Weakley County Local Government
Health Insurance Rates
Effective July 1, 2025

BCBS Network S				
Plan	**Plan Type**	**Total Premium**	**County Share**	**Employee Share/Monthly**
Premier PPO				
	Employee Only	$868.42	$694.74	**$173.68**
	Employee + Children	$1,416.37	$968.71	**$447.66**
	Employee + Spouse	$1,823.89	$1,172.47	**$651.42**
	Family	$2,403.11	$1,462.08	**$941.03**
Standard PPO				
	Employee Only	$833.83	$667.06	**$166.77**
	Employee + Children	$1,362.79	$931.54	**$431.25**
	Employee + Spouse	$1,749.73	$1,125.01	**$624.72**
	Family	$2,310.00	$1,405.15	**$904.85**
Limited PPO				
	Employee Only	$719.28	$575.42	**$143.86**
	Employee + Children	$1,185.63	$808.60	**$377.03**
	Employee + Spouse	$1,504.19	$967.88	**$536.31**
	Family	$2,001.83	$1,216.70	**$785.13**
Local CDHP/HSA				
	Employee Only	$680.56	$544.45	**$136.11**
	Employee + Children	$1,123.01	$765.67	**$357.34**
	Employee + Spouse	$1,417.65	$912.99	**$504.66**
	Family	$1,893.07	$1,150.70	**$742.37**
Health Savings Account County Contribution	Employee Only	$500 - PAID ONE (1) TIME - PRORATED AFTER 1/30/25		
	Employee + Children	$1,000 - PAID ONE (1) TIME - PRORATED AFTER 1/30/25		
	Employee + Spouse	$1,000 - PAID ONE (1) TIME - PRORATED AFTER 1/30/25		
	Family	$1,000 - PAID ONE (1) TIME - PRORATED AFTER 1/30/25		

DENTAL	
	BCBS
Employee Only	$25.43
Emp + Children	$48.10
Emp + Spouse	$58.48
Family	$94.12

VISION	
	BCBS
Employee Only	$6.98
Emp + Children	$14.67
Emp + Spouse	$13.97
Family	$23.05