## **Health Insurance Rates Effective April 1, 2020**

		Group Health Plan	Employee Premium Cost per Month 12-month basis			Office Use Only
		Caddo Parish School Board  Effective April 1, 2019  Note: Survivor premiums now match corresponding active employee share.		POS	PPO 271	State Code
Employee Only	Employee Only	Employee/Retiree only without Medicare	\$206.50	\$187.50	\$99.00	02, 12, 18
		Retiree only with Medicare	\$111.40	\$101.20	\$53.40	05, 15
Employee with One Dependent	Employee and Child	Employee/Retiree & Child without Medicare  Retiree & Child one with Medicare	\$430.00 \$304.80	\$390.50 \$276.80	\$206.30 \$146.20	96,97
		Retiree & Child two with Medicare	\$282.60	\$256.60	\$135.60	98, 16
	Employee and Spouse	Employee/Retiree & Spouse without Medicare	\$426.10	\$386.90	\$204.40	93
		Retiree & Spouse one with Medicare	\$300.90	\$273.20	\$144.30	06,07
		Retiree & Spouse two with Medicare	\$278.70	\$253.00	\$133.70	08
Employee with Two or More Dependents	Employee and Children	Employee/Retiree & Children without Medicare	\$631.20	\$572.80	\$302.70	94, 14
		Retiree & Children one with Medicare	\$471.20	\$427.80	\$226.00	10, 17
		Retiree & Children two with Medicare	\$437.70	\$397.10	\$209.90	91
iploy No oi epen	Employee, Spouse and Children	Employee/Retiree, Spouse & Children without Medicare	\$622.00	\$564.70	\$298.40	04
Em T		Retiree, Spouse & Children one with Medicare	\$462.00	\$419.60	\$221.60	09
		Retiree, Spouse & Children two with Medicare	\$428.60	\$388.90	\$205.60	11

## **Dental Insurance Rates Effective April 1, 2020**

Group Dental Plan Caddo Parish School Board	Employee Premium Cost per Month 12-month basis		
Effective April 1, 2019	Dental Premiums		
Employee Only	\$21.10		
Employee & Spouse	\$43.70		
Employee & Children	\$47.40		
Employee & Family	\$68.40		