



OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF PREMIUM RATES

Rates effective January 1, 2018 (75% 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							
ACTIVE EMPLOYEE																		
ENROLLEE ONLY																		
526.82	175.56	702.38	429.50	143.14	572.64	168.88	506.78	168.88	675.66	181.16	61.00	244.16	316.64	105.52	422.16	503.28	167.72	671.00
921.64	570.34	1,491.98	751.38	465.02	1,216.40	886.48	548.54	1,435.02	1,435.02	320.42	198.28	518.70	553.88	342.78	896.66	880.36	544.76	1,425.12
603.96	252.72	856.68	492.40	206.00	698.40	243.06	580.94	243.06	824.00	210.04	87.92	297.96	363.08	151.96	515.04	576.94	241.38	818.32
603.96	252.72	856.68	492.40	206.00	698.40	243.06	580.94	243.06	824.00	210.04	87.92	297.96	363.08	151.96	515.04	576.94	241.38	818.32
962.40	611.10	1,573.50	784.62	498.28	1,282.90	587.74	925.68	587.74	1,513.42	334.56	212.42	546.98	578.36	367.24	945.60	919.30	583.68	1,502.98
RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE																		
ENROLLEE ONLY																		
1,131.26	175.56	1,306.82	922.30	143.14	1,065.44	1,688.88	1,092.16	1,688.88	1,261.04	N/A	N/A	N/A	679.92	105.52	785.44	1,084.62	167.72	1,252.34
1,737.28	570.34	2,307.62	1,416.36	465.00	1,881.36	1,678.12	548.54	2,226.66	N/A	N/A	N/A	N/A	1,044.10	342.78	1,386.88	1,666.54	544.76	2,211.30
1,202.90	252.72	1,455.62	980.72	206.02	1,186.74	1,161.64	243.06	1,404.70	N/A	N/A	N/A	N/A	723.22	151.96	875.18	1,153.64	241.38	1,395.02
1,202.90	252.72	1,455.62	980.72	206.02	1,186.74	1,161.64	243.06	1,404.70	N/A	N/A	N/A	N/A	723.22	151.96	875.18	1,153.64	241.38	1,395.02
1,722.30	574.10	2,296.40	1,404.16	468.06	1,872.22	1,661.98	553.98	2,215.96	N/A	N/A	N/A	N/A	1,035.02	345.00	1,380.02	1,650.52	550.16	2,000.68
RETIREE WITH 1 MEDICARE																		
ENROLLEE ONLY																		
318.74	106.22	424.96	259.86	86.60	346.46	312.90	104.28	417.18	N/A	N/A	N/A	N/A	191.56	63.86	255.42	310.74	103.56	414.30
1,177.62	392.52	1,570.14	960.10	320.02	1,280.12	1,143.54	381.18	1,524.72	N/A	N/A	N/A	N/A	707.76	235.90	943.66	1,135.64	378.56	1,514.20
551.64	183.90	735.54	449.74	149.92	599.66	538.24	178.40	717.64	N/A	N/A	N/A	N/A	331.68	110.54	442.22	534.54	178.16	712.70
551.64	183.90	735.54	449.74	149.92	599.66	538.24	178.40	717.64	N/A	N/A	N/A	N/A	331.68	110.54	442.22	534.54	178.16	712.70
1,569.08	522.98	2,092.06	1,279.24	426.40	1,705.64	1,522.12	507.36	2,029.48	N/A	N/A	N/A	N/A	942.94	314.30	1,257.24	1,511.62	503.86	2,015.48
RETIREE WITH 2 MEDICARE																		
ENROLLEE + 1 (SPOUSE)																		
572.94	190.94	763.88	467.10	155.68	622.78	560.88	186.94	747.82	N/A	N/A	N/A	N/A	344.34	114.76	459.10	557.00	185.66	742.66
709.36	236.44	945.80	578.34	192.76	771.10	694.42	231.46	925.88	N/A	N/A	N/A	N/A	426.30	142.10	568.40	689.64	229.86	919.50
C.O.B.R.A.																		
ENROLLEE ONLY																		
-	716.42	716.42	-	584.08	584.08	-	689.16	689.16	249.04	249.04	249.04	249.04	430.60	430.60	430.60	-	684.42	684.42
-	1,521.80	1,521.80	-	1,240.72	1,240.72	-	1,463.72	1,463.72	529.06	529.06	529.06	529.06	914.58	914.58	914.58	-	1,453.62	1,453.62
-	873.80	873.80	-	712.36	712.36	-	840.48	840.48	303.90	303.90	303.90	303.90	525.34	525.34	525.34	-	834.68	834.68
-	873.80	873.80	-	712.36	712.36	-	840.48	840.48	303.90	303.90	303.90	303.90	525.34	525.34	525.34	-	834.68	834.68
-	1,604.96	1,604.96	-	1,308.54	1,308.54	-	1,543.68	1,543.68	557.90	557.90	557.90	557.90	964.50	964.50	964.50	-	1,533.04	1,533.04
DISABILITY C.O.B.R.A.																		
ENROLLEE ONLY																		
-	1,067.60	1,067.60	-	870.40	870.40	-	1,027.00	1,027.00	371.12	371.12	371.12	371.12	641.68	641.68	641.68	-	1,006.50	1,006.50
-	2,267.80	2,267.80	-	1,848.92	1,848.92	-	2,181.22	2,181.22	788.42	788.42	788.42	788.42	1,362.92	1,362.92	1,362.92	-	2,137.68	2,137.68
-	1,302.14	1,302.14	-	1,061.56	1,061.56	-	1,254.48	1,254.48	452.88	452.88	452.88	452.88	782.86	782.86	782.86	-	1,227.48	1,227.48
-	1,302.14	1,302.14	-	1,061.56	1,061.56	-	1,254.48	1,254.48	452.88	452.88	452.88	452.88	782.86	782.86	782.86	-	1,227.48	1,227.48
-	2,391.72	2,391.72	-	1,950.00	1,950.00	-	2,300.38	2,300.38	831.40	831.40	831.40	831.40	1,437.30	1,437.30	1,437.30	-	2,254.48	2,254.48

