

NMSU Benefit Premiums

Effective July 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 %
<\$7,200	82	18
\$7,200 - \$23,200	70	30
>\$23,200	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	\$390.40	\$70.27	\$117.12	\$156.16	\$520.53	\$93.70	\$156.16	\$208.21
Presbyterian HMO Employee + Spouse	\$878.40	\$158.11	\$263.52	\$351.36	\$1,171.20	\$210.82	\$351.36	\$468.48
Presbyterian HMO Employee + Child	\$702.74	\$126.49	\$210.82	\$281.10	\$936.99	\$168.66	\$281.10	\$374.79
Presbyterian HMO Family	\$1,151.67	\$207.30	\$345.50	\$460.67	\$1,535.56	\$276.40	\$460.67	\$614.22
BCBSNM HMO Employee Only	\$390.40	\$70.27	\$117.12	\$156.16	\$520.53	\$93.70	\$156.16	\$208.21
BCBSNM HMO Employee + Spouse	\$878.40	\$158.11	\$263.52	\$351.36	\$1,171.20	\$210.82	\$351.36	\$468.48
BCBSNM HMO Employee + Child	\$702.74	\$126.49	\$210.82	\$281.10	\$936.99	\$168.66	\$281.10	\$374.79
BCBSNM HMO Family	\$1,151.67	\$207.30	\$345.50	\$460.67	\$1,535.56	\$276.40	\$460.67	\$614.22
BCBSNM PPO Employee Only	\$454.02	\$81.72	\$136.21	\$181.61	\$605.36	\$108.96	\$181.61	\$242.14
BCBSNM PPO Employee + Spouse	\$1,021.62	\$183.89	\$306.49	\$408.65	\$1,362.16	\$245.19	\$408.65	\$544.86
BCBSNM PPO Employee + Child	\$817.28	\$147.11	\$245.18	\$326.91	\$1,089.71	\$196.15	\$326.91	\$435.88
BCBSNM PPO Family	\$1,339.48	\$241.11	\$401.84	\$535.79	\$1,785.97	\$321.48	\$535.79	\$714.39

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	\$17.60	\$7.04	\$23.47	\$9.39
Employee + Spouse	\$35.18	\$14.07	\$46.91	\$18.76
Employee + Child	\$40.47	\$16.19	\$53.96	\$21.58
Family	\$52.78	\$21.11	\$70.37	\$28.15

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	\$1.00	\$3.33	\$1.33
Employee + Spouse	\$5.19	\$2.08	\$6.91	\$2.77
Employee + Child	\$5.63	\$2.25	\$7.51	\$3.01
Family	\$8.99	\$3.52	\$11.99	\$4.80