

**City of Las Cruces
July 1, 2024- June 30,2025 Benefit Rates**

	Employee Only Coverage		
	Gross	Employee	CLC
	Rate	18%	82%
Medical			
BCBS - PPO	\$ 348.96	\$ 62.81	\$ 286.15
BCBS - HMO	\$ 300.06	\$ 54.01	\$ 246.05
Cigna-PPO	\$ 345.46	\$ 62.18	\$ 283.28
Cigna-HMO	\$ 297.06	\$ 53.47	\$ 243.59
Presbyterian - HMO	\$ 300.06	\$ 54.01	\$ 246.05

	Employee + Spouse Coverage		
	Gross	Employee	CLC
	Rate	18%	82%
	\$ 785.21	\$ 141.34	\$ 643.87
	\$ 675.13	\$ 121.52	\$ 553.61
	\$ 777.36	\$ 139.92	\$ 637.44
	\$ 668.35	\$ 120.30	\$ 548.05
	\$ 675.13	\$ 121.52	\$ 553.61

	Employee + Child/Children Coverage		
	Gross	Employee	CLC
	Rate	18%	82%
	\$ 628.15	\$ 113.07	\$ 515.08
	\$ 540.11	\$ 97.22	\$ 442.89
	\$ 621.86	\$ 111.93	\$ 509.93
	\$ 534.71	\$ 96.25	\$ 438.46
	\$ 540.11	\$ 97.22	\$ 442.89

	Family Coverage		
	Gross	Employee	CLC
	Rate	18%	82%
	\$ 1,029.51	\$ 185.31	\$ 844.20
	\$ 885.16	\$ 159.33	\$ 725.83
	\$ 1,019.21	\$ 183.46	\$ 835.75
	\$ 876.30	\$ 157.73	\$ 718.57
	\$ 885.16	\$ 159.33	\$ 725.83

	Employee Only Coverage		
	Gross	Employee	CLC
	Rate	18%	82%
Dental and Vision			
Delta Dental	\$ 18.05	\$ 3.25	\$ 14.80
	Rate	100%	
EyeMed	\$ 3.35	\$ 3.35	\$ -

	Employee + Spouse Coverage		
	Gross	Employee	CLC
	Rate	18%	82%
	\$ 36.08	\$ 6.49	\$ 29.59
	Rate	100%	
	\$ 6.32	\$ 6.32	\$ -

	Employee + Child/Children Coverage		
	Gross	Employee	CLC
	Rate	18%	82%
	\$ 41.51	\$ 7.47	\$ 34.04
	Rate	100%	
	\$ 7.35	\$ 7.35	\$ -

	Family Coverage		
	Gross	Employee	CLC
	Rate	18%	82%
	\$ 54.13	\$ 9.74	\$ 44.39
	Rate	100%	
	\$ 9.31	\$ 9.31	\$ -

	Employee + Domestic Partner (Employee + Spouse)					Employee + Domestic Partner + Children (Family)				
	Gross	Employee	Employee	Total	CLC	Gross	Employee	Employee	Total	CLC
	Rate	Pre-tax 18%	Post-tax	Employee	82%	Rate	Pre-tax 18%	Post-tax	Employee	82%
Medical										
BCBS - PPO	\$ 785.21	\$ 62.81	\$ 78.53	\$ 141.34	\$ 643.87	\$ 1,029.51	\$ 113.07	\$ 72.24	\$ 185.31	\$ 844.20
BCBS - HMO	\$ 675.13	\$ 54.01	\$ 67.51	\$ 121.52	\$ 553.61	\$ 885.16	\$ 97.22	\$ 62.11	\$ 159.33	\$ 725.83
Cigna-PPO	\$ 777.36	\$ 62.18	\$ 77.74	\$ 139.92	\$ 637.44	\$ 1,019.21	\$ 111.93	\$ 71.53	\$ 183.46	\$ 835.75
Cigna-HMO	\$ 668.35	\$ 53.47	\$ 66.83	\$ 120.30	\$ 548.05	\$ 876.30	\$ 96.25	\$ 61.48	\$ 157.73	\$ 718.57
Presbyterian - HMO	\$ 675.13	\$ 54.01	\$ 67.51	\$ 121.52	\$ 553.61	\$ 885.16	\$ 97.22	\$ 62.11	\$ 159.33	\$ 725.83

