OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES

ALL OGB-PARTICIPATING AGENCIES, EXCLUDING PARISH & CITY SCHOOL BOARDS

Rates effective January 1, 2027 (75% employer participation level)

For a complete list of premium rates for all employer types and at all employer participation levels, please visit info.groupbenefits.org.

	Magnolia Open Access			Magnolia Local			Magnolia Local Plus			Pelican HSA775			Pelican HRA1000		
	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
ACTIVE EMPLOYEE															
ENROLLEE ONLY	$841.62	$280.46	$1,122.08	$686.22	$228.66	$914.88	$809.60	$269.82	$1,079.42	$292.58	$97.48	$390.06	$505.84	$168.58	$674.42
ENROLLEE + 1 (SPOUSE)	$1,472.36	$911.20	$2,383.56	$1,200.34	$742.94	$1,943.28	$1,416.26	$876.34	$2,292.60	$511.92	$316.78	$828.70	$884.88	$547.62	$1,432.50
ENROLLEE + 1 (CHILD)	$964.88	$403.76	$1,368.64	$786.64	$329.12	$1,115.76	$928.10	$388.30	$1,316.40	$335.54	$140.48	$476.02	$580.04	$242.78	$822.82
ENROLLEE + CHILDREN	$964.88	$403.76	$1,368.64	$786.64	$329.12	$1,115.76	$928.10	$388.30	$1,316.40	$335.54	$140.48	$476.02	$580.04	$242.78	$822.82
FAMILY	$1,537.50	$976.28	$2,513.78	$1,253.48	$796.06	$2,049.54	$1,478.88	$938.96	$2,417.84	$534.44	$339.34	$873.78	$924.00	$586.68	$1,510.68
RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE															
ENROLLEE ONLY	$1,807.26	$280.46	$2,087.72	$1,473.46	$228.66	$1,702.12	$1,744.78	$269.82	$2,014.60	N/A	N/A	N/A	$1,086.26	$168.58	$1,254.84
ENROLLEE + 1 (SPOUSE)	$2,775.42	$911.20	$3,686.62	$2,262.68	$742.94	$3,005.62	$2,680.90	$876.34	$3,557.24	N/A	N/A	N/A	$1,668.06	$547.62	$2,215.68
ENROLLEE + 1 (CHILD)	$1,921.68	$403.76	$2,325.44	$1,566.82	$329.12	$1,895.94	$1,855.80	$388.30	$2,244.10	N/A	N/A	N/A	$1,155.40	$242.78	$1,398.18
ENROLLEE + CHILDREN	$1,921.68	$403.76	$2,325.44	$1,566.82	$329.12	$1,895.94	$1,855.80	$388.30	$2,244.10	N/A	N/A	N/A	$1,155.40	$242.78	$1,398.18
FAMILY	$2,751.54	$917.18	$3,668.72	$2,243.30	$747.76	$2,991.06	$2,655.14	$885.06	$3,540.20	N/A	N/A	N/A	$1,653.52	$551.18	$2,204.70
RETIREE WITH 1 MEDICARE															
ENROLLEE ONLY	$509.18	$169.70	$678.88	$415.06	$138.40	$553.46	$499.88	$166.60	$666.48	N/A	N/A	N/A	$306.04	$102.04	$408.08
