



**Schedule of Subsidized COBRA Rates**

**LSU FIRST  
The LSU System Health Plan  
OPTION 1**

**LSU FIRST  
The LSU System Health Plan  
OPTION 2**

	STATE SHARE	EMP SHARE	TOTAL		STATE SHARE	EMP SHARE	TOTAL
SINGLE	\$352.96	\$190.06	\$543.02	SINGLE	\$305.19	\$164.33	\$469.52
WITH SPOUSE	\$629.75	\$339.09	\$968.84	WITH SPOUSE	\$544.49	\$293.19	\$837.68
WITH CHILDREN	\$433.08	\$233.20	\$666.28	WITH CHILDREN	\$386.98	\$208.38	\$595.36
FAMILY	\$752.87	\$405.39	\$1,158.26	FAMILY	\$658.65	\$354.66	\$1,013.30