

## 2022 Bi-Weekly Insurance Rates

COVERAGE	MEDICAL			DENTAL			VISION
	HMO	POS	HDHP	SILVER	PLATINUM		
<b>EMPLOYEE ONLY:</b>							
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		
<b>EMP. + SPOUSE:</b>							
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		
<b>EMP. + CHILD(REN):</b>							
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		
<b>EMP. + FAMILY:</b>							
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.