

Effective 7/1/19-06/30/20

5% increase added

County Pays \$4.42

2018-2019	Medical Plan	Gross Rate (Monthly) Contribution Schedule	Adm. Fee	Delta Dental	Davis Vision	Employee 20% (Monthly) Contribution)	Disability	Basic Life \$50,000	SUPPLEMENTAL LIFE & DEPENDENT LIFE
							100% Employee	100% Employer	100% PAID BY EMPLOYEE THROUGH MINNESOTA LIFE
Employee	Presbyterian-HMO	\$537.29	1.37	32.33	5.98	115.39	\$9.88 Optional		
	BCBS-HMO								
	FORMERLY LOVELACE	\$537.29	1.37	32.33	5.98	115.39			
	BCBS-PPO	\$624.85	1.37	32.33	5.98	132.91			
Employee +	Presbyterian-HMO	\$1,208.91	1.37	64.61	11.31	257.24			
	BCBS-HMO								
	FORMERLY LOVELACE	\$1,208.91	1.37	64.61	11.31	257.24			
	BCBS-PPO	\$1,406.02	1.37	64.61	11.31	296.66			
Employee +	Presbyterian-HMO	\$967.14	1.37	74.34	13.15	211.20			
	BCBS-HMO								
	FORMERLY LOVELACE	\$967.14	1.37	74.34	13.15	211.20			
	BCBS-PPO	\$1,124.78	1.37	74.34	13.15	242.73			
Family	Presbyterian-HMO	\$1,585.00	1.37	96.94	16.64	339.99			
	BCBS-HMO								
	FORMERLY LOVELACE	\$1,585.00	1.37	96.94	16.64	339.99			
	BCBS-PPO	\$1,843.47	1.37	96.94	16.64	391.68			
(Monthly Contribution Schedule - FY 2018-19)									

HMO- STATE COVERAGE
PPO- NATIONWIDE COVERAGE