

STATE OF NEW MEXICO GROUP BENEFITS PLAN

JULY 1, 2014 – JUNE 30, 2015

COBRA MONTHLY RATES

BENEFIT AND CARRIER	INDIVIDUAL ONLY	INDIVIDUAL AND SPOUSE	INDIVIDUAL AND CHILD	FAMILY PREMIUM
MEDICAL				
NM Blue Cross Blue Shield PPO	555.51	1249.95	777.75	1638.81
Presbyterian HMO	477.65	1074.69	678.93	1409.05
Lovelace	477.65	1074.69	678.93	1409.05
DENTAL				
Delta Dental	29.59	59.17	59.17	88.76
VISION				
Vision Service Plan	5.48	10.35	10.35	15.24
SONM Admin Fee	1.30	1.30	1.30	1.30