



OFFICE OF GROUP BENEFITS  
**OFFICIAL SCHEDULE OF PREMIUM RATES**

Blue Cross rates effective July 1, 2015 ( 19% participation rate )

For a complete list of rates at all participation levels please visit [www.groupbenefits.org](http://www.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 HSA 775 Administered by Blue Cross			Pelican HRA 1000 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	State Share	Employee Share	Total	State Share	Employee Share	Total
<b>ACTIVE EMPLOYEE</b>																		
ENROLLEE ONLY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ENROLLEE + 1 (SPOUSE)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ENROLLEE + 1 (CHILD)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ENROLLEE + CHILDREN FAMILY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>RETIREE WITHOUT MEDICARE &amp; RE-EMPLOYED RETIREE</b>																		
ENROLLEE ONLY	230.98	984.68	1,215.66	196.54	837.88	1,034.42	222.88	950.20	1,173.08	N/A	N/A	N/A	144.88	617.68	762.56	199.01	848.39	1,047.40
ENROLLEE + 1 (SPOUSE)	407.86	1,738.78	2,146.64	347.04	1,479.54	1,826.58	393.54	1,677.76	2,071.30	N/A	N/A	N/A	255.84	1,090.66	1,346.50	351.38	1,498.01	1,849.39
ENROLLEE + 1 (CHILD)	257.28	1,096.80	1,354.08	218.92	933.28	1,152.20	248.28	1,058.44	1,306.72	N/A	N/A	N/A	161.44	688.26	849.70	221.68	945.04	1,166.72
ENROLLEE + CHILDREN FAMILY	257.28	1,096.80	1,354.08	218.92	933.28	1,152.20	248.28	1,058.44	1,306.72	N/A	N/A	N/A	161.44	688.26	849.70	221.68	945.04	1,166.72
FAMILY	405.88	1,730.32	2,136.20	345.36	1,472.34	1,817.70	391.66	1,669.72	2,061.38	N/A	N/A	N/A	254.56	1,085.28	1,339.84	349.70	1,490.82	1,840.52
<b>RETIREE WITH 1 MEDICARE</b>																		
ENROLLEE ONLY	75.11	320.23	395.34	63.91	272.48	336.39	73.74	314.35	388.09	N/A	N/A	N/A	47.12	200.87	247.99	65.84	280.66	346.50
ENROLLEE + 1 (SPOUSE)	277.52	1,183.10	1,460.62	236.14	1,006.71	1,242.85	269.49	1,148.87	1,418.36	N/A	N/A	N/A	174.08	742.11	916.19	240.61	1,025.77	1,266.38
ENROLLEE + 1 (CHILD)	130.01	554.23	684.24	110.62	471.60	582.22	126.84	540.76	667.60	N/A	N/A	N/A	81.58	347.78	429.36	113.25	482.81	596.06
ENROLLEE + CHILDREN FAMILY	130.01	554.23	684.24	110.62	471.60	582.22	126.84	540.76	667.60	N/A	N/A	N/A	81.58	347.78	429.36	113.25	482.81	596.06
FAMILY	369.76	1,576.36	1,946.12	314.64	1,341.34	1,655.98	358.70	1,529.21	1,887.91	N/A	N/A	N/A	231.92	988.72	1,220.64	320.27	1,365.36	1,685.63
<b>RETIREE WITH 2 MEDICARE</b>																		
ENROLLEE + 1 (SPOUSE)	135.01	575.59	710.60	114.89	489.77	604.66	132.18	563.49	695.67	N/A	N/A	N/A	84.69	361.07	445.76	118.02	503.12	621.14
FAMILY	167.17	712.65	879.82	142.25	606.41	748.66	163.65	697.66	861.31	N/A	N/A	N/A	104.85	447.01	551.86	146.11	622.91	769.02
<b>C.O.B.R.A.</b>																		
ENROLLEE ONLY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ENROLLEE + 1 (SPOUSE)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ENROLLEE + 1 (CHILD)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ENROLLEE + CHILDREN FAMILY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>DISABILITY C.O.B.R.A.</b>																		
ENROLLEE ONLY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ENROLLEE + 1 (SPOUSE)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ENROLLEE + 1 (CHILD)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ENROLLEE + CHILDREN 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 which 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.

\*These rates do not apply to active employees or COBRA participants.

Approved  
