

Jul-26
STATE OF NEW MEXICO LPB
LPB HALF-MONTH CONTRIBUTION SCHEDULE - 0% LOAD (OVER 24 PAY PERIODS)

EMPLOYEE COVERAGE

	GROSS RATE 1/2 Month	EMPLOYEE COVERAGE					
		Employee 20%	LPB 80%	Employee 30%	LPB 70%	Employee 40%	LPB 60%
Admin. Fee	\$ 0.83	\$ 0.17	\$ 0.66	\$ 0.25	\$ 0.58	\$ 0.33	\$ 0.50
Clear Cost Platinum HMO	\$ 448.70	\$ 89.74	\$ 358.96	\$ 134.61	\$ 314.09	\$ 179.48	\$ 269.22
Basic Gold HMO	\$ 376.24	\$ 75.25	\$ 300.99	\$ 112.87	\$ 263.36	\$ 150.49	\$ 225.74
Basic Gold PPO	\$ 524.06	\$ 104.81	\$ 419.25	\$ 157.22	\$ 366.84	\$ 209.62	\$ 314.44
HDHP Silver PPO	\$ 296.10	\$ 59.22	\$ 236.88	\$ 88.83	\$ 207.27	\$ 118.44	\$ 177.66
Basic Dental	\$ 17.60	\$ 3.52	\$ 14.08	\$ 5.28	\$ 12.32	\$ 7.04	\$ 10.56
Dental Buy-Up	\$ 18.77	\$ 3.75	\$ 15.01	\$ 5.63	\$ 13.14	\$ 7.51	\$ 11.26
Basic Vision	\$ 3.28	\$ 0.66	\$ 2.62	\$ 0.98	\$ 2.30	\$ 1.31	\$ 1.97
Buy-Up Vision	\$ 4.27	\$ 0.85	\$ 3.41	\$ 1.28	\$ 2.99	\$ 1.71	\$ 2.56
Basic Life	\$ 3.53	\$ -	\$ 3.53	\$ -	\$ 3.53	\$ -	\$ 3.53
Disability	\$ 5.98	\$ 5.98	\$ -	\$ 5.98	\$ -	\$ 5.98	\$ -

EMPLOYEE PLUS SPOUSE COVERAGE

	GROSS RATE 1/2 Month	EMPLOYEE PLUS SPOUSE COVERAGE					
		Employee 20%	LPB 80%	Employee 30%	LPB 70%	Employee 40%	LPB 60%
Admin. Fee	\$ 0.83	\$ 0.17	\$ 0.66	\$ 0.25	\$ 0.58	\$ 0.33	\$ 0.50
Clear Cost Platinum HMO	\$ 1,010.74	\$ 202.15	\$ 808.59	\$ 303.22	\$ 707.51	\$ 404.29	\$ 606.44
Basic Gold HMO	\$ 847.70	\$ 169.54	\$ 678.16	\$ 254.31	\$ 593.39	\$ 339.08	\$ 508.62
Basic Gold PPO	\$ 1,180.39	\$ 236.08	\$ 944.31	\$ 354.12	\$ 826.27	\$ 472.15	\$ 708.23
HDHP Silver PPO	\$ 667.44	\$ 133.49	\$ 533.95	\$ 200.23	\$ 467.21	\$ 266.98	\$ 400.46
Basic Dental	\$ 35.18	\$ 7.04	\$ 28.14	\$ 10.55	\$ 24.63	\$ 14.07	\$ 21.11
Dental Buy-Up	\$ 37.51	\$ 7.50	\$ 30.00	\$ 11.25	\$ 26.25	\$ 15.00	\$ 22.50
Basic Vision	\$ 6.15	\$ 1.23	\$ 4.92	\$ 1.85	\$ 4.31	\$ 2.46	\$ 3.69
Buy-Up Vision	\$ 8.00	\$ 1.60	\$ 6.40	\$ 2.40	\$ 5.60	\$ 3.20	\$ 4.80
Basic Life	\$ 3.53	\$ -	\$ 3.53	\$ -	\$ 3.53	\$ -	\$ 3.53
Disability	\$ 5.98	\$ 5.98	\$ -	\$ 5.98	\$ -	\$ 5.98	\$ -

