**JULY 2012 - JUNE 2013**
**STATE OF NEW MEXICO**
**BI-WEEKLY CONTRIBUTION SCHEDULE**

## EMPLOYEE COVERAGE

| | GROSS RATE | Salary Less than $50k Employee 20% | Salary Less than $50k State 80% | Salary $50K to $59,999K Employee 30% | Salary $50K to $59,999K State 70% | Salary $60K and Over Employee 40% | Salary $60K and Over State 60% |
|---|---|---|---|---|---|---|---|
| Admin. Fee | $ 0.60 | $ 0.12 | $ 0.48 | $ 0.18 | $ 0.42 | $ 0.24 | $ 0.36 |
| Presbyterian - HMO | $ 170.86 | $ 34.17 | $ 136.69 | $ 51.26 | $ 119.60 | $ 68.35 | $ 102.51 |
| Presbyterian - HDHP | $ 136.69 | $ 27.34 | $ 109.35 | $ 41.01 | $ 95.68 | $ 54.68 | $ 82.01 |
| Lovelace - HMO | $ 170.86 | $ 34.17 | $ 136.69 | $ 51.26 | $ 119.60 | $ 68.35 | $ 102.51 |
| BCBS - PPO | $ 198.71 | $ 39.74 | $ 158.97 | $ 59.61 | $ 139.10 | $ 79.48 | $ 119.23 |
| Delta Dental | $ 13.39 | $ 2.68 | $ 10.71 | $ 4.02 | $ 9.37 | $ 5.36 | $ 8.03 |
| Basic Life | $ 1.94 | $ 0.39 | $ 1.55 | $ 0.58 | $ 1.36 | $ 0.78 | $ 1.16 |
| Disability | $ 4.34 | $ 0.87 | $ 3.47 | $ 1.30 | $ 3.04 | $ 1.74 | $ 2.60 |
| Vision Service Plan | $ 2.48 | $ 0.50 | $ 1.98 | $ 0.75 | $ 1.73 | $ 0.99 | $ 1.49 |
| ARAG Legal | $ 7.90 | | Employee pays 100% | | | | |
| ARAG Legal plus SR Advocate | $ 11.82 | | Employee pays 100% | | | | |

## EMPLOYEE PLUS SPOUSE COVERAGE

| | GROSS RATE | Salary Less than $50k Employee 20% | Salary Less than $50k State 80% | Salary $50K to $59,999K Employee 30% | Salary $50K to $59,999K State 70% | Salary $60K and Over Employee 40% | Salary $60K and Over State 60% |
|---|---|---|---|---|---|---|---|
| Admin. Fee | $ 0.60 | $ 0.12 | $ 0.48 | $ 0.18 | $ 0.42 | $ 0.24 | $ 0.36 |
| Presbyterian - HMO | $ 384.42 | $ 76.88 | $ 307.54 | $ 115.33 | $ 269.09 | $ 153.77 | $ 230.65 |
| Presbyterian - HDHP | $ 307.54 | $ 61.51 | $ 246.03 | $ 92.26 | $ 215.28 | $ 123.02 | $ 184.52 |
| Lovelace - HMO | $ 384.42 | $ 76.88 | $ 307.54 | $ 115.33 | $ 269.09 | $ 153.77 | $ 230.65 |
| BCBS - PPO | $ 447.11 | $ 89.43 | $ 357.68 | $ 134.14 | $ 312.97 | $ 178.85 | $ 268.26 |
| Delta Dental | $ 26.77 | $ 5.35 | $ 21.42 | $ 8.03 | $ 18.74 | $ 10.71 | $ 16.06 |
| Basic Life | $ 1.94 | $ 0.39 | $ 1.55 | $ 0.58 | $ 1.36 | $ 0.78 | $ 1.16 |
| Disability | $ 4.34 | $ 0.87 | $ 3.47 | $ 1.30 | $ 3.04 | $ 1.74 | $ 2.60 |
| Dependent Life | $ 1.08 | $ 0.22 | $ 0.86 | $ 0.33 | $ 0.75 | $ 0.43 | $ 0.65 |
| Vision Service Plan | $ 4.68 | $ 0.94 | $ 3.74 | $ 1.41 | $ 3.27 | $ 1.87 | $ 2.81 |
| ARAG Legal | $ 10.06 | | Employee pays 100% | | | | |
| ARAG Legal plus SR Advocate | $ 13.98 | | Employee pays 100% | | | | |

