



OFFICE OF GROUP BENEFITS OFFICIAL SCHEDULE OF PREMIUM RATES

Effective January 1, 2014

	PPO <i>Administered by Blue Cross</i>			HMO <i>Administered by Blue Cross</i>			CDHP with HSA <i>Administered by Blue Cross</i>			<i>Regions 1, 5, 6, 7, 8 & 9</i> 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
<u>ACTIVE EMPLOYEE</u>												
SINGLE	424.30	141.42	565.72	400.86	133.62	534.48	329.38	109.78	439.16	424.30	148.46	572.76
WITH SPOUSE	742.26	459.38	1201.64	701.18	433.94	1135.12	576.18	356.58	932.76	742.26	457.46	1199.72
WITH CHILDREN	486.42	203.54	689.96	459.52	192.28	651.80	377.70	158.10	535.80	486.42	209.06	695.48
FAMILY	775.10	492.22	1267.32	732.18	464.94	1197.12	601.64	382.04	983.68	775.10	489.30	1264.40
<u>RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE</u>												
SINGLE	911.10	141.42	1052.52	863.90	133.62	997.52	N/A	N/A	N/A	903.98	148.46	1052.44
WITH SPOUSE	1399.18	459.38	1858.56	1327.38	433.94	1761.32	N/A	N/A	N/A	1389.78	457.46	1847.24
WITH CHILDREN	968.82	203.54	1172.36	918.88	192.28	1111.16	N/A	N/A	N/A	961.64	209.06	1170.70
FAMILY	1387.14	462.38	1849.52	1314.66	438.22	1752.88	N/A	N/A	N/A	1378.74	459.58	1838.32
<u>RETIREE WITH 1 MEDICARE</u>												
SINGLE	256.72	85.56	342.28	247.50	82.50	330.00	N/A	N/A	N/A	256.72	95.72	352.44
WITH SPOUSE	948.46	316.14	1264.60	904.56	301.52	1206.08	N/A	N/A	N/A	946.20	315.40	1261.60
WITH CHILDREN	444.30	148.10	592.40	425.76	141.92	567.68	N/A	N/A	N/A	444.30	154.66	598.96
FAMILY	1263.72	421.24	1684.96	1204.02	401.34	1605.36	N/A	N/A	N/A	1257.02	419.02	1676.04
<u>RETIREE WITH 2 MEDICARE</u>												
WITH SPOUSE	461.44	153.80	615.24	443.68	147.88	591.56	N/A	N/A	N/A	461.44	159.86	621.30
FAMILY	571.32	190.44	761.76	549.30	183.10	732.40	N/A	N/A	N/A	571.32	194.44	765.76
<u>C.O.B.R.A.</u>												
SINGLE	0.00	577.02	577.02	0.00	545.16	545.16	0.00	447.94	447.94	0.00	584.22	584.22
WITH SPOUSE	0.00	1225.66	1225.66	0.00	1157.82	1157.82	0.00	951.42	951.42	0.00	1223.70	1223.70
WITH CHILDREN	0.00	703.76	703.76	0.00	664.84	664.84	0.00	546.52	546.52	0.00	709.38	709.38
FAMILY	0.00	1292.66	1292.66	0.00	1221.06	1221.06	0.00	1003.34	1003.34	0.00	1289.68	1289.68
<u>DISABILITY C.O.B.R.A.</u>												
SINGLE	0.00	848.58	848.58	0.00	801.72	801.72	0.00	658.74	658.74	0.00	859.14	859.14
WITH SPOUSE	0.00	1802.46	1802.46	0.00	1702.68	1702.68	0.00	1399.14	1399.14	0.00	1799.58	1799.58
WITH CHILDREN	0.00	1034.94	1034.94	0.00	977.70	977.70	0.00	803.70	803.70	0.00	1043.22	1043.22
FAMILY	0.00	1900.98	1900.98	0.00	1795.68	1795.68	0.00	1475.52	1475.52	0.00	1896.60	1896.60

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.