

MONTHLY HEALTH INSURANCE PREMIUMS FOR ACTIVE EMPLOYEES
Effective January 1, 2020 - December 31, 2020

	LSU First Option 1	Pelican HRA 1000	Pelican HSA 775	Magnolia Local Designated Regions	Magnolia Local Plus	Magnolia Open Access	Vantage Medical Home HMO
12 Month Employee Share							
Employee Only	\$193.60	\$110.80	\$64.06	\$150.30	\$177.32	\$184.34	\$176.10
Employee + Spouse	\$559.76	\$359.92	\$208.20	\$488.28	\$575.96	\$598.86	\$572.00
Employee+ Children	\$278.64	\$159.56	\$92.32	\$216.30	\$255.22	\$265.36	\$253.44
Employee + Family	\$670.12	\$385.60	\$223.04	\$523.20	\$617.12	\$641.66	\$612.86
9 Month Employee Share							
Employee Only	\$258.13	\$147.73	\$85.41	\$200.40	\$236.43	\$245.79	\$234.80
Employee + Spouse	\$746.35	\$479.89	\$277.60	\$651.04	\$767.95	\$798.48	\$762.67
Employee + Children	\$371.52	\$212.75	\$123.09	\$288.40	\$340.29	\$353.81	\$337.92
Employee + Family	\$893.49	\$514.13	\$297.39	\$697.60	\$822.83	\$855.55	\$817.15
State Share							
Employee Only	\$580.84	\$332.46	\$192.30	\$450.98	\$532.12	\$553.16	\$528.46
Employee + Spouse	\$947.02	\$581.58	\$336.44	\$788.94	\$930.82	\$967.72	\$924.38
Employee + Children	\$665.88	\$381.24	\$220.54	\$517.02	\$609.98	\$634.16	\$605.80
Employee + Family	\$1,057.38	\$607.28	\$351.28	\$823.84	\$971.98	\$1,010.52	\$965.26
Total Premium							
Employee Only	\$774.44	\$443.26	\$256.36	\$601.28	\$709.44	\$737.50	\$704.56
Employee + Spouse	\$1,506.78	\$941.50	\$544.64	\$1,277.22	\$1,506.78	\$1,566.58	\$1,496.38
Employee + Children	\$944.52	\$540.80	\$312.86	\$733.32	\$865.20	\$899.52	\$859.24
Employee + Family	\$1,727.50	\$992.88	\$574.32	\$1,347.04	\$1,589.10	\$1,652.18	\$1,578.12
COBRA Premium							
Employee Only	\$789.93	\$452.14	\$261.50	\$613.28	\$723.62	\$752.24	\$718.64
Employee + Spouse	\$1,536.92	\$960.30	\$555.52	\$1,302.76	\$1,536.90	\$1,597.90	\$1,526.30
Employee + Children	\$963.41	\$551.60	\$319.10	\$747.98	\$882.50	\$917.50	\$876.42
Employee + Family	\$1,762.05	\$1,012.72	\$585.80	\$1,373.96	\$1,620.86	\$1,685.20	\$1,609.70