



2027

Health Premium Analysis

Office of Group Benefits, OGB – Medical Insurance

Guardian – Dental Insurance

MetLife Davis – Vision Insurance



Jefferson Parish Schools Health Premium Analysis Effective – January 1, 2027

Magnolia Open Access

	Active Employee		Active Retiree	
	24 Pay	20 Pay	24 Pay	20 Pay
Single	\$ 116.81	\$ 140.17	\$ 140.23	\$ 168.28
Employee w/ Spouse	\$ 432.18	\$ 518.61	\$ 455.60	\$ 546.72
Employee w/ Children	\$ 178.46	\$ 214.16	\$ 201.88	\$ 242.27
Employee w/ Family	\$ 464.72	\$ 557.66	\$ 458.59	\$ 550.31

Magnolia Local

	Active Employee		Active Retiree	
	24 Pay	20 Pay	24 Pay	20 Pay
Single	\$ 90.91	\$ 109.09	\$ 114.33	\$ 137.20
Employee w/ Spouse	\$ 348.05	\$ 417.65	\$ 371.47	\$ 445.76
Employee w/ Children	\$ 141.14	\$ 169.37	\$ 164.56	\$ 197.47
Employee w/ Family	\$ 374.61	\$ 449.54	\$ 373.88	\$ 448.66

Magnolia Local Plus

	Active Employee		Active Retiree	
	24 Pay	20 Pay	24 Pay	20 Pay
Single	\$ 111.49	\$ 133.79	\$ 134.91	\$ 161.90
Employee w/ Spouse	\$ 414.75	\$ 497.70	\$ 438.17	\$ 525.81
Employee w/ Children	\$ 170.73	\$ 204.88	\$ 194.15	\$ 232.99
Employee w/ Family	\$ 446.06	\$ 535.27	\$ 442.53	\$ 531.05

Pelican H.S.A 775

	Active Employee		Active Retiree	
	24 Pay	20 Pay	24 Pay	20 Pay
Single	\$ 25.32	\$ 30.39	N/A	N/A
Employee w/ Spouse	\$ 134.97	\$ 161.97	N/A	N/A
Employee w/ Children	\$ 46.82	\$ 56.19	N/A	N/A
Employee w/ Family	\$ 146.25	\$ 175.49	N/A	N/A

Pelican HRA 1000

	Active Employee		Active Retiree	
	24 Pay	20 Pay	24 Pay	20 Pay
Single	\$ 76.46	\$ 91.76	\$ 99.88	\$ 119.87
Employee w/ Spouse	\$ 301.05	\$ 361.26	\$ 276.96	\$ 332.36
Employee w/ Children	\$ 120.43	\$ 144.52	\$ 143.85	\$ 172.63
Employee w/ Family	\$ 324.18	\$ 389.01	\$ 275.59	\$ 330.72

Note (1): Insurance premiums will be deducted from each paycheck based on payroll choice

Note (2): Information regarding coverage, please visit <https://info.groupbenefits.org>



**Jefferson Parish Schools
Dental/Vision Premium Analysis
Effective – January 1, 2027**

Guardian Dental				
	Active Employee		Active Retiree	
	24 Pay	20 Pay	24 Pay	20 Pay
Single	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Employee w/ Spouse	\$ 19.55	\$ 23.45	\$ 19.55	\$ 23.45
Employee w/ Children	\$ 29.77	\$ 35.72	\$ 29.77	\$ 35.72
Employee w/ Family	\$ 47.63	\$ 57.14	\$ 47.63	\$ 57.14

MetLife / Davis Vision				
	Active Employee		Active Retiree	
	24 Pay	20 Pay	24 Pay	20 Pay
Single	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Employee w/ Spouse	\$ 3.25	\$ 3.90	\$ 3.25	\$ 3.90
Employee w/ Children	\$ 5.43	\$ 6.52	\$ 5.43	\$ 6.52
Employee w/ Family	\$ 8.21	\$ 9.86	\$ 8.21	\$ 9.86

Note (1): Insurance premiums will be deducted from each paycheck based on payroll choice

Note (2): Information regarding coverage, please visit www.jfthw.org