

**Effective 7/1/17-06/30/18**

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	\$492.01	1.30	29.58	5.48	105.67	\$9.40 Optional		
	BCBS-HMO FORMERLY LOVELACE	\$492.01	1.30	29.58	5.48	105.67			
	BCBS-PPO	\$572.24	1.30	29.58	5.48	121.72			
Employee +	Presbyterian-HMO	\$1,107.05	1.30	59.17	10.34	235.57			
Spouse	BCBS-HMO FORMERLY LOVELACE	\$1,107.05	1.30	59.17	10.34	235.57			
	BCBS-PPO	\$1,287.57	1.30	59.17	10.34	271.68			
Employee +	Presbyterian-HMO	\$885.63	1.30	68.07	12.05	193.41			
Child/Children	BCBS-HMO FORMERLY LOVELACE	\$885.63	1.30	68.07	12.05	193.41			
	BCBS-PPO	\$1,030.02	1.30	68.07	12.05	222.29			
Family	Presbyterian-HMO	\$1,451.48	1.30	88.75	15.24	311.35			
	BCBS-HMO FORMERLY LOVELACE	\$1,451.48	1.30	88.75	15.24	311.35			
	BCBS-PPO	\$1,688.14	1.30	88.75	15.24	358.69			
(Monthly Contribution Schedule - FY 2017-2018)									

HMO- STATE COVERAGE  
PPO- NATIONWIDE COVERAGE