

**CITY OF MURFREESBORO**  
**2017**  
**INSURANCE PREMIUM BREAKDOWN**

<b>Effective 01/01/17 COST TO EMPLOYEE</b>	<b>Pay Cycle Monthly</b>	<b>Pay Cycle Bi-Weekly</b>	<b>Pay Cycle Weekly</b>
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	1.14
Delta Dental - Family	13.88	6.41	3.20
VSP Vision - Employee Only	6.58	3.04	1.52
VSP Vision - Employee + Spouse	10.54	4.86	2.43
VSP Vision - Employee + Child(ren)	10.76	4.97	2.48
VSP Vision - Family	17.34	8.00	4.00