

**BERNALILLO COUNTY
FY19 RATES CONTRIBUTIONS**

FY 2019 Rates - EPO PLAN (Presbyterian with or without Gym Membership)				
Tier	Monthly	Total Bi-Weekly	Employee Bi-Weekly (20%)	Employer Bi-Weekly (80%)
EE	\$545.35	\$251.70	\$50.34	\$201.36
EE + Sp	\$1,117.96	\$515.98	\$103.20	\$412.79
EE + Child(ren)	\$872.56	\$402.72	\$80.54	\$322.18
EE + Family	\$1,608.78	\$742.51	\$148.50	\$594.01

FY 2019 Rates - PPO PLAN (Presbyterian with or without Gym Membership)				
Tier	Monthly	Total Bi-Weekly	Employee Bi-Weekly (20%)	Employer Bi-Weekly (80%)
EE	\$436.28	\$201.36	\$40.27	\$161.09
EE + Sp	\$894.36	\$412.78	\$82.56	\$330.23
EE + Child(ren)	\$698.05	\$322.18	\$64.44	\$257.74
EE + Family	\$1,287.01	\$594.00	\$118.80	\$475.20

FY 2019 Rates - Delta Dental PPO					BCSDA Rates	
Tier	Monthly	Total Bi-Weekly	Employee Bi-Weekly (40%)	Employer Bi-Weekly (60%)	Employee Bi-Weekly (48%)	Employer Bi-Weekly (52%)
EE	\$32.66	\$15.07	\$6.03	\$9.04	\$7.24	\$7.84
EE + Sp	\$65.04	\$30.02	\$12.01	\$18.01	\$14.41	\$15.61
EE + Child(ren)	\$73.27	\$33.82	\$13.53	\$20.29	\$16.23	\$17.58
EE + Family	\$102.94	\$47.51	\$19.00	\$28.51	\$22.81	\$24.71

FY 2019 Rates - EyeMed		
Tier	Monthly	Employee Bi-Weekly
EE	\$5.09	\$2.35
EE + Sp	\$9.60	\$4.43
EE + Child(ren)	\$10.13	\$4.68
EE + Family	\$15.23	\$7.03