

OFFICE OF GROUP BENEFITS ACT 322 & ACT 992 RETIREE PREMIUM RATES (75% Participation Rate)

Effective for January and February, 2015

** ,*G ***	PPO Administered by Blue Cross			HMO Administered by Blue Cross			HDHP with HSA 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
CTIVE EMPLOYEE*												
SINGLE	_	_	_	_	_	_	_	_	_	_	_	-
WITH SPOUSE	_	_	_	_	_	_	_	_	_	_	_	-
WITH CHILDREN	_	_	_	_	_	_	_	_	_	_	_	_
FAMILY	-		_	_	_	_	_	-	_	_	_	_
ETIREE WITHOUT MEDIC	ARE & RE-E	MPLOYED R	<u>ETIREE</u>									
										400.00	000 50	1047.40
SINGLE	445.52	659.63	1105.15	420.92	626.48	1047.40	N/A	N/A	N/A	420.90	626.50	1047.40 1849.39
WITH SPOUSE	779.40	1172.09	1951.49	736.28	1113.11	1849.39	N/A	N/A	N/A	736.24	1113.15	
WITH CHILDREN	510.76	720.22	1230.98	482.52	684.19	1166.71	N/A	N/A	N/A	482.50	684.22	1166.72
FAMILY	813.88	1128.12	1942.00	768.84	1071.68	1840.52	N/A	N/A	N/A	768.79	1071.73	1840.52
ETIREE WITH 1 MEDICAL	RE											
SINGLE	269.56	89.84	359.40	259.88	86.63	346.51	N/A	N/A	N/A	259.88	86.62	346.50
WITH SPOUSE	779.40	548.44	1327.84	949.79	316.60	1266.39	N/A	N/A	N/A	736.24	530.14	1266.3
WITH CHILDREN	466.53	155.51	622.04	447.05	149.02	596.07	N/A	N/A	N/A	447.05	149.01	596.00
FAMILY	813.88	955.32	1769.20	1264.22	421.41	1685.63	N/A	N/A	N/A	768.79	916.84	1685.6
ETIREE WITH 2 MEDICAL	<u>RE</u>											
WITH SPOUSE	484.52	161.48	646.00	465.86	155.27	621.13	N/A	N/A	N/A	465.87	155.27	621.1
FAMILY	599.88	199.96	799.84	576.77	192.26	769.03	N/A	N/A	N/A	576.77	192.25	769.0
.O.B.R.A.*												
SINGLE	_	_	_	_	_	_	_	_	_	_	_	-
WITH SPOUSE	_	_	_	_	_	_	_	_	_	_		-
WITH CHILDREN	_	_	_	_	_	_	_	_	_	_	_	-
FAMILY	_	_	_	-	_	_	_	_	_	_	_	_
ISABILITY C.O.B.R.A.*												
	<u> </u>	<u></u>										
SINGLE	_	_	_		<u> </u>		-	_	_	<u></u>	 -	-
WITH SPOUSE		<u></u>	_	4 (4 (4 (4 (4 <u>4 (</u> 4	_	-	_	<u></u> -	<u></u>	_	<u></u>	_
WITH CHILDREN			<u>_</u>	<u> </u>	_	_	_	<u> </u>	<u></u>	_	-	-
FAMILY		_	_	_	_	_	_	_	_	∽ −	_	-

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.

Approve

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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.

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