Effective 7/1/16-06/30/17

2016-2017	Medical Plan	Gross Rate (Monthly) Contribution Schedule	Adm. Fee	Delta Dental	Vision Service	Employee 20% (Monthly) Contribution)	Disability 100% Employee	Basic Life $50,000 100% Employer	SUPPLEMENTAL LIFE & DEPENDENT LIFE 100% PAID BY EMPLOYEE THROUGH MINNESOTA LIFE
Employee	Presbyterian-HMO	487.14	1.30	29.29	5.43	**104.63**	$9.40 Optional		
	BCBS-HMO FORMERLY LOVELACE	487.14	1.30	29.29	5.43	**104.63**			
	BCBS-PPO	566.57	1.30	29.29	5.43	**120.52**			
Employee +	Presbyterian-HMO	1096.09	1.30	58.58	10.24	**233.24**			
Spouse	BCBS-HMO FORMERLY LOVELACE	1096.09	1.30	58.58	10.24	**233.24**			
	BCBS-PPO	1274.82	1.30	58.58	10.24	**268.99**			
Employee +	Presbyterian-HMO	876.86	1.30	67.40	11.93	**191.50**			
Child/Children	BCBS-HMO FORMERLY LOVELACE	876.86	1.30	67.40	11.93	**191.50**			
	BCBS-PPO	1019.82	1.30	67.40	11.93	**220.09**			
Family	Presbyterian-HMO	1437.11	1.30	87.87	15.09	**308.27**			
	BCBS-HMO FORMERLY LOVELACE	1437.11	1.30	87.87	15.09	**308.27**			
	BCBS-PPO	1671.43	1.30	87.87	15.09	**355.14**			
(Monthly Contribution Schedule - FY 2016-2017)									

HMO- STATE COVERAGE
PPO- NATIONWIDE COVERAGE