

University of Alaska

EE Contribution Summary

UAA Competitors	Salary Based EE Contributions
Auburn	Yes
Boise	No
Cleveland State	No
Indiana State	Yes
Indiana U	Yes
Northern Kentucky U	No

UAF Competitors	Salary Based EE Contributions
Oregon State	No
University of Maine	No
Montana State	No
Utah State	Yes
New Mexico State	Yes
University of Nevada-Reno	No
North Dakota State	No

UAS Competitors	Salary Based EE Contributions
Adams State	No
Eastern Oregon	No
Western Oregon	No
Georgia SouthWestern	No
Northern Kentucky	No

Auburn University

2013 Deduction Amounts Effective 01-01-2013

	Salary Under 26,700				Salary 26,700 - 39,999				Salary equal to or greater than 40,000	
	Self	EE + Sp	EE + Ch	Family	Self	EE + Sp	EE + Ch	Family	Self	EE + Sp
Biweekly	43.54	89.28	82.74	97.99	65.32	133.92	124.11	146.98	87.09	178.55
Monthly	94.36	193.43	179.27	212.31	141.53	290.15	268.91	318.46	188.71	386.86
18-pay	62.9	128.96	119.52	141.53	94.36	193.43	179.28	212.3	125.81	257.91

o/over 40,000

EE + Ch	Family
165.48	195.97
358.55	424.61
239.04	283.07

2013 Health Coverage Rates

Employees With A Base Salary Below \$28,500

	Employee Monthly Share	Employee Bi-weekly Share	Employee Monthly Increase	Employee Bi-weekly Increase
Employee	\$138.00	\$69.00	\$12.00	\$6.00
Employee/Child(ren)	\$246.00	\$123.00	\$21.00	\$10.50
Employee/Spouse	\$310.00	\$155.00	\$27.00	\$13.50
Employee/Dependents	\$341.00	\$170.50	\$30.00	\$15.00

Employees With A Base Salary of \$28,500 to \$80,999

	Employee Monthly Share	Employee Bi-weekly Share	Employee Monthly Increase	Employee Bi-weekly Increase
Employee	\$169.00	\$84.50	\$15.00	\$7.50
Employee/Child(ren)	\$312.00	\$156.00	\$27.00	\$13.50
Employee/Spouse	\$397.00	\$198.50	\$34.00	\$17.00
Employee/Dependents	\$435.00	\$217.50	\$38.00	\$19.00

Employees With A Base Salary of \$81,000 and Above

	Employee Monthly Share	Employee Bi-weekly Share	Employee Monthly Increase	Employee Bi-weekly Increase
Employee	\$208.00	\$104.00	\$18.00	\$9.00
Employee/Child(ren)	\$364.00	\$182.00	\$32.00	\$16.00
Employee/Spouse	\$449.00	\$224.50	\$39.00	\$19.50
Employee/Dependents	\$489.00	\$244.50	\$42.00	\$21.00

Indiana University 2013 Medical Deductions

	Monthly Employee Contribution						
	Employee's Annual Base Salary*						
	Below \$30,000	\$30,000 - \$49,999	\$50,000 - \$99,999	\$100,000 - \$149,999	\$150,000 - \$199,999	\$200,000 - \$249,999	\$250,000 and above
Employee only coverage							
HDHP PPO & HSA	\$28.93	\$39.74	\$53.25	\$66.77	\$80.28	\$93.81	\$107.33
PPO \$900 Deductible	\$65.66	\$86.44	\$112.41	\$138.38	\$164.35	\$190.32	\$216.29
IU Health Quality Partners**	\$76.81	\$97.17	\$122.61	\$148.05	\$173.50	\$198.94	\$224.38
PPO \$400 Deductible	#####	\$125.15	\$153.57	\$182.00	\$210.42	\$238.84	\$267.26
Employee and Child(ren) coverage							
HDHP PPO & HSA	\$57.69	\$79.26	\$106.22	\$133.19	\$160.15	\$187.11	\$214.08
PPO \$900 Deductible	#####	\$172.41	\$224.21	\$276.01	\$327.81	\$379.62	\$431.42
IU Health Quality Partners**	#####	\$193.81	\$244.57	\$295.32	\$346.07	\$396.81	\$447.57
PPO \$400 Deductible	#####	\$247.92	\$304.20	\$360.50	\$416.80	\$473.09	\$529.39
Employee and Spouse coverage							
HDHP PPO & HSA	\$70.52	\$96.90	\$129.86	\$162.82	\$195.78	\$228.75	\$261.71
PPO \$900 Deductible	#####	\$210.77	\$274.10	\$337.42	\$400.75	\$464.08	\$527.40
IU Health Quality Partners**	#####	\$236.94	\$298.98	\$361.02	\$423.06	\$485.10	\$547.16
PPO \$400 Deductible	#####	\$303.64	\$372.59	\$441.55	\$510.50	\$579.45	\$648.39
Family coverage							

HDHP PPO & HSA	\$80.09	\$110.04	\$147.48	\$184.91	\$222.35	\$259.78	\$297.21
PPO \$900 Deductible	#####	\$239.36	\$311.27	\$383.19	\$455.11	\$527.02	\$598.95
IU Health Quality Partners**	#####	\$269.08	\$339.53	\$409.99	\$480.45	\$550.92	\$621.38
PPO \$400 Deductible	#####	\$344.77	\$423.06	\$501.35	\$579.64	\$657.93	\$736.23

* The employee's salary band is determined by the annual base salary at the time payroll runs each month.

