

**LOUISIANA ASSESSORS' ASSOCIATION  
BENEFIT RATES**

**RATES EFFECTIVE – January 1, 2025**

**Medical/Dental**

Health Insurance for EE/ONLY	\$ 835.18
Dental Coverage for EE/ONLY	<u>\$ 49.94</u>
<b>TOTAL EMPLOYEE MEDICAL/DENTAL</b>	<b>\$ 885.12</b>

Dependent Health Coverage	\$1,002.72
Dependent Dental Coverage	<u>\$ 94.96</u>
<b>TOTAL DEPENDENT COVERAGE</b>	<b>\$ 1,097.68</b>

**Retiree with Medicare (Primary) \$ 835.30**

**Retiree Dependent with Medicare (Primary) \$1,002.72**

**Vision**

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

**LTD**

Annual salary divided by 12 (months) X .29% = monthly LTD premium.  
(Premiums are **NOT** collected on salaries greater than \$100,000.00)

**Life Insurance \$ .665/1000**

600,000.00 LIFE VALUE = \$399.00 MNTHLY PREMIUM (Assessor)
450,000.00 LIFE VALUE = \$299.25 MNTHLY PREMIUM (Chief Deputy)
225,000.00 LIFE VALUE = \$149.63 MNTHLY PREMIUM (Salary > \$50,000)
180,000.00 LIFE VALUE = \$119.70 MNTHLY PREMIUM (Salary \$30,000-\$50,000)
100,000.00 LIFE VALUE = \$ 66.50 MNTHLY PREMIUM (Salary < \$30,000.00)

**A.D.&D. Insurance \$ .020/1000**

\$12.00 MNYHLY PREMIUM
\$ 9.00 MNTHLY PREMIUM
\$ 4.50 MNTHLY PREMIUM
\$ 3.60 MNTHLY PREMIUM
\$ 2.00 MNTHLY PREMIUM

Dependent Life Coverage (20,000 spouse/10,000 dep. child) \$6.80 monthly

**An administration fee of \$21.00 is collected for each Active/Retired Member effective January 1, 2025.**