

OFFICE OF GROUP BENEFITS OFFICIAL SCHEDULE OF PREMIUM RATES (38% Participation Rate)

Effective for January and February, 2015

**************************************	PPO Administered by Blue Cross			HMO Administered by Blue Cross			CDHP with HSA Administered by Blue Cross			Vantage Medical Home HMO Insured by Vantage Health Plan		
	State Share	Employee Share	Total	State Share	Employee Share	Total	State Share	Employee Share	Total	State Share	Employee Share	Total
VE EMPLOYEE												
SINGLE	_	_	_	_	_	_	_	_	_	_	_	-
WITH SPOUSE	_	_	_	_	_	_	_	_	_	_	_	-
WITH CHILDREN	_	_	_	_	_	_	-	_	_	_	_	_
FAMILY	_	_	_	_	_		_	_	_	_	_	
IREE WITHOUT MEDIC	ARE & RE-E	MPLOYED R	<u>ETIREE</u>									
SINGLE	419.96	685.19	1105.15	398.02	649.38	1047.40	N/A	N/A	N/A	398.01	649.39	1047.4
WITH SPOUSE	741.57	1209.92	1951.49	702.77	1146.62	1849.39	N/A	N/A	N/A	702.77	1146.62	1849.3
WITH CHILDREN	467.78	763.20	1230.98	443.34	723.37	1166.71	N/A	N/A	N/A	443.35	723.37	1166.7
FAMILY	737.96	1204.04	1942.00	699.40	1141.12	1840.52	N/A	N/A	N/A	699.40	1141.12	1840.5
IREE WITH 1 MEDICAR	RE											
SINGLE	136.59	222.81	359.40	131.68	214.83	346.51	N/A	N/A	N/A	131.67	214.83	346.5
WITH SPOUSE	504.60	823.24	1327.84	481.24	785.15	1266.39	N/A	N/A	N/A	481.22	785.16	1266.3
WITH CHILDREN	236.40	385.64	622.04	226.51	369.56	596.07	N/A	N/A	N/A	226.50	369.56	596.0
FAMILY	672.29	1096.91	1769.20	640.54	1045.09	1685.63	N/A	N/A	N/A	640.54	1045.09	1685.6
IREE WITH 2 MEDICAL	<u>RE</u>											
WITH SPOUSE	245.49	400.51	646.00	236.03	385.10	621.13	N/A	N/A	N/A	236.03	385.11	621.1
FAMILY	303.95		799.84	292.25	476.78	769.03	N/A	N/A	N/A	292.23	476.79	769.0
B.R.A.												
SINGLE	_	_	_	_	_	_	_	_	_	_	_	
WITH SPOUSE	_	_	_	_	_	_	_	_	_	_	_	
WITH CHILDREN	_	_	_	_	_	_	_	_	_	_	_	
FAMILY	_	_	_	-	_	_	_	_	1. In -	_	_	
ABILITY C.O.B.R.A.												
SINGLE	<u>-</u>	_	_	_	_	_	<u>-</u>			<u></u>	-	
WITH SPOUSE	<u>-</u>	_	-	_		_	<u>-</u>	-	_	-	_	
WITH CHILDREN	_		<u></u>	_	$\{(0,0),(0,0),(0,0)\} = \underbrace{\frac{\partial \mathcal{L}}{\partial x_0}}_{\mathcal{A}_{\mathbf{k}}} (1,0)$	<u></u>	_	_	<u></u>	-	<u></u> -	
FAMILY	<u></u>	_	<u>-</u>	<u>-</u>	-	-			-			

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.

Approved.

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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.

^{*} These rates do not apply to active employees or COBRA participants.