

2017 Premium Rate for 911 Merged City Employees

2017 Premium Rate for 911 Merged City Employees \$300 Deductible Plan						
Plan	Class of Coverage	2017 Total Premium	Amount Paid By County	Employee Monthly Premium	Employee Bi-Monthly Deduction	Monthly Rate w/ Vision
BC/BS	Employee Only	\$828.00	\$775.90	\$ 52.10	\$ 26.05	
	Employee + Spouse	\$1,518.87	\$1,414.67	\$ 104.20	\$ 52.02	
	Employee + Child(ren)	\$1,518.87	\$1,414.67	\$ 104.20	\$ 52.10	
	Employee + Family	\$2,047.24	\$1,901.35	\$ 145.89	\$ 72.95	
Delta	Employee Only	\$25.30	\$ -	\$ -	\$ -	
	Employee + Spouse	\$65.42	-	-	\$ -	
	Employee + Child(ren)	\$65.42	\$ -	\$ -	\$ -	
	Employee + Family	\$65.42	\$ -	\$ -	\$ -	
<b>Total Medical and Dental Premiums</b>						
	Employee Only			\$ 52.10	\$ 26.05	\$ 57.41
	Employee + Spouse					
	Employee + Child(ren)			\$ 104.20	\$ 52.10	\$ 112.79
	Employee + Family			\$ 145.89	\$ 72.95	\$ 159.12