## EMPLOYEE PLUS CHILD COVERAGE

| | GROSS RATE | Salary Less than $50k Employee 20% | Salary Less than $50k State 80% | Salary $50K to $59,999K Employee 30% | Salary $50K to $59,999K State 70% | Salary $60K and Over Employee 40% | Salary $60K and Over State 60% |
|---|---|---|---|---|---|---|---|
| Admin. Fee | $ 0.60 | $ 0.12 | $ 0.48 | $ 0.18 | $ 0.42 | $ 0.24 | $ 0.36 |
| Presbyterian - HMO | $ 239.20 | $ 47.84 | $ 191.36 | $ 71.76 | $ 167.44 | $ 95.68 | $ 143.52 |
| Presbyterian - HDHP | $ 191.36 | $ 38.27 | $ 153.09 | $ 57.41 | $ 133.95 | $ 76.54 | $ 114.82 |
| Lovelace - HMO | $ 239.20 | $ 47.84 | $ 191.36 | $ 71.76 | $ 167.44 | $ 95.68 | $ 143.52 |
| BCBS - PPO | $ 278.20 | $ 55.64 | $ 222.56 | $ 83.46 | $ 194.74 | $ 111.28 | $ 166.92 |
| Delta Dental | $ 26.77 | $ 5.35 | $ 21.42 | $ 8.03 | $ 18.74 | $ 10.71 | $ 16.06 |
| Basic Life | $ 1.94 | $ 0.39 | $ 1.55 | $ 0.58 | $ 1.36 | $ 0.78 | $ 1.16 |
| Disability | $ 4.34 | $ 0.87 | $ 3.47 | $ 1.30 | $ 3.04 | $ 1.74 | $ 2.60 |
| Dependent Life | $ 1.08 | $ 0.22 | $ 0.86 | $ 0.33 | $ 0.75 | $ 0.43 | $ 0.65 |
| Vision Service Plan | $ 4.68 | $ 0.94 | $ 3.74 | $ 1.41 | $ 3.27 | $ 1.87 | $ 2.81 |
| ARAG Legal | $ 10.06 | | Employee pays 100% | | | | |
| ARAG Legal plus SR Advocate | $ 13.98 | | Employee pays 100% | | | | |

## FAMILY COVERAGE

| | GROSS RATE | Salary Less than $50k Employee 20% | Salary Less than $50k State 80% | Salary $50K to $59,999K Employee 30% | Salary $50K to $59,999K State 70% | Salary $60K and Over Employee 40% | Salary $60K and Over State 60% |
|---|---|---|---|---|---|---|---|
| Admin. Fee | $ 0.60 | $ 0.12 | $ 0.48 | $ 0.18 | $ 0.42 | $ 0.24 | $ 0.36 |
| Presbyterian - HMO | $ 504.02 | $ 100.81 | $ 403.21 | $ 151.21 | $ 352.81 | $ 201.61 | $ 302.41 |
| Presbyterian - HDHP | $ 403.22 | $ 80.65 | $ 322.57 | $ 120.97 | $ 282.25 | $ 161.29 | $ 241.93 |
| Lovelace - HMO | $ 504.02 | $ 100.81 | $ 403.21 | $ 151.21 | $ 352.81 | $ 201.61 | $ 302.41 |
| BCBS - PPO | $ 586.20 | $ 117.24 | $ 468.96 | $ 175.86 | $ 410.34 | $ 234.48 | $ 351.72 |
| Delta Dental | $ 40.16 | $ 8.03 | $ 32.13 | $ 12.05 | $ 28.11 | $ 16.06 | $ 24.10 |
| Basic Life | $ 1.94 | $ 0.39 | $ 1.55 | $ 0.58 | $ 1.36 | $ 0.78 | $ 1.16 |
| Disability | $ 4.34 | $ 0.87 | $ 3.47 | $ 1.30 | $ 3.04 | $ 1.74 | $ 2.60 |
| Dependent Life | $ 1.08 | $ 0.22 | $ 0.86 | $ 0.33 | $ 0.75 | $ 0.43 | $ 0.65 |
| Vision Service Plan | $ 6.90 | $ 1.38 | $ 5.52 | $ 2.07 | $ 4.83 | $ 2.76 | $ 4.14 |
| ARAG Legal | $ 10.35 | | Employee pays 100% | | | | |
| ARAG Legal plus SR Advocate | $ 14.28 | | Employee pays 100% | | | | |

