



OFFICE OF GROUP BENEFITS

**OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES**

Rates effective January 1, 2019 ( 56% participation rate )

For a complete list of rates at all participation levels please visit [info.groupbenefits.org](http://info.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 HSA775 Administered by Blue Cross			Pelican HRA1000 Administered by Blue Cross			Vantage Medical Home HMO Insured by Vantage Health Plan		
	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium
<b>RETIREE WITHOUT MEDICARE &amp; RE-EMPLOYED RETIREE</b>																		
ENROLLEE ONLY	731.82	575.00	1,306.82	596.64	468.80	1,065.44	706.18	554.86	1,261.04	N/A	N/A	N/A	439.84	345.60	785.44	701.32	551.02	1,252.34
ENROLLEE + 1 (SPOUSE)	1,292.26	1,015.34	2,307.60	1,053.56	827.80	1,881.36	1,246.92	979.72	2,226.64	N/A	N/A	N/A	776.66	610.22	1,386.88	1,238.32	972.98	2,211.30
ENROLLEE + 1 (CHILD)	815.14	640.48	1,455.62	664.58	522.16	1,186.74	786.64	618.08	1,404.72	N/A	N/A	N/A	490.10	385.08	875.18	781.22	613.80	1,395.02
ENROLLEE + CHILDREN	815.14	640.48	1,455.62	664.58	522.16	1,186.74	786.64	618.08	1,404.72	N/A	N/A	N/A	490.10	385.08	875.18	781.22	613.80	1,395.02
FAMILY	1,285.98	1,010.42	2,296.40	1,048.44	823.78	1,872.22	1,240.94	975.02	2,215.96	N/A	N/A	N/A	772.82	607.20	1,380.02	1,232.38	968.30	2,200.68
<b>RETIREE WITH 1 MEDICARE</b>																		
ENROLLEE ONLY	237.98	186.98	424.96	194.02	152.44	346.46	233.62	183.56	417.18	N/A	N/A	N/A	143.02	112.38	255.40	232.00	182.30	414.30
ENROLLEE + 1 (SPOUSE)	879.28	690.86	1,570.14	716.88	563.24	1,280.12	853.84	670.88	1,524.72	N/A	N/A	N/A	528.46	415.20	943.66	847.96	666.24	1,514.20
ENROLLEE + 1 (CHILD)	411.90	323.64	735.54	335.82	263.86	599.68	401.88	315.76	717.64	N/A	N/A	N/A	247.64	194.58	442.22	399.12	313.58	712.70
ENROLLEE + CHILDREN	411.90	323.64	735.54	335.82	263.86	599.68	401.88	315.76	717.64	N/A	N/A	N/A	247.64	194.58	442.22	399.12	313.58	712.70
FAMILY	1,171.56	920.50	2,092.06	955.16	750.48	1,705.64	1,136.52	892.98	2,029.50	N/A	N/A	N/A	704.06	553.18	1,257.24	1,128.66	886.82	2,015.48
<b>RETIREE WITH 2 MEDICARE</b>																		
ENROLLEE + 1 (SPOUSE)	427.78	336.10	763.88	348.76	274.02	622.78	418.78	329.04	747.82	N/A	N/A	N/A	257.10	202.00	459.10	415.88	326.78	742.66
FAMILY	529.64	416.14	945.78	431.82	339.28	771.10	518.50	407.40	925.90	N/A	N/A	N/A	318.30	250.10	568.40	514.92	404.58	919.50

NOTE: 1) The breakdown between the *State Share* and the *Employee Share* amounts shown may not be accurate for certain school board employees due to local funding that affects agency funding, which affects agency contributions. *Total Premium* amounts are correct for all non-risk rated agencies.  
2) All plan members who retired on or after July 1, 1997 must have Medicare Part A and Part B to qualify for reduced premium rates.

Approved