

**Benefit Premiums
Effective July 1, 2018**

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	\$297.57	\$59.51	\$89.27	\$119.03	\$396.76	\$79.35	\$119.03	\$158.70
BCBSNM PPO Employee + Spouse	\$669.54	\$133.91	\$200.86	\$267.82	\$892.72	\$178.54	\$267.82	\$357.09
BCBSNM PPO Employee + Child(ren)	\$535.61	\$107.12	\$160.68	\$214.24	\$714.14	\$142.83	\$214.24	\$285.66
BCBSNM PPO Family	\$877.84	\$175.57	\$263.35	\$351.14	\$1170.45	\$234.09	\$351.14	\$468.18
Presbyterian HMO Employee Only	\$255.85	\$51.17	\$76.76	\$102.34	\$341.13	\$68.23	\$102.34	\$136.45
Presbyterian HMO Employee + Spouse	\$575.67	\$115.13	\$172.70	\$230.27	\$767.56	\$153.51	\$230.27	\$307.02
Presbyterian HMO Employee + Child(ren)	\$460.53	\$92.11	\$138.16	\$184.21	\$614.04	\$122.81	\$184.21	\$245.62
Presbyterian HMO Family	\$754.77	\$150.95	\$226.43	\$301.91	\$1006.36	\$201.27	\$301.91	\$402.54
BCBSNM HMO Employee Only	\$255.85	\$51.17	\$76.76	\$102.34	\$341.13	\$68.23	\$102.34	\$136.45
BCBSNM HMO Employee + Spouse	\$575.67	\$115.13	\$172.70	\$230.27	\$767.56	\$153.51	\$230.27	\$307.02
BCBSNM HMO Employee + Child(ren)	\$460.53	\$92.11	\$138.16	\$184.21	\$614.04	\$122.81	\$184.21	\$245.62
BCBSNM HMO Family	\$754.77	\$150.95	\$226.43	\$301.91	\$1006.36	\$201.27	\$301.91	\$402.54

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	\$15.38	\$6.15	\$20.51	\$8.20
Employee + Spouse	\$30.77	\$12.31	\$41.03	\$16.41
Employee + Child(ren)	\$35.40	\$14.16	\$47.20	\$18.88
Employee + Family	\$46.15	\$18.46	\$61.53	\$24.61

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

Effective 01/01/2018 Vision Premiums Per Paycheck

	Premiums for 12 month employees Pay Period Contribution	Premiums for 9 month employees Pay Period Contribution
Employee Only	\$2.36	\$3.15
Employee + Spouse	\$4.98	\$6.64
Employee + Child(ren)	\$5.33	\$7.11
Employee + Family	\$8.51	\$11.35

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