



# OFFICE OF GROUP BENEFITS OFFICIAL SCHEDULE OF PREMIUM RATES

Effective January 1, 2012

	<b>PPO</b> <i>Administered by OGB</i>			<b>HMO</b>			<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	464.46	154.82	619.28	438.82	146.26	585.08	360.54	120.18	480.72	456.82	152.26	609.08	414.96	138.32	553.28
WITH SPOUSE	812.50	502.86	1315.36	767.54	474.98	1242.52	630.72	390.32	1021.04	799.16	494.56	1293.72	717.48	440.84	1158.32
WITH CHILDREN	532.46	222.82	755.28	503.04	210.48	713.52	413.42	173.06	586.48	523.82	219.26	743.08	474.18	197.54	671.72
FAMILY	848.46	538.82	1387.28	801.48	508.92	1310.40	658.56	418.20	1076.76	834.46	529.90	1364.36	748.70	472.06	1220.76
<b><u>RETIREE WITHOUT MEDICARE &amp; RE-EMPLOYED RETIREE</u></b>															
SINGLE	997.30	154.82	1152.12	945.66	146.26	1091.92	N/A	N/A	N/A	980.62	152.26	1132.88	877.88	138.32	1016.20
WITH SPOUSE	1531.58	502.86	2034.44	1453.06	474.98	1928.04	N/A	N/A	N/A	1506.28	494.56	2000.84	1342.40	440.84	1783.24
WITH CHILDREN	1060.50	222.82	1283.32	1005.84	210.48	1216.32	N/A	N/A	N/A	1042.74	219.26	1262.00	932.78	197.54	1130.32
FAMILY	1518.42	506.14	2024.56	1439.10	479.70	1918.80	N/A	N/A	N/A	1493.32	497.76	1991.08	1330.98	443.66	1774.64
<b><u>RETIREE WITH 1 MEDICARE</u></b>															
SINGLE	280.98	93.66	374.64	270.94	90.30	361.24	N/A	N/A	N/A	276.36	92.12	368.48	255.52	85.16	340.68
WITH SPOUSE	1038.22	346.06	1384.28	990.16	330.04	1320.20	N/A	N/A	N/A	1020.96	340.32	1361.28	913.56	304.52	1218.08
WITH CHILDREN	486.36	162.12	648.48	466.06	155.34	621.40	N/A	N/A	N/A	478.30	159.42	637.72	433.96	144.64	578.60
FAMILY	1383.34	461.10	1844.44	1317.96	439.32	1757.28	N/A	N/A	N/A	1360.38	453.46	1813.84	1213.50	404.50	1618.00
<b><u>RETIREE WITH 2 MEDICARE</u></b>															
WITH SPOUSE	505.08	168.36	673.44	485.64	161.88	647.52	N/A	N/A	N/A	496.56	165.52	662.08	450.10	150.02	600.12
FAMILY	625.38	208.46	833.84	601.30	200.42	801.72	N/A	N/A	N/A	614.88	204.96	819.84	554.64	184.88	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*

11/4/2011