



OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES

Rates effective January 1, 2024 (75% employer participation level)
 For a complete list of premium rates at all employer participation levels please visit info.groupbenefits.org.

| | Magnolia Open Access Administered by Blue Cross | | | Magnolia Local Administered by Blue Cross | | | Magnolia Local Plus Administered by Blue Cross | | | Pelican HSA775 Administered by Blue Cross | | | Pelican HRA1000 Administered by Blue Cross | | |
|---|--|----------------|---------------|--|----------------|---------------|---|----------------|---------------|--|----------------|---------------|---|----------------|---------------|
| | State Share | Employee Share | Total Premium | State Share | Employee Share | Total Premium | State Share | Employee Share | Total Premium | State Share | Employee Share | Total Premium | State Share | Employee Share | Total Premium |
| ACTIVE EMPLOYEE | | | | | | | | | | | | | | | |
| ENROLLEE ONLY | \$679.72 | \$226.50 | \$906.22 | \$554.18 | \$184.68 | \$738.86 | \$653.84 | \$217.90 | \$871.74 | \$236.30 | \$78.72 | \$315.02 | \$408.54 | \$136.14 | \$544.68 |
| ENROLLEE + 1 (SPOUSE) | \$1,189.10 | \$735.90 | \$1,925.00 | \$969.42 | \$600.00 | \$1,569.42 | \$1,143.80 | \$707.74 | \$1,851.54 | \$413.44 | \$255.84 | \$669.28 | \$714.64 | \$442.26 | \$1,156.90 |
| ENROLLEE + 1 (CHILD) | \$779.26 | \$326.08 | \$1,105.34 | \$635.30 | \$265.80 | \$901.10 | \$749.54 | \$313.60 | \$1,063.14 | \$270.98 | \$113.46 | \$384.44 | \$468.44 | \$196.08 | \$664.52 |
| ENROLLEE + CHILDREN | \$779.26 | \$326.08 | \$1,105.34 | \$635.30 | \$265.80 | \$901.10 | \$749.54 | \$313.60 | \$1,063.14 | \$270.98 | \$113.46 | \$384.44 | \$468.44 | \$196.08 | \$664.52 |
| FAMILY | \$1,241.72 | \$788.46 | \$2,030.18 | \$1,012.32 | \$642.90 | \$1,655.22 | \$1,194.36 | \$758.32 | \$1,952.68 | \$431.64 | \$274.06 | \$705.70 | \$746.22 | \$473.82 | \$1,220.04 |
| RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE | | | | | | | | | | | | | | | |
| ENROLLEE ONLY | \$1,459.58 | \$226.50 | \$1,686.08 | \$1,189.98 | \$184.68 | \$1,374.66 | \$1,409.12 | \$217.90 | \$1,627.02 | N/A | N/A | N/A | \$877.28 | \$136.14 | \$1,013.42 |
| ENROLLEE + 1 (SPOUSE) | \$2,241.46 | \$735.90 | \$2,977.36 | \$1,827.38 | \$600.00 | \$2,427.38 | \$2,165.14 | \$707.74 | \$2,872.88 | N/A | N/A | N/A | \$1,347.16 | \$442.26 | \$1,789.42 |
| ENROLLEE + 1 (CHILD) | \$1,551.98 | \$326.08 | \$1,878.06 | \$1,265.40 | \$265.80 | \$1,531.20 | \$1,498.78 | \$313.60 | \$1,812.38 | N/A | N/A | N/A | \$933.10 | \$196.08 | \$1,129.18 |
| ENROLLEE + CHILDREN | \$1,551.98 | \$326.08 | \$1,878.06 | \$1,265.40 | \$265.80 | \$1,531.20 | \$1,498.78 | \$313.60 | \$1,812.38 | N/A | N/A | N/A | \$933.10 | \$196.08 | \$1,129.18 |
| FAMILY | \$2,222.18 | \$740.72 | \$2,962.90 | \$1,811.72 | \$603.90 | \$2,415.62 | \$2,144.32 | \$714.78 | \$2,859.10 | N/A | N/A | N/A | \$1,335.42 | \$445.14 | \$1,780.56 |
| RETIREE WITH 1 MEDICARE | | | | | | | | | | | | | | | |
| ENROLLEE ONLY | \$411.22 | \$137.06 | \$548.28 | \$335.24 | \$111.76 | \$447.00 | \$403.70 | \$134.56 | \$538.26 | N/A | N/A | N/A | \$247.16 | \$82.40 | \$329.56 |
| ENROLLEE + 1 (SPOUSE) | \$1,519.42 | \$506.42 | \$2,025.84 | \$1,238.76 | \$412.88 | \$1,651.64 | \$1,475.42 | \$491.84 | \$1,967.26 | N/A | N/A | N/A | \$913.18 | \$304.36 | \$1,217.54 |
| ENROLLEE + 1 (CHILD) | \$711.76 | \$237.26 | \$949.02 | \$580.28 | \$193.42 | \$773.70 | \$694.40 | \$231.50 | \$925.90 | N/A | N/A | N/A | \$427.98 | \$142.60 | \$570.58 |