**JULY 2012 - JUNE 2013**
**STATE OF NEW MEXICO**
**BI-WEEKLY CONTRIBUTION SCHEDULE**

**Domestic Partner Adult Only**
(use Employee Only + this selection)
Equals EE + Spouse Premium

| | | Salary Less than $50k | | | Salary $50K to $59,999K | | Salary $60K and Over | |
|---|---|---|---|---|---|---|---|---|
| | GROSS RATE | Employee 20% | State 80% | Employee 30% | State 70% | Employee 40% | State 60% |
| **Presbyterian** | $ 213.56 | $ 42.71 | $ 170.85 | $ 64.07 | $ 149.49 | $ 85.42 | $ 128.14 |
| **Lovelace** | $ 213.56 | $ 42.71 | $ 170.85 | $ 64.07 | $ 149.49 | $ 85.42 | $ 128.14 |
| **BCBS** | $ 248.40 | $ 49.68 | $ 198.72 | $ 74.52 | $ 173.88 | $ 99.36 | $ 149.04 |
| **Delta Dental** | $ 13.38 | $ 2.68 | $ 10.70 | $ 4.01 | $ 9.37 | $ 5.35 | $ 8.03 |
| **Vision Service Plan** | $ 2.20 | $ 0.44 | $ 1.76 | $ 0.66 | $ 1.54 | $ 0.88 | $ 1.32 |

**Domestic Child Only**
(use Employee Only + this selection)
Equals EE + Child Premium

| | | Salary Less than $50k | | | Salary $50K to $59,999K | | Salary $60K and Over | |
|---|---|---|---|---|---|---|---|---|
| | GROSS RATE | Employee 20% | State 80% | Employee 30% | State 70% | Employee 40% | State 60% |
| **Presbyterian** | $ 68.34 | $ 13.67 | $ 54.67 | $ 20.50 | $ 47.84 | $ 27.34 | $ 41.00 |
| **Lovelace** | $ 68.34 | $ 13.67 | $ 54.67 | $ 20.50 | $ 47.84 | $ 27.34 | $ 41.00 |
| **BCBS** | $ 79.49 | $ 15.90 | $ 63.59 | $ 23.85 | $ 55.64 | $ 31.80 | $ 47.69 |
| **Delta Dental** | $ 13.38 | $ 2.68 | $ 10.70 | $ 4.01 | $ 9.37 | $ 5.35 | $ 8.03 |
| **Vision Service Plan** | $ 2.20 | $ 0.44 | $ 1.76 | $ 0.66 | $ 1.54 | $ 0.88 | $ 1.32 |

**Domestic Partner Combined With Employee Plus Child**
(use Employee+child + this selection)
Equals Family Premium

| | | Salary Less than $50k | | | Salary $50K to $59,999K | | Salary $60K and Over | |
|---|---|---|---|---|---|---|---|---|
| | GROSS RATE | Employee 20% | State 80% | Employee 30% | State 70% | Employee 40% | State 60% |
| **Presbyterian** | $ 264.82 | $ 52.96 | $ 211.86 | $ 79.45 | $ 185.37 | $ 105.93 | $ 158.89 |
| **Lovelace** | $ 264.82 | $ 52.96 | $ 211.86 | $ 79.45 | $ 185.37 | $ 105.93 | $ 158.89 |
| **BCBS** | $ 308.00 | $ 61.60 | $ 246.40 | $ 92.40 | $ 215.60 | $ 123.20 | $ 184.80 |
| **Delta Dental** | $ 13.39 | $ 2.68 | $ 10.71 | $ 4.02 | $ 9.37 | $ 5.36 | $ 8.03 |
| **Vision Service Plan** | $ 2.22 | $ 0.44 | $ 1.78 | $ 0.67 | $ 1.55 | $ 0.89 | $ 1.33 |

**Domestic Partner Plus Multiple Dependents**
(use Employee Only + this selection)
Equals Family Premium

| | | Salary Less than $50k | | | Salary $50K to $59,999K | | Salary $60K and Over | |
|---|---|---|---|---|---|---|---|---|
| | GROSS RATE | Employee 20% | State 80% | Employee 30% | State 70% | Employee 40% | State 60% |
| **Presbyterian** | $ 333.16 | $ 66.63 | $ 266.53 | $ 99.95 | $ 233.21 | $ 133.26 | $ 199.90 |
| **Lovelace** | $ 333.16 | $ 66.63 | $ 266.53 | $ 99.95 | $ 233.21 | $ 133.26 | $ 199.90 |
| **BCBS** | $ 387.49 | $ 77.50 | $ 309.99 | $ 116.25 | $ 271.24 | $ 155.00 | $ 232.49 |
| **Delta Dental** | $ 26.77 | $ 5.35 | $ 21.42 | $ 8.03 | $ 18.74 | $ 10.71 | $ 16.06 |
| **Vision Service Plan** | $ 4.42 | $ 0.88 | $ 3.54 | $ 1.33 | $ 3.09 | $ 1.77 | $ 2.65 |