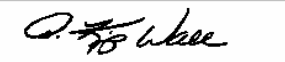


OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF RATES
EFFECTIVE JULY 1, 2004

		STATEWIDE PPO RATES JULY 1, 2004			STATEWIDE EPO RATES JULY 1, 2004			STATEWIDE MCO RATES-FARA JULY 1, 2004			REGION 1 - HMO OHP - NEW ORLEANS JULY 1, 2004			REGION 2 - HMO OHP - HOUMA/THIB JULY 1, 2004			REGION 3 - HMO OHP - HAMMOND JULY 1, 2004		
		STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL
<u>ACTIVE</u>	SINGLE	335.34	111.78	447.12	335.34	147.58	482.92	228.04	76.00	304.04	276.08	92.04	368.12	276.08	92.04	368.12	321.00	107.00	428.00
	WITH SPOUSE	540.30	316.74	857.04	540.30	385.30	925.60	367.42	215.38	582.80	431.20	247.16	678.36	431.20	247.16	678.36	492.10	278.10	770.20
	WITH CHILDREN	392.90	169.34	562.24	392.90	214.30	607.20	267.18	115.14	382.32	318.56	134.52	453.08	318.56	134.52	453.08	370.68	156.68	527.36
	FAMILY	570.64	347.08	917.72	570.64	420.48	991.12	388.04	236.00	624.04	459.70	275.66	735.36	459.70	275.66	735.36	535.76	321.76	857.52
<u>RETIRED NO MEDICARE & RE-EMPLOYED RETIREE</u>																			
	SINGLE	684.00	111.80	795.80	684.00	175.44	859.44	465.12	76.00	541.12	628.96	92.04	721.00	628.96	92.04	721.00	684.00	156.72	840.72
	WITH SPOUSE	1,182.26	316.74	1,499.00	1,182.26	436.66	1,618.92	803.94	215.38	1,019.32	1,182.26	303.26	1,485.52	1,182.26	303.26	1,485.52	1,182.26	552.62	1,734.88
	WITH CHILDREN	730.14	169.34	899.48	730.14	241.30	971.44	496.50	115.14	611.64	674.22	134.50	808.72	674.22	134.50	808.72	730.14	213.18	943.32
	FAMILY	1,133.04	347.08	1,480.12	1,133.04	465.48	1,598.52	770.48	236.00	1,006.48	1,133.04	355.00	1,488.04	1,133.04	355.00	1,488.04	1,133.04	604.80	1,737.84
<u>RETIRED WITH 1 MEDICARE</u>																			
	SINGLE	195.08	65.04	260.12	195.08	85.84	280.92	132.66	44.22	176.88	163.52	54.52	218.04	163.52	54.52	218.04	189.36	63.12	252.48
	WITH SPOUSE	723.92	241.32	965.24	723.92	318.52	1,042.44	492.26	164.10	656.36	620.36	206.80	827.16	620.36	206.80	827.16	723.66	241.22	964.88
	WITH CHILDREN	363.22	121.06	484.28	363.22	159.82	523.04	246.98	82.34	329.32	363.22	497.78	861.00	363.22	497.78	861.00	363.22	641.22	1,004.44
	FAMILY	930.56	310.20	1,240.76	930.56	409.44	1,340.00	632.78	210.94	843.72	798.00	266.00	1,064.00	798.00	266.00	1,064.00	930.56	311.36	1,241.92
<u>RETIRED WITH 2 MEDICARE</u>																			
	WITH SPOUSE	365.78	121.94	487.72	365.78	160.94	526.72	248.74	82.90	331.64	277.74	92.58	370.32	277.74	92.58	370.32	322.94	107.66	430.60
	FAMILY	450.00	150.00	600.00	450.00	198.00	648.00	306.00	102.00	408.00	366.56	122.20	488.76	366.56	122.20	488.76	426.82	142.30	569.12
<u>COBRA</u>																			
	SINGLE	0.00	456.06	456.06	0.00	492.58	492.58	0.00	310.12	310.12	0.00	375.48	375.48	0.00	375.48	375.48	0.00	436.56	436.56
	WITH SPOUSE	0.00	874.18	874.18	0.00	944.10	944.10	0.00	594.46	594.46	0.00	691.92	691.92	0.00	691.92	691.92	0.00	785.60	785.60
	WITH CHILDREN	0.00	573.48	573.48	0.00	619.34	619.34	0.00	389.96	389.96	0.00	462.14	462.14	0.00	462.14	462.14	0.00	537.90	537.90
	FAMILY	0.00	936.06	936.06	0.00	1,010.94	1,010.94	0.00	636.52	636.52	0.00	750.06	750.06	0.00	750.06	750.06	0.00	874.66	874.66
<u>DISABILITY COBRA</u>																			
	SINGLE	0.00	670.68	670.68	0.00	724.38	724.38	0.00	456.06	456.06	0.00	552.18	552.18	0.00	552.18	552.18	0.00	642.00	642.00
	WITH SPOUSE	0.00	1,285.56	1,285.56	0.00	1,388.40	1,388.40	0.00	874.20	874.20	0.00	1,017.54	1,017.54	0.00	1,017.54	1,017.54	0.00	1,155.30	1,155.30
	WITH CHILDREN	0.00	843.36	843.36	0.00	910.80	910.80	0.00	573.48	573.48	0.00	679.62	679.62	0.00	679.62	679.62	0.00	791.04	791.04
	FAMILY	0.00	1,376.58	1,376.58	0.00	1,486.68	1,486.68	0.00	936.06	936.06	0.00	1,103.04	1,103.04	0.00	1,103.04	1,103.04	0.00	1,286.28	1,286.28

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.
3) HMO rates include \$15 Administration Fee.

