



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

***Effective 7/1/2025 – 6/30/2026***

### **BCBSNM House Staff Custom PPO**

<b>SINGLE</b> (Employee Only)	<b>FAMILY</b> (Employee + 1 or more)
<b>\$125.93</b>	<b>\$365.20</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>