Effective 7/1/15- 6/30/16

2015-2016	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	482.32	1.30	29.00	5.38	**103.60**	$9.40 Optional	4.20
	BCBS-HMO FORMERLY LOVELACE	482.32	1.30	29.00	5.38	**103.60**		4.20
	BCBS-PPO	560.96	1.30	29.00	5.38	**119.33**		4.20
Employee +	Presbyterian-HMO	1085.24	1.30	58.00	10.14	**230.94**		6.55
Spouse	BCBS-HMO FORMERLY LOVELACE	1085.24	1.30	58.00	10.14	**230.94**		6.55
	BCBS-PPO	1262.20	1.30	58.00	10.14	**266.33**		6.55
Employee +	Presbyterian-HMO	868.18	1.30	66.73	11.81	**189.60**		6.55
Child/Children	BCBS-HMO FORMERLY LOVELACE	868.18	1.30	66.73	11.81	**189.60**		6.55
	BCBS-PPO	1009.72	1.30	66.73	11.81	**217.91**		6.55
Family	Presbyterian-HMO	1422.88	1.30	87.00	14.94	**305.22**		6.55
	BCBS-HMO FORMERLY LOVELACE	1422.88	1.30	87.00	14.94	**305.22**		6.55
	BCBS-PPO	1654.88	1.30	87.00	14.94	**351.62**		6.55
(Monthly Contribution Schedule - FY 2015-2016)								

HMO- STATE COVERAGE
PPO- NATIONWIDE COVERAGE