

**WEAKLEY COUNTY LOCAL EDUCATION
HEALTH INSURANCE RATES
EFFECTIVE JANUARY 1, 2017**

PLAN	PLAN TYPE	TOTAL PREMIUM	COUNTY SHARE	EMPLOYEE SHARE
BLUE CROSS BLUE SHIELD OR CIGNA LOCALPLUS				
PARTNERSHIP PPO	EMPLOYEE ONLY	\$ 571.00	\$ 456.80	\$ 114.20
	EMPLOYEE+CHILD(REN)	941.00	641.80	299.20
	EMPLOYEE+SPOUSE	1,113.00	727.80	385.20
	FAMILY	1,483.00	912.80	570.20
NO PARTNERSHIP PROMISE PPO	EMPLOYEE ONLY	\$ 621.00	\$ 496.80	\$ 124.20
	EMPLOYEE+CHILD(REN)	991.00	681.80	309.20
	EMPLOYEE+SPOUSE	1,213.00	792.80	420.20
	FAMILY	1,583.00	977.80	605.20
STANDARD PPO	EMPLOYEE ONLY	\$ 585.00	\$ 468.00	\$ 117.00
	EMPLOYEE+CHILD(REN)	965.00	658.00	307.00
	EMPLOYEE+SPOUSE	1,140.00	745.50	394.50
	FAMILY	1,520.00	935.50	584.50
LIMITED PPO	EMPLOYEE ONLY	\$ 426.00	\$ 340.80	\$ 85.20
	EMPLOYEE+CHILD(REN)	702.00	478.80	223.20
	EMPLOYEE+SPOUSE	830.00	542.80	287.20
	FAMILY	1,106.00	680.80	425.20
HealthSavings CDHP	EMPLOYEE ONLY	\$ 383.00	\$ 306.40	\$ 76.60
	EMPLOYEE+CHILD(REN)	632.00	430.90	201.10
	EMPLOYEE+SPOUSE	747.00	488.40	258.60
	FAMILY	995.00	612.40	382.60
CIGNA OPEN ACCESS PLUS				
PARTNERSHIP PPO	EMPLOYEE ONLY	\$ 611.00	\$ 488.80	\$ 122.20
	EMPLOYEE+CHILD(REN)	981.00	673.80	307.20
	EMPLOYEE+SPOUSE	1,193.00	779.80	413.20
	FAMILY	1,563.00	964.80	598.20
NO PARTNERSHIP PROMISE PPO	EMPLOYEE ONLY	\$ 661.00	\$ 528.80	\$ 132.20
	EMPLOYEE+CHILD(REN)	1,031.00	713.80	317.20
	EMPLOYEE+SPOUSE	1,293.00	844.80	448.20
	FAMILY	1,663.00	1,029.80	633.20
STANDARD PPO	EMPLOYEE ONLY	\$ 625.00	\$ 500.00	\$ 125.00
	EMPLOYEE+CHILD(REN)	1,005.00	690.00	315.00
	EMPLOYEE+SPOUSE	1,220.00	797.50	422.50
	FAMILY	1,600.00	987.50	612.50
LIMITED PPO	EMPLOYEE ONLY	\$ 466.00	\$ 372.80	\$ 93.20
	EMPLOYEE+CHILD(REN)	742.00	510.80	231.20
	EMPLOYEE+SPOUSE	910.00	594.80	315.20
	FAMILY	1,186.00	732.80	453.20
HealthSavings CDHP	EMPLOYEE ONLY	\$ 423.00	\$ 338.40	\$ 84.60
	EMPLOYEE+CHILD(REN)	672.00	462.90	209.10
	EMPLOYEE+SPOUSE	827.00	540.40	286.60
	FAMILY	1,075.00	664.40	410.60
HEALTH SAVINGS ACCOUNT COUNTY CONTRIBUTION	EMPLOYEE ONLY	\$500 - PAID (1) TIME; PRORATED AFTER 1/30/17		
	EMPLOYEE+CHILD(REN)	\$1,000 - PAID (1) TIME; PRORATED AFTER 1/30/17		
	EMPLOYEE+SPOUSE	\$1,000 - PAID (1) TIME; PRORATED AFTER 1/30/17		
	FAMILY	\$1,000 - PAID (1) TIME; PRORATED AFTER 1/30/17		

Weakley County pay 80% of the Employee Only Total Premium plus 50% of the additional cost for dependents.
Weakley County is Premium Level 1.