

**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	922.30	143.14	1065.44	1092.16	168.88	1261.04	1131.26	175.56	1306.82
Retired w/ Medicare	259.86	86.60	346.46	312.90	104.28	417.18	318.74	106.22	424.96
Retiree and Spouse									
none on Medicare	1416.36	465.00	1881.36	1678.12	548.54	2226.66	1737.28	570.34	2307.62
1 with Medicare	960.10	320.02	1280.12	1143.54	381.18	1524.72	1177.62	392.52	1570.14
2 with Medicare	467.10	155.68	622.78	560.88	186.94	747.82	572.94	190.94	763.88
Retiree and Child-ren									
none on Medicare	980.72	206.02	1186.74	1161.64	243.06	1404.70	1202.90	252.72	1455.62
1 with Medicare	449.74	149.92	599.66	538.24	179.40	717.64	551.64	183.90	735.54
Family									
none on Medicare	1404.16	468.06	1872.22	1661.98	553.98	2215.96	1722.30	574.10	2296.40
1 with Medicare	1279.24	426.40	1705.64	1522.12	507.36	2029.48	1569.08	522.98	2092.06
2 with Medicare	578.34	192.76	771.10	694.42	231.46	925.88	709.36	236.44	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	679.92	105.52	785.44	1084.62	167.72	1252.34	200.00	0.00	200.00
Retired w/ Medicare	191.56	63.86	255.42	310.74	103.56	414.30	200.00	0.00	200.00
Retiree and Spouse									
none on Medicare	1044.10	342.78	1386.88	1666.54	544.76	2211.30	300.00	0.00	300.00
1 with Medicare	707.76	235.90	943.66	1135.64	378.56	1514.20	300.00	0.00	300.00
2 with Medicare	344.34	114.76	459.10	557.00	185.66	742.66	300.00	0.00	300.00
Retiree and Child-ren									
none on Medicare	723.22	151.96	875.18	1153.64	241.38	1395.02	0.00	0.00	0.00
1 with Medicare	331.68	110.54	442.22	534.54	178.16	712.70	0.00	0.00	0.00
Family									
none on Medicare	1035.02	345.00	1380.02	1650.52	550.16	2200.68	0.00	0.00	0.00
1 with Medicare	942.94	314.30	1257.24	1511.62	503.86	2015.48	0.00	0.00	0.00
2 with Medicare	426.30	142.10	568.40	689.64	229.86	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	1153.26	179.02	1332.28	1123.52	159.84	1283.36	0.00	0.00	0.00
Retired w/ Medicare	322.78	107.58	430.36	279.08	93.02	372.10	301.63	100.54	402.17
Retiree and Spouse									
none on Medicare	1771.06	517.58	2288.64	1771.06	450.74	2221.80	0.00	0.00	0.00
1 with Medicare	1145.86	381.94	1527.80	990.70	330.22	1320.92	0.00	0.00	0.00
2 with Medicare	574.52	191.50	766.02	496.78	165.58	662.36	603.26	201.08	804.34
Retiree and Child-ren									
none on Medicare	1226.32	257.64	1483.96	1177.72	245.48	1423.20	0.00	0.00	0.00
1 with Medicare	562.40	187.46	749.86	551.82	183.94	735.76	0.00	0.00	0.00
2 with Medicare							603.26	201.08	804.34
Family									
none on Medicare	1721.46	619.64	2341.10	1718.98	543.44	2262.42	0.00	0.00	0.00
1 with Medicare	1581.66	527.20	2108.86	1382.80	460.92	1843.72	0.00	0.00	0.00
2 with Medicare	723.18	241.04	964.22	668.70	222.90	891.60	0.00	0.00	0.00
3 with Medicare							904.88	301.63	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	165.00	55.00	220.00	210.00	70.00	280.00	187.50	62.50	250.00
Retiree and Spouse									
2 with Medicare	330.00	110.00	440.00	420.00	140.00	560.00	375.00	125.00	500.00

	Vantage Basic		
	STATE	EMP	TOTAL
Retiree only Coverage			
w/ Medicare	90.00	30.00	120.00
Retiree and Spouse			
2 with Medicare	180.00	60.00	240.00