

**Benefit Premiums  
Effective July 1, 2016**

Premium Contributions for Medical, Group Life, and Long Term Disability are shared between NMSU and the employees based on the following salary schedule:

Annual Salary	NMSU %	Employee %
\$0 - \$26,249	80	20
\$26,250 - \$31,499	70	30
\$31,500+	60	40

**Medical Premiums Per Paycheck**

Plan	Premiums for 12 month employees				Premiums for 9 month employees			
	Total Premium	Employee 20%	Employee 30%	Employee 40%	Total Premium	Employee 20%	Employee 30%	Employee 40%
BCBSNM PPO Employee Only	\$283.29	\$56.66	\$84.99	\$113.31	\$377.71	\$75.54	\$113.31	\$151.09
BCBSNM PPO Employee + Spouse	\$637.41	\$127.48	\$191.22	\$254.96	\$849.88	\$169.98	\$254.96	\$339.95
BCBSNM PPO Employee + Child(ren)	\$509.91	\$101.98	\$152.97	\$203.96	\$679.88	\$135.98	\$203.96	\$271.95
BCBSNM PPO Family	\$835.72	\$167.14	\$250.71	\$334.29	\$1,114.29	\$222.86	\$334.29	\$445.71
Presbyterian HMO Employee Only	\$243.57	\$48.71	\$73.07	\$97.43	\$324.76	\$64.95	\$97.43	\$129.90
Presbyterian HMO Employee + Spouse	\$548.05	\$109.61	\$164.41	\$219.22	\$730.73	\$146.15	\$219.22	\$292.29
Presbyterian HMO Employee + Child(ren)	\$438.43	\$87.69	\$131.53	\$175.37	\$584.57	\$116.91	\$175.37	\$233.83
Presbyterian HMO Family	\$718.56	\$143.71	\$215.57	\$287.42	\$958.07	\$191.61	\$287.42	\$383.23
BCBSNM HMO Employee Only	\$243.57	\$48.71	\$73.07	\$97.43	\$324.76	\$64.95	\$97.43	\$129.90
BCBSNM HMO Employee + Spouse	\$548.05	\$109.61	\$164.41	\$219.22	\$730.73	\$146.15	\$219.22	\$292.29
BCBSNM HMO Employee + Child(ren)	\$438.43	\$87.69	\$131.53	\$175.37	\$584.57	\$116.91	\$175.37	\$233.83
BCBSNM HMO Family	\$718.56	\$143.71	\$215.57	\$287.42	\$958.07	\$191.61	\$287.42	\$383.23

**9 month premiums are taken over the 9 month academic year. 9 month premiums are calculated by taking the 12 month premium, multiplying by 24 paychecks and dividing by 18 paychecks**

### Dental Premiums Per Paycheck

	Premiums for 12 month employees		Premiums for 9 month employees	
	Total Per Pay Period Contribution	Employee Pay Period Contribution	Total Per Pay Period Contribution	Employee Pay Period Contribution
Employee Only	\$14.65	\$5.86	\$19.53	\$7.81
Employee + Spouse	\$29.29	\$11.72	\$39.05	\$15.62
Employee + Child(ren)	\$33.70	\$13.48	\$44.93	\$17.97
Employee + Family	\$43.94	\$17.58	\$58.59	\$23.43

**9 month premiums are taken over the 9 month academic year. 9 month premiums are calculated by taking the 12 month premium, multiplying by 24 paychecks and dividing by 18 paychecks**

### Vision Premiums Per Paycheck

	Premiums for 12 month employees Pay Period Contribution	Premiums for 9 month employees Pay Period Contribution
Employee Only	\$2.24	\$2.99
Employee + Spouse	\$4.73	\$6.31
Employee + Child(ren)	\$5.06	\$6.75
Employee + Family	\$8.08	\$10.77

**9 month premiums are taken over the 9 month academic year. 9 month premiums are calculated by taking the 12 month premium, multiplying by 24 paychecks and dividing by 18 paychecks**