Approved

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 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.



OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF PREMIUM RATES
Rates effective January 1, 2018 (56% participation rate)

For a complete list of rates at all participation levels please visit 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	731.82	575.00	1,306.82	596.64	468.80	1,065.44	706.18	554.86	1,261.04	N/A	N/A	N/A	439.84	345.60	785.44	701.32	551.02	1,252.34
ENROLLEE + 1 (SPOUSE)	1,292.26	1,015.34	2,307.60	1,053.56	827.80	1,881.36	1,246.92	979.72	2,226.64	N/A	N/A	N/A	776.66	610.22	1,386.88	1,238.32	972.98	2,211.30
ENROLLEE + 1 (CHILD)	815.14	640.48	1,455.62	664.58	522.16	1,186.74	786.64	618.08	1,404.72	N/A	N/A	N/A	490.10	385.08	875.18	781.22	613.80	1,395.02
ENROLLEE + CHILDREN	815.14	640.48	1,455.62	664.58	522.16	1,186.74	786.64	618.08	1,404.72	N/A	N/A	N/A	490.10	385.08	875.18	781.22	613.80	1,395.02
FAMILY	1,285.98	1,010.42	2,296.40	1,048.44	823.78	1,872.22	1,240.94	975.02	2,215.96	N/A	N/A	N/A	772.82	607.20	1,380.02	1,232.38	968.30	2,200.68
RETIREE WITH 1 MEDICARE																		
ENROLLEE ONLY	237.98	186.98	424.96	194.02	152.44	346.46	233.62	183.56	417.18	N/A	N/A	N/A	143.02	112.38	255.40	232.00	182.30	414.30
ENROLLEE + 1 (SPOUSE)	879.28	690.86	1,570.14	716.88	563.24	1,280.12	853.84	670.88	1,524.72	N/A	N/A	N/A	528.46	415.20	943.66	847.96	666.24	1,514.20
ENROLLEE + 1 (CHILD)	411.90	323.64	735.54	335.82	263.86	599.68	401.88	315.76	717.64	N/A	N/A	N/A	247.64	194.58	442.22	399.12	313.58	712.70
ENROLLEE + CHILDREN	411.90	323.64	735.54	335.82	263.86	599.68	401.88	315.76	717.64	N/A	N/A	N/A	247.64	194.58	442.22	399.12	313.58	712.70
FAMILY	1,171.56	920.50	2,092.06	955.16	750.48	1,705.64	1,136.52	892.98	2,029.50	N/A	N/A	N/A	704.06	553.18	1,257.24	1,128.66	886.82	2,015.48
RETIREE WITH 2 MEDICARE																		
ENROLLEE + 1 (SPOUSE)	427.78	336.10	763.88	348.76	274.02	622.78	418.78	329.04	747.82	N/A	N/A	N/A	257.10	202.00	459.10	415.88	326.78	742.66
FAMILY	529.64	416.14	945.78	431.82	339.28	771.10	518.50	407.40	925.90	N/A	N/A	N/A	318.30	250.10	568.40	514.92	404.58	919.50

Approved

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 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.



OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF PREMIUM RATES

Rates effective January 1, 2018 (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 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
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
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
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
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
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
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
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	359.58	585.08	943.66
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
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
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
RETIREE WITH 2 MEDICARE															
ENROLLEE + 1 (SPOUSE)	290.28	479.60	769.88	236.66	386.12	622.78	284.16	463.66	747.82	N/A	N/A	N/A	174.46	284.66	459.12
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

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



OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF PREMIUM RATES

Rates effective January 1, 2018 (19% 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																	
248.30	1,058.54	1,306.84	202.42	863.02	1,065.44	239.60	1,021.46	1,261.06	N/A	N/A	N/A	149.22	636.22	785.44	237.94	1,014.40	1,252.34
438.44	1,869.18	2,307.62	357.46	1,523.92	1,881.38	423.06	1,803.60	2,226.66	N/A	N/A	N/A	263.50	1,123.38	1,386.88	420.14	1,791.16	2,211.30
276.56	1,179.06	1,455.62	225.48	961.26	1,186.74	266.90	1,137.82	1,404.72	N/A	N/A	N/A	166.28	708.90	875.18	265.06	1,129.96	1,395.02
276.56	1,179.06	1,455.62	225.48	961.26	1,186.74	266.90	1,137.82	1,404.72	N/A	N/A	N/A	166.28	708.90	875.18	265.06	1,129.96	1,395.02
436.32	1,860.08	2,296.40	355.72	1,516.52	1,872.24	421.02	1,794.94	2,215.96	N/A	N/A	N/A	262.20	1,117.82	1,380.02	418.12	1,782.56	2,200.68
RETIREE WITH 1 MEDICARE																	
80.74	344.24	424.98	65.82	280.64	346.46	79.26	337.92	417.18	N/A	N/A	N/A	49.52	206.88	256.40	78.72	335.58	414.30
298.32	1,271.82	1,570.14	243.22	1,036.90	1,280.12	289.70	1,235.02	1,524.72	N/A	N/A	N/A	179.30	764.36	943.66	287.70	1,226.50	1,514.20
139.76	595.78	735.54	113.92	485.74	599.66	136.34	581.30	717.64	N/A	N/A	N/A	84.02	358.20	442.22	135.42	577.28	712.70
139.76	595.78	735.54	113.92	485.74	599.66	136.34	581.30	717.64	N/A	N/A	N/A	84.02	358.20	442.22	135.42	577.28	712.70
397.48	1,694.58	2,092.06	324.06	1,381.58	1,705.64	385.60	1,643.90	2,029.50	N/A	N/A	N/A	238.86	1,018.38	1,257.24	382.94	1,632.54	2,015.48
RETIREE WITH 2 MEDICARE																	
145.12	618.74	763.86	118.32	504.46	622.78	142.08	605.74	747.82	N/A	N/A	N/A	87.22	371.90	459.12	141.10	601.56	742.66
179.70	766.08	945.78	146.50	624.60	771.10	175.92	749.98	925.90	N/A	N/A	N/A	107.98	460.42	568.40	174.70	744.80	919.50

Approved

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 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.



