BENEFITS & EMPLOYEE WELLNESS

COBRA RATES 2026-2027

Medical, Dental & Vision Plan
Rates Effective July 1, 2026

UNM LoboHEALTH Plan Monthly Rates	
Employee/Single	$921.32
Employee/Single +child(ren)	$1,706.28
Employee + Spouse	$1,889.84
Family	$2,681.79

Presbyterian Health Plan Monthly Rates	
Employee/Single	$1,167.82
Employee/Single +child(ren)	$2,166.06
Employee + Spouse	$2,400.33
Family	$3,405.55

Delta Dental of NM Premier Plan (High Option) Monthly Rates	
Single	$40.80
Double	$79.56
Family	$130.56

Delta Dental of NM Preferred Plan (Low Option) Monthly Rates	
Single	$19.38
Double	$38.76
Family	$58.14

Vision Service Plan Monthly Rates	
Single	$7.67
Double	$14.82
Family	$24.15

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RESIDENT PHYSICIAN RATES

UNM House Officer BCBS Custom PPO Plan Monthly Rates	
Single	$775.80
Family	$2,249.90

Delta Dental of NM POS Plan Monthly Rates	
Single	$40.80
Family	$104.04

Vision Service Plan Monthly Rates	
Single	$6.93
Family	$14.92

If enrolled in UNM health benefits and your coverage ends, you will receive enrollment and billing information from the COBRA Third Party Administrator, WEX Health Inc., on each plan in which you were enrolled.

WEX Health Inc.
PO Box 2079
Omaha, NE 68103-2079
Customer Service 866-451-3399
Fax: 888-408-7224 ***cobralogin.wexhealth.com***
Provide UNM ID, in lieu of SSN, to Customer Service