** Eligibility is limited to employees residing in certain counties

Utah State University

2012-2013 Deductions

Medical Plan	High Premium ('Blue') PLAN Employee Portion	Wellness ('White') PLAN Employee Portion	HIGH DEDUCTIBLE ('Choice') PPLAN Employee Portion
Employee Only			
<i>Annual Salary:</i>			
	\$24,265 or less	\$35.30	\$11.49
	\$24,266-\$36,925	\$45.33	\$14.53
	\$36,926-\$56,970	\$56.51	\$18.30
	\$56,971 or more	\$70.60	\$22.98
Employee plus one dependent			
<i>Annual Salary:</i>			
	\$24,265 or less	\$79.51	\$79.51
	\$24,266-\$36,925	\$101.99	\$32.70
	\$36,926-\$56,970	\$127.16	\$41.19
	\$56,971 or more	\$159.01	\$51.70
Employee plus two or more dependents			
<i>Annual Salary:</i>			
	\$24,265 or less	\$114.73	\$37.34
	\$24,266-\$36,925	\$147.32	\$47.23
	\$36,926-\$56,970	\$183.67	\$59.49
	\$56,971 or more	\$229.46	\$74.68

Benefit Premiums Effective July 1, 2012

*Premium Contributions for Medical, Group Life, and Long Term Disability are shared between NMSU and the employees based on the following salary schedule:

Annual Salary	NMSU %	Employee %
\$0 - \$26,249	80	20
\$26,250 - \$31,499	70	30
\$31,500+	60	40

Medical Premiums Per Paycheck

Plan	Premiums for 12 month employees				Premiums for 9 month employees			
	Total Premium	Employee 20%	Employee 30%	Employee 40%	Total Premium	Employee 20%	Employee 30%	Employee 40%
BCBSNM PPO Employee Only	\$215.27	\$43.05	\$64.58	\$86.11	\$287.03	\$57.41	\$86.11	\$114.81
BCBSNM PPO Employee + Spouse	\$484.37	\$96.88	\$145.31	\$193.75	\$645.83	\$129.17	\$193.75	\$258.33
BCBSNM PPO Employee + Child	\$301.39	\$60.28	\$90.42	\$120.56	\$401.85	\$80.37	\$120.56	\$160.74
BCBSNM PPO Family	\$635.05	\$127.01	\$190.52	\$254.02	\$846.73	\$169.35	\$254.02	\$338.69
Presbyterian HDHP Employee Only	\$148.08	\$29.62	\$44.42	\$59.23	\$197.44	\$39.49	\$59.23	\$78.98
Presbyterian HDHP Employee + Spouse	\$333.16	\$66.63	\$99.95	\$133.27	\$444.22	\$88.84	\$133.27	\$177.69
Presbyterian HDHP Employee + Child	\$207.31	\$41.46	\$62.19	\$82.92	\$276.41	\$55.28	\$82.92	\$110.56
Presbyterian HDHP Family	\$436.82	\$87.36	\$131.05	\$174.73	\$582.42	\$116.48	\$174.73	\$232.97
Presbyterian HMO Employee Only	\$185.10	\$37.02	\$55.53	\$74.04	\$246.80	\$49.36	\$74.04	\$98.72
Presbyterian HMO Employee + Spouse	\$416.46	\$83.29	\$124.94	\$166.58	\$555.28	\$111.06	\$166.58	\$222.11
Presbyterian HMO Employee + Child	\$259.13	\$51.83	\$77.74	\$103.65	\$345.51	\$69.10	\$103.65	\$138.20
Presbyterian HMO Family	\$546.02	\$109.20	\$163.81	\$218.41	\$728.03	\$145.61	\$218.41	\$291.21
Lovelace HMO Employee Only	\$185.10	\$37.02	\$55.53	\$74.04	\$246.80	\$49.36	\$74.04	\$98.72
Lovelace HMO Employee + Spouse	\$416.46	\$83.29	\$124.94	\$166.58	\$555.28	\$111.06	\$166.58	\$222.11
Lovelace HMO Employee + Child	\$259.13	\$51.83	\$77.74	\$103.65	\$345.51	\$69.10	\$103.65	\$138.20
Lovelace HMO Family	\$546.02	\$109.20	\$163.81	\$218.41	\$728.03	\$145.61	\$218.41	\$291.21

9 month premiums are taken over the 9 month academic year. 9 month premiums are calculated by taking the 12 month premium, multiplying by 24 paychecks and dividing by 18 paychecks.