ENROLLEE + 1 (SPOUSE)	$1,881.36	$627.06	$2,508.42	$1,533.86	$511.24	$2,045.10	$1,826.88	$609.00	$2,435.88	N/A	N/A	N/A	$1,130.72	$376.86	$1,507.58
ENROLLEE + 1 (CHILD)	$881.28	$293.80	$1,175.08	$718.52	$239.48	$958.00	$859.80	$286.66	$1,146.46	N/A	N/A	N/A	$529.94	$176.56	$706.50
ENROLLEE + CHILDREN	$881.28	$293.80	$1,175.08	$718.52	$239.48	$958.00	$859.80	$286.66	$1,146.46	N/A	N/A	N/A	$529.94	$176.56	$706.50
FAMILY	$2,506.72	$835.52	$3,342.24	$2,043.70	$681.22	$2,724.92	$2,431.68	$810.54	$3,242.22	N/A	N/A	N/A	$1,506.40	$502.14	$2,008.54
RETIREE WITH 2 MEDICARE															
ENROLLEE + 1 (SPOUSE)	$915.34	$305.04	$1,220.38	$746.26	$248.70	$994.96	$896.02	$298.66	$1,194.68	N/A	N/A	N/A	$550.16	$183.32	$733.48
FAMILY	$1,133.24	$377.74	$1,510.98	$923.98	$307.94	$1,231.92	$1,109.40	$369.78	$1,479.18	N/A	N/A	N/A	$681.04	$227.02	$908.06
C.O.B.R.A.															
ENROLLEE ONLY	$0.00	$1,144.54	$1,144.54	$0.00	$933.14	$933.14	$0.00	$1,101.04	$1,101.04	$0.00	$397.88	$397.88	$0.00	$687.92	$687.92
ENROLLEE + 1 (SPOUSE)	$0.00	$2,431.20	$2,431.20	$0.00	$1,982.16	$1,982.16	$0.00	$2,338.42	$2,338.42	$0.00	$845.24	$845.24	$0.00	$1,461.14	$1,461.14
ENROLLEE + 1 (CHILD)	$0.00	$1,395.98	$1,395.98	$0.00	$1,138.06	$1,138.06	$0.00	$1,342.76	$1,342.76	$0.00	$485.54	$485.54	$0.00	$839.28	$839.28
ENROLLEE + CHILDREN	$0.00	$1,395.98	$1,395.98	$0.00	$1,138.06	$1,138.06	$0.00	$1,342.76	$1,342.76	$0.00	$485.54	$485.54	$0.00	$839.28	$839.28
FAMILY	$0.00	$2,564.04	$2,564.04	$0.00	$2,090.48	$2,090.48	$0.00	$2,466.14	$2,466.14	$0.00	$891.28	$891.28	$0.00	$1,540.86	$1,540.86
DISABILITY C.O.B.R.A.															
ENROLLEE ONLY	$0.00	$1,683.16	$1,683.16	$0.00	$1,372.30	$1,372.30	$0.00	$1,619.12	$1,619.12	$0.00	$585.10	$585.10	$0.00	$1,011.66	$1,011.66
ENROLLEE + 1 (SPOUSE)	$0.00	$3,575.34	$3,575.34	$0.00	$2,914.94	$2,914.94	$0.00	$3,438.92	$3,438.92	$0.00	$1,243.06	$1,243.06	$0.00	$2,148.76	$2,148.76
ENROLLEE + 1 (CHILD)	$0.00	$2,052.96	$2,052.96	$0.00	$1,673.64	$1,673.64	$0.00	$1,974.58	$1,974.58	$0.00	$714.02	$714.02	$0.00	$1,234.22	$1,234.22
ENROLLEE + CHILDREN	$0.00	$2,052.96	$2,052.96	$0.00	$1,673.64	$1,673.64	$0.00	$1,974.58	$1,974.58	$0.00	$714.02	$714.02	$0.00	$1,234.22	$1,234.22
FAMILY	$0.00	$3,770.72	$3,770.72	$0.00	$3,074.28	$3,074.28	$0.00	$3,626.76	$3,626.76	$0.00	$1,310.74	$1,310.74	$0.00	$2,266.00	$2,266.00

