

New Mexico State Health Benefits Premium Rates for State Employees
Plan Year July 1, 2025 – June 30, 2026

The following tables show how much state employees will pay per pay period for health, dental, and vision coverage, based on household income and who is covered (e.g. employee only or employee and a spouse). The tables include options for the regular 80/20 plan and the State Employee Premium Assistance (SEPA) Program, which lowers an employee's costs if they qualify based on income.

Employee Only Contribution Amount by Plan & Contribution Category, per Pay Period											
	Gross Rate	Standard 80/20		SEPA Group 1 (138-175% FPL)		SEPA Group 2 (175-212% FPL)		SEPA Group 3 (212-250% FPL)		SEPA Group 4 (Salary \$37,650-\$50,000)	
		Employee	State	Employee	State	Employee	State	Employee	State	Employee	State
		<u>20%</u>	<u>80%</u>	<u>0%</u>	<u>100%</u>	<u>5%</u>	<u>95%</u>	<u>10%</u>	<u>90%</u>	<u>10%</u>	<u>90%</u>
Presbyterian HMO	\$360.36	\$72.07	\$288.29	\$0.00	\$360.36	\$18.02	\$342.34	\$36.04	\$324.32	\$36.04	\$324.32
BCBS HMO	\$360.36	\$72.07	\$288.29	\$0.00	\$360.36	\$18.02	\$342.34	\$36.04	\$324.32	\$36.04	\$324.32
BCBS PPO	\$419.10	\$83.82	\$335.28	\$0.00	\$419.10	\$20.95	\$398.15	\$41.91	\$377.19	\$41.91	\$377.19
Delta Dental	\$16.25	\$3.25	\$13.00	\$0.00	\$16.25	\$0.81	\$15.44	\$1.62	\$14.63	\$1.62	\$14.63
EyeMed	\$3.02	\$0.60	\$2.42	\$0.00	\$3.02	\$0.15	\$2.87	\$0.30	\$2.72	\$0.30	\$2.72

Employee + Spouse Contribution Amount by Plan & Contribution Category, per Pay Period									
	Gross Rate	Standard 80/20		SEPA Group 1 (138-175% FPL)		SEPA Group 2 (175-212% FPL)		SEPA Group 3 (212-250% FPL)	
		Employee	State	Employee	State	Employee	State	Employee	State
		<u>20%</u>	<u>80%</u>	<u>0%</u>	<u>100%</u>	<u>5%</u>	<u>95%</u>	<u>10%</u>	<u>90%</u>
Presbyterian HMO	\$810.83	\$162.17	\$648.66	\$0.00	\$810.83	\$40.54	\$770.29	\$81.08	\$729.75
BCBS HMO	\$810.83	\$162.17	\$648.66	\$0.00	\$810.83	\$40.54	\$770.29	\$81.08	\$729.75
BCBS PPO	\$943.03	\$188.61	\$754.42	\$0.00	\$943.03	\$47.15	\$895.88	\$94.30	\$848.73
Delta Dental	\$32.47	\$6.49	\$25.98	\$0.00	\$32.47	\$1.62	\$30.85	\$3.25	\$29.22
EyeMed	\$5.68	\$1.14	\$4.54	\$0.00	\$5.68	\$0.28	\$5.40	\$0.57	\$5.11

SEPA = State Employee Premium Assistance for lower income employees (138-250% FPL) who don't qualify for Medicaid.
 For a basic SEPA eligibility screening, visit <https://forms.cloud.microsoft/g/aKGEHYg82M>

New Mexico State Health Benefits Premium Rates for State Employees
Plan Year July 1, 2025 – June 30, 2026

Employee + Children Contribution Amount by Plan & Contribution Category, per Pay Period									
	Gross Rate	Standard 80/20		SEPA Group 1 (138-175% FPL)		SEPA Group 2 (175-212% FPL)		SEPA Group 3 (212-250% FPL)	
		Employee	State	Employee	State	Employee	State	Employee	State
		20%	80%	5%	95%	10%	90%	15%	85%
Presbyterian HMO	\$648.68	\$129.74	\$518.94	\$32.43	\$616.25	\$64.87	\$583.81	\$97.30	\$551.38
BCBS HMO	\$648.68	\$129.74	\$518.94	\$32.43	\$616.25	\$64.87	\$583.81	\$97.30	\$551.38
BCBS PPO	\$754.41	\$150.88	\$603.53	\$37.72	\$716.69	\$75.44	\$678.97	\$113.16	\$641.25
Delta Dental	\$37.36	\$7.47	\$29.89	\$1.87	\$35.49	\$3.74	\$33.62	\$5.60	\$31.76
EyeMed	\$6.61	\$1.32	\$5.29	\$0.33	\$6.28	\$0.66	\$5.95	\$0.99	\$5.62

