

**CITY OF EMPORIA, KANSAS**  
**2016 HEALTH INSURANCE RATES**  
**BLUE CROSS / BLUE SHIELD**

Effective 1/1/2016

**BASE COVERAGE (\$2,500 / \$5,000)**

with \$35 co-pay and \$300/yr diagnostic benefit / PPACA Preventative / Well Woman

COVERAGE	MONTHLY PREMIUM				CITY SHARE	EMPLOYEE SHARE	EMPLOYEE BI-WEEKLY SHARE
	Health	Dental	Life	TOTAL			
Single	358.45	17.97	2.40	378.82	341.18	37.64	18.82
Emp/Child(ren)	755.56	37.11	2.40	795.07	438.37	356.70	178.35
Emp/Spouse	769.50	38.63	2.40	810.53	446.87	363.66	181.83
Family	1,166.61	57.76	2.40	1,226.77	675.80	550.97	275.48

After reach deductible, copay at 50% until another \$2500 / \$5000 out of pocket, then plan pays 100%  
 Max deductible + Coinsurance \$5,000 / \$10,000

**BUY - UP 1 COVERAGE (\$1,500 / \$3,000)**

with \$35 co-pay and \$300/yr diagnostic benefit / PPACA Preventative / Well Woman

COVERAGE	MONTHLY PREMIUM				CITY SHARE	EMPLOYEE SHARE	EMPLOYEE BI-WEEKLY SHARE
	Health	Dental	Life	TOTAL			
Single	372.93	17.97	2.40	393.30	341.18	52.12	26.06
Emp/Child(ren)	786.14	37.11	2.40	825.65	438.37	387.28	193.64
Emp/Spouse	800.63	38.63	2.40	841.66	446.87	394.79	197.39
Family	1,213.84	57.76	2.40	1,274.00	675.80	598.20	299.10

After reach deductible, copay at 50% until another \$2500 / \$5000 out of pocket, then plan pays 100%  
 Max deductible + coinsurance \$ 4000 / 8000

**BUY - UP 2 COVERAGE (\$1,000 / \$2,000)**

with \$35 co-pay and \$300/yr diagnostic benefit / PPACA Preventative / Well Woman

COVERAGE	MONTHLY PREMIUM				CITY SHARE	EMPLOYEE SHARE	EMPLOYEE BI-WEEKLY SHARE
	Health	Dental	Life	TOTAL			
Single	382.11	17.97	2.40	402.48	341.18	61.30	30.65
Emp/Child(ren)	805.53	37.11	2.40	845.04	438.37	406.67	203.34
Emp/Spouse	820.39	38.63	2.40	861.42	446.87	414.55	207.27
Family	1,243.80	57.76	2.40	1,303.96	675.80	628.16	314.08

After reach deductible, copay at 50% until another \$2500 / \$5000 out of pocket, then plan pays 100%  
 Max deductible + coinsurance \$ 3500 / 7000