



OFFICE OF GROUP BENEFITS

**OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES**

**PARISH & CITY SCHOOL BOARDS ONLY**

*Rates effective January 1, 2025 (56% employer participation level)*

*For a complete list of premium rates at all employer participation levels please visit [info.groupbenefits.org](http://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
<b>RETIREE WITHOUT MEDICARE &amp; RE-EMPLOYED RETIREE</b>															
<b>ENROLLEE ONLY</b>	\$1,006.98	\$791.22	\$1,798.20	\$821.00	\$645.08	\$1,466.08	\$971.72	\$763.50	\$1,735.22	N/A	N/A	N/A	\$605.26	\$475.56	\$1,080.82
<b>ENROLLEE + 1 (SPOUSE)</b>	\$1,778.20	\$1,397.14	\$3,175.34	\$1,449.72	\$1,139.08	\$2,588.80	\$1,715.78	\$1,348.12	\$3,063.90	N/A	N/A	N/A	\$1,068.72	\$839.70	\$1,908.42
<b>ENROLLEE + 1 (CHILD)</b>	\$1,121.64	\$881.32	\$2,002.96	\$914.50	\$718.52	\$1,633.02	\$1,082.40	\$850.52	\$1,932.92	N/A	N/A	N/A	\$674.40	\$529.88	\$1,204.28
<b>ENROLLEE + CHILDREN</b>	\$1,121.64	\$881.32	\$2,002.96	\$914.50	\$718.52	\$1,633.02	\$1,082.40	\$850.52	\$1,932.92	N/A	N/A	N/A	\$674.40	\$529.88	\$1,204.28
<b>FAMILY</b>	\$1,769.56	\$1,390.38	\$3,159.94	\$1,442.72	\$1,133.54	\$2,576.26	\$1,707.58	\$1,341.66	\$3,049.24	N/A	N/A	N/A	\$1,063.44	\$835.52	\$1,898.96
<b>RETIREE WITH 1 MEDICARE</b>															
<b>ENROLLEE ONLY</b>	\$327.46	\$257.28	\$584.74	\$266.96	\$209.76	\$476.72	\$321.50	\$252.56	\$574.06	N/A	N/A	N/A	\$196.80	\$154.64	\$351.44
<b>ENROLLEE + 1 (SPOUSE)</b>	\$1,209.92	\$950.64	\$2,160.56	\$986.46	\$775.02	\$1,761.48	\$1,174.94	\$923.14	\$2,098.08	N/A	N/A	N/A	\$727.16	\$571.34	\$1,298.50
<b>ENROLLEE + 1 (CHILD)</b>	\$566.78	\$445.34	\$1,012.12	\$462.08	\$363.10	\$825.18	\$553.00	\$434.48	\$987.48	N/A	N/A	N/A	\$340.78	\$267.74	\$608.52
<b>ENROLLEE + CHILDREN</b>	\$566.78	\$445.34	\$1,012.12	\$462.08	\$363.10	\$825.18	\$553.00	\$434.48	\$987.48	N/A	N/A	N/A	\$340.78	\$267.74	\$608.52
<b>FAMILY</b>	\$1,612.12	\$1,266.62	\$2,878.74	\$1,314.34	\$1,032.68	\$2,347.02	\$1,563.88	\$1,228.76	\$2,792.64	N/A	N/A	N/A	\$968.80	\$761.20	\$1,730.00
<b>RETIREE WITH 2 MEDICARE</b>															
<b>ENROLLEE + 1 (SPOUSE)</b>	\$588.66	\$462.48	\$1,051.14	\$479.92	\$377.06	\$856.98	\$576.24	\$452.78	\$1,029.02	N/A	N/A	N/A	\$353.80	\$277.96	\$631.76
<b>FAMILY</b>	\$728.80	\$572.60	\$1,301.40	\$594.20	\$466.88	\$1,061.08	\$713.48	\$560.60	\$1,274.08	N/A	N/A	N/A	\$437.96	\$344.16	\$782.12

- NOTE:
- 1) 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).
  - 2) 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.
  - 3) Monthly premium rates shown apply to charter schools that participate in the OGB program and are under the jurisdiction of a city or parish school board.

Approved

*Heath Williams*