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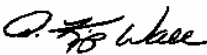
3/25/2004

OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF RATES
EFFECTIVE JULY 1, 2004



		REGION 4 - HMO OHP - LAFAYETTE JULY 1, 2004			REGION 5 - HMO OHP - LAKE CHARLES JULY 1, 2004			REGION 6 - HMO OHP - BATON ROUGE JULY 1, 2004			REGION 7 - HMO OHP - ALEXANDRIA JULY 1, 2004			REGION 8 - HMO OHP - SHREVEPORT JULY 1, 2004			REGION 9 - HMO VANTAGE-MONROE JULY 1, 2004		
		STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL
<u>ACTIVE</u>	SINGLE	335.34	123.14	458.48	280.36	93.48	373.84	266.20	88.72	354.92	282.80	94.28	377.08	295.12	98.36	393.48	335.34	123.34	458.68
	WITH SPOUSE	530.14	317.94	848.08	437.98	251.10	689.08	415.52	238.08	653.60	441.86	253.30	695.16	457.60	260.84	718.44	530.20	318.20	848.40
	WITH CHILDREN	388.68	176.48	565.16	323.52	136.64	460.16	307.10	129.62	436.72	326.36	137.84	464.20	340.64	143.92	484.56	388.70	176.70	565.40
	FAMILY	565.94	353.74	919.68	466.94	280.06	747.00	442.96	265.52	708.48	471.08	282.56	753.64	491.92	295.20	787.12	566.00	354.00	920.00
<u>RETIRED NO MEDICARE & RE-EMPLOYED RETIREE</u>																			
	SINGLE	684.00	217.64	901.64	638.94	93.46	732.40	605.90	88.74	694.64	644.62	94.30	738.92	673.36	98.36	771.72	684.00	367.56	1,051.56
	WITH SPOUSE	1,182.26	679.50	1,861.76	1,182.26	327.02	1,509.28	1,182.26	248.34	1,430.60	1,182.26	340.54	1,522.80	1,182.26	408.90	1,591.16	1,182.26	823.14	2,005.40
	WITH CHILDREN	730.14	281.70	1,011.84	684.92	136.64	821.56	649.46	129.62	779.08	691.04	137.84	828.88	721.84	143.92	865.76	730.14	363.26	1,093.40
	FAMILY	1,133.04	731.88	1,864.92	1,133.04	378.80	1,511.84	1,133.04	300.00	1,433.04	1,133.04	392.36	1,525.40	1,133.04	460.80	1,593.84	1,133.04	782.04	1,915.08
<u>RETIRED WITH 1 MEDICARE</u>																			
	SINGLE	195.08	74.92	270.00	165.98	55.34	221.32	157.84	52.64	210.48	167.40	55.80	223.20	174.46	58.18	232.64	195.08	132.40	327.48
	WITH SPOUSE	723.92	311.04	1,034.96	630.20	210.08	840.28	597.62	199.22	796.84	635.80	211.96	847.76	664.12	221.36	885.48	723.92	494.52	1,218.44
	WITH CHILDREN	363.22	714.22	1,077.44	363.22	511.42	874.64	363.22	466.18	829.40	363.22	519.22	882.44	363.22	558.54	921.76	363.22	400.58	763.80
	FAMILY	930.56	401.88	1,332.44	810.72	270.24	1,080.96	768.62	256.22	1,024.84	817.96	272.64	1,090.60	854.52	284.84	1,139.36	807.18	269.06	1,076.24
<u>RETIRED WITH 2 MEDICARE</u>																			
	WITH SPOUSE	345.92	115.32	461.24	282.06	94.02	376.08	267.80	89.28	357.08	284.50	94.86	379.36	296.88	98.96	395.84	365.78	274.18	639.96
	FAMILY	450.00	160.00	610.00	372.30	124.10	496.40	353.30	117.78	471.08	375.58	125.18	500.76	392.10	130.70	522.80	450.00	626.24	1,076.24
<u>COBRA</u>																			
	SINGLE	0.00	467.64	467.64	0.00	381.32	381.32	0.00	362.02	362.02	0.00	384.62	384.62	0.00	401.34	401.34	0.00	467.82	467.82
	WITH SPOUSE	0.00	865.04	865.04	0.00	702.86	702.86	0.00	666.66	666.66	0.00	709.06	709.06	0.00	732.80	732.80	0.00	865.36	865.36
	WITH CHILDREN	0.00	576.46	576.46	0.00	469.36	469.36	0.00	445.44	445.44	0.00	473.48	473.48	0.00	494.24	494.24	0.00	576.70	576.70
	FAMILY	0.00	938.06	938.06	0.00	761.94	761.94	0.00	722.64	722.64	0.00	768.70	768.70	0.00	802.86	802.86	0.00	938.40	938.40
<u>DISABILITY COBRA</u>																			
	SINGLE	0.00	687.72	687.72	0.00	560.76	560.76	0.00	532.38	532.38	0.00	565.62	565.62	0.00	590.22	590.22	0.00	687.98	687.98
	WITH SPOUSE	0.00	1,272.12	1,272.12	0.00	1,033.62	1,033.62	0.00	940.40	940.40	0.00	1,042.74	1,042.74	0.00	1,077.66	1,077.66	0.00	1,272.60	1,272.60
	WITH CHILDREN	0.00	847.74	847.74	0.00	690.24	690.24	0.00	655.08	655.08	0.00	696.30	696.30	0.00	726.84	726.84	0.00	848.10	848.10
	FAMILY	0.00	1,379.52	1,379.52	0.00	1,120.50	1,120.50	0.00	1,062.72	1,062.72	0.00	1,130.46	1,130.46	0.00	1,180.68	1,180.68	0.00	1,380.00	1,380.00

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