



OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES

Rates effective January 1, 2021 (19% 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	275.04	1,172.60	1,447.64	224.22	956.02	1,180.24	265.42	1,131.52	1,396.94	N/A	N/A	N/A	165.30	704.78	870.08	264.84	1,129.02	1,393.86
ENROLLEE + 1 (SPOUSE)	485.68	2,070.58	2,556.26	395.96	1,688.12	2,084.08	468.64	1,997.94	2,466.58	N/A	N/A	N/A	291.90	1,244.42	1,536.32	467.62	1,993.56	2,461.18
ENROLLEE + 1 (CHILD)	306.34	1,306.12	1,612.46	249.78	1,064.84	1,314.62	295.66	1,260.42	1,556.08	N/A	N/A	N/A	184.20	785.28	969.48	295.02	1,257.64	1,552.66
ENROLLEE + CHILDREN	306.34	1,306.12	1,612.46	249.78	1,064.84	1,314.62	295.66	1,260.42	1,556.08	N/A	N/A	N/A	184.20	785.28	969.48	295.02	1,257.64	1,552.66
FAMILY	483.34	2,060.50	2,543.84	394.06	1,679.92	2,073.98	466.40	1,988.34	2,454.74	N/A	N/A	N/A	290.44	1,238.28	1,528.72	465.38	1,983.98	2,449.36
RETIREE WITH 1 MEDICARE																		
ENROLLEE ONLY	89.42	381.34	470.76	72.90	310.88	383.78	87.80	374.34	462.14	N/A	N/A	N/A	53.76	229.16	282.92	87.62	373.50	461.12
ENROLLEE + 1 (SPOUSE)	330.46	1,408.86	1,739.32	269.42	1,148.62	1,418.04	320.92	1,368.10	1,689.02	N/A	N/A	N/A	198.62	846.72	1,045.34	320.24	1,365.08	1,685.32
ENROLLEE + 1 (CHILD)	154.84	659.96	814.80	126.20	538.08	664.28	151.04	643.92	794.96	N/A	N/A	N/A	93.08	396.80	489.88	150.74	642.50	793.24
ENROLLEE + CHILDREN	154.84	659.96	814.80	126.20	538.08	664.28	151.04	643.92	794.96	N/A	N/A	N/A	93.08	396.80	489.88	150.74	642.50	793.24
FAMILY	440.32	1,877.16	2,317.48	358.98	1,530.44	1,889.42	427.14	1,821.04	2,248.18	N/A	N/A	N/A	264.58	1,128.12	1,392.70	426.24	1,817.00	2,243.24
RETIREE WITH 2 MEDICARE																		
ENROLLEE + 1 (SPOUSE)	160.76	685.42	846.18	131.06	558.82	689.88	157.40	671.00	828.40	N/A	N/A	N/A	96.62	411.98	508.60	157.04	669.54	826.58
FAMILY	199.06	848.62	1,047.68	162.28	691.92	854.20	194.88	830.80	1,025.68	N/A	N/A	N/A	119.62	510.02	629.64	194.44	828.96	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