

**MONTHLY MEDICAL INSURANCE PREMIUMS FOR ACTIVE EMPLOYEES**

**Effective July 1, 2003 through June 30, 2004**

	<b>Definity Health Plan Option 1</b>	<b>Definity Health Plan Option 2</b>	<b>Group Benefits MCO Best Care / FARA Network</b>	<b>Group Benefits EPO Blue Cross Network</b>	<b>Group Benefits PPO</b>	<b>Ochsner Health Plan (HMO) BR - Region 6 Only</b>
<b>12 Month Employee Share</b>						
Employee Only	\$86.08	\$74.44	\$70.82	\$164.94	\$97.02	\$77.64
Employee with Spouse	\$216.80	\$187.46	\$195.26	\$395.06	\$267.50	\$207.48
Employee with Children	\$184.56	\$151.38	\$104.90	\$227.98	\$143.70	\$113.20
Family	\$273.94	\$236.88	\$218.12	\$437.34	\$298.82	\$231.34
<b>9 Month Employee Share</b>						
Employee Only	\$114.77	\$99.25	\$94.43	\$219.92	\$129.36	\$103.52
Employee with Spouse	\$289.07	\$249.95	\$260.35	\$526.75	\$356.67	\$276.64
Employee with Children	\$246.08	\$201.84	\$139.87	\$303.97	\$191.60	\$150.93
Family	\$365.25	\$315.84	\$290.83	\$583.12	\$398.43	\$308.45
<b>State Share</b>						
Employee Only	\$258.26	\$223.29	\$212.50	\$291.06	\$291.06	\$232.96
Employee with Spouse	\$388.98	\$336.32	\$336.94	\$461.54	\$461.54	\$362.80
Employee with Children	\$337.74	\$300.23	\$246.58	\$337.74	\$337.74	\$268.52
Family	\$446.13	\$385.73	\$359.80	\$492.86	\$492.86	\$386.66
<b>Total Premium</b>						
Employee Only	\$344.34	\$297.73	\$283.32	\$456.00	\$388.08	\$310.60
Employee with Spouse	\$605.78	\$523.78	\$532.20	\$856.60	\$729.04	\$570.28
Employee with Children	\$522.30	\$451.61	\$351.48	\$565.72	\$481.44	\$381.72
Family	\$720.07	\$622.61	\$577.92	\$930.20	\$791.68	\$618.00