

2016 City-Parish Monthly Medical Rates

COVERAGE	HMO	POS*	HDHP*	DENTAL		VISION
				SILVER	PLATINUM	
EMPLOYEE ONLY:						
YOU PAY	\$126.94	\$161.70	\$55.86	\$6.50	\$12.52	\$5.20
CITY-PARISH PAYS	\$433.78	\$433.78	\$433.78	\$7.04	\$13.54	
MONTHLY RATE	\$560.72	\$595.48	\$489.64	\$13.54	\$26.06	
EMPLOYEE + SPOUSE:						
YOU PAY	\$378.28	\$481.50	\$228.98	\$12.98	\$25.00	\$9.88
CITY-PARISH PAYS	\$783.58	\$783.58	\$783.58	\$14.06	\$27.10	
MONTHLY RATE	\$1,161.86	\$1,265.08	\$1,012.56	\$27.04	\$52.10	
EMPLOYEE + CHILD(REN):						
YOU PAY	\$332.62	\$423.44	\$197.54	\$14.16	\$29.94	\$10.36
CITY-PARISH PAYS	\$720.06	\$720.06	\$720.06	\$15.34	\$32.42	
MONTHLY RATE	\$1,052.68	\$1,143.50	\$917.60	\$29.50	\$62.36	
EMPLOYEE + FAMILY:						
YOU PAY	\$515.36	\$656.14	\$323.44	\$22.06	\$45.66	\$15.94
CITY-PARISH PAYS	\$974.40	\$974.40	\$974.40	\$23.90	\$49.48	
MONTHLY RATE	\$1,489.76	\$1,630.54	\$1,297.84	\$45.96	\$95.14	

*C-P PORTION SAME AS HMO