

COBRA Monthly Premium Rates effective July 1, 2024

0% PREMIUM LOAD

Provider	Employee	Employee + Spouse	Employee + Children	Family
Admin. Fee	\$1.68	\$1.68	\$1.68	\$1.68
Presbyterian - HMO	\$663.12	\$1,492.04	\$1,193.65	\$1,956.21
BCBS NM - HMO	\$663.12	\$1,492.04	\$1,193.65	\$1,956.21
CIGNA - HMO (OAPIN)	\$656.49	\$1,477.11	\$1,181.71	\$1,936.63
BCBS NM - PPO	\$771.20	\$1,735.31	\$1,388.21	\$2,275.21
CIGNA - PPO (OAP)	\$763.48	\$1,717.96	\$1,374.32	\$2,252.46
Delta Dental	\$39.90	\$79.74	\$91.75	\$119.63
EyeMed	\$7.41	\$13.96	\$16.24	\$20.57

COBRA is the premium rate + 2%