

COBRA Monthly Premium Rates effective July 1, 2025

0% PREMIUM LOAD

Provider	Employee	Employee + Spouse	Employee + Children	Family
Admin. Fee	\$1.65	\$1.65	\$1.65	\$1.65
Presbyterian - HMO	\$796.42	\$1,791.94	\$1,433.59	\$2,349.41
BCBS NM - HMO	\$796.42	\$1,791.94	\$1,433.59	\$2,349.41
BCBS NM - PPO	\$926.20	\$2,084.10	\$1,667.35	\$2,732.54
Delta Dental	\$35.90	\$71.77	\$82.59	\$107.67
EyeMed	\$6.69	\$12.55	\$14.63	\$18.52

COBRA is the premium rate + 2%