

New Mexico State Health Benefits
PRELIMINARY Local Public Body Gross Monthly Premium Rates
Plan Year July 1, 2026 – June 30, 2027
Released September 2, 2025



SB 376 (2025) requires the New Mexico Health Care Authority (HCA) to provide Local Public Bodies with a proposed rate sheet based on the budget requested by the Secretary. The table below shows the **preliminary** full monthly premium costs for each coverage option under the New Mexico State Health Benefits Plan for Local Public Body employees, effective July 1, 2026 through June 30, 2027. **The projected average premium increase in FY27 is 10%.** Please note that these rates are preliminary and require legislative approval. The HCA is planning to release a Request for Proposals on new medical benefits contracts with new plan design options, as described below. The plan designs are in the process of being finalized and minor adjustments may be Together, this year's procurements are a deliberate strategy to deliver more member-responsive plan designs—tailored for affordability, access, and quality—so FY27 benefits are the strongest New Mexico has offered.

TABLE 1 shows the FY26 rates. **TABLE 2** shows the preliminary FY27 rates for current plan offerings. **TABLE 3** shows the preliminary FY27 rates for proposed new plan offerings. Please note that because the Request for Proposals for new medical benefits contracts has not yet been released, actual rates are likely to change based on vendor proposals and selections, which HCA hopes to complete by the end of the year. HCA will share an updated rate sheet as soon as this information is available.

HCA's actuary is Mercer Health & Benefits LLC. Mercer uses underwriting techniques, based on actuarial guidelines, to project the future plans costs for the self-funded plans. The key factor in projecting future results is the prior experience of a group, especially when the group consists of a large population. The process of

forecasting past claims experience into the future takes into account plan designs, member demographics, trends and group credibility. These processes are widely accepted within the insurance market as the standard to establishing budget and premium levels that are appropriate to cover future risks.

PRELIMINARY RATE SHEET

TABLE 1: LPB FY26 Rates for Current Plans				
	Employee Only	Employee + Spouse	Employee + Children	Family
Admin Fee	\$1.65	\$1.65	\$1.65	\$1.65
Presbyterian HMO	\$780.80	\$1,756.80	\$1,405.48	\$2,303.34
BCBS NM HMO	\$780.80	\$1,756.80	\$1,405.48	\$2,303.34
BCBS NM PPO	\$908.04	\$2,043.24	\$1,634.56	\$2,678.96
Delta Dental	\$35.20	\$70.36	\$80.94	\$105.56
EyeMed Vision	\$6.56	\$12.30	\$14.34	\$18.16
Basic Life	\$7.06	\$7.06	\$7.06	\$7.06
Disability	\$11.96	\$11.96	\$11.96	\$11.96

TABLE 2: Preliminary LPB FY27 Rates for Current Plans				
	Employee Only	Employee + Spouse	Employee + Children	Family
Admin Fee	\$1.65	\$1.65	\$1.65	\$1.65
Presbyterian HMO	\$858.88	\$1,932.48	\$1,546.03	\$2,533.67
BCBS NM HMO	\$858.88	\$1,932.48	\$1,546.03	\$2,533.67
BCBS NM PPO	\$998.84	\$2,247.56	\$1,798.02	\$2,946.86
Delta Dental	\$35.20	\$70.36	\$80.94	\$105.56
EyeMed Vision	\$6.56	\$12.30	\$14.34	\$18.16
Basic Life	\$7.06	\$7.06	\$7.06	\$7.06
Disability	\$11.96	\$11.96	\$11.96	\$11.96

TABLE 3: Preliminary LPB FY27 Rates for Proposed New Plans				
	Employee Only	Employee + Spouse	Employee + Children	Family
Admin Fee	\$1.65	\$1.65	\$1.65	\$1.65
High-Deductible PPO	\$573.10	\$1,291.82	\$1,033.44	\$1,693.76
Basic Gold HMO	\$728.20	\$1,640.70	\$1,312.60	\$2,151.12
Basic Gold PPO	\$1,014.31	\$2,284.62	\$1,827.67	\$2,995.45
Clear Cost HMO	\$868.45	\$1,956.26	\$1,565.06	\$2,564.85
Dental	\$35.20	\$70.36	\$80.94	\$105.56
Vision	\$6.56	\$12.30	\$14.34	\$18.16
Basic Life	\$7.06	\$7.06	\$7.06	\$7.06
Disability	\$11.96	\$11.96	\$11.96	\$11.96

Proposed FY27 Plan Designs (subject to change)

	HMO Clear Cost Platinum	HMO Basic Gold	PPO Basic Gold		PPO HDHP Silver	
			In-network	Out-Network	In-network	Out-Network
Deductible	\$0 Individual/ \$0 Couple/ \$0 Family	\$500 Individual/ \$1,000 Couple/ \$2,000 Family	\$500 Individual/ \$1,000 Couple/ \$2,000 Family	\$700 Individual/ \$1,400 Couple/ \$2,100 Family	\$3,000 Individual / \$6,000 Couple/ \$9,000 Family	\$4,500 Individual / \$7,500 Couple / \$10,500 Family
Max Out of Pocket	\$3,500 Individual/ \$7,000 Couple/ \$10,500 Family	\$4,500 Individual/ \$9,000 Couple/ \$13,500 Family	\$4,500 Individual/ \$9,000 Couple/ \$13,500 Family	\$4,000 Individual/ \$8,000 Couple/ \$12,000 Family	\$8,500 Individual / \$17,000 Couple / \$17,000 Family	\$10,000 Individual / \$20,000 Couple / \$20,000 Family
Preventive Care/Screening/Immunization	Free	Free	Free	Free	Free	Free
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$0	\$0	\$0	\$25	30% coinsurance after deductible	40% coinsurance after deductible
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$10	\$20	\$20	\$25	30% coinsurance after deductible	40% coinsurance after deductible
Speech Therapy	\$10	\$20	\$20	\$25	30% coinsurance after deductible	40% coinsurance after deductible
Occupational and Physical Therapy	\$10	\$20	\$20	\$25	30% coinsurance after deductible	40% coinsurance after deductible
Specialist Visit	\$20	\$60	\$60	\$70	30% coinsurance after deductible	40% coinsurance after deductible
Imaging (CT/PET Scans, MRIs)	\$75	30% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Laboratory Outpatient and Professional Services	\$20	30% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
X-rays and Diagnostic Imaging	\$75	30% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Skilled Nursing Facility	\$750	\$1,250 per admission	\$1,250 per admission	40% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Urgent Care Facility	\$45	\$80	\$80	\$80	\$80	\$80
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$75	25% coinsurance after deductible	25% coinsurance after deductible	35% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Outpatient Facility Fee - Mental Health	Free	Free	Free	35% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Outpatient Surgery Physician/Surgical Services	\$150	25% coinsurance after deductible	25% coinsurance after deductible	35% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Emergency Room Services	\$250	\$325 after deductible	\$325 after deductible	\$325 after deductible	\$325 after deductible	\$325 after deductible
All Inpatient Hospital Services (except MH/SUD)	\$250.00 up to 5 days	\$1,250 per admission	\$1,250 after deductible	\$1,750 after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Inpatient Hospital Services MH/SUD	Free	Free	Free	\$1,750 after deductible	30% coinsurance after deductible	40% coinsurance after deductible

Note: Table not include all benefits categories