OFFICE OF GROUP BENEFITS

MEMBER-ONLY SHARE OF MONTHLY PREMIUM RATES

ALL OGB-PARTICIPATING AGENCIES, EXCLUDING PARISH & CITY SCHOOL BOARDS

Rates effective January 1, 2027 (75% employer participation level)

	Magnolia Open Access	Magnolia Local	Magnolia Local Plus	Pelican HSA775	Pelican HRA1000
ACTIVE EMPLOYEE					
ENROLLEE ONLY	$280.46	$228.66	$269.82	$97.48	$168.58
ENROLLEE + 1 (SPOUSE)	$911.20	$742.94	$876.34	$316.78	$547.62
ENROLLEE + 1 (CHILD)	$403.76	$329.12	$388.30	$140.48	$242.78
ENROLLEE + CHILDREN	$403.76	$329.12	$388.30	$140.48	$242.78
FAMILY	$976.28	$796.06	$938.96	$339.34	$586.68
RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE					
ENROLLEE ONLY	$280.46	$228.66	$269.82	N/A	$168.58
ENROLLEE + 1 (SPOUSE)	$911.20	$742.94	$876.34	N/A	$547.62
ENROLLEE + 1 (CHILD)	$403.76	$329.12	$388.30	N/A	$242.78
ENROLLEE + CHILDREN	$403.76	$329.12	$388.30	N/A	$242.78
FAMILY	$917.18	$747.76	$885.06	N/A	$551.18
RETIREE WITH 1 MEDICARE					
ENROLLEE ONLY	$169.70	$138.40	$166.60	N/A	$102.04
ENROLLEE + 1 (SPOUSE)	$627.06	$511.24	$609.00	N/A	$376.86
ENROLLEE + 1 (CHILD)	$293.80	$239.48	$286.66	N/A	$176.56
ENROLLEE + CHILDREN	$293.80	$239.48	$286.66	N/A	$176.56
FAMILY	$835.52	$681.22	$810.54	N/A	$502.14
RETIREE WITH 2 MEDICARE					
ENROLLEE + 1 (SPOUSE)	$305.04	$248.70	$298.66	N/A	$183.32
FAMILY	$377.74	$307.94	$369.78	N/A	$227.02
C.O.B.R.A.					
ENROLLEE ONLY	$1,144.54	$933.14	$1,101.04	$397.88	$687.92
ENROLLEE + 1 (SPOUSE)	$2,431.20	$1,982.16	$2,338.42	$845.24	$1,461.14
ENROLLEE + 1 (CHILD)	$1,395.98	$1,138.06	$1,342.76	$485.54	$839.28
ENROLLEE + CHILDREN	$1,395.98	$1,138.06	$1,342.76	$485.54	$839.28
FAMILY	$2,564.04	$2,090.48	$2,466.14	$891.28	$1,540.86
DISABILITY C.O.B.R.A.					
ENROLLEE ONLY	$1,683.16	$1,372.30	$1,619.12	$585.10	$1,011.66
ENROLLEE + 1 (SPOUSE)	$3,575.34	$2,914.94	$3,438.92	$1,243.06	$2,148.76
ENROLLEE + 1 (CHILD)	$2,052.96	$1,673.64	$1,974.58	$714.02	$1,234.22
ENROLLEE + CHILDREN	$2,052.96	$1,673.64	$1,974.58	$714.02	$1,234.22
FAMILY	$3,770.72	$3,074.28	$3,626.76	$1,310.74	$2,266.00

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

NOTES:

1) The breakdown between the State Share and the Employee Share amounts shown may not be accurate for certain school board employees due to local funding that affects agency funding, which affects agency contributions. Total Premium amounts are correct for all non-risk rated agencies.
2) 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).
3) 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.