

NMRHCA MEDICARE PLAN COMPARISON

	BCBSNM MEDICARE SUPPLEMENT	BCBS Medicare Advantage Plan I	Presbyterian Medicare Advantage Plan I	United Healthcare Medicare Advantage Plan I	Humana Medicare Advantage Plan I	BCBS Medicare Advantage Plan II	Presbyterian Medicare Advantage Plan II	United Healthcare Medicare Advantage Plan II	Humana Medicare Advantage Plan II
RETIREE PREMIUMS Based on 20+ Years	\$199.96	\$69.60	\$96.50	\$104.16	\$87.45	\$23.30	\$72.00	\$54.65	\$53.06
BENEFIT Highlights	Part B Annual Deductible: \$183.00 (2018)	Annual Out of Pocket Limit: \$5000	Annual Out of Pocket Limit: \$2500	Annual Out of Pocket Limit: \$2500	Annual Out of Pocket Limit: \$4000	Annual Out of Pocket Limit: \$6700	Annual Out of Pocket Limit: \$3000	Annual Out of Pocket Limit: \$2800	Annual Out of Pocket Limit: \$1500
Office Visit	<i>Once Part B Deductible is met charges for services are as follows:</i>								
Primary Care	\$0	\$10	\$10	\$5	\$10	\$10	\$10	\$5	\$5
Specialty care	\$0	\$35	\$30	\$25	\$30	\$40	\$40	\$25	\$30
Preventive services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital Services	\$0	\$250 per day 1-5	\$125 per day 1-3	\$250 per admission	\$150 per day 1-5	\$500 per admission	\$225 per day 1-5	\$250 per admission	\$150 per admission
Surgery - hospital outpatient	\$0	\$200	\$125	\$100	\$200	\$350	\$275	\$100	\$100
Emergency Services									
Emergency room visit	\$0	\$65	\$65	\$50	\$50	\$65	\$75	\$50	\$65
Urgent care center	\$0	\$40	\$10	\$20	\$20	\$50	\$10	\$20	\$10
Diabetic Supplies	After Part B Deductible is met: \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

All Other Covered Services (visit phs.org, bcbsnm.com, uhcretiree.com, our.humana.com/nmrhca/ for full list)

Retail Pharmacy - 30-day						\$310 Deductible	\$300 Deductible*		
Preferred Generic	\$5 - \$15	\$0 - \$5	\$4	\$15	\$4	\$0 - \$5	\$4	\$10	\$4
Non-Preferred Generic		\$5 - \$10	\$10	\$70	\$4	\$7 - \$12	\$10	\$35	\$4
Preferred Brand	\$20 - \$50	\$40 - \$45	\$45	\$35	\$40	\$40 - \$45	\$45*	\$20	\$40
Non-Preferred Brand		\$90 - \$95	\$95	\$70	\$90	\$90 - \$95	\$95*	\$35	\$90
Specialty Drug		33%	\$100	\$70	33%	25%	27%*	\$35	33%
Non-Formulary	\$40- \$100								

Mail Order - 90 day									
Preferred Generic	\$12 - \$35	\$15	\$12	\$30	\$0	\$15	\$12	\$20	\$0
Non-Preferred Generic		\$30	\$30	\$140	\$0	\$36	\$30	\$70	\$0
Preferred Brand	\$50 - \$100	\$135	\$135	\$70	\$80	\$135	\$135*	\$40	\$80
Non-Preferred Brand		\$285	\$285	\$140	\$180	\$285	\$285*	\$70	\$180
Non - Formulary	\$100 - \$150								

Prescription Coverage									
Coverage Gap	No	No	No	No	No	No	Yes**	Yes**	Yes**

Catastrophic Level Coverage Changes: After your out-of-pocket drug costs reach \$5,000 for the year, then you pay the greater of: \$3.35 for formulary generic or a formulary brand drug and \$8.35 for all other drugs, or 5% coinsurance.

Revised: 11/29/2017

**Plans with Coverage Gap (a.k.a. Donut Hole). Please ensure you have reviewed & understand how plans work. Plan changes are limited to IRS approved qualifying events (i.e., marriage, divorce, etc.).

This is a summary for your convenience. Please contact Blue Cross Blue Shield, Presbyterian, United Healthcare or Humana directly for a full list of benefits.