



OFFICE OF GROUP BENEFITS

ACT 322 & ACT 992 RETIREE MONTHLY PREMIUM RATES
PARISH & CITY SCHOOL BOARDS ONLY

Rates effective January 1, 2025 (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 |
| RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE | | | | | | | | | | | | | | | |
| ENROLLEE ONLY | \$724.92 | \$1,073.28 | \$1,798.20 | \$591.04 | \$875.08 | \$1,466.12 | \$697.32 | \$1,037.92 | \$1,735.24 | N/A | N/A | N/A | \$435.70 | \$645.12 | \$1,080.82 |
| ENROLLEE + 1 (SPOUSE) | \$1,268.18 | \$1,907.18 | \$3,175.36 | \$1,033.88 | \$1,554.92 | \$2,588.80 | \$1,219.86 | \$1,844.06 | \$3,063.92 | N/A | N/A | N/A | \$762.16 | \$1,146.26 | \$1,908.42 |
| ENROLLEE + 1 (CHILD) | \$831.08 | \$1,171.88 | \$2,002.96 | \$677.54 | \$955.48 | \$1,633.02 | \$799.38 | \$1,133.54 | \$1,932.92 | N/A | N/A | N/A | \$499.60 | \$704.68 | \$1,204.28 |
| ENROLLEE + CHILDREN | \$831.08 | \$1,171.88 | \$2,002.96 | \$677.54 | \$955.48 | \$1,633.02 | \$799.38 | \$1,133.54 | \$1,932.92 | N/A | N/A | N/A | \$499.60 | \$704.68 | \$1,204.28 |
| FAMILY | \$1,324.28 | \$1,835.66 | \$3,159.94 | \$1,079.64 | \$1,496.62 | \$2,576.26 | \$1,273.80 | \$1,775.44 | \$3,049.24 | N/A | N/A | N/A | \$795.86 | \$1,103.10 | \$1,898.96 |
| RETIREE WITH 1 MEDICARE | | | | | | | | | | | | | | | |
| ENROLLEE ONLY | \$438.58 | \$146.18 | \$584.76 | \$357.54 | \$119.18 | \$476.72 | \$430.54 | \$143.52 | \$574.06 | N/A | N/A | N/A | \$263.64 | \$87.88 | \$351.52 |
| ENROLLEE + 1 (SPOUSE) | \$1,268.18 | \$892.38 | \$2,160.56 | \$1,033.88 | \$727.62 | \$1,761.50 | \$1,219.86 | \$878.22 | \$2,098.08 | N/A | N/A | N/A | \$762.16 | \$536.36 | \$1,298.52 |
| ENROLLEE + 1 (CHILD) | \$759.10 | \$253.02 | \$1,012.12 | \$618.88 | \$206.28 | \$825.16 | \$740.62 | \$246.86 | \$987.48 | N/A | N/A | N/A | \$456.40 | \$152.14 | \$608.54 |
| ENROLLEE + CHILDREN | \$759.10 | \$253.02 | \$1,012.12 | \$618.88 | \$206.28 | \$825.16 | \$740.62 | \$246.86 | \$987.48 | N/A | N/A | N/A | \$456.40 | \$152.14 | \$608.54 |
| FAMILY | \$1,324.28 | \$1,554.46 | \$2,878.74 | \$1,079.64 | \$1,267.38 | \$2,347.02 | \$1,273.80 | \$1,518.80 | \$2,792.60 | N/A | N/A | N/A | \$795.86 | \$934.14 | \$1,730.00 |
| RETIREE WITH 2 MEDICARE | | | | | | | | | | | | | | | |
| ENROLLEE + 1 (SPOUSE) | \$788.36 | \$262.78 | \$1,051.14 | \$642.74 | \$214.24 | \$856.98 | \$771.78 | \$257.26 | \$1,029.04 | N/A | N/A | N/A | \$473.86 | \$157.94 | \$631.80 |
| FAMILY | \$976.08 | \$325.36 | \$1,301.44 | \$795.82 | \$265.26 | \$1,061.08 | \$955.54 | \$318.50 | \$1,274.04 | N/A | N/A | N/A | \$586.56 | \$195.52 | \$782.08 |

- 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