

**MONTHLY MEDICAL INSURANCE PREMIUMS FOR ACTIVE EMPLOYEES**

**Effective January 1, 2017 - December 31, 2017**

	<b>LSU First Option 1</b>	<b>LSU First Option 2</b>	<b>Pelican HRA 1000</b>	<b>Pelican HSA 775</b>	<b>Magnolia Local Designated Regions</b>	<b>Magnolia Local Plus</b>	<b>Magnolia Open Access</b>	<b>Vantage Medical Home HMO Designated Regions</b>
<b>12 Month Employee Share</b>								
<b>Employee Only</b>	\$167.62	\$149.66	\$105.52	\$61.00	\$143.14	\$168.88	\$175.56	\$167.72
<b>Employee + Spouse</b>	\$484.64	\$422.04	\$342.78	\$198.28	\$465.02	\$548.54	\$570.34	\$544.76
<b>Employee+ Children</b>	\$241.26	\$229.86	\$151.96	\$87.92	\$206.00	\$243.06	\$252.72	\$241.38
<b>Employee + Family</b>	\$580.18	\$508.84	\$367.24	\$212.42	\$498.28	\$587.74	\$611.10	\$583.68
<b>9 Month Employee Share</b>								
<b>Employee Only</b>	\$223.49	\$199.55	\$140.69	\$81.33	\$190.85	\$225.17	\$234.08	\$223.63
<b>Employee + Spouse</b>	\$646.19	\$562.72	\$457.04	\$264.37	\$620.03	\$731.39	\$760.45	\$726.35
<b>Employee + Children</b>	\$321.68	\$306.48	\$202.61	\$117.23	\$274.67	\$324.08	\$336.96	\$321.84
<b>Employee + Family</b>	\$773.57	\$678.45	\$489.65	\$283.23	\$664.37	\$783.65	\$814.80	\$778.24
<b>State Share</b>								
<b>Employee Only</b>	\$502.86	\$448.99	\$316.64	\$183.16	\$429.50	\$506.78	\$526.82	\$503.28
<b>Employee + Spouse</b>	\$819.87	\$721.36	\$553.88	\$320.42	\$751.38	\$886.48	\$921.64	\$880.36
<b>Employee + Children</b>	\$576.47	\$529.18	\$363.08	\$210.04	\$492.40	\$580.94	\$603.96	\$576.94
<b>Employee + Family</b>	\$915.44	\$808.16	\$578.36	\$334.56	\$784.62	\$925.68	\$962.40	\$919.30
<b>Total Premium</b>								
<b>Employee Only</b>	\$670.48	\$598.65	\$422.16	\$244.16	\$572.64	\$675.66	\$702.38	\$671.00
<b>Employee + Spouse</b>	\$1,304.51	\$1,143.40	\$896.66	\$518.70	\$1,216.40	\$1,435.02	\$1,491.98	\$1,425.12
<b>Employee + Children</b>	\$817.73	\$759.04	\$515.04	\$297.96	\$698.40	\$824.00	\$856.68	\$818.32
<b>Employee + Family</b>	\$1,495.62	\$1,317.00	\$945.60	\$546.98	\$1,282.90	\$1,513.42	\$1,573.50	\$1,502.98
<b>COBRA Premium</b>								
<b>Employee Only</b>	\$683.87	\$610.61	\$430.60	\$249.04	\$584.08	\$689.16	\$716.42	\$684.42
<b>Employee + Spouse</b>	\$1,330.58	\$1,166.25	\$914.58	\$529.06	\$1,240.72	\$1,463.72	\$1,521.80	\$1,453.62
<b>Employee + Children</b>	\$834.09	\$774.22	\$525.34	\$303.90	\$712.36	\$840.48	\$873.80	\$834.68
<b>Employee + Family</b>	\$1,525.53	\$1,343.34	\$964.50	\$557.90	\$1,308.54	\$1,543.68	\$1,604.96	\$1,533.04