WEAKLEY COUNTY LOCAL GOVERNMENT
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	$ 618.00	$ 494.40	**$ 123.60**
	EMPLOYEE+CHILD(REN)	958.00	664.40	**293.60**
	EMPLOYEE+SPOUSE	1,329.00	849.90	**479.10**
	FAMILY	1,669.00	1,019.90	**649.10**
NO PARTNERSHIP PROMISE PPO	EMPLOYEE ONLY	$ 668.00	$ 534.40	**$ 133.60**
	EMPLOYEE+CHILD(REN)	1,008.00	704.40	**303.60**
	EMPLOYEE+SPOUSE	1,429.00	914.90	**514.10**
	FAMILY	1,769.00	1,084.90	**684.10**
STANDARD PPO	EMPLOYEE ONLY	$ 625.00	$ 500.00	**$ 125.00**
	EMPLOYEE+CHILD(REN)	968.00	671.50	**296.50**
	EMPLOYEE+SPOUSE	1,343.00	859.00	**484.00**
	FAMILY	1,686.00	1,030.50	**655.50**
LIMITED PPO	EMPLOYEE ONLY	$ 426.00	$ 340.80	**$ 85.20**
	EMPLOYEE+CHILD(REN)	661.00	458.30	**202.70**
	EMPLOYEE+SPOUSE	916.00	585.80	**330.20**
	FAMILY	1,150.00	702.80	**447.20**
HealthSavings CDHP	EMPLOYEE ONLY	$ 384.00	$ 307.20	**$ 76.80**
	EMPLOYEE+CHILD(REN)	595.00	412.70	**182.30**
	EMPLOYEE+SPOUSE	825.00	527.70	**297.30**
	FAMILY	1,035.00	632.70	**402.30**
CIGNA OPEN ACCESS				
PARTNERSHIP PPO	EMPLOYEE ONLY	$ 658.00	$ 526.40	**$ 131.60**
	EMPLOYEE+CHILD(REN)	998.00	696.40	**301.60**
	EMPLOYEE+SPOUSE	1,409.00	901.90	**507.10**
	FAMILY	1,749.00	1,071.90	**677.10**
NO PARTNERSHIP PROMISE PPO	EMPLOYEE ONLY	$ 708.00	$ 566.40	**$ 141.60**
	EMPLOYEE+CHILD(REN)	1,048.00	736.40	**311.60**
	EMPLOYEE+SPOUSE	1,509.00	966.90	**542.10**
	FAMILY	1,849.00	1,136.90	**712.10**
STANDARD PPO	EMPLOYEE ONLY	$ 665.00	$ 532.00	**$ 133.00**
	EMPLOYEE+CHILD(REN)	1,008.00	703.50	**304.50**
	EMPLOYEE+SPOUSE	1,423.00	911.00	**512.00**
	FAMILY	1,766.00	1,082.50	**683.50**
LIMITED PPO	EMPLOYEE ONLY	$ 466.00	$ 372.80	**$ 93.20**
	EMPLOYEE+CHILD(REN)	701.00	490.30	**210.70**
	EMPLOYEE+SPOUSE	996.00	637.80	**358.20**
	FAMILY	1,230.00	754.80	**475.20**
HealthSavings CDHP	EMPLOYEE ONLY	$ 424.00	$ 339.20	**$ 84.80**
	EMPLOYEE+CHILD(REN)	635.00	444.70	**190.30**
	EMPLOYEE+SPOUSE	905.00	579.70	**325.30**
	FAMILY	1,115.00	684.70	**430.30**
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 pays 80% of the Employee Only Total Premium plus 50% of the additional cost for dependents.
Weakley County is Premium Level 1.