



Resident Physician Medical, Dental, and Vision Monthly Rates

Effective 7/1/2023 – 6/30/2024

BCBSNM House Staff Custom PPO

SINGLE (Employee Only)	FAMILY (Employee + 1 or more)
\$115.56	\$335.12

Delta Dental Premier

SINGLE (Employee Only)	FAMILY (Employee + 1 or more)
\$8.00	\$20.40

Vision Service Plan (VSP)

SINGLE (Employee Only)	FAMILY (Employee + 1 or more)
\$1.36	\$2.93