



## Resident Physician Medical, Dental, and Vision Monthly Rates

*Effective 7/1/2022 – 6/30/2023*

### BCBSNM House Staff Custom PPO

<b>SINGLE</b> (Employee Only)	<b>FAMILY</b> (Employee + 1 or more)
<b>\$112.19</b>	<b>\$325.36</b>

### Delta Dental Premier

<b>SINGLE</b> (Employee Only)	<b>FAMILY</b> (Employee + 1 or more)
<b>\$8.00</b>	<b>\$20.40</b>

### Vision Service Plan (VSP)

<b>SINGLE</b> (Employee Only)	<b>FAMILY</b> (Employee + 1 or more)
<b>\$1.36</b>	<b>\$2.93</b>