



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

*Effective 7/1/2026 – 6/30/2027*

### BCBSNM House Staff Custom PPO

SINGLE (Employee Only)	FAMILY (Employee + 1 or more)
\$152.12	\$441.16

### 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