

OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF PREMIUM RATES

Effective July 1, 2008



	PPO Plan (Statewide)			EPO Plan (Statewide)			HMO Plan (Statewide)		
	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
<u>ACTIVE EMPLOYEE</u>									
SINGLE	406.78	135.58	542.36	406.78	157.34	564.12	390.54	130.18	520.72
WITH SPOUSE	711.60	440.40	1152.00	711.60	486.48	1198.08	683.14	422.78	1105.92
WITH CHILDREN	466.34	195.14	661.48	466.34	221.62	687.96	447.70	187.34	635.04
FAMILY	743.06	471.86	1214.92	743.06	520.46	1263.52	713.36	453.00	1166.36
<u>RETIREE WITH NO MEDICARE or RE-EMPLOYED RETIREE</u>									
SINGLE	873.42	135.58	1009.00	873.42	175.90	1049.32	838.46	130.18	968.64
WITH SPOUSE	1341.32	440.40	1781.72	1341.32	511.64	1852.96	1287.62	422.78	1710.40
WITH CHILDREN	928.78	195.14	1123.92	928.78	240.06	1168.84	891.66	187.34	1079.00
FAMILY	1329.84	443.28	1773.12	1329.84	514.20	1844.04	1276.66	425.54	1702.20
<u>RETIREE WITH 1 MEDICARE</u>									
SINGLE	246.10	82.02	328.12	246.10	95.14	341.24	236.22	78.74	314.96
WITH SPOUSE	909.24	303.08	1212.32	909.24	351.56	1260.80	872.82	290.94	1163.76
WITH CHILDREN	425.94	141.98	567.92	425.94	164.70	590.64	408.94	136.30	545.24
FAMILY	1211.50	403.82	1615.32	1211.50	468.42	1679.92	1163.02	387.66	1550.68
<u>RETIREE WITH 2 MEDICARE</u>									
WITH SPOUSE	442.32	147.44	589.76	442.32	171.00	613.32	424.62	141.54	566.16
FAMILY	547.68	182.56	730.24	547.68	211.76	759.44	525.78	175.26	701.04
<u>COBRA</u>									
SINGLE	0.00	553.20	553.20	0.00	575.40	575.40	0.00	531.12	531.12
WITH SPOUSE	0.00	1175.04	1175.04	0.00	1222.04	1222.04	0.00	1128.04	1128.04
WITH CHILDREN	0.00	674.72	674.72	0.00	701.72	701.72	0.00	647.72	647.72
FAMILY	0.00	1239.20	1239.20	0.00	1288.76	1288.76	0.00	1189.68	1189.68
<u>DISABILITY COBRA</u>									
SINGLE	0.00	813.54	813.54	0.00	846.16	846.16	0.00	781.08	781.08
WITH SPOUSE	0.00	1727.98	1727.98	0.00	1797.12	1797.12	0.00	1658.88	1658.88
WITH CHILDREN	0.00	992.22	992.22	0.00	1031.92	1031.92	0.00	952.56	952.56
FAMILY	0.00	1822.36	1822.36	0.00	1895.28	1895.28	0.00	1749.52	1749.52

NOTE: 1) The breakdown between the state share and the employee share may not be accurate for certain school board employees due to local funding that affects contributions. Total premium columns are correct for all agencies.
 2) All members who retire on or after July 1, 1997, must have both Medicare Part A and Part B to qualify for reduced premium rates.

Approved by:

2/22/2008