

**2021 Retiree Health Rates
75% Vesting**

Caution-Make sure you are reviewing the correct vesting %.

| Effective January 2021 | Magnolia Local | | | Magnolia Local Plus | | | Magnolia Open Access Plus | | |
|------------------------------|----------------|--------|---------|---------------------|--------|---------|---------------------------|--------|---------|
| | M05 | | | M06 | | | M07 | | |
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| Retiree only Coverage | | | | | | | | | |
| Retired -No Medicare | 1021.68 | 158.56 | 1180.24 | 1209.84 | 187.08 | 1396.92 | 1253.14 | 194.48 | 1447.62 |
| Retired w/ Medicare | 287.84 | 95.94 | 383.78 | 346.62 | 115.52 | 462.14 | 353.06 | 117.68 | 470.74 |
| Retiree and Spouse | | | | | | | | | |
| none on Medicare | 1568.92 | 515.14 | 2084.06 | 1858.94 | 607.64 | 2466.58 | 1924.46 | 631.80 | 2556.26 |
| 1 with Medicare | 1063.54 | 354.50 | 1418.04 | 1266.76 | 422.26 | 1689.02 | 1304.52 | 434.80 | 1739.32 |
| 2 with Medicare | 517.42 | 172.46 | 689.88 | 621.32 | 207.08 | 828.40 | 634.70 | 211.50 | 846.20 |
| Retiree and Child-ren | | | | | | | | | |
| none on Medicare | 1086.42 | 228.20 | 1314.62 | 1286.80 | 269.26 | 1556.06 | 1332.50 | 279.96 | 1612.46 |
| 1 with Medicare | 498.20 | 166.08 | 664.28 | 596.22 | 198.74 | 794.96 | 611.08 | 203.72 | 814.80 |
| Family | | | | | | | | | |
| none on Medicare | 1555.46 | 518.50 | 2073.96 | 1841.06 | 613.68 | 2454.74 | 1907.88 | 635.96 | 2543.84 |
| 1 with Medicare | 1417.08 | 472.34 | 1889.42 | 1686.14 | 562.02 | 2248.16 | 1738.16 | 579.32 | 2317.48 |
| 2 with Medicare | 640.66 | 213.54 | 854.20 | 769.24 | 256.40 | 1025.64 | 785.80 | 261.92 | 1047.72 |

| Effective January 2021 | Pelican HRA 1000 | | | Vantage Medical Home HMO | | | Extend Health | | |
|------------------------------|------------------|--------|---------|--------------------------|--------|---------|---------------|-------------|--------|
| | P02 | | | M02 | | | E01 | | |
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| Retiree only Coverage | | | | | | | | | |
| Retired -No Medicare | 753.18 | 116.90 | 870.08 | 1207.20 | 186.66 | 1393.86 | 200.00 | 0.00 | 200.00 |
| Retired w/ Medicare | 212.22 | 70.74 | 282.96 | 345.86 | 115.26 | 461.12 | 200.00 | 0.00 | 200.00 |
| Retiree and Spouse | | | | | | | | | |
| none on Medicare | 1156.60 | 379.72 | 1536.32 | 1854.86 | 606.32 | 2461.18 | 300.00 | 0.00 | 300.00 |
| 1 with Medicare | 784.02 | 261.32 | 1045.34 | 1264.00 | 421.32 | 1685.32 | 300.00 | 0.00 | 300.00 |
| 2 with Medicare | 381.46 | 127.12 | 508.58 | 619.94 | 206.64 | 826.58 | 300.00 | 0.00 | 300.00 |
| Retiree and Child-ren | | | | | | | | | |
| none on Medicare | 801.14 | 168.34 | 969.48 | 1284.02 | 268.64 | 1552.66 | 0.00 | 0.00 | 0.00 |
| 1 with Medicare | 367.44 | 122.44 | 489.88 | 594.96 | 198.28 | 793.24 | 0.00 | 0.00 | 0.00 |
| Family | | | | | | | | | |
| none on Medicare | 1146.54 | 382.18 | 1528.72 | 1837.02 | 612.34 | 2449.36 | 0.00 | 0.00 | 0.00 |
| 1 with Medicare | 1044.52 | 348.18 | 1392.70 | 1682.44 | 560.80 | 2243.24 | 0.00 | 0.00 | 0.00 |
| 2 with Medicare | 472.24 | 157.40 | 629.64 | 767.56 | 255.84 | 1023.40 | 0.00 | 0.00 | 0.00 |

