OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF PREMIUM RATES

Effective March 1, 2015

	Magnolia Open Access *Administered by Blue Cross*			Magnolia Local *Administered by Blue Cross*			Magnolia Local Plus *Administered by Blue Cross*			Pelican HSA 775 *Administered by Blue Cross*			Pelican HRA 1000 *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	State Share	Employee Share	Total	State Share	Employee Share	Total
ACTIVE EMPLOYEE																		
Enrollee Only	445.52	148.48	594.00	400.96	133.64	534.60	420.92	140.28	561.20	171.00	56.96	227.96	295.60	98.52	394.12	420.92	140.28	561.20
Enrollee + 1 (Spouse)	779.40	482.32	1,261.72	701.44	434.12	1,135.56	736.28	455.60	1,191.88	299.12	185.12	484.24	517.08	320.00	837.08	736.24	455.64	1,191.88
Enrollee + 1 (Child)	510.76	213.72	724.48	459.68	192.32	652.00	482.52	201.88	684.40	196.08	82.08	278.16	338.96	141.88	480.84	482.52	201.88	684.40
Enrollee + Children	510.76	213.72	724.48	459.68	192.32	652.00	482.52	201.88	684.40	196.08	82.08	278.16	338.96	141.88	480.84	482.52	201.88	684.40
Family	813.88	516.80	1,330.68	732.48	465.16	1,197.64	768.84	488.16	1,257.00	312.32	198.32	510.64	539.92	342.84	882.76	768.80	488.20	1,257.00
RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE																		
Enrollee Only	956.67	148.48	1,105.15	861.00	133.64	994.64	907.12	140.28	1,047.40	N/A	N/A	N/A	634.73	98.52	733.25	907.10	140.30	1,047.40
Enrollee + 1 (Spouse)	1,469.17	482.32	1,951.49	1,322.23	434.11	1,756.34	1,393.79	455.60	1,849.39	N/A	N/A	N/A	974.71	320.01	1,294.72	1,393.75	455.64	1,849.39
Enrollee + 1 (Child)	1,017.26	213.72	1,230.98	915.54	192.34	1,107.88	964.83	201.88	1,166.71	N/A	N/A	N/A	675.15	141.88	817.03	964.83	201.89	1,166.72
Enrollee + Children	1,017.26	213.72	1,230.98	915.54	192.34	1,107.88	964.83	201.88	1,166.71	N/A	N/A	N/A	675.15	141.88	817.03	964.83	201.89	1,166.72
Family	1,456.50	485.50	1,942.00	1,310.85	436.95	1,747.80	1,380.39	460.13	1,840.52	N/A	N/A	N/A	966.24	322.08	1,288.32	1,380.39	460.13	1,840.52
RETIREE WITH 1 MEDICARE																		
Enrollee Only	269.56	89.84	359.40	242.60	80.85	323.45	259.88	86.63	346.51	N/A	N/A	N/A	178.84	59.61	238.45	259.88	86.62	346.50
Enrollee + 1 (Spouse)	995.88	331.96	1,327.84	896.30	298.75	1,195.05	949.79	316.60	1,266.39	N/A	N/A	N/A	660.72	220.23	880.95	949.79	316.59	1,266.38
Enrollee + 1 (Child)	466.52	155.52	622.04	419.87	139.96	559.83	447.05	149.02	596.07	N/A	N/A	N/A	309.64	103.21	412.85	447.05	149.01	596.06
Enrollee + Children	466.52	155.52	622.04	419.87	139.96	559.83	447.05	149.02	596.07	N/A	N/A	N/A	309.64	103.21	412.85	447.05	149.01	596.06
Family	1,326.92	442.28	1,769.20	1,194.22	398.07	1,592.29	1,264.22	421.41	1,685.63	N/A	N/A	N/A	880.27	293.42	1,173.69	1,264.22	421.41	1,685.63
RETIREE WITH 2 MEDICARE																		
Enrollee + 1 (Spouse)	484.52	161.48	646.00	436.06	145.34	581.40	465.86	155.27	621.13	N/A	N/A	N/A	321.47	107.15	428.62	465.87	155.27	621.14
Family	599.88	199.96	799.84	539.90	179.97	719.87	576.77	192.26	769.03	N/A	N/A	N/A	397.97	132.66	530.63	576.77	192.25	769.02
C.O.B.R.A.																		
Enrollee Only	0.00	597.52	597.52	0.00	537.76	537.76	0.00	637.47	637.47	0.00	479.35	479.35	0.00	524.79	524.79	0.00	572.42	572.42
Enrollee + 1 (Spouse)	0.00	1,268.99	1,268.99	0.00	1,142.09	1,142.09	0.00	1,353.86	1,353.86	0.00	1,018.04	1,018.04	0.00	1,114.56	1,114.56	0.00	1,215.72	1,215.72
Enrollee + 1 (Child)	0.00	728.67	728.67	0.00	655.80	655.80	0.00	777.40	777.40	0.00	584.57	584.57	0.00	639.99	639.99	0.00	698.09	698.09
Enrollee + Children	0.00	728.67	728.67	0.00	655.80	655.80	0.00	777.40	777.40	0.00	584.57	584.57	0.00	639.99	639.99	0.00	698.09	698.09
Family	0.00	1,338.31	1,338.31	0.00	1,204.48	1,204.48	0.00	1,427.80	1,427.80	0.00	1,073.65	1,073.65	0.00	1,175.44	1,175.44	0.00	1,282.14	1,282.14
DISABILITY C.O.B.R.A.																		
Enrollee Only	0.00	878.70	878.70	0.00	790.83	790.83	0.00	937.46	937.46	0.00	704.93	704.93	0.00	771.75	771.75	0.00	841.80	841.80
Enrollee + 1 (Spouse)	0.00	1,866.17	1,866.17	0.00	1,679.55	1,679.55	0.00	1,990.97	1,990.97	0.00	1,497.12	1,497.12	0.00	1,639.07	1,639.07	0.00	1,787.82	1,787.82
Enrollee + 1 (Child)	0.00	1,071.57	1,071.57	0.00	964.41	964.41	0.00	1,143.24	1,143.24	0.00	859.67	859.67	0.00	941.16	941.16	0.00	1,026.60	1,026.60
Enrollee + Children	0.00	1,071.57	1,071.57	0.00	964.41	964.41	0.00	1,143.24	1,143.24	0.00	859.67	859.67	0.00	941.16	941.16	0.00	1,026.60	1,026.60
Family	0.00	1,968.11	1,968.11	0.00	1,771.29	1,771.29	0.00	2,099.70	2,099.70	0.00	1,578.90	1,578.90	0.00	1,728.59	1,728.59	0.00	1,885.50	1,885.50

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