

Bonneville County Insurance Rates

Rates For Plan Year Beginning November 1, 2016

Blue Cross PPO **\$750/\$1,500 Deductible ASC** and Delta Dental Incentive Plan

Drug Formulary - 20/40 Co-Insurance - \$3,000/\$5,000 Out-of-Pocket

	Full Premium		County Share				Employee Share		
	Blue Cross	Delta	Code	Blue Cross	Code	Dental	Code	Monthly	Pay Period
Single	568.64	39.31	MED	568.64	DENTAL	39.31		-	-
Two Party	1,232.00	72.10	MED-1	1,092.78	DENT-1	72.10	MED-1E	139.22	69.61
Family	1,631.53	130.20	MED-3	1,400.77	DENT-3	130.20	MED-3E	230.76	115.38
Two Party No Spouse	871.37	72.10	MED-4	804.27	DENT-4	72.10	MED-4E	67.10	33.55
Family No Spouse	1,028.84	130.20	MED-5	918.62	DENT-5	130.20	MED-5E	110.22	55.11
Family Husband & Wife Both Employed	1,631.53	130.20	MED-6	1,522.37	DENT-6	130.20	MED-6E	109.16	54.58

Note: Health insurance rates above are for a \$750 individual/\$1,500 aggregate family deductible Blue Cross PPO policy.

Note: Blue Cross actuaries recommended an **18.53% increase**. Commissioners opted for a **8.76% or \$550,000 increase**.

COBRA Continuation Coverage: When an employee or an enrolled dependent become ineligible for coverage in the County group health plans for any reason other than gross misconduct, they may be entitled to continue their coverage at their own expense for up to 18 months or longer depending on circumstances. Blue Cross and Delta Dental will add 2% to the full premium rate indicated above for COBRA continuation coverage as allowed by law. Estimated COBRA continuation coverage premiums for Blue Cross and Delta Dental coverage are listed below:

	Estimated COBRA Monthly Rates	
	Blue Cross PPO Plan	Delta Dental
	750/1,500 Deductible	PPO Plan
Single	580.01	40.10
Two Party	1,256.64	73.54
Family	1,664.16	132.80
Two Party No Spouse	888.80	73.54
Family No Spouse	1,049.42	132.80