

B. Applications for inactive status will be considered on a case by case basis.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3174 and R.S. 37:3179.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Board of Examiners of Interior Designers, LR 17:1078 (November 1991), LR 40:2543 (December 2014), amended LR 51:1856 (November 2025).

Sandy Edmonds  
Executive Director

2511#011

**RULE**

**Office of the Governor  
Division of Administration  
Office of Group Benefits**

**Participation in the Office of Group Benefits  
(LAC 32:I.307)**

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., as authorized pursuant to R.S. 42:801 and 42:802, the Office of the Governor, Division of Administration, Office of Group Benefits (OGB), amends Chapter 3 of LAC 32:I, Uniform Provisions—Participation in the Office of Group Benefits. The amendment modifies the current Rule to provide clarity. The final Rule is intended to be effective on January 1, 2026. This Rule is hereby adopted on the day of promulgation.

**Title 32**

**EMPLOYEE BENEFITS**

**Part I. General Provisions**

**Chapter 3. Uniform Provisions—Participation in the Office of Group Benefits**

**§307. Persons to be Covered**

A. - E. ...

F. Medicare Advantage Option for Retirees

1. Any retiree who enrolls in an OGB-sponsored Medicare Advantage plan may enroll in another OGB-sponsored plan of benefits during OGB’s annual open enrollment period unless an OGB-recognized Qualified Life Event applies. Any retiree enrolled in an OGB-sponsored Medicare Advantage plan may enroll in another OGB-sponsored Medicare Advantage plan during OGB’s annual open enrollment period or Medicare’s annual enrollment period.

2. Any retiree who elects to participate in a Medicare Advantage plan (MA plan) not sponsored by OGB will be allowed to re-enroll in a plan offered by OGB only if re-enrollment is requested within six months of the retiree’s enrollment in the MA plan not sponsored by OGB. Such a retiree who is permitted to re-enroll in OGB coverage will be enrolled retroactively into OGB’s Primary Plan of Benefits upon OGB’s receipt of payment of all premiums due for the months the retiree was not enrolled in OGB coverage, the month payment is received by OGB, and the month following OGB’s receipt of payment. The retiree will remain in OGB’s Primary Plan of Benefits until the retiree makes a different selection during an OGB annual open enrollment period unless the retiree experiences a qualifying life event that permits a plan change.

G. - H. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by Office of the Governor, Division of Administration, Office of Group Benefits, LR 41:339 (February 2015), effective March 1, 2015, amended LR 41:2350 (November 2015), effective January 1, 2016, amended LR 51:1857 (November 2025), effective January 1, 2026.

Heath Williams  
Chief Executive Officer

2511#013

**RULE**

**Department of Health  
Bureau of Health Services Financing**

**Eligibility—Family Opportunity Act Medicaid Program  
(LAC 50:III.2303)**

The Department of Health, Bureau of Health Services Financing have amended LAC 50:III.2303 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq. This Rule is hereby adopted on the day of promulgation

**Title 50**

**PUBLIC HEALTH—MEDICAL ASSISTANCE**

**Part III. Eligibility**

**Subpart 3. Eligibility Group and Factors**

**Chapter 23. Eligibility Groups and Medicaid Programs**

**§2303. Family Opportunity Act Medicaid Program**

A. - B.2.b. ...

3. The child may be uninsured or underinsured.

a. Parents are required to enroll in available employer-sponsored health plans when the employer contributes at least 50 percent of the annual premium costs. Participation in such employer-sponsored health plans is a condition of Medicaid coverage pursuant to the Family Opportunity Act Medicaid Program.

C. - D.2.b.iii. ...

3. The first premium is due the month following the month that eligibility is established. Prepayment of premiums is not required. A child’s eligibility for medical assistance will not terminate on the basis of failure to pay a premium during the 12-month continuous eligibility period. A child’s eligibility for medical assistance will terminate at the end of the 12-month continuous eligibility period if a failure to pay has continued for at least 60 days from the date on which the premium was past due.

4. - 4.d. ...

5. - 5.b.Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:1628 (August 2008), amended LR 35:69 (January 2009), amended by the Department of Health, Bureau of Health Services Financing, LR:51:1857 (November 2025).