| Effective January 2021 | LSU First Option 1 | | | LSU First Option 3-Medicare Plan | | |
|------------------------------|--------------------|---------------|---------|----------------------------------|--------|---------|
| | D01 | | | D03 | | |
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| Retiree only Coverage | | | | | | |
| Retired -No Medicare | 1284.70 | 199.42 | 1484.12 | 0.00 | 0.00 | 0.00 |
| Retired w/ Medicare | 359.56 | 119.84 | 479.40 | 316.45 | 105.48 | 421.93 |
| Retiree and Spouse | | | | | | |
| none on Medicare | 1972.88 | 576.56 | 2549.44 | 0.00 | 0.00 | 0.00 |
| 1 with Medicare | 1276.42 | 425.48 | 1701.90 | 0.00 | 0.00 | 0.00 |
| 2 with Medicare | 640.00 | 213.30 | 853.30 | 632.90 | 210.96 | 843.86 |
| Retiree and Child-ren | | | | | | |
| none on Medicare | 1366.04 | 287.02 | 1653.06 | 0.00 | 0.00 | 0.00 |
| 1 with Medicare | 626.48 | 208.82 | 835.30 | 0.00 | 0.00 | 0.00 |
| 2 with Medicare | | | | 632.90 | 210.96 | 843.86 |
| Family | | | | | | |
| none on Medicare | 1955.90 | 651.98 | 2607.88 | 0.00 | 0.00 | 0.00 |
| 1 with Medicare | 1761.88 | 587.28 | 2349.16 | 0.00 | 0.00 | 0.00 |
| 2 with Medicare | 805.58 | 268.52 | 1074.10 | 0.00 | 0.00 | 0.00 |
| 3 with Medicare | | | | 949.35 | 316.44 | 1265.79 |

**2021 Retiree Health Rates
75% Vesting**

| | Vantage Standard Statewide HMO V01 | | | Vantage Premium HMO-POS Statewide HMO V02 | | | Peoples Health HMO-POS Regional HMO Plan P01 | | |
|---|--|--------------|--------------|--|--------|--------|---|--------------|--------------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| | Retiree only Coverage w/ Medicare | 114.00 | 38.00 | 152.00 | 140.25 | 46.75 | 187.00 | 142.50 | 47.50 |
| Retiree and Spouse 2 with Medicare | 228.00 | 76.00 | 304.00 | 280.50 | 93.50 | 374.00 | 285.00 | 95.00 | 380.00 |
| | Vantage Basic V03 | | | Blue Adv Medicare Advantage Regions 1 | | | Blue Adv Medicare Advantage Regions 2 & 5 | | |
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| | Retiree only Coverage w/ Medicare | 54.00 | 18.00 | 72.00 | 123.75 | 41.25 | 165.00 | 157.50 | 52.50 |
| Retiree and Spouse 2 with Medicare | 108.00 | 36.00 | 144.00 | 247.50 | 82.50 | 330.00 | 315.00 | 105.00 | 420.00 |
| | Blue Adv Medicare Advantage Regions 3,4 | | | Blue Adv Medicare Advantage Region 6,7,8 | | | Blue Adv Medicare Advantage Regions 9 | | |
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| | Retiree only Coverage w/ Medicare | 135.00 | 45.00 | 180.00 | 191.25 | 63.75 | 255.00 | 146.25 | 48.75 |
| Retiree and Spouse 2 with Medicare | 270.00 | 90.00 | 360.00 | 382.50 | 127.50 | 510.00 | 292.50 | 97.50 | 390.00 |
| | Humana HMO Region 1 | | | Humana HMO Region 2 | | | Humana HMO Region 3 | | |
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| | Retiree only Coverage w/ Medicare | 0.00 | 0.00 | 0.00 | 116.64 | 38.88 | 155.52 | 87.69 | 29.23 |
| Retiree and Spouse 2 with Medicare | 0.00 | 0.00 | 0.00 | 233.28 | 77.76 | 311.04 | 175.38 | 58.46 | 233.84 |
| | Humana HMO Region 4 | | | Humana HMO Region 5 | | | Humana HMO Region 6 | | |
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| | Retiree only Coverage w/ Medicare | 116.97 | 39.00 | 155.97 | 100.13 | 33.38 | 133.51 | 143.49 | 47.84 |
| Retiree and Spouse 2 with Medicare | 233.95 | 77.99 | 311.94 | 200.26 | 66.76 | 267.02 | 286.99 | 95.67 | 382.66 |
| | Humana HMO Region 7 | | | Humana HMO Region 8 | | | Humana HMO Region 9 | | |
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| | Retiree only Coverage w/ Medicare | 149.26 | 49.76 | 199.02 | 135.40 | 45.14 | 180.54 | 145.23 | 48.42 |
| Retiree and Spouse 2 with Medicare | 298.53 | 99.51 | 398.04 | 270.81 | 90.27 | 361.08 | 290.47 | 96.83 | 387.30 |

