

**BERNALILLO COUNTY  
FY17 RATES CONTRIBUTIONS**

<b>FY 2017 Rates - EPO PLAN (Blue Cross Blue Shield &amp; Presbyterian)</b>				
Tier	Monthly	Total Bi-Weekly	Employee Bi-Weekly (20%)	Employer Bi-Weekly (80%)
EE	\$519.38	\$230.84	\$46.17	\$184.67
EE + Sp	\$1,064.72	\$473.21	\$94.64	\$378.57
EE + Child(ren)	\$831.01	\$369.34	\$73.87	\$295.47
EE + Family	\$1,532.17	\$680.96	\$136.19	\$544.77

<b>FY 2017 Rates - PPO PLAN (Blue Cross Blue Shield &amp; Presbyterian)</b>				
Tier	Monthly	Total Bi-Weekly	Employee Bi-Weekly (20%)	Employer Bi-Weekly (80%)
EE	\$415.50	\$184.67	\$36.93	\$147.73
EE + Sp	\$851.77	\$378.56	\$75.71	\$302.85
EE + Child(ren)	\$664.81	\$295.47	\$59.09	\$236.38
EE + Family	\$1,225.72	\$544.76	\$108.95	\$435.81

<b>FY 2017 Rates - Delta Dental PPO</b>					<b>BCSDA Rates</b>	
Tier	Monthly	Total Bi-Weekly	Employee Bi-Weekly (40%)	Employer Bi-Weekly (60%)	Employee Bi-Weekly (48%)	Employer Bi-Weekly (52%)
EE	\$32.02	\$14.23	\$5.69	\$8.54	\$6.83	\$7.40
EE + Sp	\$63.76	\$28.34	\$11.34	\$17.00	\$13.60	\$14.74
EE + Child(ren)	\$71.83	\$31.92	\$12.77	\$19.15	\$15.32	\$16.60
EE + Family	\$100.92	\$44.85	\$17.94	\$26.91	\$21.53	\$23.32

<b>FY 2017 Rates - Davis Vision</b>		
Tier	Monthly	Employee Bi-Weekly
EE	\$4.51	\$2.00
EE + Sp	\$8.52	\$3.79
EE + Child(ren)	\$8.99	\$4.00
EE + Family	\$13.51	\$6.00