



OFFICE OF GROUP BENEFITS OFFICIAL SCHEDULE OF PREMIUM RATES

Rates effective January 1, 2016 (56% participation rate)

For a complete list of rates at all participation levels please visit www.groupbenefits.org; School Board employee contributions may be different.

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
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RE-EMPLOYED RETIREE																	
680.78	534.88	1,215.66	579.28	455.14	1,034.42	656.92	516.16	1,173.08	N/A	N/A	N/A	427.04	335.54	762.58	655.34	514.90	1,170.24
1,202.12	944.52	2,146.64	1,022.88	803.70	1,826.58	1,159.94	911.38	2,071.32	N/A	N/A	N/A	754.04	592.46	1,346.50	1,157.12	909.18	2,066.30
758.28	595.80	1,354.08	645.22	506.96	1,152.18	731.76	574.96	1,306.72	N/A	N/A	N/A	475.84	373.86	849.70	729.98	573.56	1,303.54
758.28	595.80	1,354.08	645.22	506.96	1,152.18	731.76	574.96	1,306.72	N/A	N/A	N/A	475.84	373.86	849.70	729.98	573.56	1,303.54
1,196.26	939.92	2,136.18	1,017.92	799.78	1,817.70	1,154.36	907.00	2,061.36	N/A	N/A	N/A	750.32	589.52	1,339.84	1,151.58	904.82	2,056.40
221.39	173.95	395.34	188.38	148.01	336.39	217.33	170.76	388.09	N/A	N/A	N/A	138.87	109.12	247.99	216.80	170.34	387.14
817.95	642.67	1,460.62	696.00	546.85	1,242.85	794.28	624.08	1,418.36	N/A	N/A	N/A	513.07	403.12	916.19	792.36	622.56	1,414.92
383.17	301.07	684.24	326.04	256.18	582.22	373.86	293.74	667.60	N/A	N/A	N/A	240.44	188.92	429.36	372.94	293.04	665.98
383.17	301.07	684.24	326.04	256.18	582.22	373.86	293.74	667.60	N/A	N/A	N/A	240.44	188.92	429.36	372.94	293.04	665.98
1,089.83	856.29	1,946.12	927.35	728.63	1,655.98	1,057.23	830.68	1,887.91	N/A	N/A	N/A	683.56	537.08	1,220.64	1,054.68	828.66	1,883.34
397.94	312.66	710.60	338.61	266.05	604.66	389.58	306.09	695.67	N/A	N/A	N/A	249.63	196.13	445.76	388.62	305.36	693.98
492.70	387.12	879.82	419.25	329.41	748.66	482.33	378.98	861.31	N/A	N/A	N/A	309.04	242.82	551.86	481.16	378.06	859.22
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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 which 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 premiums.

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

Approved