2021 Retiree Health Rates
38% Vesting
Jan 2021-Dec 2021

Caution-Make sure you are reviewing the correct vesting %.

EMP = This is the amount paid by you. (The retired employee.)

| Effective January 2021 | Magnolia Local | | | Magnolia Local Plus | | | Magnolia Open Access Plus | | |
|------------------------------|----------------|----------------|---------|---------------------|----------------|---------|---------------------------|----------------|---------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| Retiree only Coverage | | | | | | | | | |
| Retired -No Medicare | 448.50 | 731.74 | 1180.24 | 530.82 | 866.12 | 1396.94 | 550.06 | 897.56 | 1447.62 |
| Retired w/ Medicare | 145.84 | 237.94 | 383.78 | 175.60 | 286.54 | 462.14 | 178.86 | 291.88 | 470.74 |
| Retiree and Spouse | | | | | | | | | |
| none on Medicare | 791.94 | 1292.14 | 2084.08 | 937.30 | 1529.26 | 2466.56 | 971.36 | 1584.88 | 2556.24 |
| 1 with Medicare | 538.84 | 879.20 | 1418.04 | 641.84 | 1047.18 | 1689.02 | 660.94 | 1078.38 | 1739.32 |
| 2 with Medicare | 262.16 | 427.72 | 689.88 | 314.78 | 513.62 | 828.40 | 321.56 | 524.64 | 846.20 |
| Retiree and Child-ren | | | | | | | | | |
| none on Medicare | 499.56 | 815.06 | 1314.62 | 591.30 | 964.76 | 1556.06 | 612.74 | 999.72 | 1612.46 |
| 1 with Medicare | 252.40 | 411.88 | 664.28 | 302.08 | 492.88 | 794.96 | 309.62 | 505.18 | 814.80 |
| Family | | | | | | | | | |
| none on Medicare | 788.10 | 1285.86 | 2073.96 | 932.80 | 1521.94 | 2454.74 | 966.68 | 1577.16 | 2543.84 |
| 1 with Medicare | 717.96 | 1171.46 | 1889.42 | 854.30 | 1393.86 | 2248.16 | 880.64 | 1436.84 | 2317.48 |
| 2 with Medicare | 324.62 | 529.58 | 854.20 | 389.76 | 635.92 | 1025.68 | 398.14 | 649.58 | 1047.72 |

| Retiree only Coverage | Pelican HRA 1000 | | | Vantage Medical Home HMO | | | Extend Health | | |
|------------------------------|------------------|---------------|---------|--------------------------|----------------|---------|---------------|-------------|--------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| Retired -No Medicare | 330.64 | 539.44 | 870.08 | 529.66 | 864.20 | 1393.86 | 200.00 | 0.00 | 200.00 |
| Retired w/ Medicare | 107.54 | 175.42 | 282.96 | 175.24 | 285.88 | 461.12 | 200.00 | 0.00 | 200.00 |
| Retiree and Spouse | | | | | | | | | |
| none on Medicare | 583.80 | 952.54 | 1536.34 | 935.24 | 1525.94 | 2461.18 | 300.00 | 0.00 | 300.00 |
| 1 with Medicare | 397.22 | 648.12 | 1045.34 | 640.44 | 1044.88 | 1685.32 | 300.00 | 0.00 | 300.00 |
| 2 with Medicare | 193.26 | 315.34 | 508.60 | 314.12 | 512.46 | 826.58 | 300.00 | 0.00 | 300.00 |
| Retiree and Child-ren | | | | | | | | | |
| none on Medicare | 368.38 | 601.10 | 969.48 | 590.02 | 962.64 | 1552.66 | 0.00 | 0.00 | 0.00 |
| 1 with Medicare | 186.16 | 303.72 | 489.88 | 301.42 | 491.82 | 793.24 | 0.00 | 0.00 | 0.00 |
| Family | | | | | | | | | |
| none on Medicare | 580.90 | 947.82 | 1528.72 | 930.76 | 1518.60 | 2449.36 | 0.00 | 0.00 | 0.00 |
| 1 with Medicare | 529.20 | 863.50 | 1392.70 | 852.44 | 1390.80 | 2243.24 | 0.00 | 0.00 | 0.00 |
| 2 with Medicare | 239.26 | 390.38 | 629.64 | 388.88 | 634.52 | 1023.40 | 0.00 | 0.00 | 0.00 |

