

**WEAKLEY COUNTY LOCAL GOVERNMENT
HEALTH INSURANCE RATES
EFFECTIVE JANUARY 1, 2016**

PLAN	PLAN TYPE	TOTAL PREMIUM	COUNTY SHARE	EMPLOYEE SHARE
BLUE CROSS BLUE SHIELD OR CIGNA				
PARTNERSHIP PPO	EMPLOYEE ONLY	\$ 611.55	\$ 489.23	\$ 122.32
	EMPLOYEE+CHILD(REN)	947.90	657.41	290.50
	EMPLOYEE+SPOUSE	1,314.81	840.87	473.94
	FAMILY	1,651.18	1,009.05	642.14
STANDARD PPO	EMPLOYEE ONLY	\$ 636.55	\$ 509.23	\$ 127.32
	EMPLOYEE+CHILD(REN)	972.90	677.41	295.50
	EMPLOYEE+SPOUSE	1,364.81	873.37	491.44
	FAMILY	1,701.18	1,041.55	659.64
LIMITED PPO	EMPLOYEE ONLY	\$ 391.61	\$ 313.29	\$ 78.32
	EMPLOYEE+CHILD(REN)	606.99	420.97	186.02
	EMPLOYEE+SPOUSE	841.96	538.46	303.50
	FAMILY	1,057.35	646.15	411.20
HealthSavings CDHP	EMPLOYEE ONLY	\$ 366.61	\$ 293.29	\$ 73.32
	EMPLOYEE+CHILD(REN)	568.24	394.10	174.14
	EMPLOYEE+SPOUSE	788.21	504.09	284.12
	FAMILY	989.85	604.91	384.94
HEALTH SAVINGS ACCOUNT COUNTY CONTRIBUTION	EMPLOYEE ONLY	\$500 - PAID (1) TIME; PRORATED AFTER 1/15/16		
	EMPLOYEE+CHILD(REN)	\$1,000 - PAID (1) TIME; PRORATED AFTER 1/15/16		
	EMPLOYEE+SPOUSE	\$1,000 - PAID (1) TIME; PRORATED AFTER 1/15/16		
	FAMILY	\$1,000 - PAID (1) TIME; PRORATED AFTER 1/15/16		

**WEAKLEY COUNTY PAYS 80% OF THE TOTAL PREMIUM OF THE
EMPLOYEE ONLY COST PLUS 50% OF THE ADDITIONAL COST FOR
DEPENDENTS. WEAKLEY COUNTY IS PREMIUM LEVEL 1.**

DENTAL INSURANCE RATES 1/1/2016			
<u>CIGNA PREPAID PLAN</u>		<u>METLIFE DPPO PLAN</u>	
EMPLOYEE ONLY	\$12.61	EMPLOYEE ONLY	\$21.51
EMPLOYEE + CHILD(REN)	\$26.18	EMPLOYEE + CHILD(REN)	\$49.46
EMPLOYEE + SPOUSE	\$22.35	EMPLOYEE + SPOUSE	\$40.69
FAMILY	\$30.73	FAMILY	\$79.62
VISION INSURANCE RATES 1/1/2016			
<u>BASIC</u>		<u>EXPANDED</u>	
EMPLOYEE ONLY	\$3.35	EMPLOYEE ONLY	\$5.86
EMPLOYEE + CHILD(REN)	\$6.69	EMPLOYEE + CHILD(REN)	\$11.72
EMPLOYEE + SPOUSE	\$6.35	EMPLOYEE + SPOUSE	\$11.14
FAMILY	\$9.83	FAMILY	\$17.23