



**OFFICE OF GROUP BENEFITS**  
**OFFICIAL SCHEDULE OF PREMIUM RATES** (56% 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
<b>ACTIVE EMPLOYEE*</b>																		
Enrollee Only	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enrollee + 1 (Spouse)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enrollee + 1 (Child)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enrollee + Children	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Family	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<b>RETIREE WITHOUT MEDICARE &amp; RE-EMPLOYED RETIREE</b>																		
Enrollee Only	618.88	486.27	1,105.15	557.00	437.64	994.64	586.54	460.86	1,047.40	N/A	N/A	N/A	410.62	322.63	733.25	586.54	460.86	1,047.40
Enrollee + 1 (Spouse)	1,092.83	858.66	1,951.49	983.55	772.79	1,756.34	1,035.66	813.73	1,849.39	N/A	N/A	N/A	725.04	569.68	1,294.72	1,035.66	813.73	1,849.39
Enrollee + 1 (Child)	689.35	541.63	1,230.98	620.41	487.47	1,107.88	653.36	513.36	1,166.72	N/A	N/A	N/A	457.54	359.49	817.03	653.36	513.36	1,166.72
Enrollee + Children	689.35	541.63	1,230.98	620.41	487.47	1,107.88	653.36	513.36	1,166.72	N/A	N/A	N/A	457.54	359.49	817.03	653.36	513.36	1,166.72
Family	1,087.52	854.48	1,942.00	978.77	769.03	1,747.80	1,030.69	809.83	1,840.52	N/A	N/A	N/A	721.46	566.86	1,288.32	1,030.69	809.83	1,840.52
<b>RETIREE WITH 1 MEDICARE</b>																		
Enrollee Only	201.26	158.13	359.39	181.13	142.32	323.45	194.04	152.46	346.50	N/A	N/A	N/A	133.53	104.92	238.45	194.04	152.46	346.50
Enrollee + 1 (Spouse)	743.58	584.25	1,327.83	669.23	525.82	1,195.05	709.17	557.21	1,266.38	N/A	N/A	N/A	493.33	387.62	880.95	709.17	557.21	1,266.38
Enrollee + 1 (Child)	348.33	273.69	622.02	313.50	246.32	559.82	333.79	262.27	596.06	N/A	N/A	N/A	231.20	181.65	412.85	333.79	262.27	596.06
Enrollee + Children	348.33	273.69	622.02	313.50	246.32	559.82	333.79	262.27	596.06	N/A	N/A	N/A	231.20	181.65	412.85	333.79	262.27	596.06
Family	990.76	778.45	1,769.21	891.68	700.61	1,592.29	943.95	741.68	1,685.63	N/A	N/A	N/A	657.27	516.42	1,173.69	943.95	741.68	1,685.63
<b>RETIREE WITH 2 MEDICARE</b>																		
Enrollee + 1 (Spouse)	361.76	284.24	646.00	325.58	255.82	581.40	347.84	273.30	621.14	N/A	N/A	N/A	240.02	188.59	428.61	347.84	273.30	621.14
Family	447.92	351.93	799.85	403.13	316.74	719.87	430.65	338.37	769.02	N/A	N/A	N/A	297.15	233.47	530.62	430.65	338.37	769.02
<b>C.O.B.R.A.*</b>																		
Enrollee Only	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enrollee + 1 (Spouse)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enrollee + 1 (Child)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enrollee + Children	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Family	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<b>DISABILITY C.O.B.R.A.*</b>																		
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  