| Retiree only Coverage | LSU First Option 1 | | | LSU First Option 3-Medicare Plan | | |
|------------------------------|--------------------|----------------|---------|----------------------------------|---------------|---------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| Retired -No Medicare | 563.98 | 920.14 | 1484.12 | 0.00 | 0.00 | 0.00 |
| Retired w/ Medicare | 182.18 | 297.22 | 479.40 | 160.33 | 261.60 | 421.93 |
| Retiree and Spouse | | | | | | |
| none on Medicare | 968.80 | 1580.64 | 2549.44 | 0.00 | 0.00 | 0.00 |
| 1 with Medicare | 646.72 | 1055.18 | 1701.90 | 0.00 | 0.00 | 0.00 |
| 2 with Medicare | 324.26 | 529.04 | 853.30 | 320.66 | 523.20 | 843.86 |
| Retiree and Child-ren | | | | | | |
| none on Medicare | 628.16 | 1024.90 | 1653.06 | 0.00 | 0.00 | 0.00 |
| 1 with Medicare | 317.42 | 517.88 | 835.30 | 0.00 | 0.00 | 0.00 |
| 2 with Medicare | | | | 320.66 | 523.20 | 843.86 |
| Family | | | | | | |
| none on Medicare | 991.00 | 1616.88 | 2607.88 | 0.00 | 0.00 | 0.00 |
| 1 with Medicare | 892.68 | 1456.48 | 2349.16 | 0.00 | 0.00 | 0.00 |
| 2 with Medicare | 408.16 | 665.94 | 1074.10 | 0.00 | 0.00 | 0.00 |
| 3 with Medicare | | | | 480.99 | 784.80 | 1265.79 |

***Additional choices for Retirees and Spouses who are enrolled in BOTH Medicare A and B are available.
For more information on these plans call the Office of Group Benefits at 1-800-272-8451.***

2021 Retiree Health Rates
38% Vesting

Caution-Make sure you are reviewing the correct vesting %.

| Retiree only Coverage | Vantage Standard Statewide HMO V01 | | | Vantage Premium HMO-POS Statewide HMO V02 | | | Peoples Health HMO-POS Regional HMO Plan P01 | | |
|---------------------------|------------------------------------|---------------|--------|---|--------|--------|--|---------------|--------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| w/ Medicare | | | | | | | | | |
| Retiree and Spouse | | | | | | | | | |
| 2 with Medicare | 57.76 | 94.24 | 152.00 | 71.06 | 115.94 | 187.00 | 72.20 | 117.80 | 190.00 |
| | 115.52 | 188.48 | 304.00 | 142.12 | 231.88 | 374.00 | 144.40 | 235.60 | 380.00 |

| Retiree only Coverage | Vantage Basic V03 | | | Blue Adv Medicare Advantage Regions 1 | | | Blue Adv Medicare Advantage Regions 2 & 5 | | |
|---------------------------|-------------------|-------|--------|---------------------------------------|--------|--------|---|--------|--------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| w/ Medicare | | | | | | | | | |
| Retiree and Spouse | | | | | | | | | |
| 2 with Medicare | 27.36 | 44.64 | 72.00 | 62.70 | 102.30 | 165.00 | 79.80 | 130.20 | 210.00 |
| | 54.72 | 89.28 | 144.00 | 125.40 | 204.60 | 330.00 | 159.60 | 260.40 | 420.00 |

