

**DONA ANA COUNTY**  
**BI-WEEKLY INSURANCE PREMIUMS**  
**JULY 1, 2020 - JUNE 30, 2021**

	Total	Grandfathered (Hired Before 7/1/15)		Tier 1 (Less than \$30,000) (Hired After 7/1/15)		Tier 2 (\$30,000 to \$49,999) (Hired After 7/1/15)		Tier 3 (\$50,000 and over) (Hired After 7/1/15)	
		EE	ER	20% EE	80% ER	25% EE	75% ER	30% EE	70% ER
<b>EMPLOYEE</b>									
Administrative Fee	\$0.60	\$0.60	\$0.00	\$0.60	\$0.00	\$0.60	\$0.00	\$0.60	\$0.00
PPO Medical	\$411.16	\$0.00	\$411.16	\$82.23	\$328.93	\$102.79	\$308.37	\$123.35	\$287.81
HDHP Medical	\$349.48	\$0.00	\$349.48	\$69.90	\$279.58	\$87.37	\$262.11	\$104.84	\$244.64
Dental	\$12.89	\$0.00	\$12.89	\$2.58	\$10.31	\$3.22	\$9.67	\$3.87	\$9.02
Vision	\$2.13	\$0.00	\$2.13	\$0.43	\$1.70	\$0.53	\$1.60	\$0.64	\$1.49
Basic Life	\$1.50	\$0.00	\$1.50	\$0.00	\$1.50	\$0.00	\$1.50	\$0.00	\$1.50
Disability (EE only)	\$4.49	\$0.00	\$4.49	\$0.00	\$4.49	\$0.00	\$4.49	\$0.00	\$4.49

<b>EMPLOYEE PLUS SPOUSE</b>									
Administrative Fee	\$0.60	\$0.60	\$0.00	\$0.60	\$0.00	\$0.60	\$0.00	\$0.60	\$0.00
PPO Medical	\$923.26	\$230.82	\$692.44	\$184.65	\$738.61	\$230.82	\$692.44	\$276.98	\$646.28
HDHP Medical	\$784.78	\$196.20	\$588.58	\$156.96	\$627.82	\$196.20	\$588.58	\$235.43	\$549.35
Dental	\$25.01	\$6.25	\$18.76	\$5.00	\$20.01	\$6.25	\$18.76	\$7.50	\$17.51
Vision	\$4.26	\$1.07	\$3.19	\$0.85	\$3.41	\$1.07	\$3.19	\$1.28	\$2.98
Basic Life	\$1.50	\$0.00	\$1.50	\$0.00	\$1.50	\$0.00	\$1.50	\$0.00	\$1.50
Disability (EE only)	\$4.49	\$0.00	\$4.49	\$0.00	\$4.49	\$0.00	\$4.49	\$0.00	\$4.49

<b>EMPLOYEE PLUS CHILD(REN)</b>									
Administrative Fee	\$0.60	\$0.60	\$0.00	\$0.60	\$0.00	\$0.60	\$0.00	\$0.60	\$0.00
PPO Medical	\$575.00	\$143.75	\$431.25	\$115.00	\$460.00	\$143.75	\$431.25	\$172.50	\$402.50
HDHP Medical	\$488.75	\$122.19	\$366.56	\$97.75	\$391.00	\$122.19	\$366.56	\$146.63	\$342.12
Dental	\$29.32	\$7.33	\$21.99	\$5.86	\$23.46	\$7.33	\$21.99	\$8.80	\$20.52
Vision	\$4.55	\$1.14	\$3.41	\$0.91	\$3.64	\$1.14	\$3.41	\$1.37	\$3.18
Basic Life	\$1.50	\$0.00	\$1.50	\$0.00	\$1.50	\$0.00	\$1.50	\$0.00	\$1.50
Disability (EE only)	\$4.49	\$0.00	\$4.49	\$0.00	\$4.49	\$0.00	\$4.49	\$0.00	\$4.49

<b>EMPLOYEE PLUS FAMILY</b>									
Administrative Fee	\$0.60	\$0.60	\$0.00	\$0.60	\$0.00	\$0.60	\$0.00	\$0.60	\$0.00
PPO Medical	\$1,210.04	\$302.51	\$907.53	\$242.01	\$968.03	\$302.51	\$907.53	\$363.01	\$847.03
HDHP Medical	\$1,028.53	\$257.13	\$771.40	\$205.71	\$822.82	\$257.13	\$771.40	\$308.56	\$719.97
Dental	\$44.96	\$11.24	\$33.72	\$8.99	\$35.97	\$11.24	\$33.72	\$13.49	\$31.47
Vision	\$7.28	\$1.82	\$5.46	\$1.46	\$5.82	\$1.82	\$5.46	\$2.18	\$5.10
Basic Life	\$1.50	\$0.00	\$1.50	\$0.00	\$1.50	\$0.00	\$1.50	\$0.00	\$1.50
Disability (EE only)	\$4.49	\$0.00	\$4.49	\$0.00	\$4.49	\$0.00	\$4.49	\$0.00	\$4.49

<b>RATE WHEN ELECTING DEPENDENT LIFE</b>									
Basic Life	\$1.50	\$0.38	\$1.12	\$0.38	\$1.12	\$0.38	\$1.12	\$0.38	\$1.12
Dependent Life	\$1.29	\$0.32	\$0.97	\$0.32	\$0.97	\$0.32	\$0.97	\$0.32	\$0.97