OFFICE OF GROUP BENEFITS

ACT 322 & ACT 992 RETIREE PREMIUM RATES

Rates effective January 1, 2018 (75% 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	526.82	780.00	1,306.82	429.52	635.94	1,065.46	506.76	754.30	1,261.06	N/A	N/A	N/A	316.64	468.80	785.44	503.26	749.08	1,252.34
ENROLLEE + 1 (SPOUSE)	921.60	1,386.02	2,307.62	751.40	1,129.96	1,881.36	886.44	1,340.22	2,226.66	N/A	N/A	N/A	554.56	831.32	1,385.88	880.32	1,330.98	2,211.30
ENROLLEE + 1 (CHILD)	603.94	851.68	1,455.62	492.40	694.34	1,186.74	580.94	823.78	1,404.72	N/A	N/A	N/A	363.08	512.10	875.18	576.92	818.10	1,395.02
ENROLLEE + CHILDREN	603.94	851.68	1,455.62	492.40	694.34	1,186.74	580.94	823.78	1,404.72	N/A	N/A	N/A	363.08	512.10	875.18	576.92	818.10	1,395.02
FAMILY	962.38	1,334.02	2,296.40	784.64	1,087.58	1,872.22	925.60	1,290.36	2,215.96	N/A	N/A	N/A	578.36	801.66	1,380.02	919.22	1,281.46	2,200.68
RETIREE WITH 1 MEDICARE																		
ENROLLEE ONLY	318.74	106.24	424.98	259.84	86.62	346.46	312.90	104.28	417.18	N/A	N/A	N/A	191.58	63.86	255.44	310.74	103.56	414.30
ENROLLEE + 1 (SPOUSE)	921.58	648.56	1,570.14	751.38	528.76	1,280.14	886.44	638.28	1,524.72	N/A	N/A	N/A	553.90	389.78	943.68	880.32	633.88	1,514.20
ENROLLEE + 1 (CHILD)	551.66	183.88	735.54	449.76	149.90	599.66	538.24	179.40	717.64	N/A	N/A	N/A	331.68	110.56	442.24	534.54	178.16	712.70
ENROLLEE + CHILDREN	551.66	183.88	735.54	449.76	149.90	599.66	538.24	179.40	717.64	N/A	N/A	N/A	331.68	110.56	442.24	534.54	178.16	712.70
FAMILY	962.38	1,129.68	2,092.06	784.60	921.04	1,705.64	925.60	1,103.88	2,029.48	N/A	N/A	N/A	578.36	678.88	1,257.24	919.22	1,096.26	2,015.48
RETIREE WITH 2 MEDICARE																		
ENROLLEE + 1 (SPOUSE)	572.92	190.96	763.88	467.10	155.68	622.78	560.90	186.94	747.84	N/A	N/A	N/A	344.34	114.78	459.12	557.02	185.64	742.66
FAMILY	709.36	236.44	945.80	578.34	192.76	771.10	694.42	231.46	925.88	N/A	N/A	N/A	426.30	142.08	568.38	689.64	229.86	919.50

Approved

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.



OFFICE OF GROUP BENEFITS

ACT 322 & ACT 992 RETIREE PREMIUM RATES

Rates effective January 1, 2018 (56% 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	526.82	780.00	1,306.82	429.52	635.94	1,065.46	506.76	754.30	1,261.06	N/A	316.64	468.80	785.44	503.26	749.08	1,252.34		
ENROLLEE + 1 (SPOUSE)	921.60	1,386.02	2,307.62	751.40	1,129.96	1,881.36	886.44	1,340.22	2,226.66	N/A	554.56	832.32	1,386.88	880.32	1,330.98	2,211.30		
ENROLLEE + 1 (CHILD)	603.94	851.68	1,455.62	492.42	694.34	1,186.76	580.94	823.78	1,404.72	N/A	363.08	512.10	875.18	576.92	818.10	1,395.02		
ENROLLEE + CHILDREN	603.94	851.68	1,455.62	492.42	694.34	1,186.76	580.94	823.78	1,404.72	N/A	363.08	512.10	875.18	576.92	818.10	1,395.02		
FAMILY	562.38	1,334.02	2,296.40	784.64	1,087.58	1,872.22	925.60	1,290.36	2,215.96	N/A	578.36	801.66	1,380.02	919.22	1,281.46	2,200.68		
RETIREE WITH 1 MEDICARE																		
ENROLLEE ONLY	237.98	186.98	424.96	194.02	152.44	346.46	233.62	183.56	417.18	N/A	143.02	112.38	255.40	232.00	181.30	414.30		
ENROLLEE + 1 (SPOUSE)	879.28	690.86	1,570.14	716.88	563.24	1,280.12	853.84	670.88	1,524.72	N/A	528.46	415.20	943.66	847.94	666.26	1,514.20		
ENROLLEE + 1 (CHILD)	411.90	323.64	735.54	335.82	263.86	599.68	401.88	315.76	717.64	N/A	247.64	194.58	442.22	399.12	313.58	712.70		
ENROLLEE + CHILDREN	411.90	323.64	735.54	335.82	263.86	599.68	401.88	315.76	717.64	N/A	247.64	194.58	442.22	399.12	313.58	712.70		
FAMILY	1,171.56	920.50	2,092.06	784.60	921.04	1,705.64	925.60	1,103.86	2,029.46	N/A	578.36	678.88	1,257.24	919.22	1,096.26	2,015.48		
RETIREE WITH 2 MEDICARE																		
ENROLLEE + 1 (SPOUSE)	427.78	336.30	763.88	348.76	274.02	622.78	418.78	329.04	747.82	N/A	257.10	202.00	459.10	415.90	326.76	742.66		
FAMILY	529.64	416.14	945.78	431.82	339.28	771.10	518.50	407.40	925.90	N/A	318.30	250.10	568.40	514.92	404.58	919.50		

Approved

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.