



**October 1, 2024
COBRA MONTHLY RATES**

**Qualified Beneficiary Premiums for
Social Security Disability Extension
(150% of the Full Monthly Premium)**

BENEFIT AND CARRIER	Single Premium	Two-Party Premium	Family Premium
MEDICAL			
Blue Cross Blue Shield New Mexico			
High Option	\$1,522.46	\$2,895.39	\$3,867.14
Low Option	\$1,055.54	\$2,007.49	\$2,681.38
EPO Option - (Exclusive Provider Organization)	\$1,370.16	\$2,605.78	\$3,480.35
Presbyterian			
High Option	\$1,231.13	\$2,585.22	\$3,447.25
Low Option	\$853.71	\$1,792.49	\$2,390.12
DENTAL			
Blue Cross Blue Shield Dental (effective 1/1/2025)			
High Option	\$41.61	\$79.20	\$124.44
Low Option	\$20.85	\$39.66	\$62.22
Delta Dental			
High Option	\$42.09	\$80.10	\$125.85
Low Option	\$21.09	\$40.11	\$62.94
United Concordia			
High Option	\$47.28	\$89.97	\$141.36
Low Option	\$23.67	\$45.06	\$70.71
VISION			
Davis Vision Plan	\$9.67	\$16.19	\$21.85

* 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