



**October 1, 2024  
COBRA MONTHLY RATES**

**Qualified Beneficiary Premiums  
(102% of the Full Monthly Premium)**

BENEFIT AND CARRIER	Single Premium	Two-Party Premium	Family Premium
<b>MEDICAL</b>			
<b>Blue Cross Blue Shield New Mexico</b>			
High Option	\$1,035.27	\$1,968.86	\$2,629.65
Low Option	\$717.77	\$1,365.09	\$1,823.34
EPO Option - (Exclusive Provider Organization)	\$931.71	\$1,771.93	\$2,366.63
<b>Presbyterian</b>			
High Option	\$837.17	\$1,757.95	\$2,344.13
Low Option	\$580.52	\$1,218.90	\$1,625.28
<b>DENTAL</b>			
<b>Blue Cross Blue Shield Dental (effective 1/1/2025)</b>			
High Option	\$28.30	\$53.86	\$84.62
Low Option	\$14.18	\$26.97	\$42.31
<b>Delta Dental</b>			
High Option	\$28.62	\$54.47	\$85.58
Low Option	\$14.34	\$27.28	\$42.80
<b>United Concordia</b>			
High Option	\$32.15	\$61.18	\$96.13
Low Option	\$16.10	\$30.64	\$48.08
<b>VISION</b>			
<b>Davis Vision Plan</b>	\$6.58	\$11.01	\$14.86

\* EPO Plan – A managed care plan where services are covered only if you go to providers (doctors, specialists, hospitals, etc.) in the plan’s network (except in an emergency).

10% increase on High, Low and EPO medical options

5% increase with varying Plan schedule on Basic and Comprehensive Dental

3% increase on Vision