



**October 1, 2025
COBRA MONTHLY RATES**

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

| BENEFIT AND CARRIER | Single Premium | Two-Party Premium | Family Premium |
|--|----------------|-------------------|----------------|
| MEDICAL | | | |
| Blue Cross Blue Shield New Mexico | | | |
| High Option | \$1,138.29 | \$2,164.77 | \$2,891.31 |
| Low Option | \$789.19 | \$1,500.94 | \$2,004.78 |
| EPO Option - (Exclusive Provider Organization) | \$1,024.41 | \$1,948.25 | \$2,602.13 |
| *EPO PLAN OPTION ENDING 12/31/2025 | | | |
| Presbyterian | | | |
| High Option | \$920.47 | \$1,932.87 | \$2,577.36 |
| Low Option | \$638.29 | \$1,340.18 | \$1,787.01 |
| DENTAL | | | |
| Blue Cross Blue Shield Dental | | | |
| High Option | \$29.43 | \$56.01 | \$88.00 |
| Low Option | \$14.75 | \$28.05 | \$44.00 |
| Delta Dental | | | |
| High Option | \$29.77 | \$56.65 | \$89.00 |
| Low Option | \$14.92 | \$28.37 | \$44.51 |
| United Concordia | | | |
| High Option | \$33.44 | \$63.63 | \$99.97 |
| Low Option | \$16.74 | \$31.87 | \$50.01 |
| VISION | | | |
| Davis Vision Plan | \$6.59 | \$11.02 | \$14.85 |

** 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).*

9.95% increase on High, Low and EPO medical options

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