

GRAINGER COUNTY BOARD OF EDUCATION  
INSURANCE PREMIUM RATES FOR CERTIFIED EMPLOYEES  
EFFECTIVE JANUARY 1, 2022  
DEDUCTION STARTS WITH DECEMBER 20, 2021 PAYROLL  
STATE OF TENNESSEE PLAN COVERAGE

**PREMIER PPO- BLUE CROSS BLUE SHIELD/ Network S. and CIGNA LOCAL PLUS**

PLAN TIER	BCBS	PREMIUM	COUNTY	PAYROLL DEDUCTION	Cigna
Employee	420	\$651.00	\$457.00	\$194.00	424
Employee+Child(ren)	421	\$1,073.00	\$457.00	\$616.00	
Employee+ Spouse		\$1,335.00	\$457.00	\$878.00	
Employee+ Spouse+ Child(ren)		\$1,692.00	\$457.00	\$1,235.00	

**PREMIER PPO- CIGNA OPEN ACCESS/ BCBST NETWORK P**

PLAN TIER	BCBS	PREMIUM	COUNTY	PAYROLL DEDUCTION	Cigna
EMPLOYEE		\$716.00	\$457.00	\$259.00	
EMPLOYEE+CHILD(REN)		\$1,138.00	\$457.00	\$681.00	
EMPLOYEE+SPOUSE		\$1,465.00	\$457.00	\$1,008.00	
EMPLOYEE+SPOUSE+CHILD(REN)		\$1,822.00	\$457.00	\$1,365.00	

**STANDARD PPO- BLUE CROSS BLUE SHIELD/ NETWORK S AND CIGNA LOCAL PLUS**

PLAN TIER	BCSBS	PREMIUM	COUNTY	PAYROLL DEDUCTION	CIGNA
Employee	430	\$609.00	\$457	\$152.00	435
Employee+Child(ren)		\$1,004.00	\$457	\$547.00	
Employee+Spouse	431	\$1,249.00	\$457	\$792.00	
Employee+sSpouse+Child(ren)		\$1,583.00	\$457	\$1,126.00	

**STANDARD PPO- CIGNA OPEN ACCESS/ BCBS NETWORK P**

PLAN TIER	BCSBS	PREMIUM	COUNTY	PAYROLL DEDUCTION	CIGNA
EMPLOYEE		\$674.00	\$457.00	\$217.00	
EMPLOYEE+CHILD(REN)		\$1,069.00	\$457.00	\$612.00	
EMPLOYEE+SPOUSE		\$1,379.00	\$457.00	\$922.00	
Employee+Spouse+Child(ren)		\$1,713.00	\$457.00	\$1,256.00	

**LIMITED PPO- BLUE CROSS BLUE SHIELD/ Network S and CIGNA LOCAL PLUS**

PLAN TIER	BCBS	PREMIER	COUNTY	PAYROLL DEDUCTION	CIGNA
EMPLOYEE	353	\$558.00	\$457.00	\$101.00	357
EMPLOYEE+CHILD(REN)	354	\$919.00	\$457.00	\$462.00	358
EMPLOYEE+SPOUSE	355	\$1,143.00	\$457.00	\$686.00	359
Emplouee+SPOUSE+CHILD(REN)	356	\$1,449.00	\$457.00	\$992.00	360

**LIMITED PPO CIGNA OPEN ACCESS BCBST NETWORK P**

PLAN TIER	BCBS	PREMIUM	COUNTY	PAYROLL DEDUCTION	CIGNA
EMPLOYEE		\$623.00	\$457	\$166.00	
EMPLOYEE+CHILD(REN)		\$984.00	\$457	\$527.00	
EMPLOYEE+SPOUSE		\$1,273.00	\$457	\$816.00	
EMPLOYEE+SPOUSE+CHILD(REN)		\$1,579.00	\$457	\$1,122.00	

**HEALTH SAVINGS CDHP- BLUE CROSS BLUE SHIELD/NETWORK S AND CIGNA LOCAL PLUS**

PLAN TIER	BCBS	PREMIUM	COUNTY	PAYROLL DEDUCTION	CIGNA
EMPLOYEE	308	\$473.00	\$457	\$16.00	309
EMPLOYEE+CHILD(REN)		\$780.00	\$457	\$323.00	
EMPLOYEE+SPOUSE	380	\$970.00	\$457	\$513.00	
FAMILY		\$1,230.00	\$457	\$773.00	

**HEALTH SAVINGS CDHP- CIGNA OPEN ACCESS/ BCBST NETWORK P**

PLAN TIER	BCBS	PREMIUM	COUNTY	PAYROLL DEDUCTION	CIGNA
EMPLOYEE		\$538.00	\$457	\$81.00	
EMPLOYEE+CHILD(REN)		\$845.00	\$457	\$388.00	
EMPLOYEE+SPOUSE		\$1,100.00	\$457	\$643.00	
FAMILY		\$1,360.00	\$457	\$903.00	