

OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES

Rates for Medicare Advantage plans effective January 1, 2022 (56% employer participation level)

For a complete list of rates at all participation levels please visit info.groupbenefits.org.

COUISIAND		Advantage by HMO Lo (Region 1)	ouisiana	Blue Advantage HMO Insured by HMO Louisiana (Region 2)			Blue Advantage HMO Insured by HMO Louisiana (Regions 3, 4)			Blue Advantage HMO Insured by HMO Louisiana (Region 5)			Blue Advantage HMO Insured by HMO Louisiana (Regions 6, 7, 8)		
	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
RETIREE WITH 1 MEDICARE															
ENROLLEE ONLY	87.92	69.08	157.00	112.00	88.00	200.00	100.80	79.20	180.00	117.60	92.40	210.00	142.80	112.20	255.00
RETIREE WITH 2 MEDICARE															
ENROLLEE + 1 (SPOUSE)	175.84	138.16	314.00	224.00	176.00	400.00	201.60	158.40	360.00	235.20	184.80	420.00	285.60	224.40	510.00

*9	Blue Advantage HMO Insured by HMO Louisiana (Region 9)			Peoples Health HMO-POS Insured by Peoples Health (All Regions)			Vantage Premium Insured by Vantage Health Plan (All Regions)			Vantage Standard Insured by Vantage Health Plan (All Regions)			Vantage Basic Insured by Vantage Health Plan (All Regions)		
	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
RETIREE WITH 1 MEDICARE															
ENROLLEE ONLY	109.20	85.80	195.00	95.20	74.80	170.00	104.72	82.28	187.00	85.12	66.88	152.00	40.32	31.68	72.00
RETIREE WITH 2 MEDICARE															
ENROLLEE + 1 (SPOUSE)	218.40	171.60	390.00	190.40	149.60	340.00	209.44	164.56	374.00	170.24	133.76	304.00	80.64	63.36	144.00

Region 1: Orleans, Saint Bernard, Plaquemines and Jefferson Parishes

Region 2: East Baton Rouge, West Baton Rouge, Livingston, Ascension, Iberville, Pointe Coupee, East Feliciana and West Feliciana Parishes

Region 3: Lafourche, Saint John, Saint Charles, Saint James, Assumption and Terrebonne Parishes

Region 4: Lafayette, Evangeline, Saint Landry, Acadia, Saint Martin, Iberia, Vermilion and Saint Mary Parishes

Region 5: Beauregard, Allen, Calcasieu, Jefferson Davis and Cameron Parishes

Region 6: Vernon, Sabine, Natchitoches, Winn, Grant, Rapides, LaSalle, Catahoula, Concordia and Avoyelles Parishes

Region 7: Caddo, Bossier, Webster, Claiborne, Bienville, Red River and DeSoto Parishes

Region 8: Ouachita, Union, Lincoln, Jackson, Caldwell, Richland, Morehouse, Franklin, West Carroll, East Carroll, Madison and Tensas Parishes

Region 9: Washington, Saint Tammany, Saint Helena and Tangipahoa Parishes

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COUISIANA		red by Hun (Region 1)	nana	Humana HMO Insured by Humana (Region 2)			Humana HMO Insured by Humana (Region 3)			Humana HMO Insured by Humana (Region 4)			Humana HMO Insured by Humana (Region 5)		
	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
RETIREE WITH 1 MEDICARE											Silare	Tremain	Silait	Stigite	Premium
ENROLLEE ONLY	0.00	0.00	0.00	90.81	71.36	162.17	68.07	53.50	121.57	90.81	71.36	162.17	77.73	61.09	138.82
RETIREE WITH 2 MEDICARE													77170	01.03	130.02
ENROLLEE + 1 (SPOUSE)	0.00	0.00	0.00	181.63	142.71	324.34	136,15	106.99	243,14	181.63	142.71	324.34	155.47	122.17	277.64

		umana HN red by Hur (Region 6)	nana	Insu	umana HM red by Hur (Region 7)	nana		umana HM red by Hur (Region 8)	nana	Humana HMO Insured by Humana (Region 9)			
	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	
RETIREE WITH 1 MEDICARE					"					- Circle	Sildre	TTEITIGHT	
ENROLLEE ONLY	111.40	87.54	198.94	115.88	91.06	206.94	105.12	82.60	187.72	112.75	88.60	201.35	
RETIREE WITH 2 MEDICARE													
ENROLLEE + 1 (SPOUSE)	222.81	175.07	397.88	231.77	182,11	413.88	210.24	165.20	375.44	225.51	177,19	402.70	

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