CITY OF MURFREESBORO
2016
INSURANCE PREMIUM BREAKDOWN

Effective 01/01/16 COST TO EMPLOYEE	Pay Cycle Monthly	Pay Cycle Bi-Weekly	Pay Cycle Weekly
PPO - Employee Only	118.77	54.82	27.41
PPO - Employee + Spouse	249.67	115.23	57.62
PPO - Employee + Child(ren)	213.99	98.76	49.38
PPO - Family	380.38	175.56	87.78
HRA - Employee Only	84.32	38.92	19.46
HRA - Employee + Spouse	177.07	81.73	40.86
HRA - Employee + Child(ren)	151.78	70.05	35.03
HRA - Family	269.76	124.50	62.25
Delta Dental - Individual	4.92	2.27	1.13
Delta Dental - Family	13.88	6.40	3.20
Assurant Dental - Individual	2.02	0.93	0.47
Assurant Dental - Family	4.40	2.03	1.02
VSP Vision - Employee Only	6.21	2.87	1.43
VSP Vision - Employee + Spouse	9.94	4.59	2.29
VSP Vision - Employee + Child(ren)	10.15	4.68	2.34
VSP Vision - Family	16.36	7.55	3.78

Monthly Cost Breakdown	Total	City Pays	Employee Pays
PPO - Employee Only	593.87	475.10	118.77
PPO - Employee + Spouse	1,248.34	998.67	249.67
PPO - Employee + Child(ren)	1,069.94	855.95	213.99
PPO - Family	1,901.90	1,521.52	380.38
HRA - Employee Only	496.02	411.70	84.32
HRA - Employee + Spouse	1,041.60	864.53	177.07
HRA - Employee + Child(ren)	892.80	741.02	151.78
HRA - Family	1,586.80	1,317.04	269.76
Delta Dental - Individual	24.58	19.66	4.92
Delta Dental - Family	69.38	55.50	13.88
Assurant Dental - Individual	10.14	8.12	2.02
Assurant Dental - Family	22.01	17.61	4.40
VSP Vision - Employee Only	6.21	0.00	6.21
VSP Vision - Employee + Spouse	9.94	0.00	9.94
VSP Vision - Employee + Child(ren)	10.15	0.00	10.15
VSP Vision - Family	16.36	0.00	16.36
Monthly Cost Breakdown	**Total**	**City Pays**	**Employee Pays**
Medicare Supplemental			
PPO - Retiree Only	500.99	400.79	100.20

PPO - Retiree + Spouse	1,001.98	801.58	200.40
PPO - Retiree + Child(ren)	1,001.98	801.58	200.40
PPO - Family	1,502.96	1,202.36	300.60
HRA - Retiree Only	180.00	180.00	0.00
HRA - Family	360.00	360.00	0.00

COBRA	
PPO - Employee Only	605.75
PPO - Employee + Spouse	1,273.31
PPO - Employee + Child(ren)	1,091.34
PPO - Family	1,939.94

HRA - Employee Only	505.94
HRA - Employee + Spouse	1,062.43
HRA - Employee + Child(ren)	910.66
HRA - Family	1,618.54

Delta Dental - Individual	25.07
Delta Dental - Family	70.77

Assurant Dental - Individual	10.34
Assurant Dental - Family	22.45

VSP Vision - Employee Only	6.34
VSP Vision - Employee + Spouse	10.14
VSP Vision - Employee + Child(ren)	10.36
VSP Vision - Family	16.69