



**Michelle Lujan Grisham, Governor**  
Kari Armijo, Secretary  
Alex Castillo Smith, Deputy Secretary  
Kathy Slater Huff, Deputy Secretary  
Niki Kozlowski, Deputy Secretary  
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## State Employee Premium Assistance Program

### What State of New Mexico Employees Need to Know

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For benefits beginning July 1, 2026 (Fiscal Year 27), the State of New Mexico offers extra premium help through the **State Employee Premium Assistance (SEPA)** program. SEPA helps lower the cost of health, dental, and vision insurance for eligible state employees. This is a guide that will help you navigate whether you are eligible for SEPA and how much extra help you can get with your premiums. [Click Here](#) to complete a quick eligibility screening to see if you may qualify for SEPA.

State  
Employee  
Premium  
Assistance



### About SEPA Eligibility

Under SEPA, we will consider your entire household's income. You may qualify for SEPA if you don't qualify for Medicaid and:



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- Your total household income is between 138% and 250% of the Federal Poverty Level (FPL); **OR**
- Your state employee salary is between \$39,125 and \$50,000 and you are only enrolling yourself.

If you have dependents who qualify for Medicaid, but you do not, you can still qualify for SEPA at a lower discount.

## How SEPA Eligibility Is Determined

Most employees will be automatically reviewed for SEPA eligibility using their latest tax returns. If you are automatically determined to be eligible, you will receive an email from HCA in April confirming your eligibility. If you are not automatically determined but believe you may qualify, you can apply during Open Enrollment April 15, 2026 – May 15, 2026, you will need to submit proof of income, such as:

- A recent tax return
- Recent pay stubs
- Other official documents showing your income

HCA will send an email to all employees in April with instructions for how to apply. Please note providing false information may cause you to lose future SEPA assistance. Always report truthful information about your household.

## Understanding SEPA Income Levels

The SEPA program helps employees with low to moderate household incomes. Your eligibility depends on your total household income and how many people live in your household. If your household income falls within these ranges below based on your household size, you may qualify for SEPA. There are 3 SEPA income groups based on how much money your household makes and how many people you claim on your taxes.



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Household Size	SEPA Group 1 Income Range	SEPA Group 2 Income Range	SEPA Group 3 Income Range
1 person	\$21,597 - \$27,388	\$27,388 - \$33,178	\$33,178 – \$39,125
2 people	\$29,187 - \$37,013	\$37,013 - \$44,838	\$44,838 - \$52,875
3 people	\$36,777 - \$46,638	\$46,638 - \$56,498	\$56,498 - \$66,625
4 people	\$44,367 - \$56,263	\$56,263 - \$68,158	\$68,158 - \$80,375
5 people	\$51,957 - \$65,888	\$65,888 - \$79,818	\$79,818 - \$94,125
6 people	\$59,547 - \$75,513	\$75,513 - \$91,478	\$91,478 - \$107,875
7 people	\$67,137 - \$85,138	\$85,138 - \$103,138	\$103,138 - \$121,625
8 people	\$74,727 - \$94,763	\$94,763 - \$114,798	\$114,798 - \$135,375

If you have more than 8 people in your household, please email [SHB.Questions@hca.nm.gov](mailto:SHB.Questions@hca.nm.gov) and we will provide you with the income range.

### Percent of Premiums Paid by Employee

Coverage Category	SEPA Group 1	SEPA Group 2	SEPA Group 3
Employee Only	0%	5%	10%
Employee + Partner	0%	5%	10%
Employee + Children	5%	10%	15%
Family	5%	10%	15%

You may also qualify to pay 10% of premiums if your annual salary is between \$39,125 and \$50,000 and you are only purchasing coverage only for yourself.

## Examples of What You Could Pay If You Qualify

### Employee Only Coverage:

- Employees in SEPA Group 1 may pay **\$0** per pay period.
- Employees in SEPA Group 3 may pay about **\$35 - \$42** per pay period for HMO medical plan options.



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### **Employee + Partner Coverage:**

- Employees in SEPA Group 1 may pay **\$0** per pay period.
- Employees in SEPA Group 3 may pay about **\$78 - \$92** per pay period for HMO medical plan options.

### **Employee + Children Coverage:**

- The cost of coverage for an employee and eligible children may pay **\$94 - \$112** per pay period, depending on income for HMO medical plan options.

### **Family Coverage (Employee + Partner + Children):**

- Family plans could cost between **\$154 - \$185** every two weeks for qualifying employees, depending on income, for HMO medical plan options.

## **Keeping Your Information Up to Date**

You must report changes in your household, such as income going up or down, marriage or divorce, birth, adoption, or death in the family. If you experience any changes during the year, report them to EASI Gov as soon as possible to determine whether they impact your eligibility.

## **Need more information?**

Visit the [My Benefits Webpage](#) to find the Frequently Asked Questions resource, rate sheets, and other information about the program.

## **Questions?**

If you have questions about applying for SEPA, call EASI Gov at (855) 618-1800 or email [SEPA@easitpa.com](mailto:SEPA@easitpa.com).