

**MONTHLY MEDICAL INSURANCE PREMIUMS**

Effective July 1, 2003 through June 30, 2004

**Retiree & COBRA**

	Definity Health		PPO	Group Benefits	MCO	Vantage HMO
	Option 1	Option 2		EPO (administered by BlueCross/BlueShield)	(administered by FARA)	Monroe
	<b>Retiree with No Medicare</b>					
Employee Only	\$86.08	\$74.44	\$97.02	\$224.46	\$70.82	\$299.46
Employee & Spouse	\$216.80	\$187.46	\$267.50	\$532.94	\$195.26	\$523.94
Employee & Child(ren)	\$213.19	\$151.38	\$143.70	\$286.98	\$104.90	\$292.58
Family	\$273.94	\$236.88	\$298.82	\$564.72	\$218.12	\$472.88
	<b>Retiree with 1 Medicare</b>					
Employee Only	\$54.04	\$46.73	\$60.90	\$103.52	\$44.46	\$108.32
Employee & Spouse	\$193.44	\$167.26	\$232.80	\$395.76	\$169.94	\$379.68
Employee & Child(ren)	\$163.01	\$114.16	\$121.70	\$206.88	\$88.84	\$311.38
Family	\$267.05	\$230.91	\$293.62	\$499.14	\$214.34	\$238.12
	<b>Retiree with 2 Medicare</b>					
Employee & Spouse	\$95.04	\$82.17	\$114.38	\$194.44	\$83.50	\$223.94
Family	\$132.86	\$114.88	\$146.08	\$248.34	\$106.64	\$514.26
	<b>COBRA Premium (Total Premium + 2% Admin Fee)</b>					
Employee Only	\$351.23	\$303.68	\$395.84	\$465.12	\$289.00	\$399.14
Employee & Spouse	\$617.89	\$534.26	\$743.62	\$873.72	\$542.84	\$671.64
Employee & Child(ren)	\$532.74	\$460.63	\$491.06	\$577.02	\$358.50	\$633.30
Family	\$734.46	\$635.05	\$807.50	\$948.80	\$589.48	\$829.02
	<b>Part-time COBRA Premium</b>					
Employee Only	\$92.97	\$80.39	\$104.78	\$174.06	\$76.50	\$108.08
Employee & Spouse	\$228.91	\$197.94	\$282.08	\$412.18	\$205.90	\$247.00
Employee & Child(ren)	\$195.00	\$160.40	\$153.32	\$239.28	\$111.92	\$295.56
Family	\$288.33	\$249.32	\$314.64	\$455.94	\$229.68	\$336.16
	<b>Disability COBRA Premium (Total Premium + 50% Admin Fee)</b>					
Employee Only	\$516.51	\$446.60	\$582.12	\$684.00	\$424.98	\$586.98
Employee & Spouse	\$908.67	\$785.67	\$1,093.56	\$1,284.90	\$798.30	\$987.72
Employee & Child(ren)	\$783.45	\$677.42	\$722.16	\$848.58	\$527.22	\$931.32
Family	\$1,080.11	\$933.92	\$1,187.52	\$1,395.30	\$866.88	\$1,219.14

**MONTHLY MEDICAL INSURANCE PREMIUMS**  
**Effective July 1, 2003 through June 30, 2004**  
**Retiree & COBRA**

	Ochsner HMO							
	New Orleans	Houma/ Thibodeaux	Hammond	Lafayette	Lake Charles	Baton Rouge	Alexandria	Shreveport
	<b>Retiree with No Medicare</b>							
Employee Only	\$80.52	\$80.52	\$101.78	\$154.76	\$81.76	\$77.64	\$82.46	\$86.02
Employee & Spouse	\$215.40	\$215.40	\$261.18	\$371.52	\$218.82	\$207.48	\$220.76	\$227.32
Employee & Child(ren)	\$117.46	\$117.46	\$147.20	\$206.76	\$119.28	\$113.20	\$120.34	\$125.62
Family	\$240.18	\$240.18	\$292.48	\$403.00	\$244.00	\$231.34	\$246.18	\$257.16
	<b>Retiree with 1 Medicare</b>							
Employee Only	\$47.88	\$47.88	\$55.38	\$59.18	\$48.60	\$46.24	\$49.00	\$51.06
Employee & Spouse	\$180.30	\$180.30	\$210.26	\$225.48	\$183.16	\$173.72	\$184.78	\$192.98
Employee & Child(ren)	\$385.54	\$385.54	\$510.28	\$573.76	\$397.42	\$358.06	\$404.18	\$438.38
Family	\$231.78	\$231.78	\$270.48	\$290.14	\$235.48	\$223.28	\$237.58	\$248.18
	<b>Retiree with 2 Medicare</b>							
Employee & Spouse	\$81.00	\$81.00	\$94.10	\$100.76	\$82.24	\$78.10	\$82.96	\$86.54
Family	\$106.74	\$106.74	\$124.20	\$133.08	\$108.40	\$102.90	\$109.34	\$114.14
	<b>COBRA Premium (Total Premium + 2% Admin Fee)</b>							
Employee Only	\$328.52	\$328.52	\$381.60	\$408.64	\$333.58	\$316.80	\$336.44	\$351.00
Employee & Spouse	\$603.68	\$603.68	\$685.14	\$754.22	\$613.18	\$581.68	\$618.56	\$639.24
Employee & Child(ren)	\$403.88	\$403.88	\$469.76	\$503.26	\$410.12	\$389.34	\$413.70	\$431.78
Family	\$654.22	\$654.22	\$762.58	\$817.68	\$664.56	\$630.36	\$670.42	\$700.12
	<b>Part-time COBRA Premium</b>							
Employee Only	\$86.96	\$86.96	\$101.00	\$117.58	\$88.30	\$83.84	\$89.06	\$92.90
Employee & Spouse	\$227.24	\$227.24	\$257.24	\$293.76	\$230.84	\$218.88	\$232.88	\$239.84
Employee & Child(ren)	\$125.38	\$125.38	\$145.94	\$165.82	\$127.32	\$120.82	\$128.44	\$134.08
Family	\$253.00	\$253.00	\$295.22	\$326.10	\$257.04	\$243.70	\$259.32	\$270.88
	<b>Disability COBRA Premium (Total Premium + 50% Admin Fee)</b>							
Employee Only	\$483.12	\$483.12	\$561.18	\$600.96	\$490.56	\$465.90	\$494.76	\$516.18
Employee & Spouse	\$887.76	\$887.76	\$1,007.58	\$1,109.16	\$901.74	\$855.42	\$909.66	\$940.08
Employee & Child(ren)	\$593.94	\$593.94	\$690.84	\$740.10	\$603.12	\$572.58	\$608.40	\$634.98
Family	\$962.10	\$962.10	\$1,121.46	\$1,202.50	\$977.28	\$927.00	\$985.92	\$1,029.60