

NMRHCA NON-MEDICARE PLAN COMPARISON

EFFECTIVE: JANUARY 1, 2018

Premier PPO: BCBSNM or PRESBYTERIAN

Value HMO: BCBSNM, NM HEALTH CONNECTIONS or PRESBYTERIAN

These plans have no lifetime maximum benefit (except for transplants), though certain services have maximum annual limits.

Retiree Premiums (Based on 20+ years of service, please refer to rate sheet for Spouse/Domestic Partner and Dependent rates)	Premier PPO - \$241.44	Value HMO - \$188.60
Annual Deductible	Premier: \$800/Individual	Value: \$1,500/Individual
Annual Out-of-Pocket Limit	Premier: \$4,500/Individual	Value: \$5,500/Individual
	Premier	Value
	Retiree Responsibility	Retiree Responsibility
Office Services <i>Office visit not subject to deductible</i>	Primary -\$30 Specialist - \$45	Primary -\$35 Specialist - \$55
Preventive Services	Plan pays 100%	Plan pays 100%
Related testing (includes routine Pap test, mammograms, colonoscopy, physicals, etc.) & immunization (deductible waived)	Plan pays 100%	Plan pays 100%
Lab, X-Ray, and Pathology	Plan pays 100%	Plan pays 100%
Emergency Room	\$125	\$175
Emergency Physician and other Professional Provider Charges	25%	30%
Urgent Care Facility	\$35	\$40
Ambulance Services	25%	30%
EKG	25%	30%
High-Tech Radiology (MRI, PET & CT) <i>Office/Freestanding Radiology</i>	\$100	\$125
High-Tech Radiology (MRI, PET & CT) <i>Outpatient Department of Hospital</i>	25%	30%
Rehabilitation Outpatient <i>Physical Therapy Services when used as alternative to surgery (Max of 4 copays per course of treatment)</i>	\$30	\$35
Rehabilitation Inpatient or Outpatient	25%	30%
Alternative (chiropractic, acupuncture, etc.)	25%	30%
Hospitalization - Inpatient	25%	30%
Surgery - Outpatient	25%	30%
All Other Covered Services (visit phs.org or bcbsnm.com or mynmhc.org for full list)	25%	30%

NON-MEDICARE PRESCRIPTION DRUG PLAN ADMINISTERED BY EXPRESS SCRIPTS

<i>Copay (Retail)</i>	<i>Minimum</i>	<i>Maximum</i>
Generic	\$5	\$15
Brand	\$20	\$50
Brand Non-Formulary	\$40	\$100

Maximum of 34-day supply or 100 unit or as prescribed by your physician or an approved exception.

<i>Copay (Mail Order)</i>	<i>Minimum</i>	<i>Maximum</i>
Generic	\$12	\$35
Preferred Brand	\$50	\$100
Non-Formulary	\$100	\$150

Maximum of 90-day supply or 300 units or as prescribed by your physician or an approved exception.

<i>Accredo (Special Pharmaceuticals)</i>	<i>Closed Network</i>
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For more information visit our website at www.nmrhca.state.nm.us or call us at 1-800-233-2576.