

New Mexico Highlands University
Bi-Weekly Contribution Schedule - Rates Effective 7/1/19 - 6/30/20

CBA - Non-Exempt

24 Installs

EMPLOYEE ONLY

	Total Cost	Salary 15,000-19,999		Salary 20,000 - 24,999		Salary 25,000 & Up		Employee 25%	NMHU 75%
		Employee 25%	NMHU 75%	Employee 30%	NMHU 70%	Employee 37%	NMHU 63%		
Blue Cross Blue Shield (PPO)	312.43	78.11	234.32	93.73	218.70	115.60	196.83		
(HMO) Presbyterian & Blue Cross Blue Shield	268.65	67.16	201.49	80.60	188.05	99.40	169.25		
Delta Dental	16.17	4.04	12.13	4.85	11.32	5.98	10.19		
Davis Vision Plan (75/25)	3.00							0.75	2.25

EMPLOYEE + SPOUSE

	Total Cost	Salary 15,000-19,999		Salary 20,000 - 24,999		Salary 25,000 & Up		Employee 25%	NMHU 75%
		Employee 25%	NMHU 75%	Employee 30%	NMHU 70%	Employee 37%	NMHU 63%		
Blue Cross Blue Shield (PPO)	703.01	175.75	527.26	210.90	492.11	260.11	442.90		
(HMO) Presbyterian & Blue Cross Blue Shield	604.46	151.12	453.34	181.34	423.12	223.65	380.81		
Delta Dental	32.31	8.08	24.23	9.69	22.62	11.95	20.36		
Davis Vision Plan (75/25)	5.66							1.42	4.24

EMPLOYEE + CHILD(REN)

	Total Cost	Salary 15,000-19,999		Salary 20,000 - 24,999		Salary 25,000 & Up		Employee 25%	NMHU 75%
		Employee 25%	NMHU 75%	Employee 30%	NMHU 70%	Employee 37%	NMHU 63%		
Blue Cross Blue Shield (PPO)	562.39	140.60	421.79	168.72	393.67	208.08	354.31		
(HMO) Presbyterian & Blue Cross Blue Shield	483.57	120.89	362.68	145.07	338.50	178.92	304.65		
Delta Dental	37.17	9.29	27.88	11.15	26.02	13.75	23.42		
Davis Vision Plan (75/25)	6.58							1.65	4.93

FAMILY

	Total Cost	Salary 15,000-19,999		Salary 20,000 - 24,999		Salary 25,000 & Up		Employee 25%	NMHU 75%
		Employee 25%	NMHU 75%	Employee 30%	NMHU 70%	Employee 37%	NMHU 63%		
Blue Cross Blue Shield (PPO)	921.74	230.44	691.30	276.52	645.22	341.04	580.70		
(HMO) Presbyterian & Blue Cross Blue Shield	792.50	198.13	594.37	237.75	554.75	293.23	499.27		
Delta Dental	48.47	12.12	36.35	14.54	33.93	17.93	30.54		
Davis Vision Plan (75/25)	8.33							2.08	6.25

DOMESTIC PARTNER ADULT

	Total Cost	Salary 15,000-19,999		Salary 20,000 - 24,999		Salary 25,000 & Up		Employee 25%	NMHU 75%
		Employee 25%	NMHU 75%	Employee 30%	NMHU 70%	Employee 37%	NMHU 63%		
Blue Cross Blue Shield (PPO)	390.58	97.65	292.93	117.17	273.41	144.51	246.07		
(HMO) Presbyterian & Blue Cross Blue Shield	335.81	83.95	251.86	100.74	235.07	124.25	211.56		
Delta Dental	16.14	4.04	12.10	4.84	11.30	5.97	10.17		
Davis Vision Plan (75/25)	2.66							0.67	1.99

DOMESTIC CHILD

	Total Cost	Salary 15,000-19,999		Salary 20,000 - 24,999		Salary 25,000 & Up		Employee 25%	NMHU 75%
		Employee 25%	NMHU 75%	Employee 30%	NMHU 70%	Employee 37%	NMHU 63%		
Blue Cross Blue Shield (PPO)	249.96	62.49	187.47	74.99	174.97	92.49	157.47		
(HMO) Presbyterian & Blue Cross Blue Shield	214.92	53.73	161.19	64.48	150.44	79.52	135.40		
Delta Dental	21.00	5.25	15.75	6.30	14.70	7.77	13.23		
Davis Vision Plan (75/25)	3.58							0.90	2.68

EMPLOYEE + CHILD(REN) W/DOMESTIC PARTNER

	Total Cost	Salary 15,000-19,999		Salary 20,000 - 24,999		Salary 25,000 & Up		Employee 25%	NMHU 75%
		Employee 25%	NMHU 75%	Employee 30%	NMHU 70%	Employee 37%	NMHU 63%		
Blue Cross Blue Shield (PPO)	359.35	89.84	269.51	107.81	251.54	132.96	226.39		
(HMO) Presbyterian & Blue Cross Blue Shield	308.93	77.23	231.70	92.68	216.25	114.30	194.63		
Delta Dental	11.30	2.83	8.47	3.39	7.91	4.18	7.12		
Davis Vision Plan (75/25)	1.75							0.44	1.31

EMPLOYEE + DOMESTIC PARTNER & CHILD(REN)

	Total Cost	Salary 15,000-19,999		Salary 20,000 - 24,999		Salary 25,000 & Up		Employee 25%	NMHU 75%
		Employee 25%	NMHU 75%	Employee 30%	NMHU 70%	Employee 37%	NMHU 63%		
Blue Cross Blue Shield (PPO)	609.31	152.33	456.98	182.79	426.52	225.44	383.87		
(HMO) Presbyterian & Blue Cross Blue Shield	523.85	130.96	392.89	157.16	366.69	193.82	330.03		
Delta Dental	32.30	8.08	24.22	9.69	22.61	11.95	20.35		
Davis Vision Plan (75/25)	5.33							1.33	4.00

DISABILITY

100% Employee Paid	\$4.94	<p>Work related injuries or illnesses are not covered under this plan</p> <p>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.</p> <p>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)</p> <p>Long Term Disability - (maximum of 2 years) Begins after Short Term Disability has ended as long as the employee still meets all eligibility requirements</p>
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