



**OFFICE OF GROUP BENEFITS**  
**MEMBER-ONLY SHARE OF MONTHLY PREMIUM RATES**  
**ALL OGB-PARTICIPATING AGENCIES, EXCLUDING PARISH & CITY SCHOOL BOARDS**  
*Rates effective January 1, 2027 (56% employer participation level)*

|                                                           | Magnolia<br>Open Access | Magnolia<br>Local | Magnolia<br>Local Plus | Pelican<br>HSA775 | Pelican<br>HRA1000 |
|-----------------------------------------------------------|-------------------------|-------------------|------------------------|-------------------|--------------------|
| <b>RETIREE WITHOUT MEDICARE &amp; RE-EMPLOYED RETIREE</b> |                         |                   |                        |                   |                    |
| ENROLLEE ONLY                                             | \$918.62                | \$748.94          | \$886.44               | N/A               | \$552.14           |
| ENROLLEE + 1 (SPOUSE)                                     | \$1,622.10              | \$1,322.48        | \$1,565.18             | N/A               | \$974.90           |
| ENROLLEE + 1 (CHILD)                                      | \$1,023.22              | \$834.20          | \$987.46               | N/A               | \$615.18           |
| ENROLLEE + CHILDREN                                       | \$1,023.22              | \$834.20          | \$987.46               | N/A               | \$615.18           |
| FAMILY                                                    | \$1,614.24              | \$1,316.04        | \$1,557.68             | N/A               | \$970.06           |
| <b>RETIREE WITH 1 MEDICARE</b>                            |                         |                   |                        |                   |                    |
| ENROLLEE ONLY                                             | \$298.70                | \$243.54          | \$293.24               | N/A               | \$179.54           |
| ENROLLEE + 1 (SPOUSE)                                     | \$1,103.70              | \$899.80          | \$1,071.76             | N/A               | \$663.34           |
| ENROLLEE + 1 (CHILD)                                      | \$517.04                | \$421.56          | \$504.44               | N/A               | \$310.84           |
| ENROLLEE + CHILDREN                                       | \$517.04                | \$421.56          | \$504.44               | N/A               | \$310.84           |
| FAMILY                                                    | \$1,470.56              | \$1,198.96        | \$1,426.58             | N/A               | \$883.76           |
| <b>RETIREE WITH 2 MEDICARE</b>                            |                         |                   |                        |                   |                    |
| ENROLLEE + 1 (SPOUSE)                                     | \$536.94                | \$437.76          | \$525.70               | N/A               | \$322.72           |
| FAMILY                                                    | \$664.80                | \$542.04          | \$650.86               | N/A               | \$399.58           |

*For a complete list of premium rates for all employer types and at all employer participation levels, please visit [info.groupbenefits.org](http://info.groupbenefits.org).*

**NOTES:**

- 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.