

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

24 Installs

CBA - Tenure Track

	Total Cost	Salary 25,000 & Up		EMPLOYEE ONLY
		Employee 37%	NMHU 63%	
Blue Cross Blue Shield (PPO)	312.43	115.60	196.83	
(HMO) Presbyterian & Blue Cross Blue Shield	268.65	99.40	169.25	
Delta Dental	16.17	5.98	10.19	
Davis Vision Plan	3.00	1.11	1.89	

	Total Cost	Salary 25,000 & Up		EMPLOYEE + SPOUSE
		Employee 37%	NMHU 63%	
Blue Cross Blue Shield (PPO)	703.01	260.11	442.90	
(HMO) Presbyterian & Blue Cross Blue Shield	604.46	223.65	380.81	
Delta Dental	32.31	11.95	20.36	
Davis Vision Plan	5.66	2.09	3.57	

	Total Cost	Salary 25,000 & Up		EMPLOYEE + CHILD(REN)
		Employee 37%	NMHU 63%	
Blue Cross Blue Shield (PPO)	562.39	208.08	354.31	
(HMO) Presbyterian & Blue Cross Blue Shield	483.57	178.92	304.65	
Delta Dental	37.17	13.75	23.42	
Davis Vision Plan	6.58	2.43	4.15	

	Total Cost	Salary 25,000 & Up		FAMILY
		Employee 37%	NMHU 63%	
Blue Cross Blue Shield (PPO)	921.74	341.04	580.70	
(HMO) Presbyterian & Blue Cross Blue Shield	792.50	293.23	499.27	
Delta Dental	48.47	17.93	30.54	
Davis Vision Plan	8.33	3.08	5.25	

		Salary 25,000 & Up		DOMESTIC PARTNER ADULT
	Total Cost	Employee 37%	NMHU 63%	
Blue Cross Blue Shield (PPO)	390.58	144.51	246.07	
(HMO) Presbyterian & Blue Cross Blue Shield	335.81	124.25	211.56	
Delta Dental	16.14	5.97	10.17	
Davis Vision Plan	2.66	0.98	1.68	

		Salary 25,000 & Up		DOMESTIC CHILD
	Total Cost	Employee 37%	NMHU 63%	
Blue Cross Blue Shield (PPO)	249.96	92.49	157.47	
(HMO) Presbyterian & Blue Cross Blue Shield	214.92	79.52	135.40	
Delta Dental	21.00	7.77	13.23	
Davis Vision Plan	3.58	1.32	2.26	

		Salary 25,000 & Up		EMPLOYEE + CHILD(REN) W/DOMESTIC PARTNER
	Total Cost	Employee 37%	NMHU 63%	
Blue Cross Blue Shield (PPO)	359.35	132.96	226.39	
(HMO) Presbyterian & Blue Cross Blue Shield	308.93	114.30	194.63	
Delta Dental	11.30	4.18	7.12	
Vision Service Plan	1.75	0.65	1.10	

		Salary 25,000 & Up		EMPLOYEE + DOMESTIC PARTNER & CHILD(REN)
	Total Cost	Employee 37%	NMHU 63%	
Blue Cross Blue Shield (PPO)	609.31	225.44	383.87	
(HMO) Presbyterian & Blue Cross Blue Shield	523.85	193.82	330.03	
Delta Dental	32.30	11.95	20.35	
Davis Vision Plan	5.33	1.97	3.36	

DISABILITY

100% Employee Paid	\$4.94	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