



Resident Physician Medical, Dental, and Vision Monthly Rates

Effective 7/1/2024 – 6/30/2025

BCBSNM House Staff Custom PPO

SINGLE (Employee Only)	FAMILY (Employee + 1 or more)
\$122.26	\$354.56

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