

CONTRIBUTIONS EFFECTIVE OCTOBER 1, 2025	Less than	\$50,000	\$60,000
MONTHLY COST SHARING based on salary and EMPLOYER	\$50,000	\$59,999	and Over
MINIMUM CONTRIBUTION REQUIREMENTS	20%/80%	30%/70%	40%/60%
set forth in NM State Statute			

MEDICAL BCBS High Option	Single (employee deduction)	\$223.20	\$334.78	\$446.38
	Single (district/employer contribution)	\$892.78	\$781.20	\$669.60
	Two-Party (employee deduction)	\$424.46	\$636.70	\$848.92
	Two-Party (district/employer contribution)	\$1,697.86	\$1,485.62	\$1,273.40
	Family (employee deduction)	\$566.92	\$850.38	\$1,133.84
BCBS Low Option	Family (district/employer contribution)	\$2,267.70	\$1,984.24	\$1,700.78
	Single (employee deduction)	\$154.74	\$232.12	\$309.48
	Single (district/employer contribution)	\$618.98	\$541.60	\$464.24
	Two-Party (employee deduction)	\$294.30	\$441.44	\$588.60
	Two-Party (district/employer contribution)	\$1,177.20	\$1,030.06	\$882.90
BCBS EPO Option <small>*EPO PLAN ENDING 12/31/2025</small>	Family (employee deduction)	\$393.10	\$589.64	\$786.18
	Family (district/employer contribution)	\$1,572.38	\$1,375.84	\$1,179.30
	Single (employee deduction)	\$200.86	\$301.30	\$401.74
	Single (district/employer contribution)	\$803.48	\$703.04	\$602.60
	Two-Party (employee deduction)	\$382.00	\$573.02	\$764.02
Presbyterian High Option	Two-Party (district/employer contribution)	\$1,528.06	\$1,337.04	\$1,146.04
	Family (employee deduction)	\$510.22	\$765.32	\$1,020.44
	Family (district/employer contribution)	\$2,040.88	\$1,785.78	\$1,530.66
	Single (employee deduction)	\$180.48	\$270.72	\$360.98
	Single (district/employer contribution)	\$721.96	\$631.72	\$541.46
Presbyterian Low Option	Two-Party (employee deduction)	\$379.00	\$568.48	\$757.98
	Two-Party (district/employer contribution)	\$1,515.98	\$1,326.50	\$1,137.00
	Family (employee deduction)	\$505.36	\$758.04	\$1,010.74
	Family (district/employer contribution)	\$2,021.48	\$1,768.80	\$1,516.10
	Single (employee deduction)	\$125.16	\$187.72	\$250.30
DENTAL BCBS Dental High Option	Single (district/employer contribution)	\$500.62	\$438.06	\$375.48
	Two-Party (employee deduction)	\$262.78	\$394.16	\$525.56
	Two-Party (district/employer contribution)	\$1,051.12	\$919.74	\$788.34
	Family (employee deduction)	\$350.40	\$525.58	\$700.78
	Family (district/employer contribution)	\$1,401.58	\$1,226.40	\$1,051.20
Low Option	Single (employee deduction)	\$5.76	\$8.66	\$11.54
	Single (district/employer contribution)	\$23.10	\$20.20	\$17.32
	Two-Party (employee deduction)	\$10.98	\$16.48	\$21.96
	Two-Party (district/employer contribution)	\$43.94	\$38.44	\$32.96
	Family (employee deduction)	\$17.26	\$25.88	\$34.50
Delta Dental High Option	Family (district/employer contribution)	\$69.02	\$60.40	\$51.78
	Single (employee deduction)	\$2.88	\$4.34	\$5.78
	Single (district/employer contribution)	\$11.58	\$10.12	\$8.68
	Two-Party (employee deduction)	\$5.50	\$8.24	\$11.00
	Two-Party (district/employer contribution)	\$22.00	\$19.26	\$16.50
Low Option	Family (employee deduction)	\$8.62	\$12.94	\$17.26
	Family (district/employer contribution)	\$34.52	\$30.20	\$25.88
	Single (employee deduction)	\$5.84	\$8.74	\$11.66
	Single (district/employer contribution)	\$23.34	\$20.44	\$17.52
	Two-Party (employee deduction)	\$11.10	\$16.66	\$22.20
United Concordia High Option	Two-Party (district/employer contribution)	\$44.44	\$38.88	\$33.34
	Family (employee deduction)	\$17.44	\$26.18	\$34.90
	Family (district/employer contribution)	\$69.82	\$61.08	\$52.36
	Single (employee deduction)	\$2.92	\$4.38	\$5.84
	Single (district/employer contribution)	\$11.70	\$10.24	\$8.78
Low Option	Two-Party (employee deduction)	\$5.56	\$8.34	\$11.12
	Two-Party (district/employer contribution)	\$22.26	\$19.48	\$16.70
	Family (employee deduction)	\$8.72	\$13.08	\$17.46
	Family (district/employer contribution)	\$34.92	\$30.56	\$26.18
	Single (employee deduction)	\$6.56	\$9.82	\$13.10
Davis Vision	Single (district/employer contribution)	\$26.22	\$22.96	\$19.68
	Two-Party (employee deduction)	\$12.48	\$18.70	\$24.94
	Two-Party (district/employer contribution)	\$49.90	\$43.68	\$37.44
	Family (employee deduction)	\$19.60	\$29.40	\$39.20
	Family (district/employer contribution)	\$78.42	\$68.62	\$58.82
Low Option	Single (employee deduction)	\$3.28	\$4.92	\$6.56
	Single (district/employer contribution)	\$13.14	\$11.50	\$9.86
	Two-Party (employee deduction)	\$6.24	\$9.36	\$12.50
	Two-Party (district/employer contribution)	\$25.00	\$21.88	\$18.74
	Family (employee deduction)	\$9.80	\$14.70	\$19.62
VISION Davis Vision	Family (district/employer contribution)	\$39.24	\$34.34	\$29.42
	Single (employee deduction)	\$1.28	\$1.94	\$2.58
	Single (district/employer contribution)	\$5.18	\$4.52	\$3.88
	Two-Party (employee deduction)	\$2.16	\$3.24	\$4.32
	Two-Party (district/employer contribution)	\$8.64	\$7.56	\$6.48
Low Option	Family (employee deduction)	\$2.90	\$4.36	\$5.82
	Family (district/employer contribution)	\$11.66	\$10.20	\$8.74



