

2017 Bi-Weekly Insurance Rates

COVERAGE	MEDICAL			DENTAL		VISION
	HMO	POS	HDHP	SILVER	PLATINUM	
EMPLOYEE ONLY:						
YOU PAY	\$71.41	\$90.96	\$31.42	\$3.25	\$6.26	\$2.60
CITY-PARISH PAYS	\$244.00	\$244.00	\$244.00	\$3.52	\$6.77	
PAY PERIOD RATE	\$315.41	\$334.96	\$275.42	\$6.77	\$13.03	
EMP. + SPOUSE:						
YOU PAY	\$212.79	\$270.85	\$128.80	\$6.49	\$12.50	\$4.94
CITY-PARISH PAYS	\$440.77	\$440.77	\$440.77	\$7.03	\$13.55	
PAY PERIOD RATE	\$653.56	\$711.62	\$569.57	\$13.52	\$26.05	
EMP. + CHILD(REN):						
YOU PAY	\$187.10	\$238.19	\$111.12	\$7.08	\$14.97	\$5.18
CITY-PARISH PAYS	\$405.04	\$405.04	\$405.04	\$7.67	\$16.21	
PAY PERIOD RATE	\$592.14	\$643.23	\$516.16	\$14.75	\$31.18	
EMP. + FAMILY:						
YOU PAY	\$289.89	\$369.08	\$181.94	\$11.03	\$22.83	\$7.97
CITY-PARISH PAYS	\$548.10	\$548.10	\$548.10	\$11.95	\$24.74	
PAY PERIOD RATE	\$837.99	\$917.18	\$730.04	\$22.98	\$47.57	

Medical, dental and vision rates are deducted twice per month for active employees.