

DOÑA ANA COUNTY
BI-WEEKLY INSURANCE PREMIUMS
JULY 2016- JUNE 2017
(EMPLOYEES HIRED BEFORE JULY 1, 2015)

	TOTAL	EMPLOYEE	EMPLOYER
EMPLOYEE ONLY COVERAGE			
Administrative Fee	\$0.60	\$0.60	\$0.00
Medical - EPO	\$252.70	\$0.00	\$252.70
Dental	\$13.15	\$0.00	\$13.15
Basic Life	\$1.38	\$0.00	\$1.38
Disability	\$6.88	\$0.00	\$6.88
Vision	\$2.18	\$0.00	\$2.18
EMPLOYEE PLUS SPOUSE COVERAGE			
Administrative Fee	\$0.60	\$0.60	\$0.00
Medical - EPO	\$567.46	\$141.87	\$425.60
Dental	\$25.52	\$6.38	\$19.14
Basic Life	\$1.38	\$0.35	\$1.04
Dependent Life	\$1.29	\$0.32	\$0.97
Vision	\$4.31	\$1.08	\$3.23
EMPLOYEE PLUS CHILD(REN) COVERAGE			
Administrative Fee	\$0.60	\$0.60	\$0.00
Medical - EPO	\$353.41	\$88.35	\$265.06
Dental	\$29.92	\$7.48	\$22.44
Basic Life	\$1.38	\$0.35	\$1.04
Dependent Life	\$1.29	\$0.32	\$0.97
Vision	\$4.22	\$1.06	\$3.17
FAMILY COVERAGE			
Administrative Fee	\$0.60	\$0.60	\$0.00
Medical - EPO	\$743.72	\$185.93	\$557.79
Dental	\$45.88	\$11.47	\$34.41
Basic Life	\$1.38	\$0.35	\$1.04
Dependent Life	\$1.29	\$0.32	\$0.97
Vision	\$6.42	\$1.61	\$4.82