Family Contribution Amount by Plan & Contribution Category, per Pay Period									
	Gross Rate	Standard 80/20		SEPA Group 1 (138-175% FPL)		SEPA Group 2 (175-212% FPL)		SEPA Group 3 (212-250% FPL)	
		Employee	State	Employee	State	Employee	State	Employee	State
		20%	80%	5%	95%	10%	90%	15%	85%
Presbyterian HMO	\$1,063.08	\$212.62	\$850.46	\$53.15	\$1,009.93	\$106.31	\$956.77	\$159.46	\$903.62
BCBS HMO	\$1,063.08	\$212.62	\$850.46	\$53.15	\$1,009.93	\$106.31	\$956.77	\$159.46	\$903.62
BCBS PPO	\$1,236.44	\$247.29	\$989.15	\$61.82	\$1,174.62	\$123.64	\$1,112.80	\$185.47	\$1,050.97
Delta Dental	\$48.72	\$9.74	\$38.98	\$2.44	\$46.28	\$4.87	\$43.85	\$7.31	\$41.41
EyeMed	\$8.38	\$1.68	\$6.70	\$0.42	\$7.96	\$0.84	\$7.54	\$1.26	\$7.12

SEPA = State Employee Premium Assistance for lower income employees (138-250% FPL) who don't qualify for Medicaid.
For a basic SEPA eligibility screening, visit <https://forms.cloud.microsoft/g/aKGEHYg82M>



New Mexico State Health Benefits Premium Rates for State Employees
July 1, 2025 – June 30, 2026

Employee + Domestic Partner Contribution Amount by Plan & Coverage Type, per Pay Period													
	Gross Rate	Standard 80/20			SEPA Group 1 (138-175% FPL)			SEPA Group 2 (175-212% FPL)			SEPA Group 3 (212-250% FPL)		
		Employee		State	Employee		State	Employee		State	Employee		State
		20%		80%	0%		100%	5%		95%	10%		90%
		Pre-Tax	After-Tax		Pre-Tax	After-Tax		Pre-Tax	After-Tax		Pre-Tax	After-Tax	
Presbyterian HMO	\$810.83	\$81.09	\$81.08	\$648.66	\$0.00	\$0.00	\$810.83	\$20.27	\$20.27	\$770.29	\$40.54	\$40.54	\$729.75
BCBS HMO	\$810.83	\$81.09	\$81.08	\$648.66	\$0.00	\$0.00	\$810.83	\$20.27	\$20.27	\$770.29	\$40.54	\$40.54	\$729.75
BCBS PPO	\$943.03	\$94.31	\$94.30	\$754.42	\$0.00	\$0.00	\$943.03	\$23.58	\$23.57	\$895.88	\$47.15	\$47.15	\$848.73
Delta Dental	\$32.47	\$3.25	\$3.24	\$25.98	\$0.00	\$0.00	\$32.47	\$0.81	\$0.81	\$30.85	\$1.63	\$1.62	\$29.22
EyeMed	\$5.68	\$0.57	\$0.57	\$4.54	\$0.00	\$0.00	\$5.68	\$0.14	\$0.14	\$5.40	\$0.29	\$0.28	\$5.11

Family with Domestic Partner Contribution Amount by Plan Contribution Category, per Pay Period													
	Gross Rate	Standard 80/20			SEPA Group 1 (138-175% FPL)			SEPA Group 2 (175-212% FPL)			SEPA Group 3 (212-250% FPL)		
		Employee		State	Employee		State	Employee		State	Employee		State
		20%		80%	5%		95%	10%		90%	15%		85%
		Pre-Tax	After-Tax		Pre-Tax	After-Tax		Pre-Tax	After-Tax		Pre-Tax	After-Tax	
Presbyterian HMO	\$1,063.08	\$142.46	\$70.16	\$850.46	\$53.15	\$0.00	\$1,009.93	\$71.23	\$35.08	\$956.77	\$106.84	\$52.62	\$903.62
BCBS HMO	\$1,063.08	\$142.46	\$70.16	\$850.46	\$53.15	\$0.00	\$1,009.93	\$71.23	\$35.08	\$956.77	\$106.84	\$52.62	\$903.62
BCBS PPO	\$1,236.44	\$165.68	\$81.61	\$989.15	\$61.82	\$0.00	\$1,174.62	\$82.84	\$40.80	\$1,112.80	\$124.26	\$61.21	\$1,050.97
Delta Dental	\$48.72	\$6.53	\$3.21	\$38.98	\$2.44	\$0.00	\$46.28	\$3.26	\$1.61	\$43.85	\$4.90	\$2.41	\$41.41
EyeMed	\$8.38	\$1.13	\$0.55	\$6.70	\$0.42	\$0.00	\$7.96	\$0.56	\$0.28	\$7.54	\$0.84	\$0.42	\$7.12

SEPA = State Employee Premium Assistance for lower income employees (138-250% FPL) who don't qualify for Medicaid.
 For a basic SEPA eligibility screening, visit <https://forms.cloud.microsoft/g/aKGEHYg82M>



General Coverage

	Gross Rate	Employee	State
Admin Fee	\$0.76	\$0.15	\$0.61
Basic Life	\$3.26	\$0.00	\$3.26
Disability	\$5.52	\$5.52	\$0.00

Note: "Basic Life - Line of Duty" is covered under Basic Life.

SEPA = State Employee Premium Assistance for lower income employees (138-250% FPL) who don't qualify for Medicaid.
For a basic SEPA eligibility screening, visit <https://forms.cloud.microsoft/g/aKGEHYg82M>