

MONTHLY HEALTH INSURANCE PREMIUMS FOR ACTIVE EMPLOYEES
Effective January 1, 2019 - December 31, 2019

| | LSU First Option 1 | Pelican HRA 1000 | Pelican HSA 775 | Magnolia Local Designated Regions | Magnolia Local Plus | Magnolia Open Access | Vantage Medical Home HMO Designated Regions |
|--------------------------------|---------------------------|-------------------------|------------------------|--|----------------------------|-----------------------------|--|
| 12 Month Employee Share | | | | | | | |
| Employee Only | \$184.38 | \$105.52 | \$61.00 | \$143.14 | \$168.88 | \$175.56 | \$167.72 |
| Employee + Spouse | \$533.10 | \$342.78 | \$198.28 | \$465.02 | \$548.54 | \$570.34 | \$544.76 |
| Employee+ Children | \$265.36 | \$151.96 | \$87.92 | \$206.00 | \$243.06 | \$252.72 | \$241.38 |
| Employee + Family | \$638.22 | \$367.24 | \$212.42 | \$498.28 | \$587.74 | \$611.10 | \$583.68 |
| 9 Month Employee Share | | | | | | | |
| Employee Only | \$245.84 | \$140.69 | \$81.33 | \$190.85 | \$225.17 | \$234.08 | \$223.63 |
| Employee + Spouse | \$710.80 | \$457.04 | \$264.37 | \$620.03 | \$731.39 | \$760.45 | \$726.35 |
| Employee + Children | \$353.81 | \$202.61 | \$117.23 | \$274.67 | \$324.08 | \$336.96 | \$321.84 |
| Employee + Family | \$850.96 | \$489.65 | \$283.23 | \$664.37 | \$783.65 | \$814.80 | \$778.24 |
| State Share | | | | | | | |
| Employee Only | \$553.18 | \$316.64 | \$183.16 | \$429.50 | \$506.78 | \$526.82 | \$503.28 |
| Employee + Spouse | \$901.92 | \$553.88 | \$320.42 | \$751.38 | \$886.48 | \$921.64 | \$880.36 |
| Employee + Children | \$634.18 | \$363.08 | \$210.04 | \$492.40 | \$580.94 | \$603.96 | \$576.94 |
| Employee + Family | \$1,007.02 | \$578.36 | \$334.56 | \$784.62 | \$925.68 | \$962.40 | \$919.30 |
| Total Premium | | | | | | | |
| Employee Only | \$737.56 | \$422.16 | \$244.16 | \$572.64 | \$675.66 | \$702.38 | \$671.00 |
| Employee + Spouse | \$1,435.02 | \$896.66 | \$518.70 | \$1,216.40 | \$1,435.02 | \$1,491.98 | \$1,425.12 |
| Employee + Children | \$899.54 | \$515.04 | \$297.96 | \$698.40 | \$824.00 | \$856.68 | \$818.32 |
| Employee + Family | \$1,645.24 | \$945.60 | \$546.98 | \$1,282.90 | \$1,513.42 | \$1,573.50 | \$1,502.98 |
| COBRA Premium | | | | | | | |
| Employee Only | \$752.31 | \$430.60 | \$249.04 | \$584.08 | \$689.16 | \$716.42 | \$684.42 |
| Employee + Spouse | \$1,463.72 | \$914.58 | \$529.06 | \$1,240.72 | \$1,463.72 | \$1,521.80 | \$1,453.62 |
| Employee + Children | \$917.53 | \$525.34 | \$303.90 | \$712.36 | \$840.48 | \$873.80 | \$834.68 |
| Employee + Family | \$1,678.14 | \$964.50 | \$557.90 | \$1,308.54 | \$1,543.68 | \$1,604.96 | \$1,533.04 |