38% Schedule

Health Rates
Retiree
Jan 2018-Dec 2018

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	404.86	**660.58**	1065.44	479.20	**781.86**	1261.06	496.58	**810.24**	1306.82
Retired w/ Medicare	131.66	**214.80**	346.46	158.52	**258.66**	417.18	161.48	**263.48**	424.96
Retiree and Spouse									
none on Medicare	714.92	**1166.46**	1881.38	846.12	**1380.52**	2226.64	876.88	**1430.72**	2307.60
1 with Medicare	486.44	**793.68**	1280.12	579.40	**945.32**	1524.72	596.66	**973.48**	1570.14
2 with Medicare	236.66	**386.12**	622.78	284.16	**463.66**	747.82	290.28	**473.60**	763.88
Retiree and Child-ren									
none on Medicare	450.96	**735.78**	1186.74	533.78	**870.92**	1404.70	553.14	**902.48**	1455.62
1 with Medicare	227.86	**371.80**	599.66	272.70	**444.94**	717.64	279.50	**456.04**	735.54
Family									
none on Medicare	711.44	**1160.78**	1872.22	842.06	**1373.90**	2215.96	872.64	**1423.76**	2296.40
1 with Medicare	648.14	**1057.50**	1705.64	771.20	**1258.28**	2029.48	794.98	**1297.08**	2092.06
2 with Medicare	293.02	**478.08**	771.10	351.84	**574.06**	925.90	359.40	**586.40**	945.80

	Pelican HRA 1000			Vantage Medical Home HMO			Extend Health		
	STATE	EMP	TOTAL	STATE	EMP	TOTAL	STATE	EMP	TOTAL
Retiree only Coverage									
Retired -No Medicare	298.46	**486.98**	785.44	475.88	**776.46**	1252.34	200.00	**0.00**	200.00
Retired w/ Medicare	97.06	**158.36**	255.42	157.44	**256.86**	414.30	200.00	**0.00**	200.00
Retiree and Spouse									
none on Medicare	527.02	**859.88**	1386.90	840.30	**1371.00**	2211.30	300.00	**0.00**	300.00
1 with Medicare	358.58	**585.08**	943.66	575.40	**938.80**	1514.20	300.00	**0.00**	300.00
2 with Medicare	174.46	**284.66**	459.12	282.22	**460.44**	742.66	300.00	**0.00**	300.00
Retiree and Child-ren									
none on Medicare	332.56	**542.62**	875.18	530.10	**864.92**	1395.02	0.00	**0.00**	0.00
1 with Medicare	168.04	**274.18**	442.22	270.82	**441.88**	712.70	0.00	**0.00**	0.00
Family									
none on Medicare	524.40	**855.62**	1380.02	836.26	**1364.42**	2200.68	0.00	**0.00**	0.00
1 with Medicare	477.74	**779.50**	1257.24	765.88	**1249.60**	2015.48	0.00	**0.00**	0.00
2 with Medicare	216.00	**352.40**	568.40	349.40	**570.10**	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	506.28	**826.00**	1332.28	487.68	**795.68**	1283.36	0.00	**0.00**	0.00
Retired w/ Medicare	163.54	**266.82**	430.36	141.40	**230.70**	372.10	152.82	**249.35**	402.17
Retiree and Spouse									
none on Medicare	869.68	**1418.96**	2288.64	844.28	**1377.52**	2221.80	0.00	**0.00**	0.00
1 with Medicare	580.56	**947.24**	1527.80	501.96	**818.96**	1320.92	0.00	**0.00**	0.00
2 with Medicare	291.10	**474.92**	766.02	251.70	**410.66**	662.36	305.65	**498.69**	804.34
Retiree and Child-ren									
none on Medicare	563.90	**920.06**	1483.96	540.82	**882.38**	1423.20	0.00	**0.00**	0.00
1 with Medicare	284.96	**464.90**	749.86	279.60	**456.16**	735.76	0.00	**0.00**	0.00
2 with Medicare							305.65	**498.69**	804.34
Family									
none on Medicare	889.62	**1451.48**	2341.10	859.72	**1402.70**	2262.42	0.00	**0.00**	0.00
1 with Medicare	801.38	**1307.48**	2108.86	700.62	**1143.10**	1843.72	0.00	**0.00**	0.00
2 with Medicare	366.40	**597.82**	964.22	338.82	**552.78**	891.60	0.00	**0.00**	0.00
3 with Medicare							458.47	**748.04**	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	83.60	**136.40**	220.00	106.40	**173.60**	280.00	95.00	**155.00**	250.00
Retiree and Spouse									
2 with Medicare	167.20	**272.80**	440.00	212.80	**347.20**	560.00	190.00	**310.00**	500.00

	Vantage Basic		
	STATE	EMP	TOTAL
Retiree only Coverage			
w/ Medicare	45.60	74.40	120.00
Retiree and Spouse			
2 with Medicare	91.20	148.80	240.00