# **New Mexico Highlands University**

Bi-Weekly Contribution Schedule - Rates Effective 7/1/16 - 6/30/17

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# **EMPLOYEE ONLY**

	_	Salary 15,	000-19,999	Salary 20,000	0 - 24,999	Salary 25,000 & Up	
	Total	Employee		Employee		Employee	
	BW Cost	30%	NMHU 70%	35%	NMHU 65%	40%	NMHU 60%
Blue Cross Blue Shield (PPO)	339.94	101.98	237.96	118.98	220.96	135.98	203.96
(HMO) Presbyterian & Blue							
Cross Blue Shield	292.28	87.68	204.60	102.30	189.98	116.91	175.37
Delta Dental	17.57	5.27	12.30	6.15	11.42	7.03	10.54
Vision Service Plan	3.26						

### **EMPLOYEE + SPOUSE**

		Salary 15,000-19,999		Salary 20,00	0 - 24,999	Salary 25,000 & Up	
	Total	Employee		Employee		Employee	
	BW Cost	30%	NMHU 70%	35%	NMHU 65%	40%	NMHU 60%
Blue Cross Blue Shield (PPO)	764.89	229.47	535.42	267.71	497.18	305.96	458.93
(HMO) Presbyterian & Blue							
Cross Blue Shield	657.65	197.29	460.36	230.18	427.47	263.06	394.59
Delta Dental	35.15	10.54	24.61	12.30	22.85	14.06	21.09
Vision Service Plan	6.14						

# EMPLOYEE + CHILD(REN)

		Salary 15,000-19,999		Salary 20,000 - 24,999		Salary 25,000 & Up	
	Total	Employee		Employee		Employee	
	BW Cost	30%	NMHU 70%	35%	NMHU 65%	40%	NMHU 60%
Blue Cross Blue Shield (PPO)	611.89	183.57	428.32	214.16	397.73	244.76	367.13
(HMO) Presbyterian & Blue							
Cross Blue Shield	526.12	157.84	368.28	184.14	341.98	210.45	315.67
Delta Dental	40.44	12.13	28.31	14.15	26.29	16.18	24.26
Vision Service Plan	7.16						

# **FAMILY**

		Salary 15,	000-19,999	Salary 20,000 - 24,999		Salary 25,000 & Up	
	Total	Employee		Employee		Employee	
	BW Cost	30%	NMHU 70%	35%	NMHU 65%	40%	NMHU 60%
Blue Cross Blue Shield (PPO)	1002.86	300.86	702.00	351.00	651.86	401.14	601.72
(HMO) Presbyterian & Blue							
Cross Blue Shield	862.27	258.68	603.59	301.79	560.48	344.91	517.36
Delta Dental	52.72	15.82	36.90	18.45	34.27	21.09	31.63
Vision Service Plan	9.05				•		•

# DOMESTIC PARTNER ADULT

		Salary 15,000-19,999		Salary 20,00	0 - 24,999	Salary 25,000 & Up	
	Total BW Cost	Employee 30%	NMHU 70%	Employee 35%	NMHU 65%	Employee 40%	NMHU 60%
Blue Cross Blue Shield (PPO)	424.95	127.48	297.47	148.73	276.22	169.98	254.97
(HMO) Presbyterian & Blue							
Cross Blue Shield	365.37	109.61	255.76	127.88	237.49	146.15	219.22
Delta Dental	17.57	5.27	12.30	6.15	11.42	7.03	10.54
Vision Service Plan	2 89						

# **DOMESTIC CHILD**

		Salary 15,000-19,999		Salary 20,000 - 24,999		Salary 25,000 & Up	
	Total	Employee		Employee		Employee	
	<b>BW Cost</b>	30%	NMHU 70%	35%	NMHU 65%	40%	NMHU 60%
Blue Cross Blue Shield (PPO)	271.95	81.58	190.37	95.18	176.77	108.78	163.17
(HMO) Presbyterian & Blue							
Cross Blue Shield	233.83	70.15	163.68	81.84	151.99	93.53	140.30
Delta Dental	22.87	6.86	16.01	8.00	14.87	9.15	13.72
Vision Service Plan	3.90						

#### EMPLOYEE + CHILD(REN) W/DOMESTIC PARTNER

		Salary 15,000-19,999		Salary 20,000 - 24,999		Salary 25,000 & Up	
	Total	Employee		Employee		Employee	
	BW Cost	30%	NMHU 70%	35%	NMHU 65%	40%	NMHU 60%
Blue Cross Blue Shield (PPO)	390.97	117.29	273.68	136.84	254.14	156.39	234.58
(HMO) Presbyterian & Blue							
Cross Blue Shield	336.15	100.84	235.31	117.65	218.50	134.46	201.69
Delta Dental	12.28	3.68	8.60	4.30	7.98	4.91	7.37
Vision Service Plan	1 90			•			

#### **EMPLOYEE + DOMESTIC PARTNER & CHILD(REN)**

		Salary 15,	000-19,999	Salary 20,000 - 24,999		Salary 25,000 & Up	
	Total BW Cost	Employee 30%	NMHU 70%	Employee 35%	NMHU 65%	Employee 40%	NMHU 60%
Blue Cross Blue Shield (PPO)	662.92	198.87	464.04	232.02	430.90	265.17	397.75
(HMO) Presbyterian & Blue							
Cross Blue Shield	569.98	170.99	399.00	199.49	370.49	227.99	341.99
Delta Dental	35.15	10.54	24.60	12.30	22.85	14.06	21.09
Vision Service Plan	5.80						

#### **DISABILITY**

# 100% Employee Paid

\$5.64 Work related injuries or illnesses are not covered under this plan

To be eligible to file a claim (must be filed within 90 days form first day out of work) the employee must have paid premiums for at least 12 consecutive months.

28 day elimination period (length of time between when an employee is unable to work due to a disability before qualifying for short term disability (max of 24 weeks based on proper medical documentation)

**Long Term Disability** - (maximum of 2 years) Begins after Short Term Disability has ended as long as the employee still meets all eligibility requirements

### **BASIC LIFE INSURANCE**

#### **PAID BY NMHU**

NMHU provides \$50,000 of Basic Term Life insurance to each of their Regular or Interim employees who work at least 20 hours or more per week

#### SUPPLEMENTAL LIFE INSURANCE (OPTIONAL)

#### 100% Employee Paid

#### MINNESOTA LIFE (TERM LIFE)

<u>Employees</u> are allowed to pick up to \$150,000 without providing proof of good health (evidence of insurability). With match AD&D (accidental death & dismemberment) benefit

<u>Spouse</u> - Newly eligible spouses/domestic partners can elect coverage up to \$30,000 without providing proof of good health (evidence of insurability). With a matching AD&D (accidental death & dismemberment) benefit

<u>Children</u> - are eligible form live birth to age 26 to a maximum of \$15,000 with a matching AD&D benefit

RATES - Are based on age and salary

#### **UNUM PROVIDENT (TERM LIFE)**

**Employees** have a guaranteed issued amount of 5x their salary or \$100,000, the lesser of the two amounts that may be picked up in increments of \$10,000

picked up in increments of \$5,000. Child(ren) - have a guaranteed issued amount of \$10,000 that may be picked up in increments of \$2,000.

RATES - Are determined by age

#### **FLEX SPENDING ACCOUNTS**

This program allows employees to set aside a specific dollar amount per calendar year for out-of pocket medical expenses and dependent care

# SUPPLEMENTAL RETIREMENT

The University offers a 403(b) and a 457(b). This program allows employees to set aside additional dollars as a supplement to your main retirement.

100% Employee Paid

### 100% Employee Paid