MONTHLY HEALTH INSURANCE PREMIUMS FOR ACTIVE EMPLOYEES Effective January 1, 2024 - December 31, 2024						
	LSU First	Pelican HRA 1000	Pelican HSA 775	Magnolia Local Designated Regions	Magnolia Local Plus	Magnolia Open Access
		12	Month Employee Sł	nare		
Employee Only	\$218.02	\$136.14	\$78.72	\$184.68	\$217.90	\$226.50
Employee + Spouse	\$640.82	\$442.26	\$255.84	\$600.00	\$707.74	\$735.90
Employee+ Children	\$337.66	\$196.08	\$113.46	\$265.80	\$313.60	\$326.08
Employee + Family	\$786.28	\$473.82	\$274.06	\$642.90	\$758.32	\$788.46
		Bi-Weekl	y (24 Weeks) Emplo	yee Share		
Employee Only	\$109.01	\$68.07	\$39.36	\$92.34	\$108.95	\$113.25
Employee + Spouse	\$320.41	\$221.13	\$127.92	\$300.00	\$353.87	\$367.95
Employee + Children	\$168.83	\$98.04	\$56.73	\$132.90	\$156.80	\$163.04
Employee + Family	\$393.14	\$236.91	\$137.03	\$321.45	\$379.16	\$394.23