



OFFICE OF GROUP BENEFITS
ACT 322 & ACT 992 RETIREE PREMIUM RATES (75% Participation Rate)
 Effective March 1, 2015

| | Magnolia Open Access <i>Administered by Blue Cross</i> | | | Magnolia Local <i>Administered by Blue Cross</i> | | | Magnolia Local Plus <i>Administered by Blue Cross</i> | | | Pelican HSA 775 <i>Administered by Blue Cross</i> | | | Pelican HRA 1000 <i>Administered by Blue Cross</i> | | | Vantage Medical Home 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 | State Share | Employee Share | Total |
| ACTIVE EMPLOYEE* | | | | | | | | | | | | | | | | | | |
| Enrollee Only | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Enrollee + 1 (Spouse) | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Enrollee + 1 (Spouse) | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Enrollee + 1 (Child) | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Enrollee + Children | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Family | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE | | | | | | | | | | | | | | | | | | |
| Enrollee Only | 445.52 | 659.63 | 1,105.15 | 400.97 | 593.67 | 994.64 | 420.90 | 626.50 | 1,047.40 | N/A | N/A | N/A | 295.60 | 437.65 | 733.25 | 420.90 | 626.50 | 1,047.40 |
| Enrollee + 1 (Spouse) | 779.37 | 1,172.12 | 1,951.49 | 701.47 | 1,054.87 | 1,756.34 | 736.24 | 1,113.15 | 1,849.39 | N/A | N/A | N/A | 517.71 | 777.01 | 1,294.72 | 736.24 | 1,113.15 | 1,849.39 |
| Enrollee + 1 (Child) | 510.74 | 720.24 | 1,230.98 | 459.69 | 648.19 | 1,107.88 | 482.50 | 684.22 | 1,166.72 | N/A | N/A | N/A | 338.96 | 478.07 | 817.03 | 482.50 | 684.22 | 1,166.72 |
| Enrollee + Children | 510.74 | 720.24 | 1,230.98 | 459.69 | 648.19 | 1,107.88 | 482.50 | 684.22 | 1,166.72 | N/A | N/A | N/A | 338.96 | 478.07 | 817.03 | 482.50 | 684.22 | 1,166.72 |
| Family | 813.86 | 1,128.14 | 1,942.00 | 732.49 | 1,015.31 | 1,747.80 | 768.79 | 1,071.73 | 1,840.52 | N/A | N/A | N/A | 539.93 | 748.39 | 1,288.32 | 768.79 | 1,071.73 | 1,840.52 |
| RETIREE WITH 1 MEDICARE | | | | | | | | | | | | | | | | | | |
| Enrollee Only | 269.54 | 89.85 | 359.39 | 242.60 | 80.85 | 323.45 | 259.88 | 86.62 | 346.50 | N/A | N/A | N/A | 178.84 | 59.61 | 238.45 | 259.88 | 86.62 | 346.50 |
| Enrollee + 1 (Spouse) | 779.37 | 548.46 | 1,327.83 | 701.44 | 493.61 | 1,195.05 | 736.24 | 530.14 | 1,266.38 | N/A | N/A | N/A | 517.08 | 363.87 | 880.95 | 736.24 | 530.14 | 1,266.38 |
| Enrollee + 1 (Child) | 466.52 | 155.50 | 622.02 | 419.87 | 139.95 | 559.82 | 447.05 | 149.01 | 596.06 | N/A | N/A | N/A | 309.64 | 103.21 | 412.85 | 447.05 | 149.01 | 596.06 |
| Enrollee + Children | 466.52 | 155.50 | 622.02 | 419.87 | 139.95 | 559.82 | 447.05 | 149.01 | 596.06 | N/A | N/A | N/A | 309.64 | 103.21 | 412.85 | 447.05 | 149.01 | 596.06 |
| Family | 813.86 | 955.35 | 1,769.21 | 732.47 | 859.82 | 1,592.29 | 768.79 | 916.84 | 1,685.63 | N/A | N/A | N/A | 539.93 | 633.76 | 1,173.69 | 768.79 | 916.84 | 1,685.63 |
| RETIREE WITH 2 MEDICARE | | | | | | | | | | | | | | | | | | |
| Enrollee + 1 (Spouse) | 484.51 | 161.49 | 646.00 | 436.06 | 145.34 | 581.40 | 465.87 | 155.27 | 621.14 | N/A | N/A | N/A | 321.47 | 107.14 | 428.61 | 465.87 | 155.27 | 621.14 |
| Family | 599.89 | 199.96 | 799.85 | 539.90 | 179.97 | 719.87 | 576.77 | 192.25 | 769.02 | N/A | N/A | N/A | 397.97 | 132.65 | 530.62 | 576.77 | 192.25 | 769.02 |
| C.O.B.R.A.* | | | | | | | | | | | | | | | | | | |
| Enrollee Only | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Enrollee + 1 (Spouse) | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Enrollee + 1 (Child) | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Enrollee + Children | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Family | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| DISABILITY C.O.B.R.A.* | | | | | | | | | | | | | | | | | | |
| 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 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.
 * These rates do not apply to active employees or COBRA participants.

Approved