



OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF PREMIUM RATES (19% Participation Rate)
Effective March 1, 2015

	Magnolia Open Access <i>Administered by Blue Cross</i>			Magnolia Local <i>Administered by Blue Cross</i>			Magnolia Local Plus <i>Administered by Blue Cross</i>			Pelican HSA 775 <i>Administered by Blue Cross</i>			Pelican HRA 1000 <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	State Share	Employee Share	Total	State Share	Employee Share	Total
ACTIVE EMPLOYEE*																		
Enrollee Only	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enrollee + 1 (Spouse)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enrollee + 1 (Child)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enrollee + Children	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Family	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE																		
Enrollee Only	209.98	895.17	1,105.15	188.98	805.66	994.64	199.01	848.39	1,047.40	N/A	N/A	N/A	139.32	593.93	733.25	199.01	848.39	1,047.40
Enrollee + 1 (Spouse)	370.78	1,580.71	1,951.49	333.70	1,422.64	1,756.34	351.38	1,498.01	1,849.39	N/A	N/A	N/A	246.00	1,048.72	1,294.72	351.38	1,498.01	1,849.39
Enrollee + 1 (Child)	233.89	997.09	1,230.98	210.50	897.38	1,107.88	221.68	945.04	1,166.72	N/A	N/A	N/A	155.24	661.79	817.03	221.68	945.04	1,166.72
Enrollee + Children	233.89	997.09	1,230.98	210.50	897.38	1,107.88	221.68	945.04	1,166.72	N/A	N/A	N/A	155.24	661.79	817.03	221.68	945.04	1,166.72
Family	368.98	1,573.02	1,942.00	332.08	1,415.72	1,747.80	349.70	1,490.82	1,840.52	N/A	N/A	N/A	244.78	1,043.54	1,288.32	349.70	1,490.82	1,840.52
RETIREE WITH 1 MEDICARE																		
Enrollee Only	68.28	291.11	359.39	61.46	261.99	323.45	65.84	280.66	346.50	N/A	N/A	N/A	45.31	193.14	238.45	65.84	280.66	346.50
Enrollee + 1 (Spouse)	252.29	1,075.54	1,327.83	227.06	967.99	1,195.05	240.61	1,025.77	1,266.38	N/A	N/A	N/A	167.38	713.57	880.95	240.61	1,025.77	1,266.38
Enrollee + 1 (Child)	118.18	503.84	622.02	106.37	453.45	559.82	113.25	482.81	596.06	N/A	N/A	N/A	78.44	334.41	412.85	113.25	482.81	596.06
Enrollee + Children	118.18	503.84	622.02	106.37	453.45	559.82	113.25	482.81	596.06	N/A	N/A	N/A	78.44	334.41	412.85	113.25	482.81	596.06
Family	336.15	1,433.06	1,769.21	302.54	1,289.75	1,592.29	320.27	1,365.36	1,685.63	N/A	N/A	N/A	223.00	950.69	1,173.69	320.27	1,365.36	1,685.63
RETIREE WITH 2 MEDICARE																		
Enrollee + 1 (Spouse)	122.74	523.26	646.00	110.47	470.93	581.40	118.02	503.12	621.14	N/A	N/A	N/A	81.44	347.17	428.61	118.02	503.12	621.14
Family	151.97	647.88	799.85	136.78	583.09	719.87	146.11	622.91	769.02	N/A	N/A	N/A	100.82	429.80	530.62	146.11	622.91	769.02
C.O.B.R.A.*																		
Enrollee Only	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enrollee + 1 (Spouse)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enrollee + 1 (Child)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enrollee + Children	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Family	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
DISABILITY C.O.B.R.A.*																		
Enrollee Only	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enrollee + 1 (Spouse)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enrollee + 1 (Child)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enrollee + Children	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Family	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

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

Approved
