

EMP = This is the amount paid by you. (The retired employee.)

Effective January 2018	Magnolia Local			Magnolia Local Plus			Magnolia Open Access Plus		
	STATE	EMP	TOTAL	STATE	EMP	TOTAL	STATE	EMP	TOTAL
Retiree only Coverage									
Retired -No Medicare	202.42	863.02	1065.44	239.60	1021.46	1261.06	248.30	1058.54	1306.84
Retired w/ Medicare	65.82	280.64	346.46	79.26	337.92	417.18	80.74	344.24	424.98
Retiree and Spouse									
none on Medicare	357.46	1523.92	1881.38	423.06	1803.60	2226.66	438.44	1869.18	2307.62
1 with Medicare	243.22	1036.90	1280.12	289.70	1235.02	1524.72	298.32	1271.82	1570.14
2 with Medicare	118.32	504.46	622.78	142.08	605.74	747.82	145.12	618.74	763.86
Retiree and Child-ren									
none on Medicare	225.48	961.26	1186.74	266.90	1137.82	1404.72	276.56	1179.06	1455.62
1 with Medicare	113.92	485.74	599.66	136.34	581.30	717.64	139.76	595.78	735.54
Family									
none on Medicare	355.72	1516.52	1872.24	421.02	1794.94	2215.96	436.32	1860.08	2296.40
1 with Medicare	324.06	1381.58	1705.64	385.60	1643.90	2029.50	397.48	1694.58	2092.06
2 with Medicare	146.50	624.60	771.10	175.92	749.98	925.90	179.70	766.08	945.78

	Pelican HRA 1000			Vantage Medical Home HMO			Extend Health		
	STATE	EMP	TOTAL	STATE	EMP	TOTAL	STATE	EMP	TOTAL
Retiree only Coverage									
Retired -No Medicare	149.22	636.22	785.44	237.94	1014.40	1252.34	200.00	0.00	200.00
Retired w/ Medicare	48.52	206.88	255.40	78.72	335.58	414.30	200.00	0.00	200.00
Retiree and Spouse									
none on Medicare	263.50	1123.38	1386.88	420.14	1791.16	2211.30	300.00	0.00	300.00
1 with Medicare	179.30	764.36	943.66	287.70	1226.50	1514.20	300.00	0.00	300.00
2 with Medicare	87.22	371.90	459.12	141.10	601.56	742.66	300.00	0.00	300.00
Retiree and Child-ren									
none on Medicare	166.28	708.90	875.18	265.06	1129.96	1395.02	0.00	0.00	0.00
1 with Medicare	84.02	358.20	442.22	135.42	577.28	712.70	0.00	0.00	0.00
Family									
none on Medicare	262.20	1117.82	1380.02	418.12	1782.56	2200.68	0.00	0.00	0.00
1 with Medicare	238.86	1018.38	1257.24	382.94	1632.54	2015.48	0.00	0.00	0.00
2 with Medicare	107.98	460.42	568.40	174.70	744.80	919.50	0.00	0.00	0.00

	LSU First Option 1			LSU First Option 2			LSU First Option 3-Medicare Plan		
	STATE	EMP	TOTAL	STATE	EMP	TOTAL	STATE	EMP	TOTAL
Retiree only Coverage									
Retired -No Medicare	253.14	1079.14	1332.28	243.84	1039.52	1283.36	0.00	0.00	0.00
Retired w/ Medicare	81.78	348.58	430.36	70.70	301.40	372.10	76.42	325.75	402.17
Retiree and Spouse									
none on Medicare	434.84	1853.80	2288.64	422.14	1799.66	2221.80	0.00	0.00	0.00
1 with Medicare	290.28	1237.52	1527.80	250.98	1069.94	1320.92	0.00	0.00	0.00
2 with Medicare	145.54	620.48	766.02	125.86	536.50	662.36	152.82	651.52	804.34
Retiree and Child-ren									
none on Medicare	281.96	1202.00	1483.96	270.42	1152.78	1423.20	0.00	0.00	0.00
1 with Medicare	142.48	607.38	749.86	139.80	595.96	735.76	0.00	0.00	0.00
2 with Medicare							152.82	651.52	804.34
Family									
none on Medicare	444.82	1896.28	2341.10	429.86	1832.56	2262.42	0.00	0.00	0.00
1 with Medicare	400.68	1708.18	2108.86	350.32	1493.40	1843.72	0.00	0.00	0.00
2 with Medicare	183.20	781.02	964.22	169.40	722.20	891.60	0.00	0.00	0.00
3 with Medicare							229.24	977.27	1206.51

***Additional choices for Retirees and Spouses who are enrolled in BOTH Medicare A and B are available.

For more information on these plans call the Office of Group Benefits at 1-800-272-8451.***

	Vantage Standard Statewide HMO			Vantage Premium HMO-POS Statewide HMO			Peoples Health HMO-POS Regional HMO Plan		
	STATE	EMP	TOTAL	STATE	EMP	TOTAL	STATE	EMP	TOTAL
Retiree only Coverage									
w/ Medicare	41.80	178.20	220.00	53.20	226.80	280.00	47.50	202.50	250.00
Retiree and Spouse									
2 with Medicare	83.60	356.40	440.00	106.40	453.60	560.00	95.00	405.00	500.00
Retiree only Coverage									
w/ Medicare	22.80	97.20	120.00						
Retiree and Spouse									
2 with Medicare	45.60	194.40	240.00						