

**ALAMOSA COUNTY 2026 INSURANCE PREMIUMS**

<b>Anthem Blue Cross Plan A No Deductible</b>	<b>County Percentage</b>	<b>Monthly Premium</b>	<b>County Pays</b>	<b>Employee Share Monthly</b>	<b>Employee Share Per Pay Period</b>
Employee	79%	1,359.00	1,068.50	290.50	145.25
Employee + one	67%	2,547.00	1,712.35	834.65	417.33
Family	67%	3,126.00	2,101.65	1,024.35	512.18
Dual Employees - Couple	77%	2,547.00	1,966.00	290.50	145.25
Dual Employees - Family	81%	3,126.00	2,545.00	290.50	145.25

<b>Anthem Blue Cross Plan B 1000 \$1,000 Deductible</b>	<b>County Percentage</b>	<b>Monthly Premium</b>	<b>County Pays</b>	<b>Employee Share Monthly</b>	<b>Employee Share Per Pay Period</b>
Employee	82%	1,188.00	979.75	208.25	104.13
Employee + one	71%	2,228.00	1,582.70	645.30	322.65
Family	71%	2,735.00	1,942.90	792.10	396.05
Dual Employees - Couple	81%	2,228.00	1,811.50	208.25	104.13
Dual Employees - Family	85%	2,735.00	2,318.50	208.25	104.13

<b>Anthem Blue Cross Plan HDHP 2000 \$2,000 Deductible</b>	<b>County Percentage</b>	<b>Monthly Premium</b>	<b>County Pays</b>	<b>Employee Share Monthly</b>	<b>Employee Share Per Pay Period</b>
Employee	86%	966.00	833.40	132.60	66.30
Employee + one	75%	1,810.00	1,354.50	455.50	227.75
Family	75%	2,228.00	1,667.50	560.50	280.25
Dual Employees - Couple	85%	1,810.00	1,544.80	132.60	66.30
Dual Employees - Family	88%	2,228.00	1,962.80	132.60	66.30

<b>Anthem Blue Cross Dental</b>	<b>County Percentage</b>	<b>Monthly Premium</b>	<b>County Pays</b>	<b>Employee Share Monthly</b>	<b>Employee Share Per Pay Period</b>
Employee	80%	37.05	29.28	7.77	3.89
Employee + one	65%	73.95	48.96	24.99	12.50
Family	65%	96.20	63.71	32.50	16.25

<b>VSP Vison</b>	<b>County Percentage</b>	<b>Monthly Premium</b>	<b>County Pays</b>	<b>Employee Share Monthly</b>	<b>Employee Share Per Pay Period</b>
Employee	80%	5.90	4.66	1.24	0.62
Employee + one	65%	11.75	7.58	4.17	2.09
Family	65%	15.30	9.87	5.44	2.72