

Effective 7/1/18-06/30/19

2016-2017	Medical Plan	Gross Rate (Monthly) Contribution Schedule	Adm. Fee	Delta Dental	Davis Vision	Employee 20% (Monthly) Contribution	Disability	Basic Life \$50,000	SUPPLEMENTAL LIFE &
							100% Employee	100% Employer	DEPENDENT LIFE 100% PAID BY EMPLOYEE THROUGH MINNESOTA LIFE
Employee	Presbyterian-HMO	\$511.69	1.30	30.76	5.70	109.89	\$9.40 Optional		
	BCBS-HMO FORMERLY LOVELACE	\$511.69	1.30	30.76	5.70	109.89			
	BCBS-PPO	\$595.13	1.30	30.76	5.70	126.58			
Employee +	Presbyterian-HMO	\$1,151.33	1.30	61.54	10.75	244.98			
Spouse	BCBS-HMO FORMERLY LOVELACE	\$1,151.33	1.30	61.54	10.75	244.98			
	BCBS-PPO	\$1,339.07	1.30	61.54	10.75	282.53			
Employee +	Presbyterian-HMO	\$921.06	1.30	70.79	12.53	201.14			
Child/Children	BCBS-HMO FORMERLY LOVELACE	\$921.06	1.30	70.79	12.53	201.14			
	BCBS-PPO	\$1,071.22	1.30	70.79	12.53	231.17			
Family	Presbyterian-HMO	\$1,509.54	1.30	92.30	15.85	323.80			
	BCBS-HMO FORMERLY LOVELACE	\$1,509.54	1.30	92.30	15.85	323.80			
	BCBS-PPO	\$1,755.67	1.30	92.30	15.85	373.02			
(Monthly Contribution Schedule - FY 2018-19)									

HMO- STATE COVERAGE
PPO- NATIONWIDE COVERAGE