EMPLOYEE PLUS CHILD/CHILDREN COVERAGE

	GROSS RATE 1/2 Month	EMPLOYEE PLUS CHILD/CHILDREN COVERAGE					
		Employee 20%	LPB 80%	Employee 30%	LPB 70%	Employee 40%	LPB 60%
Admin. Fee	\$ 0.83	\$ 0.17	\$ 0.66	\$ 0.25	\$ 0.58	\$ 0.33	\$ 0.50
Clear Cost Platinum HMO	\$ 808.62	\$ 161.72	\$ 646.89	\$ 242.58	\$ 566.03	\$ 323.45	\$ 485.17
Basic Gold HMO	\$ 678.18	\$ 135.64	\$ 542.54	\$ 203.45	\$ 474.72	\$ 271.27	\$ 406.91
Basic Gold PPO	\$ 944.30	\$ 188.86	\$ 755.44	\$ 283.29	\$ 661.01	\$ 377.72	\$ 566.58
HDHP Silver PPO	\$ 533.95	\$ 106.79	\$ 427.16	\$ 160.18	\$ 373.76	\$ 213.58	\$ 320.37
Basic Dental	\$ 40.47	\$ 8.09	\$ 32.38	\$ 12.14	\$ 28.33	\$ 16.19	\$ 24.28
Dental Buy-Up	\$ 43.15	\$ 8.63	\$ 34.52	\$ 12.94	\$ 30.20	\$ 17.26	\$ 25.89
Basic Vision	\$ 7.17	\$ 1.43	\$ 5.74	\$ 2.15	\$ 5.02	\$ 2.87	\$ 4.30
Buy-Up Vision	\$ 9.32	\$ 1.86	\$ 7.46	\$ 2.80	\$ 6.52	\$ 3.73	\$ 5.59
Basic Life	\$ 3.53	\$ -	\$ 3.53	\$ -	\$ 3.53	\$ -	\$ 3.53
Disability	\$ 5.98	\$ 5.98	\$ -	\$ 5.98	\$ -	\$ 5.98	\$ -

FAMILY COVERAGE

	GROSS RATE 1/2 Month	FAMILY COVERAGE					
		Employee 20%	LPB 80%	Employee 30%	LPB 70%	Employee 40%	LPB 60%
Admin. Fee	\$ 0.83	\$ 0.17	\$ 0.66	\$ 0.25	\$ 0.58	\$ 0.33	\$ 0.50
Clear Cost Platinum HMO	\$ 1,325.18	\$ 265.04	\$ 1,060.14	\$ 397.55	\$ 927.62	\$ 530.07	\$ 795.11
Basic Gold HMO	\$ 1,111.41	\$ 222.28	\$ 889.13	\$ 333.42	\$ 777.99	\$ 444.56	\$ 666.85
Basic Gold PPO	\$ 1,547.65	\$ 309.53	\$ 1,238.12	\$ 464.30	\$ 1,083.36	\$ 619.06	\$ 928.59
HDHP Silver PPO	\$ 875.11	\$ 175.02	\$ 700.09	\$ 262.53	\$ 612.58	\$ 350.04	\$ 525.07
Basic Dental	\$ 52.78	\$ 10.56	\$ 42.22	\$ 15.83	\$ 36.95	\$ 21.11	\$ 31.67
Dental Buy-Up	\$ 56.27	\$ 11.25	\$ 45.01	\$ 16.88	\$ 39.39	\$ 22.51	\$ 33.76
Basic Vision	\$ 9.08	\$ 1.82	\$ 7.26	\$ 2.72	\$ 6.36	\$ 3.63	\$ 5.45
Buy-Up Vision	\$ 11.81	\$ 2.36	\$ 9.44	\$ 3.54	\$ 8.26	\$ 4.72	\$ 7.08
Basic Life	\$ 3.53	\$ -	\$ 3.53	\$ -	\$ 3.53	\$ -	\$ 3.53
Disability	\$ 5.98	\$ 5.98	\$ -	\$ 5.98	\$ -	\$ 5.98	\$ -