

**Benefit Premiums
Effective July 1, 2015**

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	\$280.48	\$56.10	\$84.14	\$112.19	\$373.97	\$74.79	\$112.19	\$149.59
BCBSNM PPO Employee + Spouse	\$631.11	\$126.22	\$189.33	\$252.44	\$841.48	\$168.30	\$252.44	\$336.59
BCBSNM PPO Employee + Child(ren)	\$504.86	\$100.97	\$151.46	\$201.94	\$673.15	\$134.63	\$201.94	\$269.26
BCBSNM PPO Family	\$827.44	\$165.49	\$248.23	\$330.98	\$1,103.25	\$220.65	\$330.98	\$441.30
Presbyterian HMO Employee Only	\$241.16	\$48.23	\$72.35	\$96.46	\$321.55	\$64.31	\$96.46	\$128.62
Presbyterian HMO Employee + Spouse	\$542.62	\$108.52	\$162.79	\$217.05	\$723.49	\$144.70	\$217.05	\$289.40
Presbyterian HMO Employee + Child(ren)	\$434.09	\$86.82	\$130.23	\$173.64	\$578.79	\$115.76	\$173.64	\$231.51
Presbyterian HMO Family	\$711.44	\$142.29	\$213.43	\$284.58	\$948.59	\$189.72	\$284.58	\$379.43
BCBSNM HMO Employee Only	\$241.16	\$48.23	\$72.35	\$96.46	\$321.55	\$64.31	\$96.46	\$128.62
BCBSNM HMO Employee + Spouse	\$542.62	\$108.52	\$162.79	\$217.05	\$723.49	\$144.70	\$217.05	\$289.40
BCBSNM HMO Employee + Child(ren)	\$434.09	\$86.82	\$130.23	\$173.64	\$578.79	\$115.76	\$173.64	\$231.51
BCBSNM HMO Family	\$711.44	\$142.29	\$213.43	\$284.58	\$948.59	\$189.72	\$284.58	\$379.43

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

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	\$14.50	\$5.80	\$19.33	\$7.73
Employee + Spouse	\$29.00	\$11.60	\$38.67	\$15.47
Employee + Child(ren)	\$33.37	\$13.35	\$44.49	\$17.80
Employee + Family	\$43.50	\$17.40	\$58.00	\$23.20

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