

**LPB Monthly Premium Rates Beginning FY25 Effective January 1, 2025**

**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
BCBS NM - PPO	\$756.07	\$1,701.28	\$1,360.99	\$2,230.60
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