

**LSU First Premium Rates for 2010-2011  
The LSU System Health Plan**

		Nationwide LSU FIRST The LSU System Health Plan OPTION 1			Nationwide LSU FIRST The LSU System Health Plan OPTION 2			Statewide PPO RATES JULY 1, 2010			Nationwide HMO RATES JULY 1, 2010			Nationwide CDHP w/ H S A JULY 1, 2010			Statewide 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	STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL
		<b>ACTIVE</b>	SINGLE	399.28	133.10	532.38	345.24	115.08	460.32	418.98	139.66	558.64	395.82	131.94	527.76	325.24	108.40	433.64	399.00
	WITH SPOUSE	608.02	341.82	949.84	525.72	295.54	821.26	732.94	453.62	1186.56	692.36	428.48	1120.84	568.94	352.10	921.04	697.98	431.98	1129.96
	WITH CHILDREN	459.70	193.52	653.22	406.92	176.76	583.68	480.32	201.00	681.32	453.76	189.88	643.64	372.94	156.10	529.04	457.52	191.52	649.04
	FAMILY	700.86	434.68	1135.54	611.80	381.64	993.44	765.36	486.04	1251.40	722.98	459.10	1182.08	594.08	377.24	971.32	728.84	462.84	1191.68
<b>RETIRED NO MEDICARE &amp; RE-EMPLOYED RETIREE</b>																			
	SINGLE	877.84	133.10	1010.94	808.94	115.08	924.02	899.62	139.66	1039.28	853.06	131.94	985.00	698.44	108.40	806.84	856.52	133.00	989.52
	WITH SPOUSE	1381.58	403.54	1785.12	1336.06	295.54	1631.60	1381.58	453.62	1835.20	1310.76	428.48	1739.24	1072.46	352.10	1424.56	1315.62	431.98	1747.60
	WITH CHILDREN	932.54	193.52	1126.06	847.96	176.76	1024.72	956.64	201.00	1157.64	907.32	189.88	1097.20	742.82	156.10	898.92	910.76	191.52	1102.28
	FAMILY	1341.84	434.68	1776.52	1237.66	381.64	1619.30	1369.74	456.58	1826.32	1298.20	432.72	1730.92	1063.20	354.40	1417.60	1304.34	434.78	1739.12
<b>RETIRED WITH 1 MEDICARE</b>																			
	SINGLE	232.40	77.46	309.86	200.92	66.98	267.90	253.48	84.48	337.96	244.42	81.46	325.88	N/A	N/A	N/A	241.38	80.46	321.84
	WITH SPOUSE	802.60	267.54	1070.14	693.98	231.32	925.30	936.54	312.18	1248.72	893.20	297.72	1190.92	N/A	N/A	N/A	891.76	297.24	1189.00
	WITH CHILDREN	438.72	149.88	588.60	397.30	132.44	529.74	438.72	146.24	584.96	420.40	140.12	560.52	N/A	N/A	N/A	417.76	139.24	557.00
	FAMILY	1138.80	379.60	1518.40	995.60	331.88	1327.48	1247.86	415.94	1663.80	1188.90	396.30	1585.20	N/A	N/A	N/A	1188.22	396.06	1584.28
<b>RETIRED WITH 2 MEDICARE</b>																			
	WITH SPOUSE	405.54	135.20	540.74	350.66	116.90	467.56	455.62	151.86	607.48	438.10	146.02	584.12	N/A	N/A	N/A	433.70	144.58	578.28
	FAMILY	550.68	183.56	734.24	481.46	160.48	641.94	564.12	188.04	752.16	542.44	180.80	723.24	N/A	N/A	N/A	537.06	179.02	716.08
<b>COBRA</b>																			
	SINGLE	0.00	543.02	543.02	0.00	469.52	469.52	0.00	569.82	569.82	0.00	538.32	538.32	0.00	442.32	442.32	0.00	542.64	542.64
	WITH SPOUSE	0.00	968.84	968.84	0.00	837.68	837.68	0.00	1210.30	1210.30	0.00	1143.28	1143.28	0.00	939.46	939.46	0.00	1152.84	1152.84
	WITH CHILDREN	0.00	666.28	666.28	0.00	595.36	595.36	0.00	694.96	694.96	0.00	656.52	656.52	0.00	539.62	539.62	0.00	661.80	661.80
	FAMILY	0.00	1158.26	1158.26	0.00	1013.30	1013.30	0.00	1276.44	1276.44	0.00	1205.72	1205.72	0.00	990.76	990.76	0.00	1215.60	1215.60
<b>DISABILITY COBRA</b>																			
	SINGLE	0.00	798.58	798.58	0.00	690.48	690.48	0.00	839.96	839.96	0.00	791.64	791.64	N/A	N/A	N/A	0.00	800.12	800.12
	WITH SPOUSE	0.00	1424.76	1424.76	0.00	1231.90	1231.90	0.00	1779.84	1779.84	0.00	1681.28	1681.28	N/A	N/A	N/A	0.00	1694.96	1694.96
	WITH CHILDREN	0.00	979.84	979.84	0.00	875.52	875.52	0.00	1021.98	1021.98	0.00	965.44	965.44	N/A	N/A	N/A	0.00	973.04	973.04
	FAMILY	0.00	1703.32	1703.32	0.00	1490.16	1490.16	0.00	1877.10	1877.10	0.00	1773.12	1773.12	N/A	N/A	N/A	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.