | 596.66 | 973.48 | 1,570.14 | 486.44 | 793.68 | 1,280.12 | 579.40 | 945.32 | 1,524.72 | N/A | N/A | N/A | 358.58 | 585.08 | 943.66 | 575.40 | 938.80 | 1,514.20 |
| ENROLLEE + 1 (CHILD) | 279.50 | 456.04 | 735.54 | 227.86 | 371.80 | 599.66 | 272.70 | 444.94 | 717.64 | N/A | N/A | N/A | 168.04 | 274.18 | 442.22 | 270.82 | 441.88 | 712.70 |
| ENROLLEE + CHILDREN | 279.50 | 456.04 | 735.54 | 227.86 | 371.80 | 599.66 | 272.70 | 444.94 | 717.64 | N/A | N/A | N/A | 168.04 | 274.18 | 442.22 | 270.82 | 441.88 | 712.70 |
| FAMILY | 794.98 | 1,297.08 | 2,092.06 | 648.14 | 1,057.50 | 1,705.64 | 771.20 | 1,258.28 | 2,029.48 | N/A | N/A | N/A | 477.74 | 779.50 | 1,257.24 | 765.88 | 1,249.60 | 2,015.48 |
| RETIREE WITH 2 MEDICARE | | | | | | | | | | | | | | | | | | |
| ENROLLEE + 1 (SPOUSE) | 290.28 | 473.60 | 763.88 | 236.66 | 386.12 | 622.78 | 284.16 | 463.66 | 747.82 | N/A | N/A | N/A | 174.46 | 284.66 | 459.12 | 282.22 | 460.44 | 742.66 |
| FAMILY | 359.40 | 586.40 | 945.80 | 293.02 | 478.08 | 771.10 | 351.84 | 574.06 | 925.90 | N/A | N/A | N/A | 216.00 | 352.40 | 568.40 | 349.40 | 570.10 | 919.50 |

NOTE: 1) The breakdown between the *State Share* and the *Employee Share* amounts shown may not be accurate for certain school board employees due to local funding that affects agency funding, which affects agency contributions. *Total Premium* amounts are correct for all non-risk rated agencies.
 2) All plan members who retired on or after July 1, 1997 must have Medicare Part A and Part B to qualify for reduced premium rates.

Approved