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

Heath Williams

OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES

ALL OGB-PARTICIPATING AGENCIES, EXCLUDING PARISH & CITY SCHOOL BOARDS

Rates effective January 1, 2027 (56% employer participation level)

For a complete list of premium rates for all employer types and at all employer participation levels, please visit info.groupbenefits.org.

	Magnolia Open Access			Magnolia Local			Magnolia Local Plus			Pelican HSA775			Pelican HRA1000		
	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	$1,169.10	$918.62	$2,087.72	$953.18	$748.94	$1,702.12	$1,128.16	$886.44	$2,014.60	N/A	N/A	N/A	$702.70	$552.14	$1,254.84
ENROLLEE + 1 (SPOUSE)	$2,064.48	$1,622.10	$3,686.58	$1,683.14	$1,322.48	$3,005.62	$1,992.04	$1,565.18	$3,557.22	N/A	N/A	N/A	$1,240.78	$974.90	$2,215.68
ENROLLEE + 1 (CHILD)	$1,302.22	$1,023.22	$2,325.44	$1,061.74	$834.20	$1,895.94	$1,256.68	$987.46	$2,244.14	N/A	N/A	N/A	$783.00	$615.18	$1,398.18
ENROLLEE + CHILDREN	$1,302.22	$1,023.22	$2,325.44	$1,061.74	$834.20	$1,895.94	$1,256.68	$987.46	$2,244.14	N/A	N/A	N/A	$783.00	$615.18	$1,398.18
FAMILY	$2,054.48	$1,614.24	$3,668.72	$1,675.02	$1,316.04	$2,991.06	$1,982.52	$1,557.68	$3,540.20	N/A	N/A	N/A	$1,234.64	$970.06	$2,204.70
RETIREE WITH 1 MEDICARE															
ENROLLEE ONLY	$380.18	$298.70	$678.88	$309.92	$243.54	$553.46	$373.24	$293.24	$666.48	N/A	N/A	N/A	$228.48	$179.54	$408.02
ENROLLEE + 1 (SPOUSE)	$1,404.72	$1,103.70	$2,508.42	$1,145.30	$899.80	$2,045.10	$1,364.12	$1,071.76	$2,435.88	N/A	N/A	N/A	$844.24	$663.34	$1,507.58
ENROLLEE + 1 (CHILD)	$658.04	$517.04	$1,175.08	$536.48	$421.56	$958.04	$642.02	$504.44	$1,146.46	N/A	N/A	N/A	$395.66	$310.84	$706.50
ENROLLEE + CHILDREN	$658.04	$517.04	$1,175.08	$536.48	$421.56	$958.04	$642.02	$504.44	$1,146.46	N/A	N/A	N/A	$395.66	$310.84	$706.50
FAMILY	$1,871.68	$1,470.56	$3,342.24	$1,525.96	$1,198.96	$2,724.92	$1,815.68	$1,426.58	$3,242.26	N/A	N/A	N/A	$1,124.78	$883.76	$2,008.54
RETIREE WITH 2 MEDICARE															
ENROLLEE + 1 (SPOUSE)	$683.44	$536.94	$1,220.38	$557.20	$437.76	$994.96	$668.98	$525.70	$1,194.68	N/A	N/A	N/A	$410.76	$322.72	$733.48
FAMILY	$846.14	$664.80	$1,510.94	$689.88	$542.04	$1,231.92	$828.36	$650.86	$1,479.22	N/A	N/A	N/A	$508.48	$399.58	$908.06

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

Heath Williams

OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES

ALL OGB-PARTICIPATING AGENCIES, EXCLUDING PARISH & CITY SCHOOL BOARDS

Rates effective January 1, 2027 (38% employer participation level)

For a complete list of premium rates for all employer types and at all employer participation levels, please visit info.groupbenefits.org.

