

DOÑA ANA COUNTY
BI-WEEKLY INSURANCE PREMIUMS
JULY 1, 2025 - JUNE 30, 2026

Grandfathered
(Hired Before 7/1/15)

Tiered
(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 | \$512.74 | \$0.00 | \$512.74 | \$102.55 | \$410.19 |
| HDHP Medical | \$435.83 | \$0.00 | \$435.83 | \$87.17 | \$348.66 |
| Dental | \$13.54 | \$0.00 | \$13.54 | \$2.71 | \$10.83 |
| 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 |

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|-----------------------------|------------|----------|----------|----------|----------|
| EMPLOYEE PLUS SPOUSE | | | | | |
| Administrative Fee | \$0.60 | \$0.60 | \$0.00 | \$0.60 | \$0.00 |
| PPO Medical | \$1,151.37 | \$230.27 | \$921.10 | \$230.27 | \$921.10 |
| HDHP Medical | \$978.67 | \$195.73 | \$782.94 | \$195.73 | \$782.94 |
| Dental | \$26.26 | \$5.25 | \$21.01 | \$5.25 | \$21.01 |
| 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 |

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|---------------------------------|----------|----------|----------|----------|----------|
| EMPLOYEE PLUS CHILD(REN) | | | | | |
| Administrative Fee | \$0.60 | \$0.60 | \$0.00 | \$0.60 | \$0.00 |
| PPO Medical | \$717.06 | \$143.41 | \$573.65 | \$143.41 | \$573.65 |
| HDHP Medical | \$609.51 | \$121.90 | \$487.61 | \$121.90 | \$487.61 |
| Dental | \$30.79 | \$6.16 | \$24.63 | \$6.16 | \$24.63 |
| 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 |

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|-----------------------------|------------|----------|------------|----------|------------|
| EMPLOYEE PLUS FAMILY | | | | | |
| Administrative Fee | \$0.60 | \$0.60 | \$0.00 | \$0.60 | \$0.00 |
| PPO Medical | \$1,509.00 | \$301.80 | \$1,207.20 | \$301.80 | \$1,207.20 |
| HDHP Medical | \$1,282.65 | \$256.53 | \$1,026.12 | \$256.53 | \$1,026.12 |
| Dental | \$47.21 | \$9.44 | \$37.77 | \$9.44 | \$37.77 |
| 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 |

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|--|--------|--------|--------|--------|--------|
| 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 |