

**DONA ANA COUNTY
BI-WEEKLY INSURANCE PREMIUMS
JULY 1, 2022 - JUNE 30, 2023**

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

Total EE ER 20% EE 80% ER

| EMPLOYEE | | | | | |
|----------------------|----------|--------|----------|---------|----------|
| 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 |

| EMPLOYEE PLUS SPOUSE | | | | | |
|-----------------------------|------------|----------|----------|----------|----------|
| 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 |

| EMPLOYEE PLUS CHILD(REN) | | | | | |
|---------------------------------|----------|----------|----------|----------|----------|
| 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 |

| EMPLOYEE PLUS FAMILY | | | | | |
|-----------------------------|------------|----------|------------|----------|------------|
| 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 |

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