

**CITY OF MURFREESBORO
2019
INSURANCE PREMIUM BREAKDOWN**

Effective 01/01/19 COST TO EMPLOYEE	Pay Cycle Monthly	Pay Cycle Bi-Weekly	Pay Cycle Weekly
PPO - Employee Only	122.36	56.47	28.24
PPO - Employee + Spouse	257.22	118.72	59.36
PPO - Employee + Child(ren)	220.46	101.75	50.88
PPO - Family	391.88	180.87	90.43
HRA - Employee Only	86.87	40.09	20.05
HRA - Employee + Spouse	182.42	84.19	42.10
HRA - Employee + Child(ren)	156.36	72.17	36.08
HRA - Family	277.91	128.27	64.13
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

Monthly Cost Breakdown	Total	City Pays	Employee Pays
PPO - Employee Only	611.82	489.46	122.36
PPO - Employee + Spouse	1,286.08	1,028.86	257.22
PPO - Employee + Child(ren)	1,102.28	881.82	220.46
PPO - Family	1,959.39	1,567.51	391.88
HRA - Employee Only	548.51	461.64	86.87
HRA - Employee + Spouse	1,148.08	965.66	182.42
HRA - Employee + Child(ren)	994.78	838.42	156.36
HRA - Family	1,709.76	1,431.85	277.91
Delta Dental - Individual	24.58	19.66	4.92
Delta Dental - Family	69.38	55.50	13.88
VSP Vision - Employee Only	6.58	0.00	6.58
VSP Vision - Employee + Spouse	10.54	0.00	10.54
VSP Vision - Employee + Child(ren)	10.76	0.00	10.76
VSP Vision - Family	17.34	0.00	17.34

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