	Magnolia Open Access			Magnolia Local			Magnolia Local Plus			Pelican HSA775			Pelican HRA1000		
	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	$793.30	$1,294.42	$2,087.72	$646.82	$1,055.30	$1,702.12	$765.54	$1,249.08	$2,014.62	N/A	N/A	N/A	$476.86	$777.98	$1,254.84
ENROLLEE + 1 (SPOUSE)	$1,400.90	$2,285.68	$3,686.58	$1,142.12	$1,863.52	$3,005.64	$1,351.74	$2,205.48	$3,557.22	N/A	N/A	N/A	$841.98	$1,373.72	$2,215.70
ENROLLEE + 1 (CHILD)	$883.66	$1,441.78	$2,325.44	$720.46	$1,175.48	$1,895.94	$852.74	$1,391.36	$2,244.10	N/A	N/A	N/A	$531.28	$866.90	$1,398.18
ENROLLEE + CHILDREN	$883.66	$1,441.78	$2,325.44	$720.46	$1,175.48	$1,895.94	$852.74	$1,391.36	$2,244.10	N/A	N/A	N/A	$531.28	$866.90	$1,398.18
FAMILY	$1,394.16	$2,274.56	$3,668.72	$1,136.58	$1,854.48	$2,991.06	$1,345.26	$2,194.94	$3,540.20	N/A	N/A	N/A	$837.76	$1,366.94	$2,204.70
RETIREE WITH 1 MEDICARE															
ENROLLEE ONLY	$257.92	$420.96	$678.88	$210.32	$343.14	$553.46	$253.24	$413.24	$666.48	N/A	N/A	N/A	$155.10	$252.98	$408.08
ENROLLEE + 1 (SPOUSE)	$953.18	$1,555.24	$2,508.42	$777.14	$1,267.96	$2,045.10	$925.66	$1,510.22	$2,435.88	N/A	N/A	N/A	$572.88	$934.70	$1,507.58
ENROLLEE + 1 (CHILD)	$446.54	$728.54	$1,175.08	$363.98	$594.02	$958.00	$435.66	$710.80	$1,146.46	N/A	N/A	N/A	$268.48	$438.02	$706.50
ENROLLEE + CHILDREN	$446.54	$728.54	$1,175.08	$363.98	$594.02	$958.00	$435.66	$710.80	$1,146.46	N/A	N/A	N/A	$268.48	$438.02	$706.50
FAMILY	$1,270.04	$2,072.20	$3,342.24	$1,035.42	$1,689.50	$2,724.92	$1,232.02	$2,010.20	$3,242.22	N/A	N/A	N/A	$763.20	$1,245.34	$2,008.54
RETIREE WITH 2 MEDICARE															
ENROLLEE + 1 (SPOUSE)	$463.76	$756.62	$1,220.38	$378.14	$616.82	$994.96	$453.96	$740.72	$1,194.68	N/A	N/A	N/A	$278.76	$454.76	$733.52
FAMILY	$574.14	$936.84	$1,510.98	$468.16	$763.76	$1,231.92	$562.10	$917.12	$1,479.22	N/A	N/A	N/A	$345.06	$563.00	$908.06

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

Heath Williams

OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES

ALL OGB-PARTICIPATING AGENCIES, EXCLUDING PARISH & CITY SCHOOL BOARDS

Rates effective January 1, 2027 (19% employer participation level)

For a complete list of premium rates for all employer types and at all employer participation levels, please visit info.groupbenefits.org.

	Magnolia Open Access			Magnolia Local			Magnolia Local Plus			Pelican HSA775			Pelican HRA1000		
	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	$396.64	$1,691.10	$2,087.74	$323.36	$1,378.76	$1,702.12	$382.74	$1,631.88	$2,014.62	N/A	N/A	N/A	$238.44	$1,016.40	$1,254.84
ENROLLEE + 1 (SPOUSE)	$700.46	$2,986.16	$3,686.62	$571.06	$2,434.58	$3,005.64	$675.86	$2,881.38	$3,557.24	N/A	N/A	N/A	$421.00	$1,794.68	$2,215.68
ENROLLEE + 1 (CHILD)	$441.78	$1,883.66	$2,325.44	$360.22	$1,535.72	$1,895.94	$426.38	$1,817.76	$2,244.14	N/A	N/A	N/A	$265.66	$1,132.52	$1,398.18
ENROLLEE + CHILDREN	$441.78	$1,883.66	$2,325.44	$360.22	$1,535.72	$1,895.94	$426.38	$1,817.76	$2,244.14	N/A	N/A	N/A	$265.66	$1,132.52	$1,398.18
FAMILY	$697.10	$2,971.62	$3,668.72	$568.32	$2,422.76	$2,991.08	$672.64	$2,867.56	$3,540.20	N/A	N/A	N/A	$418.88	$1,785.82	$2,204.70
RETIREE WITH 1 MEDICARE															
ENROLLEE ONLY	$128.94	$549.98	$678.92	$105.14	$448.32	$553.46	$126.60	$539.88	$666.48	N/A	N/A	N/A	$77.56	$330.46	$408.02
ENROLLEE + 1 (SPOUSE)	$476.60	$2,031.82	$2,508.42	$388.56	$1,656.54	$2,045.10	$462.84	$1,973.04	$2,435.88	N/A	N/A	N/A	$286.44	$1,221.14	$1,507.58
ENROLLEE + 1 (CHILD)	$223.28	$951.80	$1,175.08	$182.00	$776.00	$958.00	$217.78	$928.68	$1,146.46	N/A	N/A	N/A	$134.24	$572.26	$706.50
ENROLLEE + CHILDREN	$223.28	$951.80	$1,175.08	$182.00	$776.00	$958.00	$217.78	$928.68	$1,146.46	N/A	N/A	N/A	$134.24	$572.26	$706.50
FAMILY	$635.00	$2,707.24	$3,342.24	$517.72	$2,207.20	$2,724.92	$616.00	$2,626.26	$3,242.26	N/A	N/A	N/A	$381.60	$1,626.94	$2,008.54
RETIREE WITH 2 MEDICARE															
ENROLLEE + 1 (SPOUSE)	$231.84	$988.50	$1,220.34	$189.06	$805.90	$994.96	$226.96	$967.72	$1,194.68	N/A	N/A	N/A	$139.38	$594.14	$733.52
FAMILY	$287.08	$1,223.86	$1,510.94	$234.00	$997.92	$1,231.92	$281.06	$1,198.16	$1,479.22	N/A	N/A	N/A	$172.52	$735.54	$908.06