| Retiree only Coverage | Blue Adv Medicare Advantage Regions 3,4 | | | Blue Adv Medicare Advantage Region 6,7,8 | | | Blue Adv Medicare Advantage Region 9 | | |
|---------------------------|---|--------|--------|--|--------|--------|--------------------------------------|--------|--------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| w/ Medicare | | | | | | | | | |
| Retiree and Spouse | | | | | | | | | |
| 2 with Medicare | 68.40 | 111.60 | 180.00 | 96.90 | 158.10 | 255.00 | 74.10 | 120.90 | 195.00 |
| | 136.80 | 223.20 | 360.00 | 193.80 | 316.20 | 510.00 | 148.20 | 241.80 | 390.00 |

| Retiree only Coverage | Humana HMO Region 1 | | | Humana HMO Region 2 | | | Humana HMO Region 3 | | |
|---------------------------|---------------------|------|-------|---------------------|--------|--------|---------------------|--------|--------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| w/ Medicare | | | | | | | | | |
| Retiree and Spouse | | | | | | | | | |
| 2 with Medicare | 0.00 | 0.00 | 0.00 | 59.09 | 96.43 | 155.52 | 44.42 | 72.50 | 116.92 |
| | 0.00 | 0.00 | 0.00 | 118.19 | 192.85 | 311.04 | 88.85 | 144.99 | 233.84 |

| Retiree only Coverage | Humana HMO Region 4 | | | Humana HMO Region 5 | | | Humana HMO Region 6 | | |
|---------------------------|---------------------|--------|--------|---------------------|--------|--------|---------------------|--------|--------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| w/ Medicare | | | | | | | | | |
| Retiree and Spouse | | | | | | | | | |
| 2 with Medicare | 59.26 | 96.71 | 155.97 | 50.73 | 82.78 | 133.51 | 72.70 | 118.63 | 191.33 |
| | 118.53 | 193.41 | 311.94 | 101.46 | 165.56 | 267.02 | 145.41 | 237.25 | 382.66 |

| Retiree only Coverage | Humana HMO Region 7 | | | Humana HMO Region 8 | | | Humana HMO Region 9 | | |
|---------------------------|---------------------|--------|--------|---------------------|--------|--------|---------------------|--------|--------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| w/ Medicare | | | | | | | | | |
| Retiree and Spouse | | | | | | | | | |
| 2 with Medicare | 75.62 | 123.40 | 199.02 | 68.60 | 111.94 | 180.54 | 73.58 | 120.07 | 193.65 |
| | 151.25 | 246.79 | 398.04 | 137.21 | 223.87 | 361.08 | 147.17 | 240.13 | 387.30 |

EMP = This is the amount paid by you. (The retired employee.)

| Effective January 2021 | Magnolia Local | | | Magnolia Local Plus | | | Magnolia Open Access Plus | | |
|------------------------------|----------------|----------------|---------|---------------------|----------------|---------|---------------------------|----------------|---------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| Retiree only Coverage | | | | | | | | | |
| Retired -No Medicare | 224.22 | 956.02 | 1180.24 | 265.42 | 1131.52 | 1396.94 | 275.04 | 1172.60 | 1447.64 |
| Retired w/ Medicare | 72.90 | 310.88 | 383.78 | 87.80 | 374.34 | 462.14 | 89.42 | 381.34 | 470.76 |
| Retiree and Spouse | | | | | | | | | |
| none on Medicare | 395.96 | 1688.12 | 2084.08 | 468.64 | 1997.94 | 2466.58 | 485.68 | 2070.58 | 2556.26 |
| 1 with Medicare | 269.42 | 1148.62 | 1418.04 | 320.92 | 1368.10 | 1689.02 | 330.46 | 1408.86 | 1739.32 |
| 2 with Medicare | 131.06 | 558.82 | 689.88 | 157.40 | 671.00 | 828.40 | 160.76 | 685.42 | 846.18 |
| Retiree and Child-ren | | | | | | | | | |
| none on Medicare | 249.78 | 1064.84 | 1314.62 | 295.66 | 1260.42 | 1556.08 | 306.34 | 1306.12 | 1612.46 |
| 1 with Medicare | 126.20 | 538.08 | 664.28 | 151.04 | 643.92 | 794.96 | 154.84 | 659.96 | 814.80 |
| Family | | | | | | | | | |
| none on Medicare | 394.06 | 1679.92 | 2073.98 | 466.40 | 1988.34 | 2454.74 | 483.34 | 2060.50 | 2543.84 |
| 1 with Medicare | 358.98 | 1530.44 | 1889.42 | 427.14 | 1821.04 | 2248.18 | 440.32 | 1877.16 | 2317.48 |
| 2 with Medicare | 162.28 | 691.92 | 854.20 | 194.88 | 830.80 | 1025.68 | 199.06 | 848.62 | 1047.68 |