	Employee + Domestic Partner (Employee + Spouse)					Employee + Domestic Partner + Children (Family)				
	Gross	Employee	Employee	Total	CLC	Gross	Employee	Employee	Total	CLC
	Rate	Pre-tax 18%	Post-tax	Employee	82%	Rate	Pre-tax 18%	Post-tax	Employee	82%
Dental and Vision										
Delta Dental	\$ 36.08	\$ 3.25	\$ 3.24	\$ 6.49	\$ 29.59	\$ 54.13	\$ 7.47	\$ 2.27	\$ 9.74	\$ 44.39
	Rate	Pre-tax 100%	Post-tax 100%	Total		Rate	Pre-tax 100%	Post-tax 100%	Total	
EyeMed	\$ 6.32	\$ 3.35	\$ 2.97	\$ 6.32	\$ -	\$ 9.31	\$ 7.35	\$ 1.96	\$ 9.31	\$ -

	General Coverage		
	Gross	Employee	CLC
	Rate	100%	100%
Basic Life	\$ 3.25	\$ -	\$ 3.25
Disability	\$ 5.52	\$ 5.52	\$ -
Administrative Fee	\$ 0.76	\$ 0.76	\$ -

**City of Las Cruces
Benefits
July 1, 2024- June
30, 2025**

Leave/Plan	Unrepresented	Blue Collar Union	Police	Fire
Stand-by Pay	Non-exempt positions	Certain Positions	Certain Positions	Certain Positions
Callback Pay	Non-exempt positions	Certain Positions	Certain Positions	Certain Positions
Holidays	13 days	13 days	13 days	13 days
Annual Leave 1 – 3rd Year 4th-10th Years 11+ Years	80 hours 120 hours 160 hours	80 hours 120 hours 160 hours	Uniformed 80 hours 120 hours 160 hours	Uniformed 112 hours 168 hours 224 hours
Sick Leave	12 days	12 days	12 days	16.9 days
Personal Day	16 Hours	16 Hours	8 Hours	12 Hours 56-hour (non-union) 8 hours 40-hour
Jury Duty Leave	Yes	Yes	Yes	Yes
Military Leave	15 days	15 days	15 days	15 days
Bereavement Leave **	Up to 3 days	Up to 3 days	Up to 3 days	48 Hours (56 Hr) Up to 3 days (40 Hr)
New Mexico Retiree Health Care Authority (NMRHCA). Contribution Bi-weekly. All PERA eligible employees must contribute.	Employee 1.000% City 2.000%	Employee 1.000% City 2.000%	Employee 1.250% City 2.500%	Employee 1.250% City 2.500%
Liability Insurance	Yes	Yes	Yes	Yes
Merit Increases	Merit Plan	Per Union Contract	Per Union Contract	Per Union Contract
P.E.R.A. (Employee % / Employer %)	10.15 / 17.30 < \$25,000 8.05 / 17.30 > \$25,000 Plan 3	10.15 / 17.30 < \$25,000 7.65 / 17.30 > \$25,000 Plan 3	13.80 / 26.15 represented 13.30 / 26.65 unrep. Plan 5	17.90 / 26.50 represented 16.70 / 27.00 unrep. Plan 5
Social Security	Yes (6.20%)	Yes (6.20%)	No	No
Medicare	Yes (1.45%)	Yes (1.45%)	Yes (1.45%)	Yes (1.45%)
Unemployment Insurance	Yes	Yes	Yes	Yes
Uniforms	No	Yes	Yes	Yes
Deferred Compensation Plan	Optional	Optional	Optional	Optional
Sick Leave Bank	Voluntary Donation - Up to 12 weeks withdrawal	Voluntary Donations - Up to 12 weeks withdrawal	Voluntary Donations Up to 12 weeks withdrawal	Voluntary Donations Up to 12 weeks withdrawal