

LaSalle County 2017 Rates and Employee Contributions

Medical Plan Options (BCBS)	PPO (250/500)					PPO (1500/3000)				HDHP (w/H.S.A.)			
	Rates effective 12/1/16-12/31/17					Rates effective 1/1/17-12/31/17				Rates effective 1/1/17-12/31/17			
	Total Cost	Employee Portion	County Portion			Total Cost	Employee Portion	County Portion		Total Cost	Employee Portion	County Portion	
Active Employees													
Employee	\$722.42	\$144.48	\$577.94		Employee	\$697.18	\$80.20	\$616.98		\$666.33	\$49.36	\$616.97	
Employee + 1	\$1,759.19	\$351.84	\$1,407.35		Employee & Spouse	\$1,464.08	\$168.44	\$1,295.64		\$1,399.30	\$103.64	\$1,295.66	
Family	\$2,331.94	\$466.40	\$1,865.54		Employee & Child(ren)	\$1,324.65	\$152.38	\$1,172.27		\$1,266.04	\$93.78	\$1,172.26	
					Family	\$2,196.12	\$252.66	\$1,943.46		\$2,098.95	\$155.48	\$1,943.47	
Retirees													
	Total Cost	Retiree Portion	County Portion			Total Cost	Retiree Portion	County Portion		Total Cost	Retiree Portion	County Portion	
Non-Medicare - Single	\$722.42	\$100.00	\$622.42		Non-Medicare	not available at this time				not available at this time			
Medicare Primary - Single	\$577.94	\$60.00	\$517.94	Medicare Primary - Single									
Non-Medicare*** -Single	\$722.42	\$144.48	\$577.94										
Medicare Primary*** - Single	\$577.94	\$115.59	\$462.35										
County Board-Active													
	Total Cost	Member Portion	County Portion			Total Cost	Member Portion	County Portion		Total Cost	Member Portion	County Portion	
Employee	\$722.42	\$144.48	\$577.94		Employee	\$697.18	\$80.20	\$616.98		\$666.33	\$49.35	\$616.98	
Employee + 1	\$1,759.19	\$1,181.25	\$577.94		Employee & Spouse	\$1,464.08	\$847.10	\$616.98		\$1,399.30	\$782.32	\$616.98	
Family	\$2,331.94	\$1,754.00	\$577.94		Employee & Child(ren)	\$1,324.65	\$707.67	\$616.98		\$1,266.04	\$649.06	\$616.98	
					Family	\$2,196.12	\$1,579.14	\$616.98		\$2,098.95	\$1,481.97	\$616.98	

Medical - Cobra Rates (Includes a 2% Administrative Fee)	PPO 250/500	PPO 1500/300	HDHP
Single	\$736.87	\$711.12	\$679.66
Family (3 or more)	\$2,378.58	\$2,240.04	\$2,140.93
Single (Medicare primary)	\$589.50	\$568.91	\$543.72

Dental and Vision Rates effective 6/1/2016 - 12/31/2017				
Dental (Delta Dental)	High	Low	COBRA High	COBRA Low
Employee	\$34.32	\$23.20	\$35.01	\$23.66
Employee & Spouse	\$68.64	\$46.40	\$70.01	\$47.33
Employee & Child(ren)	\$74.13	\$47.45	\$75.61	\$48.40
Family	\$118.27	\$82.18	\$120.64	\$83.82
Vision (VSP)	Active	COBRA		
Employee	\$8.38	\$8.55		
Employee +1	\$13.41	\$13.68		
Employee & Child(ren)	\$13.69	\$13.96		
Family	\$22.07	\$22.51		