



To: New Mexico Tech Retirees Enrolled in Health Plan
From: Human Resources Department
Subject: Important Information Regarding Upcoming Changes
Date: August 18, 2025

The purpose of this memorandum is to explain some upcoming changes in the premiums for the NMPSIA Health Care Plan. This October (2025), the cost of the premiums will increase and the changes in the cost of premiums to NMT Retirees will be as follows:

<u>Plan Name</u>	<u>Increase in Premium</u>
Blue Cross/Blue Shield High/Low Option	9.95%
Blue Cross/Blue Shield EPO Option	Ending 12/31/2025
Presbyterian High/Low Option	9.95%
Blue Cross/Blue Shield High/Low Option	4.00%
Delta Dental or United Concordia High Option	4.00%
Dental or United Concordia Low Option	4.00%
Davis Vision	0.00%
Retiree Life	0.00%

Since we deduct premiums the month prior to the insurance coverage, the new premiums will be deducted September 1, 2025.

Open Enrollment allows Retirees time to make changes to their Health Plan Coverage. The Open Enrollment Period is the **only** opportunity to make changes to your coverage unless you have a “qualifying event” such as birth of a child, marriage, divorce, etc. The Open Enrollment period begins October 1, 2025 through October 31, 2025. A form is **not required** if no changes are made. If you have questions or want to make changes to your current coverage, please contact Angie at 575-835-5643 or at angie.gonzales@nmt.edu .

