

ALAMOSA COUNTY 2025 INSURANCE PREMIUMS

Anthem Blue Cross Plan A No Deductible	County Percentage	Monthly Premium	County Pays	Employee Share Monthly	Employee Share Per Pay Period
Employee	80%	1,300.00	1,039.00	261.00	130.50
Employee + one	68%	2,436.00	1,656.85	779.15	389.58
Family	68%	2,990.00	2,033.65	956.35	478.18
Dual Employees - Couple	79%	2,436.00	1,914.00	261.00	130.50
Dual Employees - Family	83%	2,990.00	2,468.00	261.00	130.50

Anthem Blue Cross Plan B 1000 \$1,000 Deductible	County Percentage	Monthly Premium	County Pays	Employee Share Monthly	Employee Share Per Pay Period
Employee	84%	1,136.00	953.75	182.25	91.13
Employee + one	72%	2,131.00	1,534.20	596.80	298.40
Family	72%	2,615.00	1,882.90	732.10	366.05
Dual Employees - Couple	83%	2,131.00	1,766.48	182.26	91.13
Dual Employees - Family	86%	2,615.00	2,250.48	182.26	91.13

Anthem Blue Cross Plan HDHP 2000 \$2,000 Deductible	County Percentage	Monthly Premium	County Pays	Employee Share Monthly	Employee Share Per Pay Period
Employee	88%	924.00	812.40	111.60	55.80
Employee + one	76%	1,732.00	1,315.50	416.50	208.25
Family	76%	2,131.00	1,619.00	512.00	256.00
Dual Employees - Couple	87%	1,732.00	1,508.80	111.60	55.80
Dual Employees - Family	90%	2,131.00	1,907.80	111.60	55.80

Anthem Blue Cross Dental	County Percentage	Monthly Premium	County Pays	Employee Share Monthly	Employee Share Per Pay Period
Employee	80%	34.15	27.83	6.32	3.16
Employee + one	65%	68.15	46.06	22.09	11.05
Family	65%	88.65	59.93	28.72	14.36

VSP Vison	County Percentage	Monthly Premium	County Pays	Employee Share Monthly	Employee Share Per Pay Period
Employee	80%	5.70	4.56	1.14	0.57
Employee + one	65%	11.35	7.38	3.97	1.99
Family	65%	14.75	9.59	5.16	2.58