

**MONTHLY HEALTH INSURANCE PREMIUMS FOR ACTIVE EMPLOYEES**

Effective January 1, 2023 December 31, 2023

	LSU First	Pelican HRA 1000	Pelican HSA 775	Magnolia Local Designated Regions	Magnolia Local Plus	Magnolia Open Access	Vantage Medical Home HMO
<b>12 Month Employee Share</b>							
Employee Only	\$205.68	\$128.26	\$74.16	\$173.98	\$205.28	\$213.38	\$217.52
Employee + Spouse	\$604.56	\$416.64	\$241.02	\$565.24	\$666.74	\$693.26	\$706.58
Employee+ Children	\$318.56	\$184.72	\$106.88	\$250.40	\$295.44	\$307.18	\$313.06
Employee + Family	\$741.78	\$446.36	\$258.18	\$605.66	\$714.38	\$742.78	\$757.04
<b>9 Month Employee Share</b>							
Employee Only	\$274.24	\$171.01	\$98.88	\$231.97	\$273.71	\$284.51	\$290.03
Employee + Spouse	\$806.08	\$555.52	\$321.36	\$753.65	\$888.99	\$924.35	\$942.11
Employee + Children	\$424.75	\$246.29	\$142.51	\$333.87	\$393.92	\$409.57	\$417.41
Employee + Family	\$989.04	\$595.15	\$344.24	\$807.55	\$952.51	\$990.37	\$1,009.39
<b>Bi-Weekly (24 Weeks) Employee Share</b>							
Employee Only	\$102.84	\$64.13	\$37.08	\$86.99	\$102.64	\$106.69	\$108.76
Employee + Spouse	\$302.28	\$208.32	\$120.51	\$282.62	\$333.37	\$346.63	\$353.29
Employee + Children	\$159.28	\$92.36	\$53.44	\$125.20	\$147.72	\$153.59	\$156.53
Employee + Family	\$370.89	\$223.18	\$129.09	\$302.83	\$357.19	\$371.39	\$378.52
<b>State Share</b>							
Employee Only	\$617.06	\$384.86	\$222.60	\$522.08	\$615.96	\$640.34	\$652.80
Employee + Spouse	\$1,015.92	\$673.24	\$389.48	\$913.26	\$1,077.52	\$1,120.22	\$1,141.84
Employee + Children	\$729.92	\$441.30	\$255.28	\$598.50	\$706.10	\$734.12	\$748.34
Employee + Family	\$1,153.16	\$703.00	\$406.64	\$953.66	\$1,125.16	\$1,169.78	\$1,192.34
<b>Total Premium</b>							
Employee Only	\$822.74	\$513.12	\$296.76	\$696.06	\$821.24	\$853.72	\$870.32
Employee + Spouse	\$1,620.48	\$1,089.88	\$630.50	\$1,478.50	\$1,744.26	\$1,813.48	\$1,848.42
Employee + Children	\$1,048.48	\$626.02	\$362.16	\$848.90	\$1,001.54	\$1,041.30	\$1,061.40
Employee + Family	\$1,894.94	\$1,149.36	\$664.82	\$1,559.32	\$1,839.54	\$1,912.56	\$1,949.38
<b>COBRA Premium</b>							
Employee Only	\$839.19	\$523.40	\$302.72	\$709.96	\$837.68	\$870.80	\$887.72
Employee + Spouse	\$1,652.89	\$1,111.66	\$643.08	\$1,508.08	\$1,779.12	\$1,849.72	\$1,885.38
Employee + Children	\$1,069.45	\$638.54	\$369.40	\$865.86	\$1,021.60	\$1,062.10	\$1,082.60
Employee + Family	\$1,932.84	\$1,172.32	\$678.12	\$1,590.48	\$1,876.30	\$1,950.78	\$1,988.38