

COBRA RATES 2024-2025

Medical, Dental & Vision Plan Rates Effective July 1, 2024

UNM LoboHEALTH Plan Monthly Rates	
Employee/Single	\$747.34
Employee/Single +child(ren)	\$1,532.99
Employee + Spouse	\$1,384.08
Family	\$2,175.38

Presbyterian Health Plan Monthly Rates	
Employee/Single	\$947.30
Employee/Single +child(ren)	\$1,757.04
Employee + Spouse	\$1,947.07
Family	\$2,762.50

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

RESIDENT PHYSICIAN RATES

UNM House Officer BCBS Custom PPO Plan Monthly Rates	
Single	\$623.52
Family	\$1,808.26

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