



MOREHOUSE PARISH SCHOOL BOARD

"Obtaining Excellence in Education Through Quality Teaching"

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Mission: "Academic Excellence through Quality Teaching"

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MEMORANDUM

TO: ALL Employees

FROM: Joan Smith, Insurance Clerk
Business Department

DATE: October 23, 2023

RE: OPEN ENROLLMENT FOR OFFICE OF GROUP BENEFITS

Open enrollment for Office of Group Benefits is currently going on this month. You should have received notices in the mail from your health care provider. Just a few reminders that the Insurance Department would like to make you aware of:

- November 3, 2023 is the last day to make changes for Open Enrollment.
- If you have the Vantage Health Insurance Plan, you are required to choose another health plan for the 2024 calendar year. Vantage Health Plans will no longer be available after December 31, 2023.
- Please call and make an appointment to see the Insurance Clerk to make changes to your health coverage, 318-283-3407. This will help reduce your wait time. No appointments are available for October 30th and 31st.
- If you have a Health Savings Account (HSA) or Flexible Spending Account with Office of Group Benefits you must fill out a GB-01 and election form to re-enroll for the 2024 plan year. If you fail to do so, your coverage will not continue.
- If you are not making any changes, you do not have to do anything unless you have HSA or Flexible Spending. Please see comment above for both of those plans.
- **This is OPEN ENROLLMENT ONLY FOR OFFICE OF GROUP BENEFITS HEALTH COVERAGE AND LIFE COVERAGE. THIS DOES NOT INCLUDE ANY VOLUNTARY OR ELECTIVE COVERAGE, FOR EXAMPLE: DISABILITY, DENTAL, VISION, ETC.**

"An Equal Opportunity Employer"

PLAN YEAR CHANGES

- ▶ **Premium Increase**
 - BCBSLA Pelican & Magnolia Plans - 6.15% increase effective 01/01/2024
- ▶ **Member Meetings**
 - Active Employees and Retirees - In-Person
- ▶ **Vantage Health Plans**
 - Effective 01/01/2024, the Vantage Health Plans will no longer be available. Members enrolled in a Vantage health plan will have to select a new health plan for 2024.
- ▶ **Life Insurance Premium Increase**
 - New rates will not exceed \$3.00/\$1000 for actives and retirees

OGB PLAN OPTIONS

Active Employees & Non-Medicare Retirees

OGB offers 5 self-insured plans through Blue Cross and Blue Shield of Louisiana:

- ▶ Pelican HRA1000
- ▶ Pelican HSA775 (active employees only)
- ▶ Magnolia Local Plus
- ▶ Magnolia Open Access
- ▶ Magnolia Local



OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES
PARISH & CITY SCHOOL BOARDS ONLY

Rates effective January 1, 2024 (75% employer participation level)

For a complete list of premium rates at all employer participation levels please visit info.groupbenefits.org

