

**Weakley County Local Government
Health Insurance Rates
Effective January 1, 2018**

BLUE CROSS BLUE SHIELD OR CIGNA LOCAL PLUS				
Plan	Plan Type	Total Premium	County Share	Employee Share
Premier PPO				
	Employee Only	\$649.00	\$519.20	\$129.80
	Employee + Children	\$1,007.00	\$698.20	\$308.80
	Employee + Spouse	\$1,396.00	\$892.70	\$503.30
	Family	\$1,754.00	\$1,071.70	\$682.30
Standard PPO				
	Employee Only	\$608.00	\$486.40	\$121.60
	Employee + Children	\$943.00	\$653.90	\$289.10
	Employee + Spouse	\$1,308.00	\$836.40	\$471.60
	Family	\$1,643.00	\$1,003.90	\$639.10
Limited PPO				
	Employee Only	\$472.00	\$377.60	\$94.40
	Employee + Children	\$732.00	\$507.60	\$224.40
	Employee + Spouse	\$1,016.00	\$649.60	\$366.40
	Family	\$1,276.00	\$779.60	\$496.40
Local CDHP/HSA				
	Employee Only	\$425.00	\$340.00	\$85.00
	Employee + Children	\$658.00	\$456.50	\$201.50
	Employee + Spouse	\$913.00	\$584.00	\$329.00
	Family	\$1,147.00	\$701.00	\$446.00
CIGNA OPEN ACCESS				
Plan	Plan Type	Total Premium	County Share	Employee Share
Premier PPO				
	Employee Only	\$689.00	\$551.20	\$137.80
	Employee + Children	\$1,047.00	\$730.20	\$316.80
	Employee + Spouse	\$1,476.00	\$944.70	\$531.30
	Family	\$1,834.00	\$1,123.70	\$710.30
Standard PPO				
	Employee Only	\$648.00	\$518.40	\$129.60
	Employee + Children	\$983.00	\$685.90	\$297.10
	Employee + Spouse	\$1,388.00	\$888.40	\$499.60
	Family	\$1,723.00	\$1,055.90	\$667.10
Limited PPO				
	Employee Only	\$512.00	\$409.60	\$102.40
	Employee + Children	\$772.00	\$539.60	\$232.40
	Employee + Spouse	\$1,096.00	\$701.60	\$394.40
	Family	\$1,356.00	\$831.60	\$524.40
Local CDHP/HSA				
	Employee Only	\$465.00	\$372.00	\$93.00
	Employee + Children	\$698.00	\$488.50	\$209.50
	Employee + Spouse	\$993.00	\$636.00	\$357.00
	Family	\$1,227.00	\$753.00	\$474.00
HEALTH SAVINGS ACCOUNT COUNTY CONTRIBUTION				
	Employee Only	\$500 - PAID ONE (1) TIME - PRORATED AFTER 1/30/17.		
	Employee + Children	\$1,000 - PAID ONE (1) TIME - PRORATED AFTER 1/30/17.		
	Employee + Spouse	\$1,000 - PAID ONE (1) TIME - PRORATED AFTER 1/30/17.		
	Family	\$1,000 - PAID ONE (1) TIME - PRORATED AFTER 1/30/17.		