

**City of Las Cruces  
2022 Benefits Premiums Per Pay Period**

	Employee Only Coverage			Employee + Spouse Coverage			Employee + Child/Children Coverage			Family Coverage		
	Gross Rate	Employee	CLC	Gross Rate	Employee	CLC	Gross Rate	Employee	CLC	Gross Rate	Employee	CLC
<b>Medical</b>		20%	80%		20%	80%		20%	80%		20%	80%
BCBS - PPO	\$ 288.39	\$ 57.68	\$ 230.71	\$ 648.93	\$ 129.79	\$ 519.14	\$ 519.13	\$ 103.83	\$ 415.30	\$ 850.83	\$ 170.17	\$ 680.66
BCBS - HMO	\$ 247.98	\$ 49.60	\$ 198.38	\$ 557.96	\$ 111.59	\$ 446.37	\$ 446.37	\$ 89.27	\$ 357.10	\$ 731.54	\$ 146.31	\$ 585.23
Cigna-PPO	\$ 285.51	\$ 57.10	\$ 228.41	\$ 642.44	\$ 128.49	\$ 513.95	\$ 513.94	\$ 102.79	\$ 411.15	\$ 842.32	\$ 168.46	\$ 673.86
Cigna-HMO	\$ 245.50	\$ 49.10	\$ 196.40	\$ 552.38	\$ 110.48	\$ 441.90	\$ 441.91	\$ 88.38	\$ 353.53	\$ 724.22	\$ 144.84	\$ 579.38
Presbyterian - HMO	\$ 247.98	\$ 49.60	\$ 198.38	\$ 557.96	\$ 111.59	\$ 446.37	\$ 446.37	\$ 89.27	\$ 357.10	\$ 731.54	\$ 146.31	\$ 585.23

	Employee Only Coverage			Employee + Spouse Coverage			Employee + Child/Children Coverage			Family Coverage		
	Gross Rate	Employee	CLC	Gross Rate	Employee	CLC	Gross Rate	Employee	CLC	Gross Rate	Employee	CLC
<b>Dental and Vision</b>		20%	80%		20%	80%		20%	80%		20%	80%
Delta Dental	\$ 14.92	\$ 2.98	\$ 11.94	\$ 29.82	\$ 5.96	\$ 23.86	\$ 34.31	\$ 6.86	\$ 27.45	\$ 44.74	\$ 8.95	\$ 35.79
EyeMed	\$ 2.77	\$ 2.77	\$ -	\$ 5.22	\$ 5.22	\$ -	\$ 6.07	\$ 6.07	\$ -	\$ 7.69	\$ 7.69	\$ -

	Employee + Domestic Partner (Employee + Spouse)					Employee + Domestic Partner + Children (Family)				
	Gross Rate	Employee Pre-tax 20%	Employee Post-tax	Total Employee	CLC 80%	Gross Rate	Employee Pre-tax 20%	Employee Post-tax	Total Employee	CLC 80%
<b>Medical</b>										
BCBS - PPO	\$ 648.93	\$ 57.68	\$ 72.11	\$ 129.79	\$ 519.14	\$ 850.83	\$ 98.06	\$ 72.11	\$ 170.17	\$ 680.66
BCBS - HMO	\$ 557.96	\$ 49.59	\$ 62.00	\$ 111.59	\$ 446.37	\$ 731.54	\$ 84.32	\$ 61.99	\$ 146.31	\$ 585.23
Cigna-PPO	\$ 642.44	\$ 57.10	\$ 71.39	\$ 128.49	\$ 513.95	\$ 842.32	\$ 97.07	\$ 71.39	\$ 168.46	\$ 673.86
Cigna-HMO	\$ 552.38	\$ 49.10	\$ 61.38	\$ 110.48	\$ 441.90	\$ 724.22	\$ 83.47	\$ 61.37	\$ 144.84	\$ 579.38
Presbyterian - HMO	\$ 557.96	\$ 49.59	\$ 62.00	\$ 111.59	\$ 446.37	\$ 731.54	\$ 84.32	\$ 61.99	\$ 146.31	\$ 585.23

	Employee + Domestic Partner (Employee + Spouse)					Employee + Domestic Partner + Children (Family)				
	Gross Rate	Employee Pre-tax 20%	Employee Post-tax	Total Employee	CLC 80%	Gross Rate	Employee Pre-tax 20%	Employee Post-tax	Total Employee	CLC 80%
<b>Dental and Vision</b>										
Delta Dental	\$ 29.82	\$ 2.98	\$ 2.98	\$ 5.96	\$ 23.86	\$ 44.74	\$ 5.97	\$ 2.98	\$ 8.95	\$ 35.79
EyeMed	\$ 5.22	\$ 2.77	\$ 2.93	\$ 5.70	\$ -	\$ 7.69	\$ 6.07	\$ 1.62	\$ 7.69	\$ -

	General Coverage		
	Gross Rate	Employee	CLC
		20%	80%
Basic Life	\$ 2.04	\$ -	\$ 2.04
Disability	\$ 4.56	\$ 4.56	\$ -

Flexible Spending Account	
ASI Flex - Annual Limits	
Health Care	\$ 2,700.00
Dependent Care	\$ 5,000.00

Deferred Compensation (475 Plan)	
Voya or Mission Square (ICMA)	
Annual Limit	\$ 19,000.00
Catch-up (age 50+)	\$ 6,000.00
Catch-up (Final 3)	\$ 19,000.00