

Effective July 1, 2015

(75% participation rate)

	LSU FIRST <i>The LSU System Health Plan</i> OPTION 1			LSU First <i>The LSU System Health Plan</i> OPTION 2			Pelican HSA 775 <i>Administered by Blue Cross</i>			Pelican HRA 1000 <i>Administered by Blue Cross</i>		
	STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL
ACTIVE EMPLOYEE												
ENROLLEE ONLY	\$445.50	\$148.50	\$594.00	\$397.78	\$132.58	\$530.36	\$177.84	\$59.24	\$237.08	\$307.42	\$102.46	\$409.88
ENROLLEE + 1 (SPOUSE)	\$726.35	\$429.36	\$1,155.71	\$639.08	\$373.90	\$1,012.98	\$311.08	\$192.52	\$503.60	\$537.76	\$332.80	\$870.56
ENROLLEE + 1 (CHILD)	\$510.74	\$213.72	\$724.46	\$468.82	\$203.64	\$672.46	\$203.92	\$85.36	\$289.28	\$352.62	\$147.54	\$500.16
ENROLLEE + CHILDREN	\$510.74	\$213.72	\$724.46	\$468.82	\$203.64	\$672.46	\$203.92	\$85.36	\$289.28	\$352.52	\$147.54	\$500.06
FAMILY	\$811.02	\$514.00	\$1,325.02	\$715.98	\$450.80	\$1,166.78	\$324.82	\$206.24	\$531.06	\$561.52	\$356.54	\$918.06
RETIRED NO MEDICARE & RE-												
ENROLLEE ONLY	\$956.65	\$148.50	\$1,105.15	\$931.99	\$132.58	\$1,064.57	N/A	N/A	N/A	\$660.12	\$102.46	\$762.58
ENROLLEE + 1 (SPOUSE)	\$1,469.12	\$429.36	\$1,898.48	\$1,469.14	\$373.90	\$1,843.04	N/A	N/A	N/A	\$1,013.70	\$332.80	\$1,346.50
ENROLLEE + 1 (CHILD)	\$1,017.26	\$213.72	\$1,230.98	\$976.94	\$203.64	\$1,180.58	N/A	N/A	N/A	\$702.16	\$147.54	\$849.70
ENROLLEE + CHILDREN	\$1,017.26	\$213.72	\$1,230.98	\$976.94	\$203.64	\$1,180.58	N/A	N/A	N/A	\$702.16	\$147.54	\$849.70
FAMILY	\$1,456.50	\$485.50	\$1,942.00	\$1,425.93	\$450.80	\$1,876.73	N/A	N/A	N/A	\$1,004.88	\$334.96	\$1,339.84
RETIRED WITH 1 MEDICARE												
ENROLLEE ONLY	\$267.75	\$89.25	\$357.00	\$231.49	\$77.17	\$308.66	N/A	N/A	N/A	\$185.99	\$62.00	\$247.99
ENROLLEE + 1 (SPOUSE)	\$950.51	\$316.84	\$1,267.35	\$821.80	\$273.94	\$1,095.74	N/A	N/A	N/A	\$687.15	\$229.04	\$916.19
ENROLLEE + 1 (CHILD)	\$466.51	\$155.51	\$622.02	\$457.74	\$152.58	\$610.32	N/A	N/A	N/A	\$322.03	\$107.33	\$429.36
ENROLLEE + CHILDREN	\$466.51	\$155.51	\$622.02	\$457.74	\$152.58	\$610.32	N/A	N/A	N/A	\$322.03	\$107.33	\$429.36
FAMILY	\$1,312.02	\$437.34	\$1,749.36	\$1,147.05	\$382.36	\$1,529.41	N/A	N/A	N/A	\$915.48	\$305.16	\$1,220.64
RETIRED WITH 2 MEDICARE												
ENROLLEE + 1 (SPOUSE)	\$476.58	\$158.86	\$635.44	\$412.08	\$137.36	\$549.44	N/A	N/A	N/A	\$334.33	\$111.43	\$445.76
FAMILY	\$599.88	\$199.97	\$799.85	\$554.70	\$184.90	\$739.60	N/A	N/A	N/A	\$413.89	\$137.97	\$551.86
C.O.B.R.A.												
ENROLLEE ONLY	\$0.00	\$605.87	\$605.87	\$0.00	\$540.96	\$540.96	\$0.00	\$479.35	\$479.35	\$0.00	\$524.79	\$524.79
ENROLLEE + 1 (SPOUSE)	\$0.00	\$1,178.81	\$1,178.81	\$0.00	\$1,033.22	\$1,033.22	\$0.00	\$1,018.04	\$1,018.04	\$0.00	\$1,114.56	\$1,114.56
ENROLLEE + 1 (CHILD)	\$0.00	\$738.95	\$738.95	\$0.00	\$685.90	\$685.90	\$0.00	\$584.57	\$584.57	\$0.00	\$639.99	\$639.99
ENROLLEE + CHILDREN	\$0.00	\$738.95	\$738.95	\$0.00	\$685.90	\$685.90	\$0.00	\$584.57	\$584.57	\$0.00	\$639.99	\$639.99
FAMILY	\$0.00	\$1,351.52	\$1,351.52	\$0.00	\$1,190.11	\$1,190.11	\$0.00	\$1,073.65	\$1,073.65	\$0.00	\$1,175.44	\$1,175.44
DISABILITY COBRA												
ENROLLEE ONLY	\$0.00	\$891.01	\$891.01	\$0.00	\$795.52	\$795.52	\$0.00	\$704.93	\$704.93	\$0.00	\$771.75	\$771.75
ENROLLEE + 1 (SPOUSE)	\$0.00	\$1,733.57	\$1,733.57	\$0.00	\$1,519.46	\$1,519.46	\$0.00	\$1,497.12	\$1,497.12	\$0.00	\$1,639.07	\$1,639.07
ENROLLEE + 1 (CHILD)	\$0.00	\$1,086.69	\$1,086.69	\$0.00	\$1,008.69	\$1,008.69	\$0.00	\$859.67	\$859.67	\$0.00	\$941.16	\$941.16
ENROLLEE + CHILDREN	\$0.00	\$1,086.69	\$1,086.69	\$0.00	\$1,008.69	\$1,008.69	\$0.00	\$859.67	\$859.67	\$0.00	\$941.16	\$941.16
FAMILY	\$0.00	\$1,987.52	\$1,987.52	\$0.00	\$1,750.16	\$1,750.16	\$0.00	\$1,578.90	\$1,578.90	\$0.00	\$1,728.59	\$1,728.59

