

STATE OF NEW MEXICO GROUP BENEFITS PLAN

JANUARY 1, 2021 - JUNE 30, 2024

STATE COBRA MONTHLY RATES

BENEFIT AND CARRIER	EMPLOYEE ONLY	EMPLOYEE AND SPOUSE	INDIVIDUAL PLUS ONE OR MORE CHILDREN	FAMILY PREMIUM
MEDICAL				
NM Blue Cross Blue Shield PPO	637.35	1,434.14	1,147.28	1,880.34
Presbyterian HMO	548.04	1,233.09	986.48	1,616.70
NM Blue Cross Blue Shield HMO	548.04	1,233.09	986.48	1,616.70
CIGNA HMO	542.56	1,220.76	976.62	1,600.53
CIGNA PPO	630.97	1,419.80	1,135.80	1,861.54
DENTAL Delta Dental	32.98	65.90	75.83	98.88
VISION	6.12	11.54	13.41	16.99
SONM Admin Fee	1.37	1.37	1.37	1.37