

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	596.64	468.80	1065.44	706.18	554.86	1261.04	731.82	575.00	1306.82
Retired w/ Medicare	194.02	152.44	346.46	233.62	183.56	417.18	237.98	186.98	424.96
Retiree and Spouse									
none on Medicare	1053.56	827.80	1881.36	1246.92	979.72	2226.64	1292.26	1015.34	2307.60
1 with Medicare	716.88	563.24	1280.12	853.84	670.88	1524.72	879.28	690.86	1570.14
2 with Medicare	348.76	274.02	622.78	418.78	329.04	747.82	427.78	336.10	763.88
Retiree and Child-ren									
none on Medicare	664.58	522.16	1186.74	786.64	618.08	1404.72	815.14	640.48	1455.62
1 with Medicare	335.82	263.86	599.68	401.88	315.76	717.64	411.90	323.64	735.54
Family									
none on Medicare	1048.44	823.78	1872.22	1240.94	975.02	2215.96	1285.98	1010.42	2296.40
1 with Medicare	955.16	750.48	1705.64	1136.52	892.98	2029.50	1171.56	920.50	2092.06
2 with Medicare	431.82	339.28	771.10	518.50	407.40	925.90	529.64	416.14	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	439.84	345.60	785.44	701.32	551.02	1252.34	200.00	0.00	200.00
Retired w/ Medicare	143.02	112.38	255.40	232.00	182.30	414.30	200.00	0.00	200.00
Retiree and Spouse									
none on Medicare	776.66	610.22	1386.88	1238.32	972.98	2211.30	300.00	0.00	300.00
1 with Medicare	528.46	415.20	943.66	847.96	666.24	1514.20	300.00	0.00	300.00
2 with Medicare	257.10	202.00	459.10	415.88	326.78	742.66	300.00	0.00	300.00
Retiree and Child-ren									
none on Medicare	490.10	385.08	875.18	781.22	613.80	1395.02	0.00	0.00	0.00
1 with Medicare	247.64	194.58	442.22	399.12	313.58	712.70	0.00	0.00	0.00
Family									
none on Medicare	772.82	607.20	1380.02	1232.38	968.30	2200.68	0.00	0.00	0.00
1 with Medicare	704.06	553.18	1257.24	1128.66	886.82	2015.48	0.00	0.00	0.00
2 with Medicare	318.30	250.10	568.40	514.92	404.58	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	746.08	586.20	1332.28	718.68	564.68	1283.36	0.00	0.00	0.00
Retired w/ Medicare	241.00	189.36	430.36	208.38	163.72	372.10	225.22	176.95	402.17
Retiree and Spouse									
none on Medicare	1281.64	1007.00	2288.64	1244.22	977.58	2221.80	0.00	0.00	0.00
1 with Medicare	855.58	672.22	1527.80	739.72	581.20	1320.92	0.00	0.00	0.00
2 with Medicare	428.98	337.04	766.02	370.92	291.44	662.36	450.43	353.91	804.34
Retiree and Child-ren									
none on Medicare	831.02	652.94	1483.96	797.00	626.20	1423.20	0.00	0.00	0.00
1 with Medicare	419.92	329.94	749.86	412.04	323.72	735.76	0.00	0.00	0.00
2 with Medicare							450.43	353.91	804.34
Family									
none on Medicare	1311.02	1030.08	2341.10	1266.96	995.46	2262.42	0.00	0.00	0.00
1 with Medicare	1180.96	927.90	2108.86	1032.48	811.24	1843.72	0.00	0.00	0.00
2 with Medicare	539.96	424.26	964.22	499.30	392.30	891.60	0.00	0.00	0.00
3 with Medicare							675.65	530.86	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	123.20	96.80	220.00	156.80	123.20	280.00	140.00	110.00	250.00
Retiree and Spouse									
2 with Medicare	246.40	193.60	440.00	313.60	246.40	560.00	280.00	220.00	500.00

	Vantage Basic		
	STATE	EMP	TOTAL
Retiree only Coverage			
w/ Medicare	67.20	52.80	120.00
Retiree and Spouse			
2 with Medicare	134.40	105.60	240.00