

MONTHLY MEDICAL INSURANCE PREMIUMS FOR ACTIVE EMPLOYEES

Effective July 1, 2008 through June 30, 2009

	LSU First (Cigna) Option 1	LSU First (Cigna) Option 2	Group Benefits EPO (UHC)	Group Benefits PPO	Humana Health Plan (HMO)
12 Month Employee Share					
Employee Only	\$133.10	\$115.08	\$157.34	\$135.58	\$130.18
Employee w/ Spouse	\$341.82	\$295.54	\$486.48	\$440.40	\$422.78
Employee w/ Children	\$193.52	\$176.76	\$221.62	\$195.14	\$187.34
Family	\$434.68	\$381.64	\$520.46	\$471.86	\$453.00
9 Month Employee Share					
Employee Only	\$177.47	\$153.44	\$209.78	\$180.77	\$173.57
Employee w/ Spouse	\$455.76	\$394.05	\$648.64	\$587.20	\$563.71
Employee w/ Children	\$258.03	\$235.68	\$295.49	\$260.19	\$249.79
Family	\$579.57	\$508.85	\$693.94	\$629.15	\$604.00
State Share					
Employee Only	\$399.28	\$345.24	\$406.78	\$406.78	\$390.54
Employee w/ Spouse	\$608.02	\$525.72	\$711.60	\$711.60	\$683.14
Employee w/ Children	\$459.70	\$406.92	\$466.34	\$466.34	\$447.70
Family	\$700.86	\$611.80	\$743.06	\$743.06	\$713.36
Total Premium					
Employee Only	\$532.38	\$460.32	\$564.12	\$542.36	\$520.72
Employee w/ Spouse	\$949.84	\$821.26	\$1,198.08	\$1,152.00	\$1,105.92
Employee w/ Children	\$653.22	\$583.68	\$687.96	\$661.48	\$635.04
Family	\$1,135.54	\$993.44	\$1,263.52	\$1,214.92	\$1,166.36
COBRA Premium					
Employee Only	\$543.02	\$469.52	\$575.40	\$553.20	\$531.12
Employee w/ Spouse	\$968.84	\$837.68	\$1,222.04	\$1,175.04	\$1,128.04
Employee w/ Children	\$666.28	\$595.36	\$701.72	\$674.72	\$647.72
Family	\$1,158.26	\$1,013.30	\$1,288.76	\$1,239.20	\$1,189.68