

# NMSU Benefit Premiums

## Effective July 1, 2026

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 %
<\$58,346	82	18
\$58,346 - \$84,865	70	30
>\$84,865	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 Plan Carrier Options:

Blue Cross Blue Shield of New Mexico, Presbyterian, United Healthcare

**Prescription Benefit Manager:** Evernorth (also known as Express Scripts, Inc.)

### 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%
PPO High Deductible Silver Employee Only	\$296.10	\$53.30	\$88.83	\$118.44	\$394.80	\$71.06	\$118.44	\$157.92
PPO High Deductible Silver Employee + Spouse	\$667.44	\$120.14	\$200.23	\$266.98	\$889.92	\$160.19	\$266.98	\$355.97
PPO High Deductible Silver Employee + Children	\$533.95	\$96.11	\$160.18	\$213.58	\$711.93	\$128.15	\$213.58	\$284.77
PPO High Deductible Silver Employee + Family	\$875.11	\$157.52	\$262.53	\$350.04	\$1,166.81	\$210.03	\$350.04	\$466.73
HMO Basic Gold Employee Only	\$376.24	\$67.72	\$112.87	\$150.49	\$501.65	\$90.30	\$150.49	\$200.66
HMO Basic Gold Employee + Spouse	\$847.70	\$152.59	\$254.31	\$339.08	\$1,130.26	\$203.45	\$339.08	\$452.10
HMO Basic Gold Employee + Children	\$678.18	\$122.07	\$203.45	\$271.27	\$904.23	\$162.76	\$271.27	\$361.69
Basic HMO Gold Employee + Family	\$1,111.41	\$200.05	\$333.42	\$444.56	\$1,481.88	\$266.74	\$444.56	\$592.75
PPO Basic Gold Employee Only	\$524.06	\$94.33	\$157.22	\$209.62	\$698.75	\$125.77	\$209.62	\$279.50
PPO Basic Gold Employee + Spouse	\$1,180.39	\$212.47	\$354.12	\$472.15	\$1,573.85	\$283.29	\$472.15	\$629.54
PPO Basic Gold Employee + Children	\$944.30	\$169.97	\$283.29	\$377.72	\$1,259.06	\$226.63	\$377.72	\$503.62
PPO Basic Gold Employee + Family	\$1,547.65	\$278.58	\$464.30	\$619.06	\$2,063.53	\$371.44	\$619.06	\$825.41

Plan	Premiums for 12-month employees			
	Total Per Pay Period	Employee 18%	Employee 30%	Employee 40%
HMO Clear Cost Platinum Employee Only	\$448.70	\$80.77	\$134.61	\$179.48
HMO Clear Cost Platinum Employee + Spouse	\$1,010.74	\$181.93	\$303.22	\$404.29
HMO Clear Cost Platinum Employee + Children	\$808.62	\$145.55	\$242.58	\$323.45
HMO Clear Cost Platinum Employee + Family	\$1,325.18	\$238.53	\$397.55	\$530.07

Plan	Premiums for 9-month employees			
	Total Per Pay Period	Employee 18%	Employee 30%	Employee 40%
HMO Clear Cost Platinum Employee Only	\$598.27	\$107.69	\$179.48	\$239.31
HMO Clear Cost Platinum Employee + Spouse	\$1,347.65	\$242.58	\$404.29	\$539.06
HMO Clear Cost Platinum Employee + Children	\$1,078.15	\$194.07	\$323.45	\$431.26
HMO Clear Cost Platinum Employee + Family	\$1,766.90	\$318.04	\$530.07	\$706.76

**Dental Plan Carrier Options: Delta Dental, MetLife**

**Dental Premiums Per Paycheck**

	Premiums for 12-month employees	
	Total Per Pay Period	Employee Pay Period
Basic Dental Employee Only	\$17.60	\$7.04
Basic Dental Employee + Spouse	\$35.18	\$14.07
Basic Dental Employee + Children	\$40.47	\$16.19
Basic Dental Employee + Family	\$52.78	\$21.11
Dental Buy-up Employee Only	\$18.77	\$7.51
Dental Buy-up Employee + Spouse	\$37.51	\$15.00
Dental Buy-up Employee + Children	\$43.15	\$17.26
Dental Buy-up Employee + Family	\$56.27	\$22.51

	Premiums for 9-month employees	
	Total Per Pay Period	Employee Pay Period
Basic Dental Employee Only	\$23.47	\$9.39
Basic Dental Employee + Spouse	\$46.91	\$18.76
Basic Dental Employee + Children	\$53.96	\$21.58
Basic Dental Employee + Family	\$70.37	\$28.15
Dental Buy-up Employee Only	\$25.02	\$10.01
Dental Buy-up Employee + Spouse	\$50.01	\$20.00
Dental Buy-up Employee + Children	\$57.53	\$23.01
Dental Buy-up Employee + Family	\$75.02	\$30.01

**Vision Plan Carrier: VSP**

**Vision Premiums Per Paycheck**

	Premiums for 12-month employees
Employee Only	\$2.50
Employee + Spouse	\$5.19
Employee + Children	\$5.63
Employee + Family	\$8.99

	Premiums for 9-month employees
Employee Only	\$3.33
Employee + Spouse	\$6.91
Employee + Children	\$7.51
Employee + Family	\$11.99