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

Heath Williams

OFFICE OF GROUP BENEFITS

ACT 322 & ACT 992 RETIREE MONTHLY PREMIUM RATES

ALL OGB-PARTICIPATING AGENCIES, EXCLUDING PARISH & CITY SCHOOL BOARDS

Rates effective January 1, 2027 (75% employer participation level)

For a complete list of premium rates for all employer types and at all employer participation levels, please visit info.groupbenefits.org.

	Magnolia Open Access			Magnolia Local			Magnolia Local Plus			Pelican HSA775			Pelican HRA1000		
	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	$841.62	$1,246.10	$2,087.72	$686.22	$1,015.94	$1,702.16	$809.60	$1,205.02	$2,014.62	N/A	N/A	N/A	$505.84	$749.00	$1,254.84
ENROLLEE + 1 (SPOUSE)	$1,472.36	$2,214.26	$3,686.62	$1,200.34	$1,805.28	$3,005.62	$1,416.26	$2,140.98	$3,557.24	N/A	N/A	N/A	$884.88	$1,330.80	$2,215.68
ENROLLEE + 1 (CHILD)	$964.88	$1,360.56	$2,325.44	$786.64	$1,109.30	$1,895.94	$928.10	$1,316.04	$2,244.14	N/A	N/A	N/A	$580.04	$818.14	$1,398.18
ENROLLEE + CHILDREN	$964.88	$1,360.56	$2,325.44	$786.64	$1,109.30	$1,895.94	$928.10	$1,316.04	$2,244.14	N/A	N/A	N/A	$580.04	$818.14	$1,398.18
FAMILY	$1,537.50	$2,131.22	$3,668.72	$1,253.48	$1,737.58	$2,991.06	$1,478.88	$2,061.32	$3,540.20	N/A	N/A	N/A	$924.00	$1,280.70	$2,204.70
RETIREE WITH 1 MEDICARE															
ENROLLEE ONLY	$509.18	$169.74	$678.92	$415.10	$138.36	$553.46	$499.86	$166.62	$666.48	N/A	N/A	N/A	$306.10	$102.02	$408.12
ENROLLEE + 1 (SPOUSE)	$1,472.36	$1,036.06	$2,508.42	$1,200.34	$844.78	$2,045.12	$1,416.26	$1,019.62	$2,435.88	N/A	N/A	N/A	$884.88	$622.72	$1,507.60
ENROLLEE + 1 (CHILD)	$881.32	$293.76	$1,175.08	$718.50	$239.50	$958.00	$859.84	$286.62	$1,146.46	N/A	N/A	N/A	$529.90	$176.62	$706.52
ENROLLEE + CHILDREN	$881.32	$293.76	$1,175.08	$718.50	$239.50	$958.00	$859.84	$286.62	$1,146.46	N/A	N/A	N/A	$529.90	$176.62	$706.52
FAMILY	$1,537.50	$1,804.74	$3,342.24	$1,253.48	$1,471.44	$2,724.92	$1,478.88	$1,763.34	$3,242.22	N/A	N/A	N/A	$924.00	$1,084.54	$2,008.54
RETIREE WITH 2 MEDICARE															
ENROLLEE + 1 (SPOUSE)	$915.28	$305.10	$1,220.38	$746.22	$248.74	$994.96	$896.06	$298.68	$1,194.74	N/A	N/A	N/A	$550.14	$183.38	$733.52
FAMILY	$1,133.24	$377.74	$1,510.98	$923.94	$307.98	$1,231.92	$1,109.38	$369.80	$1,479.18	N/A	N/A	N/A	$681.00	$227.00	$908.00

