



OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF PREMIUM RATES

Effective July 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>			Regions 5, 6, 7, 8 & 9 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	445.52	148.48	594.00	420.92	140.28	561.20	345.84	115.28	461.12	424.30	148.46	572.76
WITH SPOUSE	779.40	482.32	1261.72	736.28	455.60	1191.88	604.98	374.42	979.40	742.26	457.46	1199.72
WITH CHILDREN	510.76	213.72	724.48	482.52	201.88	684.40	396.58	166.02	562.60	486.42	209.06	695.48
FAMILY	813.88	516.80	1330.68	768.84	488.16	1257.00	631.72	401.14	1032.86	775.10	489.30	1264.40
<u>RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE</u>												
SINGLE	956.67	148.48	1105.15	907.12	140.28	1047.40	N/A	N/A	N/A	903.98	148.46	1052.44
WITH SPOUSE	1469.17	482.32	1951.49	1393.79	455.60	1849.39	N/A	N/A	N/A	1389.78	457.46	1847.24
WITH CHILDREN	1017.26	213.72	1230.98	964.83	201.88	1166.71	N/A	N/A	N/A	961.64	209.06	1170.70
FAMILY	1456.50	485.50	1942.00	1380.39	460.13	1840.52	N/A	N/A	N/A	1378.74	459.58	1838.32
<u>RETIREE WITH 1 MEDICARE</u>												
SINGLE	269.56	89.84	359.40	259.88	86.63	346.51	N/A	N/A	N/A	256.72	95.72	352.44
WITH SPOUSE	995.88	331.96	1327.84	949.79	316.60	1266.39	N/A	N/A	N/A	946.20	315.40	1261.60
WITH CHILDREN	466.52	155.52	622.04	447.05	149.02	596.07	N/A	N/A	N/A	444.30	154.66	598.96
FAMILY	1326.92	442.28	1769.20	1264.22	421.41	1685.63	N/A	N/A	N/A	1257.02	419.02	1676.04
<u>RETIREE WITH 2 MEDICARE</u>												
WITH SPOUSE	484.52	161.48	646.00	465.86	155.27	621.13	N/A	N/A	N/A	461.44	159.86	621.30
FAMILY	599.88	199.96	799.84	576.77	192.26	769.03	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.

Approved



OFFICE OF GROUP BENEFITS

ACT 322 & ACT 992 RETIREE PREMIUM RATES (75% Participation Rate)

Effective July 1, 2014

	PPO <i>Administered by Blue Cross</i>			HMO <i>Administered by Blue Cross</i>			HDHP with HSA <i>Administered by Blue Cross</i>			Regions 5, 6, 7, 8 & 9 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	—	—	—	—	—	—	—	—	—	—	—	—
WITH SPOUSE	—	—	—	—	—	—	—	—	—	—	—	—
WITH CHILDREN	—	—	—	—	—	—	—	—	—	—	—	—
FAMILY	—	—	—	—	—	—	—	—	—	—	—	—
<u>RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE</u>												
SINGLE	445.52	659.63	1105.15	420.92	626.48	1047.40	N/A	N/A	N/A	424.30	628.14	1052.44
WITH SPOUSE	779.40	1172.09	1951.49	736.28	1113.11	1849.39	N/A	N/A	N/A	742.26	1104.98	1847.24
WITH CHILDREN	510.76	720.22	1230.98	482.52	684.19	1166.71	N/A	N/A	N/A	486.42	684.28	1170.70
FAMILY	813.88	1128.12	1942.00	768.84	1071.68	1840.52	N/A	N/A	N/A	775.10	1063.22	1838.32
<u>RETIREE WITH 1 MEDICARE</u>												
SINGLE	269.56	89.84	359.40	259.88	86.63	346.51	N/A	N/A	N/A	264.34	88.10	352.44
WITH SPOUSE	779.40	548.44	1327.84	949.79	316.60	1266.39	N/A	N/A	N/A	742.26	519.34	1261.60
WITH CHILDREN	466.53	155.51	622.04	447.05	149.02	596.07	N/A	N/A	N/A	449.22	149.74	598.96
FAMILY	813.88	955.32	1769.20	1264.22	421.41	1685.63	N/A	N/A	N/A	775.10	900.94	1676.04
<u>RETIREE WITH 2 MEDICARE</u>												
WITH SPOUSE	484.52	161.48	646.00	465.86	155.27	621.13	N/A	N/A	N/A	465.98	155.32	621.30
FAMILY	599.88	199.96	799.84	576.77	192.26	769.03	N/A	N/A	N/A	574.32	191.44	765.76
<u>C.O.B.R.A.*</u>												
SINGLE	—	—	—	—	—	—	—	—	—	—	—	—
WITH SPOUSE	—	—	—	—	—	—	—	—	—	—	—	—
WITH CHILDREN	—	—	—	—	—	—	—	—	—	—	—	—
FAMILY	—	—	—	—	—	—	—	—	—	—	—	—
<u>DISABILITY C.O.B.R.A.*</u>												
SINGLE	—	—	—	—	—	—	—	—	—	—	—	—
WITH SPOUSE	—	—	—	—	—	—	—	—	—	—	—	—
WITH 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



OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF PREMIUM RATES (56% Participation Rate)

Effective July 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>			Regions 5, 6, 7, 8 & 9 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	—	—	—	—	—	—	—	—	—	—	—	—
WITH SPOUSE	—	—	—	—	—	—	—	—	—	—	—	—
WITH CHILDREN	—	—	—	—	—	—	—	—	—	—	—	—
FAMILY	—	—	—	—	—	—	—	—	—	—	—	—
<u>RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE</u>												
SINGLE	618.89	486.26	1105.15	586.55	460.85	1047.40	N/A	N/A	N/A	589.38	463.06	1052.44
WITH SPOUSE	1092.84	858.65	1951.49	1035.66	813.73	1849.39	N/A	N/A	N/A	1034.46	812.78	1847.24
WITH CHILDREN	689.35	541.63	1230.98	653.36	513.35	1166.71	N/A	N/A	N/A	655.60	515.10	1170.70
FAMILY	1087.53	854.47	1942.00	1030.70	809.82	1840.52	N/A	N/A	N/A	1029.46	808.86	1838.32
<u>RETIREE WITH 1 MEDICARE</u>												
SINGLE	201.27	158.13	359.40	194.05	152.46	346.51	N/A	N/A	N/A	197.38	155.06	352.44
WITH SPOUSE	743.60	584.24	1327.84	709.18	557.21	1266.39	N/A	N/A	N/A	706.50	555.10	1261.60
WITH CHILDREN	348.35	273.69	622.04	333.80	262.27	596.07	N/A	N/A	N/A	335.42	263.54	598.96
FAMILY	990.75	778.45	1769.20	943.95	741.68	1685.63	N/A	N/A	N/A	938.58	737.46	1676.04
<u>RETIREE WITH 2 MEDICARE</u>												
WITH SPOUSE	361.77	284.23	646.00	347.84	273.29	621.13	N/A	N/A	N/A	347.94	273.36	621.30
FAMILY	447.92	351.92	799.84	430.66	338.37	769.03	N/A	N/A	N/A	428.84	336.92	765.76
<u>C.O.B.R.A.</u>												
SINGLE	—	—	—	—	—	—	—	—	—	—	—	—
WITH SPOUSE	—	—	—	—	—	—	—	—	—	—	—	—
WITH CHILDREN	—	—	—	—	—	—	—	—	—	—	—	—
FAMILY	—	—	—	—	—	—	—	—	—	—	—	—
<u>DISABILITY C.O.B.R.A.</u>												
SINGLE	—	—	—	—	—	—	—	—	—	—	—	—
WITH SPOUSE	—	—	—	—	—	—	—	—	—	—	—	—
WITH 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.

