

2021 Bi-Weekly Insurance Rates

COVERAGE	MEDICAL			DENTAL		VISION
	HMO	POS	HDHP	SILVER	PLATINUM	
EMPLOYEE ONLY:						
YOU PAY	\$74.98	\$95.51	\$32.99	\$3.25	\$6.76	\$2.55
CITY-PARISH PAYS	\$256.20	\$256.20	\$256.20	\$3.52	\$7.31	
PAY PERIOD RATE	\$331.18	\$351.71	\$289.19	\$6.77	\$14.07	
EMP. + SPOUSE:						
YOU PAY	\$223.43	\$284.39	\$135.24	\$6.49	\$13.51	\$4.84
CITY-PARISH PAYS	\$462.81	\$462.81	\$462.81	\$7.03	\$14.63	
PAY PERIOD RATE	\$686.24	\$747.20	\$598.05	\$13.52	\$28.14	
EMP. + CHILD(REN):						
YOU PAY	\$196.46	\$250.10	\$116.68	\$7.08	\$16.16	\$5.08
CITY-PARISH PAYS	\$425.29	\$425.29	\$425.29	\$7.67	\$17.52	
PAY PERIOD RATE	\$621.75	\$675.39	\$541.97	\$14.75	\$33.68	
EMP. + FAMILY:						
YOU PAY	\$304.39	\$387.54	\$191.04	\$11.03	\$24.66	\$7.81
CITY-PARISH PAYS	\$575.51	\$575.51	\$575.51	\$11.95	\$26.72	
PAY PERIOD RATE	\$879.90	\$963.05	\$766.55	\$22.98	\$51.38	

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