| Effective January 2021 | Pelican HRA 1000 | | | Vantage Medical Home HMO | | | Extend Health | | |
|------------------------------|------------------|----------------|---------|--------------------------|----------------|---------|---------------|-------------|--------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| Retiree only Coverage | | | | | | | | | |
| Retired -No Medicare | 165.30 | 704.78 | 870.08 | 264.84 | 1129.02 | 1393.86 | 200.00 | 0.00 | 200.00 |
| Retired w/ Medicare | 53.76 | 229.16 | 282.92 | 87.62 | 373.50 | 461.12 | 200.00 | 0.00 | 200.00 |
| Retiree and Spouse | | | | | | | | | |
| none on Medicare | 291.90 | 1244.42 | 1536.32 | 467.62 | 1993.56 | 2461.18 | 300.00 | 0.00 | 300.00 |
| 1 with Medicare | 198.62 | 846.72 | 1045.34 | 320.24 | 1365.08 | 1685.32 | 300.00 | 0.00 | 300.00 |
| 2 with Medicare | 96.62 | 411.98 | 508.60 | 157.04 | 669.54 | 826.58 | 300.00 | 0.00 | 300.00 |
| Retiree and Child-ren | | | | | | | | | |
| none on Medicare | 184.20 | 785.28 | 969.48 | 295.02 | 1257.64 | 1552.66 | 0.00 | 0.00 | 0.00 |
| 1 with Medicare | 93.08 | 396.80 | 489.88 | 150.74 | 642.50 | 793.24 | 0.00 | 0.00 | 0.00 |
| Family | | | | | | | | | |
| none on Medicare | 290.44 | 1238.28 | 1528.72 | 465.38 | 1983.98 | 2449.36 | 0.00 | 0.00 | 0.00 |
| 1 with Medicare | 264.58 | 1128.12 | 1392.70 | 426.24 | 1817.00 | 2243.24 | 0.00 | 0.00 | 0.00 |
| 2 with Medicare | 119.62 | 510.02 | 629.64 | 194.44 | 828.96 | 1023.40 | 0.00 | 0.00 | 0.00 |

| Effective January 2021 | LSU First Option 1 | | | LSU First Option 3-Medicare Plan | | |
|------------------------------|--------------------|----------------|---------|----------------------------------|----------------|---------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| Retiree only Coverage | | | | | | |
| Retired -No Medicare | 281.98 | 1202.14 | 1484.12 | 0.00 | 0.00 | 0.00 |
| Retired w/ Medicare | 91.10 | 388.30 | 479.40 | 80.17 | 341.76 | 421.93 |
| Retiree and Spouse | | | | | | |
| none on Medicare | 484.40 | 2065.04 | 2549.44 | 0.00 | 0.00 | 0.00 |
| 1 with Medicare | 323.36 | 1378.54 | 1701.90 | 0.00 | 0.00 | 0.00 |
| 2 with Medicare | 162.14 | 691.16 | 853.30 | 160.34 | 683.52 | 843.86 |
| Retiree and Child-ren | | | | | | |
| none on Medicare | 314.08 | 1338.98 | 1653.06 | 0.00 | 0.00 | 0.00 |
| 1 with Medicare | 158.72 | 676.58 | 835.30 | 0.00 | 0.00 | 0.00 |
| 2 with Medicare | | | | 160.34 | 683.52 | 843.86 |
| Family | | | | | | |
| none on Medicare | 495.50 | 2112.38 | 2607.88 | 0.00 | 0.00 | 0.00 |
| 1 with Medicare | 446.34 | 1902.82 | 2349.16 | 0.00 | 0.00 | 0.00 |
| 2 with Medicare | 204.08 | 870.02 | 1074.10 | 0.00 | 0.00 | 0.00 |
| 3 with Medicare | | | | 240.51 | 1025.28 | 1265.79 |

***Additional choices for Retirees and Spouses who are enrolled in BOTH Medicare A and B are available.
 For more information on these plans call the Office of Group Benefits at 1-800-272-8451.***