MONTHLY CONTRIBUTIONS EFFECTIVE OCTOBER 1, 2025

NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY

**THE STANDARD: BASIC LIFE
ACCIDENTAL DEATH & DISMEMBERMENT**
Employer pays 100% of premium

\$10,000 Life/AD&D	\$1.16 per month
\$25,000 Life/AD&D	\$2.88 per month
\$50,000 Life/AD&D	\$5.76 per month

THE STANDARD: ADDITIONAL LIFE (Employee, Spouse, & Children) and **AD&D** (Employee Only)
Employee pays 100% of premium

	Person's Age	Rate per \$1,000
	24 & under	\$0.06
	25 - 39	\$0.08
	40 - 44	\$0.10
	45 - 49	\$0.14
	50 - 54	\$0.24
	55 - 59	\$0.38
	60 - 64	\$0.56
	65 - 69	\$0.84
	70 & over	\$1.10
	Child(ren)	\$0.26/mo.

THE STANDARD: LONG TERM DISABILITY
Employer contributes premium

30 Day Wait	\$0.58 per \$100 payroll
60 Day Wait	\$0.38 per \$100 payroll
90 Day Wait	\$0.30 per \$100 payroll

HEALTH COVERAGES <i>Employer contributes premium (see reverse side)</i>	<u>Single</u>	<u>Two-Party</u>	<u>Family</u>
Blue Cross Blue Shield New Mexico – High Option	\$1,115.98	\$2,122.32	\$2,834.62
Blue Cross Blue Shield New Mexico – Low Option	\$773.72	\$1,471.50	\$1,965.48
Blue Cross Blue Shield New Mexico – Exclusive Provider Organization (EPO) Option*	\$1,004.34	\$1,910.06	\$2,551.10
*EPO PLAN OPTION ENDING 12/31/2025			
Presbyterian – High Option	\$902.44	\$1,894.98	\$2,526.84
Presbyterian – Low Option	\$625.78	\$1,313.90	\$1,751.98
Blue Cross Blue Shield Dental - High Option	\$28.86	\$54.92	\$86.28
Blue Cross Blue Shield Dental - Low Option	\$14.46	\$27.50	\$43.14
Delta Dental – High Option	\$29.18	\$55.54	\$87.26
Delta Dental – Low Option	\$14.62	\$27.82	\$43.64
United Concordia Dental – High Option	\$32.78	\$62.38	\$98.02
United Concordia Dental – Low Option	\$16.42	\$31.24	\$49.04
Davis Vision Plan	\$6.46	\$10.80	\$14.56

* 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).

9.95% increase on High, Low and EPO medical options

4% increase with varying Plan schedule on Basic and Comprehensive Dental