



2026

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, 2026**

Magnolia Open Access				
	Active Employee		Active Retiree	
	24 Pay	20 Pay	24 Pay	20 Pay
Single	\$ 106.72	\$ 128.06	\$ 130.14	\$ 156.17
Employee w/ Spouse	\$ 399.41	\$ 479.29	\$ 422.83	\$ 507.40
Employee w/ Children	\$ 163.94	\$ 196.73	\$ 187.36	\$ 224.84
Employee w/ Family	\$ 429.61	\$ 515.53	\$ 425.61	\$ 510.73

Magnolia Local				
	Active Employee		Active Retiree	
	24 Pay	20 Pay	24 Pay	20 Pay
Single	\$ 82.69	\$ 99.22	\$ 106.11	\$ 127.33
Employee w/ Spouse	\$ 321.33	\$ 385.59	\$ 344.75	\$ 413.70
Employee w/ Children	\$ 129.30	\$ 155.16	\$ 152.72	\$ 183.26
Employee w/ Family	\$ 345.98	\$ 415.18	\$ 346.99	\$ 416.39

Magnolia Local Plus				
	Active Employee		Active Retiree	
	24 Pay	20 Pay	24 Pay	20 Pay
Single	\$ 101.79	\$ 122.15	\$ 125.21	\$ 150.26
Employee w/ Spouse	\$ 383.23	\$ 459.88	\$ 406.65	\$ 487.99
Employee w/ Children	\$ 156.77	\$ 188.13	\$ 180.19	\$ 216.24
Employee w/ Family	\$ 412.29	\$ 494.74	\$ 410.70	\$ 492.85

Pelican H.S.A 775				
	Active Employee		Active Retiree	
	24 Pay	20 Pay	24 Pay	20 Pay
Single	\$ 21.81	\$ 26.18	N/A	N/A
Employee w/ Spouse	\$ 123.58	\$ 148.30	N/A	N/A
Employee w/ Children	\$ 41.77	\$ 50.13	N/A	N/A
Employee w/ Family	\$ 134.05	\$ 160.85	N/A	N/A

Pelican HRA 1000				
	Active Employee		Active Retiree	
	24 Pay	20 Pay	24 Pay	20 Pay
Single	\$ 69.28	\$ 83.14	\$ 92.70	\$ 111.25
Employee w/ Spouse	\$ 277.71	\$ 333.26	\$ 257.04	\$ 308.46
Employee w/ Children	\$ 110.08	\$ 132.10	\$ 133.50	\$ 160.21
Employee w/ Family	\$ 299.18	\$ 359.01	\$ 255.77	\$ 306.93

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, 2026**

Guardian Dental				
	Active Employee		Active Retiree	
	24 Pay	20 Pay	24 Pay	20 Pay
Employee Only	\$ 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
Employee Only	\$ 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 <https://jfthw.org>