

To: New Mexico Tech Retirees Enrolled in Health Plan

From: Human Resources Department

Subject: Important Information Regarding Upcoming Changes

Date: August 19, 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:

Plan Name	Increase in Premium			
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%			
Delta Dental or United Concordia High Option Delta	4.0%			
Dental or United Concordia Low Option	4.0%			
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.

Human Resources Department October 1, 2024 Retiree Monthly Rates

Medical Plan and Carrier High Option Plan Low Option Plan	Single No Medicare Retiree Premium \$507.48 \$351.84 \$456.72	Single No Medicare Employer Premium \$507.49	Total Monthly Premium		m Single with Medicare	T-4-184-441			
High Option Plan Low Option Plan EPO Option Plan Tw. Medical Plan and Carrier High Option Plan Low Option Plan	Medicare Retiree Premium \$507.48 \$351.84	Medicare Employer Premium	-	Medicare Retiree	Medicare	T-4-1844-1			
High Option Plan Low Option Plan EPO Option Plan Two Medical Plan and Carrier High Option Plan Low Option Plan	Medicare Retiree Premium \$507.48 \$351.84	Medicare Employer Premium	-	Medicare Retiree	Medicare	T-4-1 844bb.		l	
High Option Plan Low Option Plan EPO Option Plan Two Medical Plan and Carrier High Option Plan Low Option Plan	\$507.48 \$351.84	Premium	-		Fmnlover	T-4-1 00466		'	
High Option Plan Low Option Plan EPO Option Plan Tw. Medical Plan and Carrier High Option Plan Low Option Plan	\$507.48 \$351.84		Premium		pioyei	Total Monthly			
Low Option Plan EPO Option Plan Two Medical Plan and Carrier High Option Plan Low Option Plan	\$351.84	\$507.49		Premium	Premium	Premium			
EPO Option Plan Tw Medical Plan and Carrier High Option Plan Low Option Plan			\$1,014.97	\$449.73	\$449.74	\$899.47			
Medical Plan and Carrier High Option Plan Low Option Plan	\$456.72	\$351.85	\$703.69	\$311.80	\$311.81	\$623.61			
Medical Plan and Carrier High Option Plan Low Option Plan		\$456.72	\$913.44	\$404.74	\$404.75	\$809.49			-
Medical Plan and Carrier High Option Plan Low Option Plan		7.000.0		2 Party Premiu		7000110			
Medical Plan and Carrier High Option Plan Low Option Plan				Two Party	Two Party		Two Party	Two Party	
Medical Plan and Carrier High Option Plan Low Option Plan	wo Party No	Two Party No		One on	One on		with	with	
High Option Plan Low Option Plan	Medicare	Medicare		Medicare	Medicare		Medicare	Medicare	
High Option Plan Low Option Plan	Retiree	Employer	Total Monthly	Retiree	Employer	Total Monthly	Retiree	Employer	Total Monthly
Low Option Plan	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
•	\$965.13	\$965.13	\$1,930.26	\$907.37	\$907.38	\$1,814.75	\$899.46	\$899.47	\$1,798.93
500 0 11 51	\$669.16	\$669.17	\$1,338.33	\$629.12	\$629.13	\$1,258.25	\$623.61	\$623.61	\$1,247.22
EPO Option Plan	\$868.59	\$868.60	\$1,737.19		\$816.62	\$1,633.24	\$809.49	\$809.49	\$1,618.98
zi o option i iun	\$ 000.00		<u> </u>	Family Premiu		ψ1,000.1 ·	ψουσ. 15	 	<u> </u>
				Tallilly Freimu	<u>"</u>				
				One Medicare	One Medicare		Two Party	Two Party	
	Family No	Family No		Two or More	Two or More		with	with	
	Medicare	Medicare		No Medicare	No Medicare		Medicare	Medicare	
	Retiree	Employer	Total Monthly				Retiree	Employer	Total Monthly
Medical Plan and Carrier	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
