MONTHLY MEDICAL INSURANCE PREMIUMS FOR RETIREES January 1, 2020 - December 31, 2020							
	LSU First Option 1	LSU First Medicare Retiree Plan*	Pelican HRA 1000	Magnolia Local Designated Regions	Magnolia Local Plus	Magnolia Open Access	Vantage Medical Home HMO
		Ret	iree with No Medic	are/Rehired Retire	e		
Employee Only	\$193.60	N / A	\$110.80	\$150.30	\$177.32	\$184.34	\$176.10
Employee + Spouse	\$559.76	N / A	\$359.92	\$488.28	\$575.96	\$598.86	\$572.00
Employee + Children	\$278.62	N / A	\$159.56	\$216.30	\$255.22	\$265.36	\$253.44
Employee + Family	\$670.12	N / A	\$362.26	\$491.46	\$581.70	\$602.80	\$577.68
		R	etiree with One Me	mber on Medicare			
Employee Only	N / A	\$110.98	\$67.06	\$90.94	\$109.50	\$111.54	\$108.74
Employee + Spouse	\$413.08	N / A	\$247.70	\$336.02	\$400.24	\$412.14	\$397.48
Employee + Children	\$202.74	N / A	\$116.06	\$157.42	\$188.38	\$193.10	\$187.06
Employee + Family	\$570.18	N / A	\$330.02	\$447.72	\$532.72	\$549.12	\$529.06
		Re	tiree with Two Mer	nbers on Medicare			
Employee + Spouse	N / A	\$221.96	\$120.50	\$163.46	\$196.28	\$200.48	\$194.94
Employee + Family	\$260.70	N / A	\$149.20	\$202.40	\$243.04	\$248.26	\$241.36

Premiums based on 75% vesting schedule

\*To be eligible for the LSU First Medicare Retiree Plan, retiree and all covered dependents must be entitled to Medicare Part A and enrolled in Part B

Additional OGB plans for Retirees who are enrolled in Medicare Part A and B are available. For more information, please call the Office of Group Benefits at 1 (800) 272-8451