| ENROLLEE + CHILDREN | \$711.76 | \$237.26 | \$949.02 | \$580.28 | \$193.42 | \$773.70 | \$694.40 | \$231.50 | \$925.90 | N/A | N/A | N/A | \$427.98 | \$142.60 | \$570.58 |
| FAMILY | \$2,024.48 | \$674.76 | \$2,699.24 | \$1,650.52 | \$550.16 | \$2,200.68 | \$1,963.88 | \$654.60 | \$2,618.48 | N/A | N/A | N/A | \$1,216.58 | \$405.54 | \$1,622.12 |
| RETIREE WITH 2 MEDICARE | | | | | | | | | | | | | | | |
| ENROLLEE + 1 (SPOUSE) | \$739.24 | \$246.36 | \$985.60 | \$602.68 | \$200.86 | \$803.54 | \$723.66 | \$241.20 | \$964.86 | N/A | N/A | N/A | \$444.30 | \$148.06 | \$592.36 |
| FAMILY | \$915.22 | \$305.08 | \$1,220.30 | \$746.22 | \$248.70 | \$994.92 | \$895.96 | \$298.64 | \$1,194.60 | N/A | N/A | N/A | \$550.02 | \$183.34 | \$733.36 |
| C.O.B.R.A. | | | | | | | | | | | | | | | |
| ENROLLEE ONLY | \$0.00 | \$924.36 | \$924.36 | \$0.00 | \$753.62 | \$753.62 | \$0.00 | \$889.20 | \$889.20 | \$0.00 | \$321.34 | \$321.34 | \$0.00 | \$555.58 | \$555.58 |
| ENROLLEE + 1 (SPOUSE) | \$0.00 | \$1,963.48 | \$1,963.48 | \$0.00 | \$1,600.82 | \$1,600.82 | \$0.00 | \$1,888.54 | \$1,888.54 | \$0.00 | \$682.62 | \$682.62 | \$0.00 | \$1,180.02 | \$1,180.02 |
| ENROLLEE + 1 (CHILD) | \$0.00 | \$1,127.42 | \$1,127.42 | \$0.00 | \$919.12 | \$919.12 | \$0.00 | \$1,084.42 | \$1,084.42 | \$0.00 | \$392.12 | \$392.12 | \$0.00 | \$677.82 | \$677.82 |
| ENROLLEE + CHILDREN | \$0.00 | \$1,127.42 | \$1,127.42 | \$0.00 | \$919.12 | \$919.12 | \$0.00 | \$1,084.42 | \$1,084.42 | \$0.00 | \$392.12 | \$392.12 | \$0.00 | \$677.82 | \$677.82 |
| FAMILY | \$0.00 | \$2,070.76 | \$2,070.76 | \$0.00 | \$1,688.30 | \$1,688.30 | \$0.00 | \$1,991.70 | \$1,991.70 | \$0.00 | \$719.82 | \$719.82 | \$0.00 | \$1,244.42 | \$1,244.42 |
| DISABILITY C.O.B.R.A. | | | | | | | | | | | | | | | |
| ENROLLEE ONLY | \$0.00 | \$1,359.34 | \$1,359.34 | \$0.00 | \$1,108.30 | \$1,108.30 | \$0.00 | \$1,307.62 | \$1,307.62 | \$0.00 | \$472.54 | \$472.54 | \$0.00 | \$817.02 | \$817.02 |
| ENROLLEE + 1 (SPOUSE) | \$0.00 | \$2,887.50 | \$2,887.50 | \$0.00 | \$2,354.14 | \$2,354.14 | \$0.00 | \$2,777.32 | \$2,777.32 | \$0.00 | \$1,003.92 | \$1,003.92 | \$0.00 | \$1,735.36 | \$1,735.36 |
| ENROLLEE + 1 (CHILD) | \$0.00 | \$1,658.00 | \$1,658.00 | \$0.00 | \$1,351.66 | \$1,351.66 | \$0.00 | \$1,594.72 | \$1,594.72 | \$0.00 | \$576.66 | \$576.66 | \$0.00 | \$996.78 | \$996.78 |
| ENROLLEE + CHILDREN | \$0.00 | \$1,658.00 | \$1,658.00 | \$0.00 | \$1,351.66 | \$1,351.66 | \$0.00 | \$1,594.72 | \$1,594.72 | \$0.00 | \$576.66 | \$576.66 | \$0.00 | \$996.78 | \$996.78 |
| FAMILY | \$0.00 | \$3,045.28 | \$3,045.28 | \$0.00 | \$2,482.84 | \$2,482.84 | \$0.00 | \$2,929.02 | \$2,929.02 | \$0.00 | \$1,058.56 | \$1,058.56 | \$0.00 | \$1,830.06 | \$1,830.06 |

- NOTE:
- 1) The breakdown between the State Share and the Employee Share amounts shown may not be accurate for certain school board employees due to local funding that affects agency funding, which affects agency contributions. Total Premium amounts are correct for all non-risk rated agencies.
 - 2) The breakdown between the State Share and Employee Share amounts shown for retirees without Medicare coverage is determined based upon the requirements of LA R.S. 42:851(C)(3), which supersedes the requirements of LA R.S. 42:851(E)(1).
 - 3) All plan members who retired on or after July 1, 1997 must have Medicare Part A and Part B to qualify for reduced premium rates.

Approved