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Approved



OFFICE OF GROUP BENEFITS

ACT 322 & ACT 992 RETIREE PREMIUM RATES (56% Participation Rate)

Effective July 1, 2014

	PPO <i>Administered by Blue Cross</i>			HMO <i>Administered by Blue Cross</i>			HDHP with HSA <i>Administered by Blue Cross</i>			Regions 5, 6, 7, 8 & 9 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	—	—	—	—	—	—	—	—	—	—	—	—
WITH SPOUSE	—	—	—	—	—	—	—	—	—	—	—	—
WITH CHILDREN	—	—	—	—	—	—	—	—	—	—	—	—
FAMILY	—	—	—	—	—	—	—	—	—	—	—	—
<u>RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE</u>												
SINGLE	445.52	659.63	1105.15	420.92	626.48	1047.40	N/A	N/A	N/A	424.30	628.14	1052.44
WITH SPOUSE	779.40	1172.09	1951.49	736.28	1113.11	1849.39	N/A	N/A	N/A	742.26	1104.98	1847.24
WITH CHILDREN	510.76	720.22	1230.98	482.52	684.19	1166.71	N/A	N/A	N/A	486.42	684.28	1170.70
FAMILY	813.88	1128.12	1942.00	768.84	1071.68	1840.52	N/A	N/A	N/A	775.10	1063.22	1838.32
<u>RETIREE WITH 1 MEDICARE</u>												
SINGLE	201.27	158.13	359.40	194.05	152.46	346.51	N/A	N/A	N/A	197.38	155.06	352.44
WITH SPOUSE	743.60	584.24	1327.84	709.18	557.21	1266.39	N/A	N/A	N/A	706.50	555.10	1261.60
WITH CHILDREN	348.35	273.69	622.04	333.80	262.27	596.07	N/A	N/A	N/A	335.42	263.54	598.96
FAMILY	813.88	955.32	1769.20	768.84	916.79	1685.63	N/A	N/A	N/A	775.10	900.94	1676.04
<u>RETIREE WITH 2 MEDICARE</u>												
WITH SPOUSE	361.76	284.24	646.00	347.84	273.29	621.13	N/A	N/A	N/A	347.94	273.36	621.30
FAMILY	447.92	351.92	799.84	430.66	338.37	769.03	N/A	N/A	N/A	428.84	336.92	765.76
<u>C.O.B.R.A.*</u>												
SINGLE	—	—	—	—	—	—	—	—	—	—	—	—
WITH SPOUSE	—	—	—	—	—	—	—	—	—	—	—	—
WITH CHILDREN	—	—	—	—	—	—	—	—	—	—	—	—
FAMILY	—	—	—	—	—	—	—	—	—	—	—	—
<u>DISABILITY C.O.B.R.A.*</u>												
SINGLE	—	—	—	—	—	—	—	—	—	—	—	—
WITH SPOUSE	—	—	—	—	—	—	—	—	—	—	—	—
WITH 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



OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF PREMIUM RATES (38% Participation Rate)
Effective July 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>			Regions 5, 6, 7, 8 & 9 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	—	—	—	—	—	—	—	—	—	—	—	—
WITH SPOUSE	—	—	—	—	—	—	—	—	—	—	—	—
WITH CHILDREN	—	—	—	—	—	—	—	—	—	—	—	—
FAMILY	—	—	—	—	—	—	—	—	—	—	—	—
<u>RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE</u>												
SINGLE	419.96	685.19	1105.15	398.02	649.38	1047.40	N/A	N/A	N/A	399.94	652.50	1052.44
WITH SPOUSE	741.57	1209.92	1951.49	702.77	1146.62	1849.39	N/A	N/A	N/A	701.96	1145.28	1847.24
WITH CHILDREN	467.78	763.20	1230.98	443.34	723.37	1166.71	N/A	N/A	N/A	444.88	725.82	1170.70
FAMILY	737.96	1204.04	1942.00	699.40	1141.12	1840.52	N/A	N/A	N/A	698.56	1139.76	1838.32
<u>RETIREE WITH 1 MEDICARE</u>												
SINGLE	136.59	222.81	359.40	131.68	214.83	346.51	N/A	N/A	N/A	133.94	218.50	352.44
WITH SPOUSE	504.60	823.24	1327.84	481.24	785.15	1266.39	N/A	N/A	N/A	479.42	782.18	1261.60
WITH CHILDREN	236.40	385.64	622.04	226.51	369.56	596.07	N/A	N/A	N/A	227.60	371.36	598.96
FAMILY	672.29	1096.91	1769.20	640.54	1045.09	1685.63	N/A	N/A	N/A	636.90	1039.14	1676.04
<u>RETIREE WITH 2 MEDICARE</u>												
WITH SPOUSE	245.49	400.51	646.00	236.03	385.10	621.13	N/A	N/A	N/A	236.10	385.20	621.30
FAMILY	303.95	495.89	799.84	292.25	476.78	769.03	N/A	N/A	N/A	291.00	474.76	765.76
<u>C.O.B.R.A.</u>												
SINGLE	—	—	—	—	—	—	—	—	—	—	—	—
WITH SPOUSE	—	—	—	—	—	—	—	—	—	—	—	—
WITH CHILDREN	—	—	—	—	—	—	—	—	—	—	—	—
FAMILY	—	—	—	—	—	—	—	—	—	—	—	—
<u>DISABILITY C.O.B.R.A.</u>												
SINGLE	—	—	—	—	—	—	—	—	—	—	—	—
WITH SPOUSE	—	—	—	—	—	—	—	—	—	—	—	—
WITH 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.

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Approved



OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF PREMIUM RATES (19% Retiree Participation Rate)

Effective July 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>			Regions 5, 6, 7, 8 & 9 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	—	—	—	—	—	—	—	—	—	—	—	—
WITH SPOUSE	—	—	—	—	—	—	—	—	—	—	—	—
WITH CHILDREN	—	—	—	—	—	—	—	—	—	—	—	—
FAMILY	—	—	—	—	—	—	—	—	—	—	—	—
<u>RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE</u>												
SINGLE	209.98	895.17	1105.15	199.02	848.38	1047.40	N/A	N/A	N/A	199.96	852.48	1052.44
WITH SPOUSE	370.80	1580.69	1951.49	351.40	1497.99	1849.39	N/A	N/A	N/A	350.98	1496.26	1847.24
WITH CHILDREN	233.90	997.08	1230.98	221.67	945.04	1166.71	N/A	N/A	N/A	222.44	948.26	1170.70
FAMILY	368.99	1573.01	1942.00	349.71	1490.81	1840.52	N/A	N/A	N/A	349.28	1489.04	1838.32
<u>RETIREE WITH 1 MEDICARE</u>												
SINGLE	68.30	291.10	359.40	65.84	280.67	346.51	N/A	N/A	N/A	66.96	285.48	352.44
WITH SPOUSE	252.30	1075.54	1327.84	240.62	1025.77	1266.39	N/A	N/A	N/A	239.70	1021.90	1261.60
WITH CHILDREN	118.21	503.83	622.04	113.26	482.81	596.07	N/A	N/A	N/A	113.80	485.16	598.96
FAMILY	336.14	1433.06	1769.20	320.27	1365.36	1685.63	N/A	N/A	N/A	318.46	1357.58	1676.04
<u>RETIREE WITH 2 MEDICARE</u>												
WITH SPOUSE	122.74	523.26	646.00	118.01	503.12	621.13	N/A	N/A	N/A	118.06	503.24	621.30
FAMILY	151.97	647.87	799.84	146.13	622.90	769.03	N/A	N/A	N/A	145.50	620.26	765.76
<u>C.O.B.R.A.</u>												
SINGLE	—	—	—	—	—	—	—	—	—	—	—	—
WITH SPOUSE	—	—	—	—	—	—	—	—	—	—	—	—
WITH CHILDREN	—	—	—	—	—	—	—	—	—	—	—	—
FAMILY	—	—	—	—	—	—	—	—	—	—	—	—
<u>DISABILITY C.O.B.R.A.</u>												
SINGLE	—	—	—	—	—	—	—	—	—	—	—	—
WITH SPOUSE	—	—	—	—	—	—	—	—	—	—	—	—
WITH 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.

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