

**LPB Monthly Premium Rates Beginning FY21 Effective July 1, 2024**

**0% PREMIUM LOAD**

<b>Provider</b>	<b>Employee</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
Admin. Fee	\$1.65	\$1.65	\$1.65	\$1.65
Presbyterian - HMO	\$650.12	\$1,462.78	\$1,170.25	\$1,917.85
BCBS NM - HMO	\$650.12	\$1,462.78	\$1,170.25	\$1,917.85
CIGNA - HMO (OAPIN)	\$643.62	\$1,448.15	\$1,158.54	\$1,898.66
BCBS NM - PPO	\$756.07	\$1,701.28	\$1,360.99	\$2,230.60
CIGNA - PPO (OAP)	\$748.51	\$1,684.28	\$1,347.37	\$2,208.29
Delta Dental	\$39.12	\$78.18	\$89.95	\$117.28
EyeMed	\$7.26	\$13.68	\$15.92	\$20.16
Basic Life	\$7.05	\$7.05	\$7.05	\$7.05
Disability	\$11.95	\$11.95	\$11.95	\$11.95