

# NMSU Benefit Premiums

## Effective January 1, 2025

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 - \$54,999	82	18
\$55,000 - \$80,000	70	30
>\$80,000	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 coverage (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 18%	Employee 30%	Employee 40%	Total Per Pay Period	Employee 18%	Employee 30%	Employee 40%
Presbyterian HMO Employee Only	\$325.06	\$58.51	\$97.52	\$130.02	\$433.41	\$78.01	\$130.02	\$173.37
Presbyterian HMO Employee + Spouse	\$731.39	\$131.65	\$219.42	\$292.56	\$975.19	\$175.53	\$292.56	\$390.07
Presbyterian HMO Employee + Child	\$585.13	\$105.32	\$175.54	\$234.05	\$780.17	\$140.43	\$234.05	\$312.07
Presbyterian HMO Family	\$958.93	\$172.61	\$287.68	\$383.57	\$1,278.57	\$230.14	\$383.57	\$511.43
BCBSNM HMO Employee Only	\$325.06	\$58.51	\$97.52	\$130.02	\$433.41	\$78.01	\$130.02	\$173.37
BCBSNM HMO Employee + Spouse	\$731.39	\$131.65	\$219.42	\$292.56	\$975.19	\$175.53	\$292.56	\$390.07
BCBSNM HMO Employee + Child	\$585.13	\$105.32	\$175.54	\$234.05	\$780.17	\$140.43	\$234.05	\$312.07
BCBSNM HMO Family	\$958.93	\$172.61	\$287.68	\$383.57	\$1,278.57	\$230.14	\$383.57	\$511.43
BCBSNM PPO Employee Only	\$378.04	\$68.05	\$113.41	\$151.21	\$504.05	\$90.73	\$151.21	\$201.62
BCBSNM PPO Employee + Spouse	\$850.64	\$153.12	\$255.19	\$340.26	\$1,134.19	\$204.15	\$340.26	\$453.67
BCBSNM PPO Employee + Child	\$680.50	\$122.49	\$204.15	\$272.20	\$907.33	\$163.32	\$272.20	\$362.93
BCBSNM PPO Family	\$1,115.30	\$200.75	\$334.59	\$446.12	\$1,487.07	\$267.67	\$446.12	\$594.83

## 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	\$19.56	\$7.82	\$26.08	\$10.43
Employee + Spouse	\$39.09	\$15.64	\$52.12	\$20.85
Employee + Child	\$44.98	\$17.99	\$59.97	\$23.99
Family	\$58.59	\$23.44	\$78.13	\$31.25

## Vision 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	\$2.50		\$3.33	
Employee + Spouse	\$5.19		\$6.91	
Employee + Child	\$5.63		\$7.51	
Family	\$8.99		\$11.99	