2021 Retiree Health Rates
 19% Vesting
 Caution-Make sure you are reviewing the correct vesting %.

| Effective January 2021 | Vantage Standard Statewide HMO V01 | | | Vantage Premium HMO-POS Statewide HMO V02 | | | Peoples Health HMO-POS Regional HMO Plan P01 | | |
|------------------------------|------------------------------------|---------------|--------|---|--------|--------|--|---------------|--------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| Retiree only Coverage | | | | | | | | | |
| w/ Medicare | 28.88 | 123.12 | 152.00 | 35.53 | 151.47 | 187.00 | 36.10 | 153.90 | 190.00 |
| Retiree and Spouse | | | | | | | | | |
| 2 with Medicare | 57.76 | 246.24 | 304.00 | 71.06 | 302.94 | 374.00 | 72.20 | 307.80 | 380.00 |

| Effective January 2021 | Vantage Basic V03 | | | Blue Adv Medicare Advantage Regions 1 | | | Blue Adv Medicare Advantage Regions 2 & 5 | | |
|------------------------------|-------------------|--------|--------|---------------------------------------|--------|--------|---|--------|--------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| Retiree only Coverage | | | | | | | | | |
| w/ Medicare | 13.68 | 58.32 | 72.00 | 31.35 | 133.65 | 165.00 | 39.90 | 170.10 | 210.00 |
| Retiree and Spouse | | | | | | | | | |
| 2 with Medicare | 27.36 | 116.64 | 144.00 | 62.70 | 267.30 | 330.00 | 79.80 | 340.20 | 420.00 |

| Effective January 2021 | Blue Adv Medicare Advantage Regions 3,4 | | | Blue Adv Medicare Advantage Region 6,7,8 | | | Blue Adv Medicare Advantage Region 9 | | |
|------------------------------|---|--------|--------|--|--------|--------|--------------------------------------|--------|--------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| Retiree only Coverage | | | | | | | | | |
| w/ Medicare | 34.20 | 145.80 | 180.00 | 48.45 | 206.55 | 255.00 | 37.05 | 157.95 | 195.00 |
| Retiree and Spouse | | | | | | | | | |
| 2 with Medicare | 68.40 | 291.60 | 360.00 | 96.90 | 413.10 | 510.00 | 74.10 | 315.90 | 390.00 |

| Effective January 2021 | Humana HMO Region 1 | | | Humana HMO Region 2 | | | Humana HMO Region 3 | | |
|------------------------------|---------------------|------|-------|---------------------|--------|--------|---------------------|--------|--------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| Retiree only Coverage | | | | | | | | | |
| w/ Medicare | 0.00 | 0.00 | 0.00 | 29.54 | 125.98 | 155.52 | 22.21 | 94.71 | 116.92 |
| Retiree and Spouse | | | | | | | | | |
| 2 with Medicare | 0.00 | 0.00 | 0.00 | 59.09 | 251.95 | 311.04 | 44.42 | 189.42 | 233.84 |

| Effective January 2021 | Humana HMO Region 4 | | | Humana HMO Region 5 | | | Humana HMO Region 6 | | |
|------------------------------|---------------------|--------|--------|---------------------|--------|--------|---------------------|--------|--------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| Retiree only Coverage | | | | | | | | | |
| w/ Medicare | 29.63 | 126.34 | 155.97 | 25.36 | 108.15 | 133.51 | 36.35 | 154.98 | 191.33 |
| Retiree and Spouse | | | | | | | | | |
| 2 with Medicare | 59.26 | 252.68 | 311.94 | 50.73 | 216.29 | 267.02 | 72.70 | 309.96 | 382.66 |

| Effective January 2021 | Humana HMO Region 7 | | | Humana HMO Region 8 | | | Humana HMO Region 9 | | |
|------------------------------|---------------------|--------|--------|---------------------|--------|--------|---------------------|--------|--------|
| | STATE | EMP | TOTAL | STATE | EMP | TOTAL | STATE | EMP | TOTAL |
| Retiree only Coverage | | | | | | | | | |
| w/ Medicare | 37.81 | 161.21 | 199.02 | 34.30 | 146.24 | 180.54 | 36.79 | 156.86 | 193.65 |
| Retiree and Spouse | | | | | | | | | |
| 2 with Medicare | 75.62 | 322.42 | 398.04 | 68.6 | 292.48 | 361.08 | 73.58 | 313.72 | 387.30 |