

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	STATE/COUN	PAYROLL DEDUCTION	Cigna
Employee	420	\$651.00	\$649.95	\$1.05	424
Employee+Child(ren)	421	\$1,073.00	\$839.85	\$233.15	
Employee+ Spouse		\$1,335.00	\$957.75	\$377.25	
Employee+ Spouse+ Child(ren)		\$1,692.00	\$1,118.40	\$573.60	

PREMIER PPO- CIGNA OPEN ACCESS/ BCBST NETWORK P

PLAN TIER	BCBS	PREMIUM	STATE/COUN	PAYROLL DEDUCTION	Cigna
EMPLOYEE		\$716.00	\$679.20	\$36.80	
EMPLOYEE+CHILD(REN)		\$1,138.00	\$869.10	\$268.90	
EMPLOYEE+SPOUSE		\$1,465.00	\$1,016.25	\$448.75	
EMPLOYEE+SPOUSE+CHILD(REN)		\$1,822.00	\$1,176.90	\$645.10	

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

PLAN TIER	BCSBS	PREMIUM	STATE/COUN	PAYROLL DEDUCTION	CIGNA
Employee	430	\$609.00	\$631.05	\$0.00	435
Employee+Child(ren)		\$1,004.00	\$808.80	\$195.20	
Employee+Spouse	431	\$1,249.00	\$919.05	\$329.95	
Employee+sSpouse+Child(ren)		\$1,583.00	\$1,069.35	\$513.65	

STANDARD PPO- CIGNA OPEN ACCESS/ BCBS NETWORK P

PLAN TIER	BCSBS	PREMIUM	STATE/COUN	PAYROLL DEDUCTION	CIGNA
EMPLOYEE		\$674.00	\$660.30	\$13.70	
EMPLOYEE+CHILD(REN)		\$1,069.00	\$838.05	\$230.95	
EMPLOYEE+SPOUSE		\$1,379.00	\$977.55	\$401.45	
Employee+Spouse+Child(ren)		\$1,713.00	\$1,127.85	\$585.15	

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

PLAN TIER	BCBS	PREMIER	STATE/COUNTY	PAYROLL DEDUCTION	CIGNA
EMPLOYEE	353	\$558.00	\$608.10	\$0.00	357
EMPLOYEE+CHILD(REN)	354	\$919.00	\$770.55	\$148.45	358
EMPLOYEE+SPOUSE	355	\$1,143.00	\$871.35	\$271.65	359
Employee+SPOUSE+CHILD(REN)	356	\$1,449.00	\$1,009.05	\$439.95	360

LIMITED PPO CIGNA OPEN ACCESS BCBST NETWORK P

PLAN TIER	BCBS	PREMIUM	STATE/COUNTY	PAYROLL DEDUCTION	CIGNA
EMPLOYEE		\$623.00	\$637.35	\$0.00	
EMPLOYEE+CHILD(REN)		\$984.00	\$799.80	\$184.20	
EMPLOYEE+SPOUSE		\$1,273.00	\$929.85	\$343.15	
EMPLOYEE+SPOUSE+CHILD(REN)		\$1,579.00	\$1,067.55	\$511.45	

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

PLAN TIER	BCBS	PREMIUM	STATE/COUNTY	PAYROLL DEDUCTION	CIGNA
EMPLOYEE	308	\$473.00	\$569.85	\$0.00	309
EMPLOYEE+CHILD(REN)		\$780.00	\$708.00	\$72.00	
EMPLOYEE+SPOUSE	380	\$970.00	\$793.50	\$176.50	
FAMILY		\$1,230.00	\$910.50	\$319.50	

HEALTH SAVINGS CDHP- CIGNA OPEN ACCESS/ BCBST NETWORK P

PLAN TIER	BCBS	PREMIUM	COUNTY	PAYROLL DEDUCTION	CIGNA
EMPLOYEE		\$538.00	\$599.10	\$0.00	
EMPLOYEE+CHILD(REN)		\$845.00	\$737.25	\$107.75	
EMPLOYEE+SPOUSE		\$1,100.00	\$852.00	\$248.00	
FAMILY		\$1,360.00	\$969.00	\$391.00	