

**OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF RATES
EFFECTIVE SEPTEMBER 1, 2009**



		STATEWIDE PPO RATES JULY 1, 2009			STATEWIDE EPO RATES JULY 1, 2009			STATEWIDE HMO RATES JULY 1, 2009			REGION 9 MEDICAL HOME HEALTH PLAN SEPTEMBER 1, 2009		
		STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL
ACTIVE													
	SINGLE	418.98	139.66	558.64	418.98	162.06	581.04	402.28	134.08	536.36	399.00	133.00	532.00
	WITH SPOUSE	732.94	453.62	1186.56	732.94	501.10	1234.04	703.66	435.46	1139.12	697.98	431.98	1129.96
	WITH CHILDREN	480.32	201.00	681.32	480.32	228.28	708.60	461.16	192.96	654.12	457.52	191.52	649.04
	FAMILY	765.36	486.04	1251.40	765.36	536.08	1301.44	734.78	466.58	1201.36	728.84	462.84	1191.68
RETIRED NO MEDICARE & RE-EMPLOYED RETIREE													
	SINGLE	899.62	139.66	1039.28	899.62	181.18	1080.80	863.64	134.08	997.72	856.52	133.00	989.52
	WITH SPOUSE	1381.58	453.62	1835.20	1381.58	526.98	1908.56	1326.26	435.46	1761.72	1315.62	431.98	1747.60
	WITH CHILDREN	956.64	201.00	1157.64	956.64	247.28	1203.92	918.44	192.96	1111.40	910.76	191.52	1102.28
	FAMILY	1369.74	456.58	1826.32	1369.74	529.62	1899.36	1314.96	438.32	1753.28	1304.34	434.78	1739.12
RETIRED WITH 1 MEDICARE													
	SINGLE	253.48	84.48	337.96	253.48	98.00	351.48	243.34	81.10	324.44	241.38	80.46	321.84
	WITH SPOUSE	936.54	312.18	1248.72	936.54	362.10	1298.64	899.02	299.66	1198.68	891.76	297.24	1189.00
	WITH CHILDREN	438.72	146.24	584.96	438.72	169.64	608.36	421.20	140.40	561.60	417.76	139.24	557.00
	FAMILY	1247.86	415.94	1663.80	1247.86	482.46	1730.32	1197.90	399.30	1597.20	1188.22	396.06	1584.28
RETIRED WITH 2 MEDICARE													
	WITH SPOUSE	455.62	151.86	607.48	455.62	176.10	631.72	437.38	145.78	583.16	433.70	144.58	578.28
	FAMILY	564.12	188.04	752.16	564.12	218.12	782.24	541.56	180.52	722.08	537.06	179.02	716.08
COBRA													
	SINGLE	0.00	569.82	569.82	0.00	592.66	592.66	0.00	547.06	547.06	0.00	542.64	542.64
	WITH SPOUSE	0.00	1210.30	1210.30	0.00	1258.70	1258.70	0.00	1161.88	1161.88	0.00	1152.84	1152.84
	WITH CHILDREN	0.00	694.96	694.96	0.00	722.78	722.78	0.00	667.16	667.16	0.00	661.80	661.80
	FAMILY	0.00	1276.44	1276.44	0.00	1327.42	1327.42	0.00	1225.38	1225.38	0.00	1215.60	1215.60
DISABILITY COBRA													
	SINGLE	0.00	839.96	839.96	0.00	871.54	871.54	0.00	804.52	804.52	0.00	800.12	800.12
	WITH SPOUSE	0.00	1779.84	1779.84	0.00	1851.04	1851.04	0.00	1708.66	1708.66	0.00	1694.96	1694.96
	WITH CHILDREN	0.00	1021.98	1021.98	0.00	1062.88	1062.88	0.00	981.14	981.14	0.00	973.04	973.04
	FAMILY	0.00	1877.10	1877.10	0.00	1952.14	1952.14	0.00	1802.02	1802.02	0.00	1787.52	1787.52

NOTE: 1) The breakdown between State Share and Employee Share may not be accurate for certain School Board employees due to local funding affecting contributions. Total premium columns are correct for all agencies.

2) All members that retire on or after July 1, 1997 must have Medicare-Parts A and B in order to qualify for the reduced premium rates.

Approved by:

8/28/2009