

2023 City-Parish Monthly Insurance Rates

COVERAGE	MEDICAL			DENTAL		VISION
	HMO	POS*	HDHP*	SILVER	LATINO*	
EMPLOYEE ONLY:						
YOU PAY	\$149.96	\$191.02	\$65.98	\$6.50	\$13.52	\$5.10
CITY-PARISH PAYS	\$589.26	\$589.26	\$589.26	\$7.04	\$16.87	
MONTHLY RATE	\$739.22	\$780.28	\$655.24	\$13.54	\$30.39	
EMPLOYEE + SPOUSE:						
YOU PAY	\$446.85	\$568.78	\$270.48	\$12.98	\$27.02	\$9.68
CITY-PARISH PAYS	\$1,064.47	\$1,064.47	\$1,064.47	\$14.06	\$33.77	
MONTHLY RATE	\$1,511.32	\$1,633.24	\$1,334.94	\$27.04	\$60.79	
EMPLOYEE + CHILD(REN):						
YOU PAY	\$392.92	\$500.20	\$233.36	\$14.16	\$32.32	\$10.16
CITY-PARISH PAYS	\$978.17	\$978.17	\$978.17	\$15.34	\$40.44	
MONTHLY RATE	\$1,371.09	\$1,478.37	\$1,211.52	\$29.50	\$72.76	
EMPLOYEE + FAMILY:						
YOU PAY	\$608.78	\$775.08	\$382.08	\$22.06	\$49.32	\$15.62
CITY-PARISH PAYS	\$1,323.67	\$1,323.67	\$1,323.67	\$23.90	\$61.67	
MONTHLY RATE	\$1,932.45	\$2,098.75	\$1,705.76	\$45.96	\$110.99	