



OFFICE OF GROUP BENEFITS

ACT 322 & ACT 992 RETIREE MONTHLY PREMIUM RATES

Rates effective January 1, 2021 (75% employer participation level)

For a complete list of premium rates at all employer participation levels please visit info.groupbenefits.org.

| | 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 |
| RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE | | | | | | | | | | | | | | | | | | |
| ENROLLEE ONLY | 583.58 | 864.04 | 1,447.62 | 475.80 | 704.48 | 1,180.28 | 561.38 | 835.56 | 1,396.94 | N/A | N/A | N/A | 350.74 | 519.34 | 870.08 | 560.18 | 833.68 | 1,393.86 |
| ENROLLEE + 1 (SPOUSE) | 1,020.94 | 1,535.32 | 2,556.26 | 832.32 | 1,251.74 | 2,084.06 | 982.02 | 1,484.56 | 2,466.58 | N/A | N/A | N/A | 613.56 | 922.76 | 1,536.32 | 979.84 | 1,481.34 | 2,461.18 |
| ENROLLEE + 1 (CHILD) | 669.04 | 943.42 | 1,612.46 | 545.46 | 769.16 | 1,314.62 | 643.52 | 912.56 | 1,556.08 | N/A | N/A | N/A | 402.20 | 567.28 | 969.48 | 642.16 | 910.50 | 1,552.66 |
| ENROLLEE + CHILDREN | 669.04 | 943.42 | 1,612.46 | 545.46 | 769.16 | 1,314.62 | 643.52 | 912.56 | 1,556.08 | N/A | N/A | N/A | 402.20 | 567.28 | 969.48 | 642.16 | 910.50 | 1,552.66 |
| FAMILY | 1,066.08 | 1,477.76 | 2,543.84 | 869.14 | 1,204.82 | 2,073.96 | 1,025.44 | 1,429.30 | 2,454.74 | N/A | N/A | N/A | 640.68 | 888.04 | 1,528.72 | 1,023.16 | 1,426.20 | 2,449.36 |
| RETIREE WITH 1 MEDICARE | | | | | | | | | | | | | | | | | | |
| ENROLLEE ONLY | 353.08 | 117.68 | 470.76 | 287.84 | 95.94 | 383.78 | 346.60 | 115.54 | 462.14 | N/A | N/A | N/A | 212.24 | 70.74 | 282.98 | 345.84 | 115.28 | 461.12 |
| ENROLLEE + 1 (SPOUSE) | 1,020.94 | 718.38 | 1,739.32 | 832.32 | 585.74 | 1,418.06 | 982.02 | 707.00 | 1,689.02 | N/A | N/A | N/A | 613.56 | 431.80 | 1,045.36 | 979.84 | 705.48 | 1,685.32 |
| ENROLLEE + 1 (CHILD) | 611.10 | 203.70 | 814.80 | 498.22 | 166.06 | 664.28 | 596.22 | 198.74 | 794.96 | N/A | N/A | N/A | 367.42 | 122.48 | 489.90 | 594.94 | 198.30 | 793.24 |
| ENROLLEE + CHILDREN | 611.10 | 203.70 | 814.80 | 498.22 | 166.06 | 664.28 | 596.22 | 198.74 | 794.96 | N/A | N/A | N/A | 367.42 | 122.48 | 489.90 | 594.94 | 198.30 | 793.24 |
| FAMILY | 1,066.08 | 1,251.40 | 2,317.48 | 869.14 | 1,020.28 | 1,889.42 | 1,025.44 | 1,222.72 | 2,248.16 | N/A | N/A | N/A | 640.68 | 752.02 | 1,392.70 | 1,023.16 | 1,220.08 | 2,243.24 |
| RETIREE WITH 2 MEDICARE | | | | | | | | | | | | | | | | | | |
| ENROLLEE + 1 (SPOUSE) | 634.66 | 211.54 | 846.20 | 517.42 | 172.46 | 689.88 | 621.32 | 207.10 | 828.42 | N/A | N/A | N/A | 381.46 | 127.14 | 508.60 | 619.94 | 206.64 | 826.58 |
| FAMILY | 785.80 | 261.92 | 1,047.72 | 640.66 | 213.54 | 854.20 | 769.24 | 256.40 | 1,025.64 | N/A | N/A | N/A | 472.22 | 157.40 | 629.62 | 767.56 | 255.84 | 1,023.40 |

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

Tommy D. League