

# STATE OF NEW MEXICO GROUP BENEFITS PLAN

JULY 1, 2017 - JUNE 30, 2018

## SONM COBRA MONTHLY RATES

<b>BENEFIT AND CARRIER</b>	<b>EMPLOYEE ONLY</b>	<b>EMPLOYEE AND SPOUSE</b>	<b>INDIVIDUAL PLUS ONE OR MORE CHILDREN</b>	<b>FAMILY PREMIUM</b>
<b>MEDICAL</b>				
NM Blue Cross Blue Shield PPO	583.68	1313.32	1050.62	1721.90
Presbyterian				
<b>HMO</b>	501.85	1129.19	903.34	1480.51
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<b>DENTAL</b>				
Delta Dental	30.17	60.35	69.43	90.53
<b>VISION</b>				
<b>Davis Vision</b>	5.59	10.55	12.29	15.54
SONM Admin Fee	1.30	1.30	1.30	1.30