

**COUNTY OF LOS ALAMOS
GROUP INSURANCE RATES
2023 - DRAFT
DEDUCTIBLES OF \$350 FOR INDIVIDUAL AND \$700 FOR FAMILY**

MEDICAL INSURANCE - BLUE CROSS/BLUE SHIELD NEW MEXICO - BLUE PPO 35

Office visit co-pay/Specialist Co-pay \$35/\$50
Prescription drug co-pay \$15/\$35/\$55
Deductibles - Individual/Family \$350/\$700

	Total Premium		Full-Time Employee		3/4-Time Employee		1/2-Time Employee	
			Per Pay Period		Per Pay Period		Per Pay Period	
	Per Month	Per Pay Period	County 80%	Participant 20%	County 60%	Participant 40%	County 40%	Participant 60%
Employee only	\$733.82	\$366.91	\$293.53	\$73.38	\$220.15	\$146.76	\$146.76	\$220.15
Employee + one	\$1,394.18	\$697.09	\$557.67	\$139.42	\$418.25	\$278.84	\$278.84	\$418.25
Employee + two or more	\$2,127.99	\$1,064.00	\$851.20	\$212.80	\$638.40	\$425.60	\$425.60	\$638.40

MEDICAL INSURANCE - BLUE CROSS BLUE SHIELD of NEW MEXICO - BLUE PPO 45

Office visit co-pay/Specialist Co-pay \$45/\$60
Prescription drug co-pay \$15/\$35/\$55
Deductibles - Individual/Family \$350/\$700

	Total Premium		Full-Time Employee		3/4-Time Employee		1/2-Time Employee	
			Per Pay Period		Per Pay Period		Per Pay Period	
	Per Month	Per Pay Period	County 80%	Participant 20%	County 60%	Participant 40%	County 40%	Participant 60%
Employee only	\$636.94	\$318.47	\$254.78	\$63.69	\$191.08	\$127.39	\$127.39	\$191.08
Employee + one	\$1,210.22	\$605.11	\$484.09	\$121.02	\$363.07	\$242.04	\$242.04	\$363.07
Employee + two or more	\$1,847.14	\$923.57	\$738.86	\$184.71	\$554.14	\$369.43	\$369.43	\$554.14

**COUNTY OF LOS ALAMOS
GROUP INSURANCE RATES
2023 - DRAFT**

DENTAL INSURANCE - DELTA DENTAL of NEW MEXICO

	Total Premium		Full-Time Employee		3/4-Time Employee		1/2-Time Employee	
			Per Pay Period		Per Pay Period		Per Pay Period	
	Per Month	Per Pay Period	County 80%	Participant 20%	County 60%	Participant 40%	County 40%	Participant 60%
Employee only	\$34.18	\$17.09	\$13.67	\$3.42	\$10.25	\$6.84	\$6.84	\$10.25
Employee + one	\$81.68	\$40.84	\$32.67	\$8.17	\$24.50	\$16.34	\$16.34	\$24.50
Employee + two or more	\$103.38	\$51.69	\$41.35	\$10.34	\$31.01	\$20.68	\$20.68	\$31.01

VISION INSURANCE - VISION SERVICE PLAN

	Total Premium		Full-Time Employee		3/4-Time Employee		1/2-Time Employee	
			Per Pay Period		Per Pay Period		Per Pay Period	
	Per Month	Per Pay Period	County 80%	Participant 20%	County 60%	Participant 40%	County 40%	Participant 60%
Employee only	\$7.05	\$3.53	\$2.82	\$0.71	\$2.12	\$1.41	\$1.41	\$2.12
Employee + one	\$10.24	\$5.12	\$4.10	\$1.02	\$3.07	\$2.05	\$2.05	\$3.07
Employee + two or more	\$18.37	\$9.19	\$7.35	\$1.84	\$5.51	\$3.67	\$3.67	\$5.51