

## 2017 Surviving Dependent Medical Rates

(This is only for new surviving dependents after 1/1/2005)

COVERAGE	HMO	POS*	HDHP*
<b>SURVIVING SPOUSE ONLY:</b>			
YOU PAY	\$313.88	\$429.98	\$253.58
CITY-PARISH PAYS*	\$425.06	\$425.06	\$425.06
MONTHLY RATE	\$738.94	\$855.04	\$678.64
<b>SURVIVING SPOUSE + CHILD(REN):</b>			
YOU PAY	\$514.16	\$865.58	\$473.00
CITY-PARISH PAYS*	\$715.62	\$715.62	\$715.62
MONTHLY RATE	\$1,229.78	\$1,581.20	\$1,188.62
<b>SURVIVING CHILD:</b>			
YOU PAY	\$249.94	\$368.10	\$224.60
CITY-PARISH PAYS*	\$347.86	\$347.86	\$347.86
MONTHLY RATE	\$597.80	\$715.96	\$572.46
<b>SURVIVING SPOUSE ONLY W/PART B:</b>			
YOU PAY	\$217.48	\$333.58	\$157.18
CITY-PARISH PAYS	\$518.20	\$518.20	\$518.20
MONTHLY RATE	\$735.68	\$851.78	\$675.38
<b>SURVIVING SPOUSE +CHILD(REN) 1 W/PART B:</b>			
YOU PAY	\$417.76	\$769.18	376.60
CITY-PARISH PAYS	\$866.04	\$866.04	866.04
MONTHLY RATE	\$1,283.80	\$1,635.22	\$1,242.64

\*C-P PORTION SAME AS HMO