

**DONA ANA COUNTY  
BI-WEEKLY INSURANCE PREMIUMS  
JULY 1, 2023 - JUNE 30, 2024**

**Grandfathered  
(Hired Before 7/1/15)      (Hired After 7/1/15)**

**Total                      EE                      ER                      20% EE                      80% ER**

| <b>EMPLOYEE</b>      |          |        |          |         |          |
|----------------------|----------|--------|----------|---------|----------|
| Administrative Fee   | \$0.60   | \$0.60 | \$0.00   | \$0.60  | \$0.00   |
| PPO Medical          | \$466.11 | \$0.00 | \$466.11 | \$93.22 | \$372.89 |
| HDHP Medical         | \$396.19 | \$0.00 | \$396.19 | \$79.24 | \$316.95 |
| Dental               | \$12.89  | \$0.00 | \$12.89  | \$2.58  | \$10.31  |
| Vision               | \$2.13   | \$0.00 | \$2.13   | \$0.43  | \$1.70   |
| Basic Life           | \$1.50   | \$0.00 | \$1.50   | \$0.00  | \$1.50   |
| Disability (EE only) | \$6.13   | \$0.00 | \$6.13   | \$0.00  | \$6.13   |

| <b>EMPLOYEE PLUS SPOUSE</b> |            |          |          |          |          |
|-----------------------------|------------|----------|----------|----------|----------|
| Administrative Fee          | \$0.60     | \$0.60   | \$0.00   | \$0.60   | \$0.00   |
| PPO Medical                 | \$1,046.66 | \$209.33 | \$837.33 | \$209.33 | \$837.33 |
| HDHP Medical                | \$889.66   | \$177.93 | \$711.73 | \$177.93 | \$711.73 |
| Dental                      | \$25.01    | \$5.00   | \$20.01  | \$5.00   | \$20.01  |
| Vision                      | \$4.26     | \$0.85   | \$3.41   | \$0.85   | \$3.41   |
| Basic Life                  | \$1.50     | \$0.00   | \$1.50   | \$0.00   | \$1.50   |
| Disability (EE only)        | \$6.13     | \$0.00   | \$6.13   | \$0.00   | \$6.13   |

| <b>EMPLOYEE PLUS CHILD(REN)</b> |          |          |          |          |          |
|---------------------------------|----------|----------|----------|----------|----------|
| Administrative Fee              | \$0.60   | \$0.60   | \$0.00   | \$0.60   | \$0.00   |
| PPO Medical                     | \$651.85 | \$130.37 | \$521.48 | \$130.37 | \$521.48 |
| HDHP Medical                    | \$554.08 | \$110.82 | \$443.26 | \$110.82 | \$443.26 |
| Dental                          | \$29.32  | \$5.86   | \$23.46  | \$5.86   | \$23.46  |
| Vision                          | \$4.55   | \$0.91   | \$3.64   | \$0.91   | \$3.64   |
| Basic Life                      | \$1.50   | \$0.00   | \$1.50   | \$0.00   | \$1.50   |
| Disability (EE only)            | \$6.13   | \$0.00   | \$6.13   | \$0.00   | \$6.13   |

| <b>EMPLOYEE PLUS FAMILY</b> |            |          |            |          |            |
|-----------------------------|------------|----------|------------|----------|------------|
| Administrative Fee          | \$0.60     | \$0.60   | \$0.00     | \$0.60   | \$0.00     |
| PPO Medical                 | \$1,371.76 | \$274.35 | \$1,097.41 | \$274.35 | \$1,097.41 |
| HDHP Medical                | \$1,166.00 | \$233.20 | \$932.80   | \$233.20 | \$932.80   |
| Dental                      | \$44.96    | \$8.99   | \$35.97    | \$8.99   | \$35.97    |
| Vision                      | \$7.28     | \$1.46   | \$5.82     | \$1.46   | \$5.82     |
| Basic Life                  | \$1.50     | \$0.00   | \$1.50     | \$0.00   | \$1.50     |
| Disability (EE only)        | \$6.13     | \$0.00   | \$6.13     | \$0.00   | \$6.13     |

| <b>RATE WHEN ELECTING DEPENDENT LIFE</b> |        |        |        |        |        |
|--|--------|--------|--------|--------|--------|
| Basic Life                               | \$1.50 | \$0.30 | \$1.20 | \$0.30 | \$1.20 |
| Dependent Life                           | \$1.29 | \$0.26 | \$1.03 | \$0.26 | \$1.03 |