

2017 City-Parish Monthly Insurance Rates

COVERAGE	MEDICAL			DENTAL		VISION
	HMO	POS*	HDHP*	SILVER	PLATINUM	
EMPLOYEE ONLY:						
YOU PAY	\$142.82	\$181.92	\$62.84	\$6.50	\$12.52	\$5.20
CITY-PARISH PAYS	\$488.00	\$488.00	\$488.00	\$7.04	\$13.54	
MONTHLY RATE	\$630.82	\$669.92	\$550.84	\$13.54	\$26.06	
EMPLOYEE + SPOUSE:						
YOU PAY	\$425.58	\$541.70	\$257.60	\$12.98	\$25.00	\$9.88
CITY-PARISH PAYS	\$881.54	\$881.54	\$881.54	\$14.06	\$27.10	
MONTHLY RATE	\$1,307.12	\$1,423.24	\$1,139.14	\$27.04	\$52.10	
EMPLOYEE + CHILD(REN):						
YOU PAY	\$374.20	\$476.38	\$222.24	\$14.16	\$29.94	\$10.36
CITY-PARISH PAYS	\$810.08	\$810.08	\$810.08	\$15.34	\$32.42	
MONTHLY RATE	\$1,184.28	\$1,286.46	\$1,032.32	\$29.50	\$62.36	
EMPLOYEE + FAMILY:						
YOU PAY	\$579.78	\$738.16	\$363.88	\$22.06	\$45.66	\$15.94
CITY-PARISH PAYS	\$1,096.20	\$1,096.20	\$1,096.20	\$23.90	\$49.48	
MONTHLY RATE	\$1,675.98	\$1,834.36	\$1,460.08	\$45.96	\$95.14	

*C-P PORTION SAME AS HMO