

DOÑA ANA COUNTY
BI-WEEKLY INSURANCE PREMIUMS
JULY 1, 2024 - JUNE 30, 2025

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	\$471.70	\$0.00	\$471.70	\$94.34	\$377.36
HDHP Medical	\$400.95	\$0.00	\$400.95	\$80.19	\$320.76
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	\$1,059.22	\$211.84	\$847.38	\$211.84	\$847.38
HDHP Medical	\$900.34	\$180.07	\$720.27	\$180.07	\$720.27
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	\$659.67	\$131.93	\$527.74	\$131.93	\$527.74
HDHP Medical	\$560.72	\$112.14	\$448.58	\$112.14	\$448.58
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	\$1,388.22	\$277.64	\$1,110.58	\$277.64	\$1,110.58
HDHP Medical	\$1,179.99	\$236.00	\$943.99	\$236.00	\$943.99
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