



## OFFICE OF GROUP BENEFITS ACT 322& ACT 992 RETIREE PREMIUM RATES

*Rates effective January 1, 2016 ( 75% 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	
ACTIVE EMPLOYEE																		
ENROLLEE ONLY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
ENROLLEE + 1 (SPOUSE)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
ENROLLEE + 1 (CHILD)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
ENROLLEE + CHILDREN	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
FAMILY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE																		
ENROLLEE ONLY	490.08	725.58	1,215.66	417.00	617.42	1,034.42	471.40	701.68	1,173.08	N/A	N/A	N/A	307.42	455.14	762.56	470.26	699.98	1,170.24
ENROLLEE + 1 (SPOUSE)	857.30	1,289.32	2,146.62	729.52	1,097.06	1,826.58	824.60	1,246.72	2,071.32	N/A	N/A	N/A	538.42	808.08	1,346.50	822.60	1,243.70	2,066.30
ENROLLEE + 1 (CHILD)	561.80	792.26	1,354.06	478.08	674.12	1,152.20	540.40	766.30	1,306.70	N/A	N/A	N/A	352.52	497.18	849.70	539.10	764.44	1,303.54
ENROLLEE + CHILDREN	561.80	792.26	1,354.06	478.08	674.12	1,152.20	540.40	766.30	1,306.70	N/A	N/A	N/A	352.52	497.18	849.70	539.10	764.44	1,303.54
FAMILY	895.24	1,240.94	2,136.18	761.78	1,055.92	1,817.70	861.04	1,200.34	2,061.38	N/A	N/A	N/A	561.52	778.32	1,339.84	858.96	1,197.44	2,056.40
RETIREE WITH 1 MEDICARE																		
ENROLLEE ONLY	296.51	98.83	395.34	252.29	84.10	336.39	291.07	97.02	388.09	N/A	N/A	N/A	186.00	62.00	248.00	290.36	96.78	387.14
ENROLLEE + 1 (SPOUSE)	857.30	603.32	1,460.62	729.50	513.36	1,242.86	824.60	593.76	1,418.36	N/A	N/A	N/A	537.77	378.43	916.20	822.60	592.32	1,414.92
ENROLLEE + 1 (CHILD)	513.18	171.06	684.24	436.67	145.55	582.22	500.70	166.90	667.60	N/A	N/A	N/A	322.02	107.34	429.36	499.48	166.50	665.98
ENROLLEE + CHILDREN	513.18	171.06	684.24	436.67	145.55	582.22	500.70	166.90	667.60	N/A	N/A	N/A	322.02	107.34	429.36	499.48	166.50	665.98
FAMILY	895.24	1,050.88	1,946.12	761.76	894.22	1,655.98	861.04	1,026.87	1,887.91	N/A	N/A	N/A	561.53	659.11	1,220.64	858.96	1,024.38	1,883.34
RETIREE WITH 2 MEDICARE																		
ENROLLEE + 1 (SPOUSE)	532.95	177.65	710.60	453.50	151.16	604.66	521.77	173.91	695.68	N/A	N/A	N/A	334.32	111.44	445.76	520.50	173.48	693.98
FAMILY	659.87	219.95	879.82	561.50	187.16	748.66	645.98	215.32	861.30	N/A	N/A	N/A	413.90	137.96	551.86	644.42	214.80	859.22
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 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