Jul-25

STATE OF NEW MEXICO LPB

LPB HALF-MONTH CONTRIBUTION SCHEDULE - 0% LOAD (OVER 24 PAY PERIODS)

EMPLOYEE COVERAGE

	GROSS RATE 1/2 Month	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
Presbyterian - HMO	$ 390.40	$ 78.08	$ 312.32	$ 117.12	$ 273.28	$ 156.16	$ 234.24
BCBS NM - HMO	$ 390.40	$ 78.08	$ 312.32	$ 117.12	$ 273.28	$ 156.16	$ 234.24
BCBS NM - PPO	$ 454.02	$ 90.80	$ 363.22	$ 136.21	$ 317.81	$ 181.61	$ 272.41
Delta Dental	$ 17.60	$ 3.52	$ 14.08	$ 5.28	$ 12.32	$ 7.04	$ 10.56
Basic Life	$ 3.53	$ -	$ 3.53	$ -	$ 3.53	$ -	$ 3.53
Disability	$ 5.98	$ 5.98	$ -	$ 5.98	$ -	$ 5.98	$ -
Vision	$ 3.28	$ 0.66	$ 2.62	$ 0.98	$ 2.30	$ 1.31	$ 1.97

EMPLOYEE PLUS SPOUSE COVERAGE

	GROSS RATE 1/2 Month	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
Presbyterian - HMO	$ 878.40	$ 175.68	$ 702.72	$ 263.52	$ 614.88	$ 351.36	$ 527.04
BCBS NM - HMO	$ 878.40	$ 175.68	$ 702.72	$ 263.52	$ 614.88	$ 351.36	$ 527.04
BCBS NM - PPO	$ 1,021.62	$ 204.32	$ 817.30	$ 306.49	$ 715.13	$ 408.65	$ 612.97
Delta Dental	$ 35.18	$ 7.04	$ 28.14	$ 10.55	$ 24.63	$ 14.07	$ 21.11
Basic Life	$ 3.53	$ -	$ 3.53	$ -	$ 3.53	$ -	$ 3.53
Disability	$ 5.98	$ 5.98	$ -	$ 5.98	$ -	$ 5.98	$ -
Vision	$ 6.15	$ 1.23	$ 4.92	$ 1.85	$ 4.31	$ 2.46	$ 3.69

EMPLOYEE PLUS CHILD/CHILDREN COVERAGE

	GROSS RATE 1/2 Month	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
Presbyterian - HMO	$ 702.74	$ 140.55	$ 562.19	$ 210.82	$ 491.92	$ 281.10	$ 421.64
BCBS NM - HMO	$ 702.74	$ 140.55	$ 562.19	$ 210.82	$ 491.92	$ 281.10	$ 421.64
BCBS NM - PPO	$ 817.28	$ 163.46	$ 653.82	$ 245.18	$ 572.10	$ 326.91	$ 490.37
Delta Dental	$ 40.47	$ 8.09	$ 32.38	$ 12.14	$ 28.33	$ 16.19	$ 24.28
Basic Life	$ 3.53	$ -	$ 3.53	$ -	$ 3.53	$ -	$ 3.53
Disability	$ 5.98	$ 5.98	$ -	$ 5.98	$ -	$ 5.98	$ -
Vision	$ 7.17	$ 1.43	$ 5.74	$ 2.15	$ 5.02	$ 2.87	$ 4.30

FAMILY COVERAGE

	GROSS RATE 1/2 Month	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
Presbyterian - HMO	$ 1,151.67	$ 230.33	$ 921.34	$ 345.50	$ 806.17	$ 460.67	$ 691.00
BCBS NM - HMO	$ 1,151.67	$ 230.33	$ 921.34	$ 345.50	$ 806.17	$ 460.67	$ 691.00
BCBS NM - PPO	$ 1,339.48	$ 267.90	$ 1,071.58	$ 401.84	$ 937.64	$ 535.79	$ 803.69
Delta Dental	$ 52.78	$ 10.56	$ 42.22	$ 15.83	$ 36.95	$ 21.11	$ 31.67
Basic Life	$ 3.53	$ -	$ 3.53	$ -	$ 3.53	$ -	$ 3.53
Disability	$ 5.98	$ 5.98	$ -	$ 5.98	$ -	$ 5.98	$ -
Vision	$ 9.08	$ 1.82	$ 7.26	$ 2.72	$ 6.36	$ 3.63	$ 5.45