Blue Cross Blue Shield									
Single Premium									
Medical	Single No Medicare Retiree Premium	Single No Medicare Employer Premium	Total Monthly Premium	Single with Medicare Retiree Premium	Single with Medicare Employer Premium	Total Monthly Premium			
Plan and Carrier									
High Option Plan	\$557.99	\$557.99	\$1,115.98	\$494.49	\$494.49	\$988.98			
Low Option Plan	\$386.86	\$386.86	\$773.72	\$342.83	\$342.84	\$685.67			
* EPO Option Plan Ending 12/31/2025	\$502.17	\$502.17	\$1,004.34	\$445.02	\$445.03	\$890.05			
2 Party Premium									
Medical Plan and Carrier	Two Party No Medicare Retiree Premium	Two Party No Medicare Employer Premium	Total Monthly Premium	Two Party One on Medicare Retiree Premium	Two Party One on Medicare Employer Premium	Total Monthly Premium	Two Party with Medicare Retiree Premium	Two Party with Medicare Employer Premium	Total Monthly Premium
High Option Plan	\$1,061.16	\$1,061.16	\$2,122.32	\$997.66	\$997.66	\$1,995.32	\$988.98	\$988.98	\$1,977.96
Low Option Plan	\$735.75	\$735.75	\$1,471.50	\$691.72	\$691.73	\$1,383.45	\$685.67	\$685.67	\$1,371.34
* EPO Option Plan Ending 12/31/2025	\$955.03	\$955.03	\$1,910.06	\$897.88	\$897.89	\$1,795.77	\$890.04	\$890.05	\$1,780.09
Family Premium									
Medical Plan and Carrier	Family No Medicare Retiree Premium	Family No Medicare Employer Premium	Total Monthly Premium	One Medicare Two or More No Medicare Retiree Premium	One Medicare Two or More No Medicare Employer Premium	Total Monthly Premium	Two Party with Medicare Retiree Premium	Two Party with Medicare Employer Premium	Total Monthly Premium
High Option Plan	\$1,417.31	\$1,417.31	\$2,834.62	\$1,353.81	\$1,353.81	\$2,707.62	\$1,290.31	\$1,290.31	\$2,580.62
Low Option Plan	\$982.74	\$982.74	\$1,965.48	\$938.71	\$938.72	\$1,877.43	\$894.69	\$894.69	\$1,789.38
* EPO Option Plan Ending 12/31/2025	\$1,275.55	\$1,275.55	\$2,551.10	\$1,218.40	\$1,218.41	\$2,436.81	\$1,161.25	\$1,161.26	\$2,322.51
Presbyterian									
Single Premium									
Medical Plan and Carrier	Single No Medicare Retiree Premium	Single No Medicare Employer Premium	Total Monthly Premium	Single with Medicare Retiree Premium	Single with Medicare Employer Premium	Total Monthly Premium			
High Option Plan	\$451.22	\$451.22	\$902.44	\$399.87	\$399.87	\$799.74			
Low Option Plan	\$312.89	\$312.89	\$625.78	\$227.28	\$227.29	\$554.57			
2 Party Premium									
Medical Plan and Carrier	Two Party No Medicare Retiree Premium	Two Party No Medicare Employer Premium	Total Monthly Premium	Two Party One on Medicare Retiree Premium	Two Party One on Medicare Employer Premium	Total Monthly Premium	Two Party with Medicare Retiree Premium	Two Party with Medicare Employer Premium	Total Monthly Premium
High Option Plan	\$947.49	\$947.49	\$1,894.98	\$896.14	\$896.14	\$1,792.28	\$799.74	\$799.74	\$1,599.48
Low Option Plan	\$656.95	\$656.95	\$1,313.90	\$621.34	\$621.35	\$1,242.69	\$554.56	\$554.57	\$1,109.13
Family Premium									
Medical Plan and Carrier	Family No Medicare Retiree Premium	Family No Medicare Employer Premium	Total Monthly Premium	One Medicare Two or More No Medicare Retiree Premium	One Medicare Two or More No Monthly Employer Premium	Total Monthly Premium	Two Medicare One or more No Medicare Retiree Premium	Two Medicare One or more No Medicare Employer Premium	Total Monthly Premium
High Option Plan	\$1,263.42	\$1,263.42	\$2,526.84	\$1,212.07	\$1,212.07	\$2,424.14	\$1,160.72	\$1,160.72	\$2,321.44
Low Option Plan	\$875.99	\$875.99	\$1,751.98	\$840.38	\$840.39	\$1,680.77	\$804.77	\$804.78	\$1,609.55
Blue Cross Blue Shield Dental									
Dental Carrier	Retiree Premium	Employer Premium	Total Monthly Premium	Two Party Retiree Premium	Two Party Employer Premium	Total Monthly Premium	Family Retiree Premium	Family Employer Premium	Total Monthly Premium
High Option Plan	\$14.43	\$14.43	\$28.86	\$27.46	\$27.46	\$54.92	\$43.14	\$43.14	\$86.28
Low Option Plan	\$7.23	\$7.23	\$14.46	\$13.75	\$13.75	\$27.50	\$21.57	\$21.57	\$43.14
Delta Dental									
Dental Carrier	Retiree Premium	Employer Premium	Total Monthly Premium	Two Party Retiree Premium	Two Party Employer Premium	Total Monthly Premium	Family Retiree Premium	Family Employer Premium	Total Monthly Premium
High Option Plan	\$14.59	\$14.59	\$29.18	\$27.77	\$27.77	\$55.54	\$43.63	\$43.63	\$87.26
Low Option Plan	\$7.31	\$7.31	\$14.62	\$13.91	\$13.91	\$27.82	\$21.82	\$21.82	\$43.64
United Concordia									
Dental Carrier	Retiree Premium	Employer Premium	Total Monthly Premium	Two Party Retiree Premium	Two Party Employer Premium	Total Monthly Premium	Family Retiree Premium	Family Employer Premium	Total Monthly Premium
High Option Plan	\$16.39	\$16.39	\$32.78	\$31.19	\$31.19	\$62.38	\$49.01	\$49.01	\$98.02
Low Option Plan	\$8.21	\$8.21	\$16.42	\$15.62	\$15.62	\$31.24	\$24.52	\$24.52	\$49.04
Davis Vision Plan									
Vision Carrier	Retiree Premium	Employer Premium	Total Monthly Premium	Two Retiree Premium	Two Employer Premium	Total Monthly Premium	Family Retiree Premium	Family Employer Premium	Total Monthly Premium
Davis Vision	\$3.23	\$3.23	\$6.46	\$5.40	\$5.40	\$10.80	\$7.28	\$7.28	\$14.56
Retiree Life Insurance									
Life Insurance Carrier				Retiree Premium	Employer Premium	Total Monthly Premium			
The Standard				\$1.16	\$0.00	\$1.16			