



OFFICE OF GROUP BENEFITS

**OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES**

*Rates effective January 1, 2023 (38% 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			Vantage Medical Home HMO Insured by Vantage Health Plan		
	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	State Share	Employee Share	Total Premium
<b>RETIREE WITHOUT MEDICARE &amp; RE-EMPLOYED RETIREE</b>																		
<b>ENROLLEE ONLY</b>	603.56	984.84	1,588.40	492.12	802.90	1,295.02	582.44	950.34	1,532.78	N/A	N/A	N/A	362.80	591.90	954.70	617.24	1,007.08	1,624.32
<b>ENROLLEE + 1 (SPOUSE)</b>	1,065.84	1,739.00	2,804.84	868.96	1,417.80	2,286.76	1,028.44	1,677.98	2,706.42	N/A	N/A	N/A	640.60	1,045.16	1,685.76	1,089.88	1,778.24	2,868.12
<b>ENROLLEE + 1 (CHILD)</b>	672.32	1,096.94	1,769.26	548.14	894.34	1,442.48	648.80	1,058.58	1,707.38	N/A	N/A	N/A	404.20	659.56	1,063.76	687.58	1,121.80	1,809.38
<b>ENROLLEE + CHILDREN</b>	672.32	1,096.94	1,769.26	548.14	894.34	1,442.48	648.80	1,058.58	1,707.38	N/A	N/A	N/A	404.20	659.56	1,063.76	687.58	1,121.80	1,809.38
<b>FAMILY</b>	1,060.70	1,730.54	2,791.24	864.74	1,410.92	2,275.66	1,023.50	1,669.96	2,693.46	N/A	N/A	N/A	637.40	1,040.00	1,677.40	1,084.66	1,769.68	2,854.34
<b>RETIREE WITH 1 MEDICARE</b>																		
<b>ENROLLEE ONLY</b>	196.24	320.28	516.52	160.02	261.08	421.10	192.68	314.40	507.08	N/A	N/A	N/A	117.98	192.48	310.46	204.24	333.14	537.38
<b>ENROLLEE + 1 (SPOUSE)</b>	725.20	1,183.26	1,908.46	591.24	964.70	1,555.94	704.26	1,149.02	1,853.28	N/A	N/A	N/A	435.86	711.14	1,147.00	746.34	1,217.64	1,963.98
<b>ENROLLEE + 1 (CHILD)</b>	339.74	554.30	894.04	276.94	451.94	728.88	331.46	540.80	872.26	N/A	N/A	N/A	204.26	333.26	537.52	351.26	573.14	924.40
<b>ENROLLEE + CHILDREN</b>	339.74	554.30	894.04	276.94	451.94	728.88	331.46	540.80	872.26	N/A	N/A	N/A	204.26	333.26	537.52	351.26	573.14	924.40
<b>FAMILY</b>	966.28	1,576.58	2,542.86	787.78	1,285.40	2,073.18	937.36	1,529.42	2,466.78	N/A	N/A	N/A	580.66	947.48	1,528.14	993.38	1,620.76	2,614.14
<b>RETIREE WITH 2 MEDICARE</b>																		
<b>ENROLLEE + 1 (SPOUSE)</b>	352.84	575.66	928.50	287.68	469.30	756.98	345.40	563.56	908.96	N/A	N/A	N/A	212.08	346.00	558.08	366.06	597.18	963.24
<b>FAMILY</b>	436.84	712.76	1,149.60	356.20	581.08	937.28	427.66	697.76	1,125.42	N/A	N/A	N/A	262.54	428.34	690.88	453.16	739.44	1,192.60

- NOTE:
- 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.

Approved