NOTE: All members that retire on or after July 1, 1997 must have Medicare-Parts A and B in order to qualify for the reduced premium rates.

Effective July 1, 2015

(75% participation rate)

	Magnolia Open Access <i>Administered by Blue Cross</i>			Magnolia Local <i>Administered by Blue Cross</i>			Magnolia Local Plus <i>Administered by Blue Cross</i>			Vantage Medical Home HMO <i>Insured by Vantage Health Plan</i>		
	STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL	STATE SHARE	EMP SHARE	TOTAL
ACTIVE EMPLOYEE												
ENROLLEE ONLY	\$490.06	\$163.32	\$653.38	\$417.00	\$138.98	\$555.98	\$471.42	\$157.10	\$628.52	\$420.92	\$140.28	\$561.20
ENROLLEE + 1 (SPOUSE)	\$857.34	\$530.54	\$1,387.88	\$729.50	\$451.48	\$1,180.98	\$824.64	\$510.26	\$1,334.90	\$736.24	\$455.64	\$1,191.88
ENROLLEE + 1 (CHILD)	\$561.84	\$235.08	\$796.92	\$478.06	\$200.00	\$678.06	\$540.42	\$226.10	\$766.52	\$482.52	\$201.88	\$684.40
ENROLLEE + CHILDREN	\$561.84	\$235.08	\$796.92	\$478.06	\$200.00	\$678.06	\$540.42	\$226.10	\$766.52	\$482.52	\$201.88	\$684.40
FAMILY	\$895.26	\$568.48	\$1,463.74	\$761.78	\$483.76	\$1,245.54	\$861.10	\$546.74	\$1,407.84	\$768.80	\$488.20	\$1,257.00
RETIRED NO MEDICARE & RE-												
ENROLLEE ONLY	\$1,052.34	\$163.32	\$1,215.66	\$895.44	\$138.98	\$1,034.42	\$1,015.98	\$157.10	\$1,173.08	\$907.10	\$140.30	\$1,047.40
ENROLLEE + 1 (SPOUSE)	\$1,616.08	\$530.54	\$2,146.62	\$1,375.12	\$451.46	\$1,826.58	\$1,561.04	\$510.26	\$2,071.30	\$1,393.75	\$455.64	\$1,849.39
ENROLLEE + 1 (CHILD)	\$1,118.98	\$235.08	\$1,354.06	\$952.16	\$200.02	\$1,152.18	\$1,080.60	\$226.10	\$1,306.70	\$964.83	\$201.89	\$1,166.72
ENROLLEE + CHILDREN	\$1,118.98	\$235.08	\$1,354.06	\$952.16	\$200.02	\$1,152.18	\$1,080.60	\$226.10	\$1,306.70	\$964.83	\$201.89	\$1,166.72
FAMILY	\$1,602.14	\$534.04	\$2,136.18	\$1,363.28	\$454.42	\$1,817.70	\$1,546.04	\$515.34	\$2,061.38	\$1,380.39	\$460.13	\$1,840.52
RETIRED WITH 1 MEDICARE												
ENROLLEE ONLY	\$296.52	\$98.82	\$395.34	\$252.30	\$84.09	\$336.39	\$291.07	\$97.02	\$388.09	\$259.88	\$86.62	\$346.50
