Effective 1/1/15

2014-2015	Medical Plan	Gross Rate (Monthly) Contribution Schedule	Adm. Fee	Delta Dental	Vision Service	Employee 20% (Monthly) Contribution)	Disability 100% Employee	Basic Life/Dependant Life 100% Employer
Employee	Presbyterian-HMO	468.28	1.30	29.00	5.38	**100.79**	$9.40 Optional	4.20
	BCBS-HMO FORMERLY LOVELACE	468.28	1.30	29.00	5.38	**100.79**		4.20
	BCBS-PPO	544.62	1.30	29.00	5.38	**116.06**		4.20
Employee +	Presbyterian-HMO	1053.62	1.30	58.00	10.14	**224.61**		6.55
Spouse	BCBS-HMO FORMERLY LOVELACE	1053.62	1.30	58.00	10.14	**224.61**		6.55
	BCBS-PPO	1225.44	1.30	58.00	10.14	**258.98**		6.55
Employee +	Presbyterian-HMO	842.90	1.30	66.73	11.81	**184.55**		6.55
Child/Children	BCBS-HMO FORMERLY LOVELACE	842.90	1.30	66.73	11.81	**184.55**		6.55
	BCBS-PPO	980.31	1.30	66.73	11.81	**212.03**		6.55
Family	Presbyterian-HMO	1381.42	1.30	87.00	14.94	**296.93**		6.55
	BCBS-HMO FORMERLY LOVELACE	1381.42	1.30	87.00	14.94	**296.93**		6.55
	BCBS-PPO	1606.68	1.30	87.00	14.94	**341.98**		6.55
(Monthly Contribution Schedule - FY 2014-2015)								

HMO- STATE COVERAGE
PPO- NATIONWIDE COVERAGE