



New Mexico Public Schools Insurance Authority

October 1, 2019 COBRA MONTHLY RATES

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

BENEFIT AND CARRIER	Single Premium	2 Party Premium	Family Premium
MEDICAL			
Blue Cross Blue Shield of NM			
High Option Plan	\$736.85	\$1,401.36	\$1,871.66
Low Option Plan	\$557.39	\$1,060.11	\$1,415.96
Exclusive Provider Organization (EPO) Option*	\$663.16	\$1,261.19	\$1,684.49
Presbyterian			
High Option Plan	\$595.88	\$1,251.23	\$1,668.46
Low Option Plan	\$450.82	\$946.58	\$1,262.15
DENTAL			
United Concordia			
High Option	\$29.17	\$55.53	\$87.25
Low Option	\$14.61	\$27.81	\$43.64
VISION			
Davis vision	\$6.40	\$10.70	\$14.44

* 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*).

If you are on Social Security Disability Extension, contact the Eligibility Administrative Office at 1-800-233-3164 for your COBRA Rates.

(5.9% increase on High and EPO medical plan options;
3.1% increase on Low medical plan options;
5.0% increase on dental options)

Date prepared: 02.12.2019