

LOUISIANA ASSESSORS' ASSOCIATION
BENEFIT RATES
(FINAL) RATES EFFECTIVE – January 1, 2026

	2025	2026
Medical/Dental		
Health Insurance for EE/ONLY	\$835.18	\$939.58
Dental Coverage for EE/ONLY	<u>\$49.94</u>	<u>\$56.18</u>
TOTAL EMPLOYEE MEDICAL/DENTAL	\$885.12	\$995.76
Dependent Health Coverage	\$1,002.72	\$1,128.06
Dependent Dental Coverage	<u>\$94.96</u>	<u>\$106.83</u>
TOTAL DEPENDENT COVERAGE	\$1,097.68	\$1,234.89
Retiree with Medicare (Primary)	\$835.18	\$939.58
Retiree Dependent with Medicare (Primary)	\$1,002.72	\$1,128.06

Vision

EE/only	\$6.38	\$6.38
EE/spouse	\$11.48	\$11.48
EE/child(ren)	\$11.48	\$11.48
EE/family	\$17.21	\$17.21

LTD

Annual salary divided by 12 (months) X .25% = monthly LTD premium.
(Premiums are NOT collected on salaries greater than \$100,000.00)

Life Insurance for Plan Year 2026 \$0.532/1000

600,000.00 LIFE VALUE =	\$319.20 MONTHLY PREMIUM (Assessor)
450,000.00 LIFE VALUE =	\$239.40 MONTHLY PREMIUM (Chief Deputy)
225,000.00 LIFE VALUE =	\$119.70 MONTHLY PREMIUM (Salary > \$50,000)
180,000.00 LIFE VALUE =	\$ 95.76 MONTHLY PREMIUM (Salary \$30,000 - \$50,000)
100,000.00 LIFE VALUE =	\$ 53.20 MONTHLY PREMIUM (Salary < \$30,000)

A.D.&D. Insurance \$0.020/1000

\$12.00 MONTHLY PREMIUM
\$ 9.00 MONTHLY PREMIUM
\$ 4.50 MONTHLY PREMIUM
\$ 3.60 MONTHLY PREMIUM
\$ 2.00 MONTHLY PREMIUM

Dependent Life Coverage > 2017 (\$20,000 spouse/\$10,000 dep. Child) = **\$5.50 monthly**

An Administration fee of \$21.00 is collected for each Active/Retired member made effective January 1, 2025