Weakley County Local Education
Health Insurance Rates
Effective January 1, 2026

BLUE CROSS BLUE SHIELD NETWORK S OR CIGNA LOCAL PLUS				
Plan	**Plan Type**	**Total Premium**	**County Share**	**Employee Share**
Premier PPO				
	Employee Only	$793.00	$634.40	$158.60
	Employee + Children	$1,307.00	$891.40	$415.60
	Employee + Spouse	$1,783.00	$1,129.40	$653.60
	Family	$2,060.00	$1,267.90	$792.10
Standard PPO				
	Employee Only	$736.00	$588.80	$147.20
	Employee + Children	$1,214.00	$827.80	$386.20
	Employee + Spouse	$1,656.00	$1,048.80	$607.20
	Family	$1,914.00	$1,177.80	$736.20
Limited PPO				
	Employee Only	$695.00	$556.00	$139.00
	Employee + Children	$1,146.00	$781.50	$364.50
	Employee + Spouse	$1,565.00	$991.00	$574.00
	Family	$1,807.00	$1,112.00	$695.00
Local CDHP/HSA				
	Employee Only	$607.00	$485.60	$121.40
	Employee + Children	$1,001.00	$682.60	$318.40
	Employee + Spouse	$1,365.00	$864.60	$500.40
	Family	$1,578.00	$971.10	$606.90
BLUE CROSS BLUE SHIELD NETWORK P OR CIGNA OPEN ACCESS				
Plan	**Plan Type**	**Total Premium**	**County Share**	**Employee Share**
Premier PPO				
	Employee Only	$883.00	$706.40	$176.60
	Employee + Children	$1,407.00	$968.40	$438.60
	Employee + Spouse	$1,963.00	$1,246.40	$716.60
	Family	$2,240.00	$1,384.90	$855.10
Standard PPO				
	Employee Only	$826.00	$660.80	$165.20
	Employee + Children	$1,314.00	$904.80	$409.20
	Employee + Spouse	$1,836.00	$1,165.80	$670.20
	Family	$2,094.00	$1,294.80	$799.20
Limited PPO				
	Employee Only	$785.00	$628.00	$157.00
	Employee + Children	$1,246.00	$858.50	$387.50
	Employee + Spouse	$1,745.00	$1,108.00	$637.00
	Family	$1,987.00	$1,229.00	$758.00
Local CDHP/HSA				
	Employee Only	$697.00	$557.60	$139.40
	Employee + Children	$1,101.00	$759.60	$341.40
	Employee + Spouse	$1,545.00	$981.60	$563.40
	Family	$1,758.00	$1,088.10	$669.90
HEALTH SAVINGS ACCOUNT COUNTY CONTRIBUTION	Employee Only	$500 - PAID ONE (1) TIME - PRORATED AFTER 1/30/26		
	Employee + Children	$1,000 - PAID ONE (1) TIME - PRORATED AFTER 1/30/26		
	Employee + Spouse	$1,000 - PAID ONE (1) TIME - PRORATED AFTER 1/30/26		
	Family	$1,000 - PAID ONE (1) TIME - PRORATED AFTER 1/30/26		