High Option Plan	\$1,289.04	\$1,289.05	\$2,578.09	\$1,231.29	\$1,231.30	\$2,462.59	\$1,173.54	\$1,173.54	\$2,347.08
Low Option Plan	\$893.79	\$893.80	\$1,787.59	\$853.75	\$853.76	\$1,707.51	\$813.71	\$813.72	\$1,627.43
EPO Option Plan	\$1,160.11	\$1,160.12	\$2,320.23	\$1,108.14	\$1,108.14	\$2,216.28	\$1,056.16	\$1,056.17	\$2,112.33
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				Presbyterian					
				Single Premiur	n	1 1			
	Single No	Single No		Single with	Single with				
	Medicare	Medicare		Medicare	Medicare				
	Retiree		Total Monthly	Retiree					
Medical Plan and Carrier	Premium	Premium	Premium	Premium	Premium	Premium			
High Option Plan	\$410.37	\$410.38	\$820.75	\$363.67	\$363.68	\$727.35			
Low Option Plan	\$284.57	\$284.57	\$569.14	\$252.18	\$252.19	\$504.37			
				2 Party Premiu	m				
Tw	wo Party No	Two Party No		Two Party	Two Party		Two Party	Two Party	
	Medicare	Medicare		One on	One on		with	with	
	Retiree		Total Monthly	Medicare	Medicare	Total Monthly	Medicare	Medicare	Total Monthly
Medical Plan and Carrier	Premium	Premium	Premium	Retiree	Employer	Premium	Retiree	Employer	Premium
High Option Plan	\$861.74	\$861.74	\$1,723.48	\$815.04	\$815.04	\$1,630.08	\$727.35	\$727.35	\$1,454.70
Low Option Plan	\$597.50	\$597.50	\$1,195.00	\$565.11	\$565.12	\$1,130.23	\$504.37	\$504.37	\$1,008.74
				Family Premiu	m				
				One Medicare	One Medicare		Two Medicare	Two Medicare	
	Family No	Family No		Two or More	Two or More		One or more	One or more	
	Medicare	Medicare		No Medicare	No Monthly		No Medicare	No Medicare	
	Retiree	Employer	Total Monthly	Retiree	Employer	Total Monthly	Retiree	Employer	Total Monthly
Medical Plan and Carrier	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
High Option Plan	\$1,149.08	\$1,149.08	\$2,298.16	\$1,102.38	\$1,102.38	\$2,204.76	\$1,055.68	\$1,055.68	\$2,111.36
Low Option Plan	\$796.71	\$796.71	\$1,593.42	\$764.32	\$764.33	\$1,528.65	\$731.94	\$731.94	\$1,463.88
•									
				Delta Dental		г			
				Two Party	Two Party		Family	Family	
	Retiree		Total Monthly			Total Monthly	Retiree	Employer	Total Monthly
Dental Carrier	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
High Option Plan	\$14.03	\$14.03	\$28.06	\$26.70	\$26.70	\$53.40	\$41.95	\$41.95	\$83.90
Low Option Plan	\$7.03	\$7.03	\$14.06	\$13.37	\$13.37	\$26.74	\$20.98	\$20.98	\$41.96
								<u> </u>	
				United Concor				, ,	
			__	Two Party	Two Party		Family	Family	
	Retiree		Total Monthly				Retiree	Employer	Total Monthly
Dental Carrier	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
High Option Plan	\$15.76	\$15.76	\$31.52	\$29.99	\$29.99	\$59.98	\$47.12	\$47.12	\$94.24
Low Option Plan	\$7.89	\$7.89	\$15.78	\$15.02	\$15.02	\$30.04	\$23.57	\$23.57	\$47.14
				Davis Vision N	an				
			T	Davis Vision Pla	211		Famil.	Family	
	Dotino -	Emmla	Total Manth	Two Botis-	Two Engales:	Total Manth!	Family	Family	Total Manual-L
Vision Carrier	Retiree Premium	Employer Premium	Total Monthly Premium			Total Monthly Premium	Retiree	Employer Premium	Total Monthly Premium
					Premium		Premium		
Vision Carrier	\$3.23	\$3.23	\$6.45	\$5.39	\$5.40	\$10.79	\$7.28	\$7.28	\$14.56
Davis Vision			Re	etiree Life Insur	ance				
						1			
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				Retiree	Employer	Total Monthly			
			<u> </u>	Retiree Premium	Employer Premium	Total Monthly Premium			