



OFFICE OF GROUP BENEFITS OFFICIAL SCHEDULE OF PREMIUM RATES

Effective for January and February, 2015

	PPO <i>Administered by Blue Cross</i>			HMO <i>Administered by Blue Cross</i>			CDHP with HSA <i>Administered by Blue Cross</i>			Vantage Medical Home HMO <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
<u>ACTIVE EMPLOYEE</u>												
SINGLE	445.52	148.48	594.00	420.92	140.28	561.20	345.84	115.28	461.12	420.92	140.28	561.20
WITH SPOUSE	779.40	482.32	1261.72	736.28	455.60	1191.88	604.98	374.42	979.40	736.24	455.64	1191.88
WITH CHILDREN	510.76	213.72	724.48	482.52	201.88	684.40	396.58	166.02	562.60	482.52	201.88	684.40
FAMILY	813.88	516.80	1330.68	768.84	488.16	1257.00	631.72	401.14	1032.86	768.80	488.20	1257.00
<u>RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE</u>												
SINGLE	956.67	148.48	1105.15	907.12	140.28	1047.40	N/A	N/A	N/A	907.10	140.30	1047.40
WITH SPOUSE	1469.17	482.32	1951.49	1393.79	455.60	1849.39	N/A	N/A	N/A	1393.75	455.64	1849.39
WITH CHILDREN	1017.26	213.72	1230.98	964.83	201.88	1166.71	N/A	N/A	N/A	964.83	201.89	1166.72
FAMILY	1456.50	485.50	1942.00	1380.39	460.13	1840.52	N/A	N/A	N/A	1380.39	460.13	1840.52
<u>RETIREE WITH 1 MEDICARE</u>												
SINGLE	269.56	89.84	359.40	259.88	86.63	346.51	N/A	N/A	N/A	259.88	86.62	346.50
WITH SPOUSE	995.88	331.96	1327.84	949.79	316.60	1266.39	N/A	N/A	N/A	949.79	316.59	1266.38
WITH CHILDREN	466.52	155.52	622.04	447.05	149.02	596.07	N/A	N/A	N/A	447.05	149.01	596.06
FAMILY	1326.92	442.28	1769.20	1264.22	421.41	1685.63	N/A	N/A	N/A	1264.22	421.41	1685.63
<u>RETIREE WITH 2 MEDICARE</u>												
WITH SPOUSE	484.52	161.48	646.00	465.86	155.27	621.13	N/A	N/A	N/A	465.87	155.27	621.14
FAMILY	599.88	199.96	799.84	576.77	192.26	769.03	N/A	N/A	N/A	576.77	192.25	769.02
<u>C.O.B.R.A.</u>												
SINGLE	0.00	628.13	628.13	0.00	689.09	689.09	0.00	529.40	529.40	0.00	572.42	572.42
WITH SPOUSE	0.00	1334.21	1334.21	0.00	1463.47	1463.47	0.00	1124.34	1124.34	0.00	1215.72	1215.72
WITH CHILDREN	0.00	766.08	766.08	0.00	840.34	840.34	0.00	645.63	645.63	0.00	698.09	698.09
FAMILY	0.00	1407.13	1407.13	0.00	1543.40	1543.40	0.00	1185.75	1185.75	0.00	1282.14	1282.14
<u>DISABILITY C.O.B.R.A.</u>												
SINGLE	0.00	923.72	923.72	0.00	1013.36	1013.36	0.00	778.53	778.53	0.00	841.80	841.80
WITH SPOUSE	0.00	1962.07	1962.07	0.00	2152.16	2152.16	0.00	1653.45	1653.45	0.00	1787.82	1787.82
WITH CHILDREN	0.00	1126.58	1126.58	0.00	1235.80	1235.80	0.00	949.45	949.45	0.00	1026.60	1026.60
FAMILY	0.00	2069.31	2069.31	0.00	2269.71	2269.71	0.00	1743.75	1743.75	0.00	1885.50	1885.50

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
