OFFICE OF GROUP BENEFITS



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

Rates effective January 1, 2022 (56% employer participation level)

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

COUISIANA	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	Employee	Total	State	Employee	Total	State	Employee	Total	State	Employee	Total	State	Employee	Total	State	Employee	Total
	Share	Share	Premium	Share	Share	Premium	Share	Share	Premium	Share	Share	Premium	Share	Share	Premium	Share	Share	Premium
RETIREE WITHOUT MEDICARE	& RE-EMPL	OYED RETIR	REE															
ENROLLEE ONLY	612.76	907.24	1,520.00	499.60	739.70	1,239.30	589.44	877.34	1,466.78	N/A	N/A	N/A	368.28	545.30	913.58	616.20	917.04	1,533.24
ENROLLEE + 1 (SPOUSE)	1,071.98	1,612.10	2,684.08	873.94	1,314.32	2,188.26	1,031.12	1,558.78	2,589.90	N/A	N/A	N/A	644.24	968.90	1,613.14	1,077.82	1,629.48	2,707.30
ENROLLEE + 1 (CHILD)	702.50	990.58	1,693.08	572.72	807.66	1,380.38	675.70	958.18	1,633.88	N/A	N/A	N/A	422.30	595.66	1,017.96	706.38	1,001.54	1,707.92
ENROLLEE + CHILDREN	702.50	990.58	1,693.08	572.72	807.66	1,380.38	675.70	958.18	1,633.88	N/A	N/A	N/A	422.30	595.66	1,017.96	706.38	1,001.54	1,707.92
FAMILY	1,119.40	1,551.64	2,671.04	912.60	1,265.06	2,177.66	1,076.70	1,500.78	2,577.48	N/A	N/A	N/A	672.72	932.44	1,605.16	1,125.48	1,568.82	2,694.30
RETIREE WITH 1 MEDICARE																		
ENROLLEE ONLY	276.80	217.48	494.28	225.66	177.30	402.96	271.74	213.50	485.24	N/A	N/A	N/A	166.36	130.70	297.06	284.06	223.18	507.24
ENROLLEE + 1 (SPOUSE)	1,022.72	803.56	1,826.28	833.80	655.14	1,488.94	993.14	780.34	1,773.48	N/A	N/A	N/A	614.66	482.94	1,097.60	1,038.16	815.70	1,853.86
ENROLLEE + 1 (CHILD)	479.10	376.44	855.54	390.62	306.90	697.52	467.44	367.26	834.70	N/A	N/A	N/A	288.06	226.32	514.38	488.64	383.92	872.56
ENROLLEE + CHILDREN	479.10	376.44	855.54	390.62	306.90	697.52	467.44	367.26	834.70	N/A	N/A	N/A	288.06	226.32	514.38	488.64	383.92	872.56
FAMILY	1,119.40	1,313.96	2,433.36	912.60	1,071.30	1,983.90	1,076.70	1,283.84	2,360.54	N/A	N/A	N/A	672.72	789.62	1,462.34	1,125.48	1,342.08	2,467.56
RETIREE WITH 2 MEDICARE																		
ENROLLEE + 1 (SPOUSE)	497.58	390.94	888.52	405.66	318.72	724.38	487.10	382.72	869.82	N/A	N/A	N/A	299.04	234.96	534.00	509.18	400.06	909.24
FAMILY	616.04	484.02	1,100.06	502.28	394.64	896.92	603.10	473.86	1,076.96	N/A	N/A	N/A	370.22	290.90	661.12	630.42	495.32	1,125.74

IOTE: 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). Annroyed

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.