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

Heath Williams

OFFICE OF GROUP BENEFITS

ACT 322 & ACT 992 RETIREE MONTHLY PREMIUM RATES

ALL OGB-PARTICIPATING AGENCIES, EXCLUDING PARISH & CITY SCHOOL BOARDS

Rates effective January 1, 2027 (56% employer participation level)

For a complete list of premium rates for all employer types and at all employer participation levels, please visit info.groupbenefits.org.

	Magnolia Open Access			Magnolia Local			Magnolia Local Plus			Pelican HSA775			Pelican HRA1000		
	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	$841.62	$1,246.10	$2,087.72	$686.22	$1,015.94	$1,702.16	$809.60	$1,205.02	$2,014.62	N/A	N/A	N/A	$505.84	$749.00	$1,254.84
ENROLLEE + 1 (SPOUSE)	$1,472.36	$2,214.26	$3,686.62	$1,200.34	$1,805.28	$3,005.62	$1,416.26	$2,140.98	$3,557.24	N/A	N/A	N/A	$884.88	$1,330.80	$2,215.68
ENROLLEE + 1 (CHILD)	$964.88	$1,360.56	$2,325.44	$786.64	$1,109.32	$1,895.96	$928.10	$1,316.04	$2,244.14	N/A	N/A	N/A	$580.04	$818.14	$1,398.18
ENROLLEE + CHILDREN	$964.88	$1,360.56	$2,325.44	$786.64	$1,109.32	$1,895.96	$928.10	$1,316.04	$2,244.14	N/A	N/A	N/A	$580.04	$818.14	$1,398.18
FAMILY	$1,537.50	$2,131.22	$3,668.72	$1,253.48	$1,737.58	$2,991.06	$1,478.88	$2,061.32	$3,540.20	N/A	N/A	N/A	$924.00	$1,280.70	$2,204.70
RETIREE WITH 1 MEDICARE															
ENROLLEE ONLY	$380.18	$298.70	$678.88	$309.94	$243.52	$553.46	$373.22	$293.26	$666.48	N/A	N/A	N/A	$228.50	$179.52	$408.02
ENROLLEE + 1 (SPOUSE)	$1,404.72	$1,103.70	$2,508.42	$1,145.26	$899.84	$2,045.10	$1,364.10	$1,071.78	$2,435.88	N/A	N/A	N/A	$844.24	$663.34	$1,507.58
ENROLLEE + 1 (CHILD)	$658.04	$517.04	$1,175.08	$536.50	$421.54	$958.04	$642.02	$504.44	$1,146.46	N/A	N/A	N/A	$395.64	$310.86	$706.50
ENROLLEE + CHILDREN	$658.04	$517.04	$1,175.08	$536.50	$421.54	$958.04	$642.02	$504.44	$1,146.46	N/A	N/A	N/A	$395.64	$310.86	$706.50
FAMILY	$1,537.50	$1,804.74	$3,342.24	$1,253.48	$1,471.44	$2,724.92	$1,478.88	$1,763.32	$3,242.20	N/A	N/A	N/A	$924.00	$1,084.54	$2,008.54
RETIREE WITH 2 MEDICARE															
ENROLLEE + 1 (SPOUSE)	$683.42	$536.96	$1,220.38	$557.18	$437.78	$994.96	$669.02	$525.66	$1,194.68	N/A	N/A	N/A	$410.74	$322.74	$733.48
FAMILY	$846.12	$664.82	$1,510.94	$689.88	$542.04	$1,231.92	$828.36	$650.86	$1,479.22	N/A	N/A	N/A	$508.52	$399.54	$908.06

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.

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Heath Williams