



OFFICE OF GROUP BENEFITS OFFICIAL SCHEDULE OF PREMIUM RATES

Effective July 1, 2011

	PPO <i>Administered by OGB</i>			HMO <i>Administered by Blue Cross & Blue Shield</i>			CDHP with HSA <i>Administered by UnitedHealthcare</i>			Region 9 (10 northeast LA parishes) Medical Home HMO <i>Insured by Vantage Health Plan</i>			Regions 6, 7, 8 & 9 (Baton Rouge, Alexandria, Shreveport & Monroe) Regional HMO <i>Insured by Vantage Health Plan</i>		
	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
<u>ACTIVE EMPLOYEE</u>															
SINGLE	442.36	147.44	589.80	417.90	139.30	557.20	343.38	114.46	457.84	426.94	142.30	569.24	414.96	138.32	553.28
WITH SPOUSE	773.82	478.90	1252.72	730.98	452.38	1183.36	600.66	371.74	972.40	746.86	462.22	1209.08	717.48	440.84	1158.32
WITH CHILDREN	507.12	212.20	719.32	479.06	200.46	679.52	393.74	164.82	558.56	489.56	204.92	694.48	474.18	197.54	671.72
FAMILY	808.06	513.14	1321.20	763.30	484.70	1248.00	627.20	398.28	1025.48	779.88	495.24	1275.12	748.70	472.06	1220.76
<u>RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE</u>															
SINGLE	949.80	147.44	1097.24	900.62	139.30	1039.92	N/A	N/A	N/A	916.50	142.30	1058.80	877.88	138.32	1016.20
WITH SPOUSE	1458.66	478.90	1937.56	1383.86	452.38	1836.24	N/A	N/A	N/A	1407.74	462.22	1869.96	1342.40	440.84	1783.24
WITH CHILDREN	1010.00	212.20	1222.20	957.94	200.46	1158.40	N/A	N/A	N/A	974.56	204.92	1179.48	932.78	197.54	1130.32
FAMILY	1446.12	482.04	1928.16	1370.58	456.86	1827.44	N/A	N/A	N/A	1395.66	465.22	1860.88	1330.98	443.66	1774.64
<u>RETIREE WITH 1 MEDICARE</u>															
SINGLE	267.60	89.20	356.80	258.04	86.00	344.04	N/A	N/A	N/A	258.30	86.10	344.40	255.52	85.16	340.68
WITH SPOUSE	988.78	329.58	1318.36	943.00	314.32	1257.32	N/A	N/A	N/A	954.18	318.06	1272.24	913.56	304.52	1218.08
WITH CHILDREN	463.20	154.40	617.60	443.86	147.94	591.80	N/A	N/A	N/A	447.00	149.00	596.00	433.96	144.64	578.60
FAMILY	1317.46	439.14	1756.60	1255.20	418.40	1673.60	N/A	N/A	N/A	1271.40	423.80	1695.20	1213.50	404.50	1618.00
<u>RETIREE WITH 2 MEDICARE</u>															
WITH SPOUSE	481.02	160.34	641.36	462.52	154.16	616.68	N/A	N/A	N/A	464.08	154.68	618.76	450.10	150.02	600.12
FAMILY	595.60	198.52	794.12	572.68	190.88	763.56	N/A	N/A	N/A	574.66	191.54	766.20	554.64	184.88	739.52
<u>C.O.B.R.A.</u>															
SINGLE	0.00	569.82	569.82	0.00	538.32	538.32	N/A	N/A	N/A	0.00	542.64	542.64	0.00	564.04	564.04
WITH SPOUSE	0.00	1210.30	1210.30	0.00	1143.28	1143.28	N/A	N/A	N/A	0.00	1152.84	1152.84	0.00	1181.46	1181.46
WITH CHILDREN	0.00	694.96	694.96	0.00	656.52	656.52	N/A	N/A	N/A	0.00	661.80	661.80	0.00	684.62	684.62
FAMILY	0.00	1276.44	1276.44	0.00	1205.72	1205.72	N/A	N/A	N/A	0.00	1215.60	1215.60	0.00	1244.98	1244.98
<u>DISABILITY C.O.B.R.A.</u>															
SINGLE	0.00	839.96	839.96	0.00	791.64	791.64	N/A	N/A	N/A	0.00	800.12	800.12	0.00	824.58	824.58
WITH SPOUSE	0.00	1779.84	1779.84	0.00	1681.28	1681.28	N/A	N/A	N/A	0.00	1694.96	1694.96	0.00	1729.96	1729.96
WITH CHILDREN	0.00	1021.98	1021.98	0.00	965.44	965.44	N/A	N/A	N/A	0.00	973.04	973.04	0.00	999.52	999.52
FAMILY	0.00	1877.10	1877.10	0.00	1773.12	1773.12	N/A	N/A	N/A	0.00	1787.52	1787.52	0.00	1823.62	1823.62

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.

3) COBRA rates for the PPO, HMO and MH-HMO plans have remained unchanged from July 1, 2010, for the 6-month plan year in accordance with federal guidelines.

Approved by:

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3/17/2011