

COBRA Monthly Premium Rates effective July 1, 2024

0% PREMIUM LOAD

Provider	Employee	Employee + Spouse	Employee + Children	Family
Admin. Fee	\$1.65	\$1.65	\$1.65	\$1.65
Presbyterian - HMO	\$661.94	\$1,489.38	\$1,191.52	\$1,952.72
BCBS NM - HMO	\$661.94	\$1,489.38	\$1,191.52	\$1,952.72
BCBS NM - PPO	\$769.82	\$1,732.21	\$1,385.73	\$2,271.16
Delta Dental	\$39.83	\$79.60	\$91.58	\$119.41
EyeMed	\$7.39	\$13.93	\$16.21	\$20.53

COBRA is the premium rate + 2%