

Benefit Premiums
Effective July 1, 2019

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 - \$29,999	80	20
\$30,000 - \$39,999	70	30
\$40,000+	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	\$312.43	\$62.49	\$93.73	\$124.97	\$416.57	\$83.31	\$124.97	\$166.63
BCBSNM PPO Employee + Spouse	\$703.01	\$140.60	\$210.90	\$281.20	\$937.35	\$187.47	\$281.21	\$374.94
BCBSNM PPO Employee + Child(ren)	\$562.39	\$112.48	\$168.72	\$224.96	\$749.85	\$149.97	\$224.96	\$299.94
BCBSNM PPO Family	\$921.74	\$184.35	\$276.52	\$368.70	\$1228.98	\$245.80	\$368.69	\$491.59
Presbyterian HMO Employee Only	\$268.65	\$53.73	\$80.60	\$107.46	\$358.20	\$71.64	\$107.46	\$143.28
Presbyterian HMO Employee + Spouse	\$604.46	\$120.89	\$181.34	\$241.78	\$805.94	\$161.19	\$241.78	\$322.38
Presbyterian HMO Employee + Child(ren)	\$483.57	\$96.71	\$145.07	\$193.43	\$644.76	\$128.95	\$193.43	\$257.90
Presbyterian HMO Family	\$792.50	\$158.50	\$237.75	\$317.00	\$1056.67	\$211.33	\$317.00	\$422.67
BCBSNM HMO Employee Only	\$268.65	\$53.73	\$80.60	\$107.46	\$358.20	\$71.64	\$107.46	\$143.28
BCBSNM HMO Employee + Spouse	\$604.46	\$120.89	\$181.34	\$241.78	\$805.94	\$161.19	\$241.78	\$322.38
BCBSNM HMO Employee + Child(ren)	\$483.57	\$96.71	\$145.07	\$193.43	\$644.76	\$128.95	\$193.43	\$257.90
BCBSNM HMO Family	\$792.50	\$158.50	\$237.75	\$317.00	\$1056.67	\$211.33	\$317.00	\$422.67

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	\$16.17	\$6.47	\$21.55	\$8.62
Employee + Spouse	\$32.31	\$12.92	\$43.07	\$17.23
Employee + Child(ren)	\$37.17	\$14.87	\$49.56	\$19.82
Employee + Family	\$48.47	\$19.39	\$64.63	\$25.85

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 01/01/2019

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