

LPB Monthly Premium Rates - Effective January 1, 2024

0% PREMIUM LOAD

Provider	Employee	Employee + Spouse	Employee + Children	Family
Admin. Fee	\$1.50	\$1.50	\$1.50	\$1.50
Presbyterian - HMO	\$591.02	\$1,329.80	\$1,063.86	\$1,743.50
BCBS NM - HMO	\$591.02	\$1,329.80	\$1,063.86	\$1,743.50
CIGNA - HMO (OAPIN)	\$585.11	\$1,316.50	\$1,053.22	\$1,726.05
BCBS NM - PPO	\$687.34	\$1,546.62	\$1,237.26	\$2,027.82
CIGNA - PPO (OAP)	\$680.46	\$1,531.16	\$1,224.88	\$2,007.54
Delta Dental	\$35.56	\$71.07	\$81.77	\$106.62
EyeMed	\$6.60	\$12.44	\$14.47	\$18.33
Basic Life	\$4.86	\$4.86	\$4.86	\$4.86
Disability	\$10.86	\$10.86	\$10.86	\$10.86