

# NMSU Benefit Premiums

## Effective July 1, 2022

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 - \$35,999	80	20
\$36,000 - \$44,000	70	30
\$44,001+	60	40

9-month premiums are calculated by taking the 12-month premium, multiplying by 24 pays and dividing by 18 paychecks.

9-month premiums are collected over the 9-month academic year (August-May) for the fiscal year (July 1-June 30).

See ARP 8.21 through 8.27 for information about coverage after termination of employment.

### Medical Premiums Per Paycheck

Plan	Premiums for 12-month employees				Premiums for 9-month employees			
	Total Per Pay Period	Employee 20%	Employee 30%	Employee 40%	Total Per Pay Period	Employee 20%	Employee 30%	Employee 40%
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	\$805.95	\$161.19	\$241.78	\$322.38
Presbyterian HMO Employee + Child	\$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	\$1,056.67	\$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	\$805.95	\$161.19	\$241.78	\$322.38
BCBSNM HMO Employee + Child	\$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	\$1,056.67	\$211.33	\$317.00	\$422.67
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	\$281.20	\$374.94
BCBSNM PPO Employee + Child	\$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	\$1,228.99	\$245.80	\$368.70	\$491.59

Plan	Premiums for 12-month employees			
	Total Per Pay Period	Employee 20%	Employee 30%	Employee 40%
Cigna HMO(OAPIN) Employee Only	\$265.96	\$53.19	\$79.79	\$106.38
Cigna HMO(OAPIN) Employee + Spouse	\$598.41	\$119.68	\$179.52	\$239.36
Cigna HMO(OAPIN) Employee + Child	\$478.74	\$95.75	\$143.62	\$191.50
Cigna HMO(OAPIN) Family	\$784.58	\$156.92	\$235.37	\$313.83
Cigna PPO (OAP) Employee Only	\$309.30	\$61.86	\$92.79	\$123.72
Cigna PPO (OAP) Employee + Spouse	\$695.98	\$139.20	\$208.79	\$278.39
Cigna PPO (OAP) Employee + Child	\$556.77	\$111.35	\$167.03	\$222.71
Cigna PPO (OAP) Family	\$912.52	\$182.50	\$273.76	\$365.01

Total Per Pay Period	Premiums for 9-month employees		
	Employee 20%	Employee 30%	Employee 40%
\$354.61	\$70.92	\$106.38	\$141.85
\$797.88	\$159.58	\$239.36	\$319.15
\$638.32	\$127.66	\$191.50	\$255.33
\$1,046.11	\$209.22	\$313.83	\$418.44
\$412.40	\$82.48	\$123.72	\$164.96
\$927.97	\$185.59	\$278.39	\$371.19
\$742.36	\$148.47	\$222.71	\$296.94
\$1,216.69	\$243.34	\$365.01	\$486.68

### Dental Premiums Per Paycheck

	Premiums for 12-month employees	
	Total Per Pay Period Contribution	Employee Pay Period Contribution
Employee Only	\$16.17	\$6.47
Employee + Spouse	\$32.31	\$12.92
Employee + Child	\$37.17	\$14.87
Family	\$48.47	\$19.39

Total Per Pay Period Contribution	Premiums for 9-month employees	
	Employee Pay Period Contribution	
\$21.55	\$8.62	
\$43.07	\$17.23	
\$49.56	\$19.82	
\$64.63	\$25.85	

### 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