



SANDIA TOTAL HEALTH MONTHLY PREMIUMS

FAMILY COVERAGE & SALARY TIER	TIER 1 ≤\$50,000	TIER 2 \$50,001 - \$80,000	TIER 3 \$80,001 - \$130,000	TIER 4 >\$130,000
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BLUE CROSS BLUE SHIELD OF NEW MEXICO

Employee only	\$53	\$78	\$104	\$128
Employee + spouse	\$109	\$160	\$214	\$263
Employee + child(ren)	\$95	\$140	\$188	\$231
Employee + spouse and child(ren)	\$155	\$227	\$304	\$373

UNITEDHEALTHCARE & KAISER PERMANENTE

Employee only	\$57	\$84	\$111	\$136
Employee + spouse	\$116	\$170	\$226	\$278
Employee + child(ren)	\$102	\$150	\$199	\$245
Employee + spouse and child(ren)	\$165	\$242	\$320	\$393

Year-round student interns pay the Tier 1 rates.

FAMILY COVERAGE TIER	EMPLOYEE ONLY	EMPLOYEE + 1 DEPENDENT	EMPLOYEE + 2 OR MORE DEPENDENTS
DELTA DENTAL PREMIUMS	\$9	\$17	\$26
DAVIS VISION PREMIUMS	\$1.50	\$3	\$4