Magnolia Open Access Administered by Blue Cross				Magnolia Local Administered by Blue Cross				Magnolia Local Plus Administered by Blue Cross				Pelican HSA775 Administered by Blue Cross				Pelican HRA1000 Administered by Blue Cross					
State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	
ACTIVE EMPLOYEE																					
ENROLLEE ONLY	\$679.72	\$240.50	\$906.22	\$584.16	\$184.68	\$768.86	\$553.84	\$217.90	\$871.74	\$236.30	\$78.72	\$313.02	\$484.10	\$101.34	\$685.44						
ENROLLEE + 1 (SPOUSE)	\$1,189.10	\$735.90	\$1,925.00	\$959.42	\$600.00	\$1,559.42	\$1,143.80	\$707.74	\$1,851.54	\$413.44	\$245.84	\$669.28	\$845.84	\$524.08	\$1,370.92						
ENROLLEE + 1 (CHILD)	\$779.26	\$326.08	\$1,105.34	\$635.30	\$265.80	\$901.10	\$749.54	\$313.60	\$1,063.14	\$270.98	\$113.46	\$384.44	\$555.12	\$232.34	\$787.46						
ENROLLEE + CHILDREN	\$779.26	\$326.08	\$1,105.34	\$635.30	\$265.80	\$901.10	\$749.54	\$313.60	\$1,063.14	\$270.98	\$113.46	\$384.44	\$555.12	\$232.34	\$787.46						
FAMILY	\$1,241.72	\$788.46	\$2,030.18	\$1,012.32	\$642.90	\$1,655.22	\$1,194.36	\$758.32	\$1,952.68	\$431.64	\$274.06	\$705.70	\$884.26	\$561.46	\$1,445.72						
RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE																					
ENROLLEE ONLY	\$1,459.58	\$226.50	\$1,686.08	\$1,185.36	\$184.68	\$1,370.04	\$1,009.12	\$217.90	\$1,627.02	N/A	N/A	N/A	\$852.08	\$161.34	\$1,013.42						
ENROLLEE + 1 (SPOUSE)	\$2,241.46	\$735.90	\$2,977.36	\$1,827.38	\$600.00	\$2,427.38	\$2,165.14	\$707.74	\$2,872.88	N/A	N/A	N/A	\$1,342.06	\$47.36	\$1,789.42						
ENROLLEE + 1 (CHILD)	\$1,551.98	\$326.08	\$1,878.06	\$1,265.40	\$265.80	\$1,531.20	\$1,498.78	\$313.60	\$1,812.38	N/A	N/A	N/A	\$886.84	\$232.34	\$1,129.18						
ENROLLEE + CHILDREN	\$1,551.98	\$326.08	\$1,878.06	\$1,265.40	\$265.80	\$1,531.20	\$1,498.78	\$313.60	\$1,812.38	N/A	N/A	N/A	\$886.84	\$232.34	\$1,129.18						
FAMILY	\$2,222.18	\$740.72	\$2,962.90	\$1,811.72	\$603.90	\$2,415.62	\$2,144.30	\$714.80	\$2,859.10	N/A	N/A	N/A	\$1,335.42	\$445.14	\$1,780.56						
RETIREE WITH 1 MEDICARE																					
ENROLLEE ONLY	\$411.22	\$137.06	\$548.28	\$335.24	\$111.76	\$447.00	\$463.76	\$134.56	\$588.26	N/A	N/A	N/A	\$247.16	\$82.40	\$329.56						
ENROLLEE + 1 (SPOUSE)	\$1,519.42	\$506.42	\$2,025.84	\$1,238.76	\$412.88	\$1,651.64	\$1,475.42	\$491.84	\$1,967.26	N/A	N/A	N/A	\$913.18	\$304.36	\$1,217.54						
ENROLLEE + 1 (CHILD)	\$711.76	\$237.26	\$949.02	\$580.28	\$193.42	\$773.70	\$694.40	\$231.50	\$925.90	N/A	N/A	N/A	\$427.98	\$142.60	\$570.58						
ENROLLEE + CHILDREN	\$711.76	\$237.26	\$949.02	\$580.28	\$193.42	\$773.70	\$694.40	\$231.50	\$925.90	N/A	N/A	N/A	\$427.98	\$142.60	\$570.58						
FAMILY	\$2,024.48	\$674.76	\$2,699.24	\$1,650.52	\$550.16	\$2,200.68	\$1,963.88	\$654.60	\$2,618.48	N/A	N/A	N/A	\$1,216.58	\$405.54	\$1,622.12						
RETIREE WITH 2 MEDICARE																					
ENROLLEE + 1 (SPOUSE)	\$249.24	\$146.36	\$395.60	\$402.08	\$300.86	\$702.94	\$723.66	\$241.20	\$944.16	N/A	N/A	N/A	\$444.30	\$148.00	\$592.30						
FAMILY	\$511.22	\$106.08	\$617.30	\$748.22	\$488.70	\$1,236.92	\$1,236.92	\$488.70	\$1,725.62	N/A	N/A	N/A	\$550.02	\$183.34	\$733.96						
C.O.B.R.A.																					
ENROLLEE ONLY	\$0.00	\$244.30	\$244.30	\$0.00	\$753.62	\$753.62	\$0.00	\$889.20	\$889.20	\$0.00	\$321.54	\$321.54	\$0.00	\$638.34	\$638.34						
ENROLLEE + 1 (SPOUSE)	\$0.00	\$1,963.48	\$1,963.48	\$0.00	\$1,600.82	\$1,600.82	\$0.00	\$1,888.54	\$1,888.54	\$0.00	\$682.62	\$682.62	\$0.00	\$1,398.32	\$1,398.32						
ENROLLEE + 1 (CHILD)	\$0.00	\$1,127.42	\$1,127.42	\$0.00	\$919.12	\$919.12	\$0.00	\$1,084.42	\$1,084.42	\$0.00	\$392.12	\$392.12	\$0.00	\$803.20	\$803.20						
ENROLLEE + CHILDREN	\$0.00	\$1,127.42	\$1,127.42	\$0.00	\$919.12	\$919.12	\$0.00	\$1,084.42	\$1,084.42	\$0.00	\$392.12	\$392.12	\$0.00	\$803.20	\$803.20						
FAMILY	\$0.00	\$2,070.76	\$2,070.76	\$0.00	\$1,688.30	\$1,688.30	\$0.00	\$1,991.70	\$1,991.70	\$0.00	\$719.82	\$719.82	\$0.00	\$1,474.64	\$1,474.64						
DISABILITY C.O.B.R.A.																					
ENROLLEE ONLY	\$0.00	\$1,359.34	\$1,359.34	\$0.00	\$1,406.30	\$1,406.30	\$0.00	\$1,307.62	\$1,307.62	\$0.00	\$472.52	\$472.52	\$0.00	\$968.16	\$968.16						
ENROLLEE + 1 (SPOUSE)	\$0.00	\$2,887.52	\$2,887.52	\$0.00	\$2,354.16	\$2,354.16	\$0.00	\$2,777.28	\$2,777.28	\$0.00	\$1,003.90	\$1,003.90	\$0.00	\$2,056.38	\$2,056.38						
ENROLLEE + 1 (CHILD)	\$0.00	\$1,658.02	\$1,658.02	\$0.00	\$1,351.68	\$1,351.68	\$0.00	\$1,594.74	\$1,594.74	\$0.00	\$576.64	\$576.64	\$0.00	\$1,181.20	\$1,181.20						
ENROLLEE + CHILDREN	\$0.00	\$1,658.02	\$1,658.02	\$0.00	\$1,351.68	\$1,351.68	\$0.00	\$1,594.74	\$1,594.74	\$0.00	\$576.64	\$576.64	\$0.00	\$1,181.20	\$1,181.20						
FAMILY	\$0.00	\$3,045.28	\$3,045.28	\$0.00	\$2,482.84	\$2,482.84	\$0.00	\$2,929.00	\$2,929.00	\$0.00	\$1,058.58	\$1,058.58	\$0.00	\$2,168.58	\$2,168.58						

Approved

NOTE: 1) The breakdown between the State Share and Employee Share amounts shown for retirees without Medicare coverage is determined based upon the requirements of LA R.S. 42:851(C)(3), which supersedes the requirements of LA R.S. 42:851(E)(1).

2) All plan members who retired on or after July 1, 1997 must have Medicare Part A and Part B to qualify for reduced premium rates.

3) Monthly premium rates shown apply to charter schools that participate in the OGB program and are under the jurisdiction of a city or parish school board.