ENROLLEE + 1 (SPOUSE)	\$1,095.47	\$365.15	\$1,460.62	\$932.15	\$310.70	\$1,242.85	\$1,063.76	\$354.60	\$1,418.36	\$949.79	\$316.59	\$1,266.38
ENROLLEE + 1 (CHILD)	\$513.17	\$171.07	\$684.24	\$436.66	\$145.56	\$582.22	\$500.70	\$166.90	\$667.60	\$447.05	\$149.01	\$596.06
ENROLLEE + CHILDREN	\$513.17	\$171.07	\$684.24	\$436.66	\$145.56	\$582.22	\$500.70	\$166.90	\$667.60	\$447.05	\$149.01	\$596.06
FAMILY	\$1,459.61	\$486.51	\$1,946.12	\$1,241.99	\$413.99	\$1,655.98	\$1,415.93	\$471.98	\$1,887.91	\$1,264.22	\$421.41	\$1,685.63
RETIRED WITH 2 MEDICARE												
ENROLLEE + 1 (SPOUSE)	\$532.97	\$177.63	\$710.60	\$453.50	\$151.16	\$604.66	\$521.76	\$173.91	\$695.67	\$465.87	\$155.27	\$621.14
FAMILY	\$659.87	\$219.95	\$879.82	\$561.50	\$187.16	\$748.66	\$645.98	\$215.33	\$861.31	\$576.77	\$192.25	\$769.02
C.O.B.R.A.												
ENROLLEE ONLY	\$0.00	\$597.52	\$597.52	\$0.00	\$537.76	\$537.76	\$0.00	\$637.47	\$637.47	\$0.00	\$572.42	\$572.42
ENROLLEE + 1 (SPOUSE)	\$0.00	\$1,268.99	\$1,268.99	\$0.00	\$1,142.09	\$1,142.09	\$0.00	\$1,353.86	\$1,353.86	\$0.00	\$1,215.72	\$1,215.72
ENROLLEE + 1 (CHILD)	\$0.00	\$728.67	\$728.67	\$0.00	\$655.80	\$655.80	\$0.00	\$777.40	\$777.40	\$0.00	\$698.09	\$698.09
ENROLLEE + CHILDREN	\$0.00	\$728.67	\$728.67	\$0.00	\$655.80	\$655.80	\$0.00	\$777.40	\$777.40	\$0.00	\$698.09	\$698.09
FAMILY	\$0.00	\$1,338.81	\$1,338.81	\$0.00	\$1,204.48	\$1,204.48	\$0.00	\$1,427.80	\$1,427.80	\$0.00	\$1,282.14	\$1,282.14
DISABILITY COBRA												
ENROLLEE ONLY	\$0.00	\$878.70	\$878.70	\$0.00	\$790.83	\$790.83	\$0.00	\$937.46	\$937.46	\$0.00	\$841.80	\$841.80
ENROLLEE + 1 (SPOUSE)	\$0.00	\$1,866.17	\$1,866.17	\$0.00	\$1,679.55	\$1,679.55	\$0.00	\$1,990.97	\$1,990.97	\$0.00	\$1,787.82	\$1,787.82
ENROLLEE + 1 (CHILD)	\$0.00	\$1,071.57	\$1,071.57	\$0.00	\$964.41	\$964.41	\$0.00	\$1,143.24	\$1,143.24	\$0.00	\$1,026.60	\$1,026.60
ENROLLEE + CHILDREN	\$0.00	\$1,071.57	\$1,071.57	\$0.00	\$964.41	\$964.41	\$0.00	\$1,143.24	\$1,143.24	\$0.00	\$1,026.60	\$1,026.60
FAMILY	\$0.00	\$1,968.11	\$1,968.11	\$0.00	\$1,771.29	\$1,771.29	\$0.00	\$2,099.70	\$2,099.70	\$0.00	\$1,885.50	\$1,885.50

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