

**WEAKLEY COUNTY LOCAL GOVERNMENT  
HEALTH INSURANCE RATES  
EFFECTIVE JANUARY 1, 2015**

PLAN	PLAN TYPE	TOTAL PREMIUM	COUNTY SHARE	EMPLOYEE SHARE
<b>CIGNA - WEST</b> 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
<b>BLUE CROSS BLUE SHIELD - WEST</b>				
PARTNERSHIP PPO	EMPLOYEE ONLY	\$ 631.55	\$ 505.23	\$ 126.32
	EMPLOYEE+CHILD(REN)	987.90	683.41	304.50
	EMPLOYEE+SPOUSE	1,354.81	866.87	487.94
	FAMILY	1,691.18	1,035.05	656.14
STANDARD PPO	EMPLOYEE ONLY	\$ 656.55	\$ 525.23	\$ 131.32
	EMPLOYEE+CHILD(REN)	1,012.90	703.41	309.50
	EMPLOYEE+SPOUSE	1,404.81	899.37	505.44
	FAMILY	1,741.18	1,067.55	673.64
LIMITED PPO	EMPLOYEE ONLY	\$ 411.61	\$ 329.29	\$ 82.32
	EMPLOYEE+CHILD(REN)	646.99	446.97	200.02
	EMPLOYEE+SPOUSE	881.96	564.46	317.50
	FAMILY	1,097.35	672.15	425.20

**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.**

<b>DENTAL INSURANCE RATES</b>			
<b>1/1/2015</b>			
<b>ASSURANT PRE-PAID</b>		<b>DELTA DENTAL PPO</b>	
EMPLOYEE ONLY	\$10.13	EMPLOYEE ONLY	\$21.51
EMPLOYEE + CHILD(REN)	\$21.03	EMPLOYEE + CHILD(REN)	\$49.46
EMPLOYEE + SPOUSE	\$17.95	EMPLOYEE + SPOUSE	\$40.69
FAMILY	\$24.68	FAMILY	\$79.62
<b>VISION INSURANCE RATES</b>			
<b>1/1/2015</b>			
<b>BASIC</b>		<b>EXPANDED</b>	
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