



**** New Rates will be deducted starting first pay period in
September 2020 for current employees****

(New Employees deductions begin upon the month of hire)

BLUE CROSS BLUE SHIELD OF NEW MEXICO HEALTH INSURANCE:

ALL EMPLOYEES (20%)

SINGLE	\$ 70.36	PER PAY PERIOD
2-PERSON	\$133.69	
FAMILY	\$161.28	

BLUE CROSS BLUE SHIELD OF NEW MEXICO DENTAL INSURANCE:

ALL EMPLOYEES (40%)

SINGLE	\$ 5.12	PER PAY PERIOD
FAMILY	\$16.02	

DEARBORN LIFE INSURANCE:

NON-POLICE UNION, NON-FIRE UNION EMPLOYEES (100%)

SINGLE	\$ 3.05	PER PAY PERIOD
FAMILY	\$ 3.59	

FIRE UNION (40%)

SINGLE	\$ 1.22	PER PAY PERIOD
FAMILY	\$ 1.44	

POLICE UNION (40%)

SINGLE	\$ 2.16	PER PAY PERIOD
FAMILY	\$ 2.38	

VISION SERVICE PLAN (VSP):

ALL EMPLOYEES (100%)

EMPLOYEE ONLY	\$ 4.93	PER PAY PERIOD
EMPLOYEE + ONE DEPENDENT	\$ 7.88	
EMPLOYEE + CHILDREN	\$ 8.05	
EMPLOYEE + FAMILY	\$12.97	