

2016 Bi-Weekly Insurance Rates

COVERAGE	MEDICAL			DENTAL		VISION
	HMO	POS	HDHP	SILVER	PLATINUM	
EMPLOYEE ONLY:						
YOU PAY	\$63.47	\$80.85	\$27.93	\$3.25	\$6.26	\$2.60
CITY-PARISH PAYS	\$216.89	\$216.89	\$216.89	\$3.52	\$6.77	
PAY PERIOD RATE	\$280.36	\$297.74	\$244.82	\$6.77	\$13.03	
EMP. + SPOUSE:						
YOU PAY	\$189.14	\$240.75	\$114.49	\$6.49	\$12.50	\$4.94
CITY-PARISH PAYS	\$391.79	\$391.79	\$391.79	\$7.03	\$13.55	
PAY PERIOD RATE	\$580.93	\$632.54	\$506.28	\$13.52	\$26.05	
EMP. + CHILD(REN):						
YOU PAY	\$166.31	\$211.72	\$98.77	\$7.08	\$14.97	\$5.18
CITY-PARISH PAYS	\$360.03	\$360.03	\$360.03	\$7.67	\$16.21	
PAY PERIOD RATE	\$526.34	\$571.75	\$458.80	\$14.75	\$31.18	
EMP. + FAMILY:						
YOU PAY	\$257.68	\$328.07	\$161.72	\$11.03	\$22.83	\$7.97
CITY-PARISH PAYS	\$487.20	\$487.20	\$487.20	\$11.95	\$24.74	
PAY PERIOD RATE	\$744.88	\$815.27	\$648.92	\$22.98	\$47.57	

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