

2017 Premium Rate Sheet for N1 Benefits Group

2017 Premium Rates for N1 Benefit Group 571 Public Properties - FOP 2 Sheriff - FOP 8 Corrections - 571 General - EULA Health Center- 571 911 Communications-Youth Center Edu. Assn. - EULA General - AFSCME251 - Non-Union \$600 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	\$717.32	\$ 667.11	\$ 50.21	\$ 25.11	
	Employee + Spouse	\$1,315.87	\$1,118.49	\$ 197.38	\$ 98.69	
	Employee + Child(ren)	\$1,315.87	\$1,118.49	\$ 197.38	\$ 98.69	
	Employee + Family	\$1,773.62	\$1,507.58	\$ 266.04	\$ 133.02	
Delta	Employee Only	\$25.30	\$ 21.51	\$ 3.79	\$ 1.90	
	Employee + Spouse	\$65.42	\$ 52.34	\$ 13.08	\$ 6.54	
	Employee + Child(ren)	\$65.42	\$ 52.34	\$ 13.08	\$ 6.54	
	Employee + Family	\$65.42	\$ 52.34	\$ 13.08	\$ 6.54	
Total Medical and Dental Premiums						
	Employee Only			\$ 54.00	\$ 27.00	\$ 59.31
	Employee + Spouse			\$ 210.46	\$ 105.23	\$ 219.05
	Employee + Child(ren)			\$ 210.46	\$ 105.23	\$ 219.05
	Employee + Family			\$ 279.12	\$ 139.56	\$ 292.35