



# OFFICE OF GROUP BENEFITS OFFICIAL SCHEDULE OF PREMIUM RATES

*Effective August 1, 2012*

	<b>PPO</b> <i>Administered by OGB</i>			<b>HMO</b> <i>Administered by Blue Cross</i>			<b>CDHP with HSA</b> <i>Administered by UnitedHealthcare</i>			<b>Region 9</b> <b>(10 northeast LA parishes)</b> <b>Medical Home HMO</b> <i>Insured by Vantage Health Plan</i>			<b>Regions 6, 7, 8 &amp; 9</b> <b>(Baton Rouge, Alexandria, Shreveport &amp; Monroe)</b> <b>Regional HMO</b> <i>Insured by Vantage Health Plan</i>		
	State Share	Employee Share	Total	State Share	Employee Share	Total	State Share	Employee Share	Total	State Share	Employee Share	Total	State Share	Employee Share	Total
<b><u>ACTIVE EMPLOYEE</u></b>															
SINGLE	431.94	143.98	575.92	408.10	136.02	544.12	335.32	111.76	447.08	467.48	141.60	609.08	424.64	128.64	553.28
WITH SPOUSE	755.62	467.66	1223.28	713.82	441.74	1155.56	586.56	363.00	949.56	833.78	459.94	1293.72	748.34	409.98	1158.32
WITH CHILDREN	495.18	207.22	702.40	467.82	195.74	663.56	384.50	160.94	545.44	539.18	203.90	743.08	488.02	183.70	671.72
FAMILY	789.06	501.10	1290.16	745.38	473.30	1218.68	612.48	388.92	1001.40	871.56	492.80	1364.36	781.74	439.02	1220.76
<b><u>RETIREE WITHOUT MEDICARE &amp; RE-EMPLOYED RETIREE</u></b>															
SINGLE	927.50	143.98	1071.48	879.46	136.02	1015.48	N/A	N/A	N/A	991.28	141.60	1132.88	887.56	128.64	1016.20
WITH SPOUSE	1424.38	467.66	1892.04	1351.34	441.74	1793.08	N/A	N/A	N/A	1540.90	459.94	2000.84	1373.26	409.98	1783.24
WITH CHILDREN	986.26	207.22	1193.48	935.46	195.74	1131.20	N/A	N/A	N/A	1058.10	203.90	1262.00	946.62	183.70	1130.32
FAMILY	1412.14	470.70	1882.84	1338.36	446.12	1784.48	N/A	N/A	N/A	1528.16	462.92	1991.08	1362.04	412.60	1774.64
<b><u>RETIREE WITH 1 MEDICARE</u></b>															
SINGLE	261.34	87.10	348.44	251.98	83.98	335.96	N/A	N/A	N/A	282.82	85.66	368.48	261.48	79.20	340.68
WITH SPOUSE	965.56	321.84	1287.40	920.86	306.94	1227.80	N/A	N/A	N/A	1044.78	316.50	1361.28	934.88	283.20	1218.08
WITH CHILDREN	452.32	150.76	603.08	433.44	144.48	577.92	N/A	N/A	N/A	489.46	148.26	637.72	444.08	134.52	578.60
FAMILY	1286.50	428.82	1715.32	1225.72	408.56	1634.28	N/A	N/A	N/A	1392.12	421.72	1813.84	1241.82	376.18	1618.00
<b><u>RETIREE WITH 2 MEDICARE</u></b>															
WITH SPOUSE	469.74	156.58	626.32	451.66	150.54	602.20	N/A	N/A	N/A	508.16	153.92	662.08	460.60	139.52	600.12
FAMILY	581.62	193.86	775.48	559.20	186.40	745.60	N/A	N/A	N/A	629.24	190.60	819.84	567.58	171.94	739.52
<b><u>C.O.B.R.A.</u></b>															
SINGLE	0.00	631.68	631.68	0.00	596.78	596.78	0.00	490.32	490.32	0.00	621.28	621.28	0.00	564.04	564.04
WITH SPOUSE	0.00	1341.68	1341.68	0.00	1267.38	1267.38	0.00	1041.46	1041.46	0.00	1319.88	1319.88	0.00	1181.46	1181.46
WITH CHILDREN	0.00	770.40	770.40	0.00	727.80	727.80	0.00	598.20	598.20	0.00	757.72	757.72	0.00	684.62	684.62
FAMILY	0.00	1415.04	1415.04	0.00	1336.62	1336.62	0.00	1098.30	1098.30	0.00	1391.76	1391.76	0.00	1244.98	1244.98
<b><u>DISABILITY C.O.B.R.A.</u></b>															
SINGLE	0.00	928.92	928.92	0.00	877.62	877.62	0.00	721.08	721.08	0.00	916.08	916.08	0.00	824.58	824.58
WITH SPOUSE	0.00	1973.04	1973.04	0.00	1863.78	1863.78	0.00	1531.56	1531.56	0.00	1940.56	1940.56	0.00	1729.96	1729.96
WITH CHILDREN	0.00	1132.92	1132.92	0.00	1070.28	1070.28	0.00	879.72	879.72	0.00	1114.00	1114.00	0.00	999.52	999.52
FAMILY	0.00	2080.92	2080.92	0.00	1965.60	1965.60	0.00	1615.14	1615.14	0.00	2046.52	2046.52	0.00	1823.62	1823.62

NOTE: 1) The breakdown between State Share and Employee Share may not be accurate for certain School Board employees due to local funding that affects agency funding that affects agency contributions. Total premium columns are correct for all agencies.  
2) All plan members who retired on or after July 1, 1997, must have Medicare Parts A and B to qualify for reduced premium rates.

Approved by: *Brenda St. Romain*

6/8/2012