

NMRHCA BLUE CROSS BLUE SHIELD(BCBS) NON-MEDICARE PLAN COMPARISON

EFFECTIVE: JANUARY 1, 2019

	Member Responsibility			BCBS Value HMO
	BCBS Premier PPO 3 Tier			
	Blue Preferred - Tier 1	Preferred - Tier 2	Out of Network - Tier 3	
Annual Deductible	\$500/Individual	\$800/Individual	\$1,500/Individual	\$1,500/Individual
Annual Out-of-Pocket Limit	\$3,000/Individual	\$4,500/Individual	\$6,000/Individual	\$5,500/Individual
Office Services <i>Office visit not subject to deductible</i>	Primary -\$20 Specialist - \$35	Primary -\$30 Specialist - \$45	Primary - 50% Specialist - 50%	Primary -\$35 Specialist - \$55
Preventive Services	Plan pays 100%	Plan pays 100%	50%	Plan pays 100%
Related testing (includes routine Pap test, mammograms, colonoscopy, physicals, etc.) & immunization (deductible waived)	Plan pays 100%	Plan pays 100%	50%	Plan pays 100%
Lab, X-Ray, and Pathology	Plan pays 100%	Plan pays 100%	50%	Plan pays 100%
Emergency Room	\$125	\$125	\$125	\$175
Emergency Physician and other Professional Provider Charges	10%	25%	50%	30%
Urgent Care Facility	\$35	\$35	50%	\$40
Ambulance Services	10%	25%	50%	30%
EKG	10%	25%	50%	30%
High-Tech Radiology (MRI, PET & CT) Office/Freestanding Radiology	\$100	\$100	50%	\$125
High-Tech Radiology (MRI, PET & CT) Outpatient Department of Hospital	10%	25%	50%	30%
Rehabilitation Outpatient Physical Therapy Services when used as alternative to surgery (Max of 4 copays per course of treatment)	\$30	\$30	50%	\$35
Rehabilitation Inpatient or Outpatient	10%	25%	50%	30%
Alternative (chiropractic, acupuncture, etc.)	10%	25%	50%	30%
Hospitalization - Inpatient	10%	25%	50%	30%
Surgery - Outpatient	10%	25%	50%	30%
All Other Covered Services (visit bcbsnm.com for full list)	10%	25%	50%	30%

NON-MEDICARE PRESCRIPTION DRUG PLAN ADMINISTERED BY EXPRESS SCRIPTS

<i>Copay (Retail)</i>	<i>Minimum</i>	<i>Maximum</i>
Generic	\$5	\$15
Preferred Brand	\$30	\$60
Non-Preferred Brand	\$50	\$125

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

<i>Copay (Mail Order or *Smart 90)</i>	<i>Minimum</i>	<i>Maximum</i>	*90 day refill supply can be filled through Mail Order or through a retail pharmacy in the Smart 90 network. Visit www.express-scripts.com or call Express Scripts at 1-800-501-0987 for locations.
Generic	\$12	\$35	
Preferred Brand	\$60	\$120	
Non-Preferred Brand	\$100	\$250	

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

Accredo (Special Pharmaceuticals)	Closed Network
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Pre-Medicare plan members on specialty medications through Express Scripts' Accredo specialty pharmacy may receive copay assistance through the SaveOn Program. Members identified as taking specific medications that qualify for the SaveOn Program will be contacted directly by Save On SP to see if they would like to participate. By participating in the program, members will save money on their specialty prescriptions with this copay assistance program. To find out more about this specialty prescription drug benefit, please call Save On SP at 1-800-683-1074.

For more information visit our website at www.nmrhca.state.nm.us or call us at 1-800-233-2576.

NMRHCA PRESBYTERIAN HEALTH PLAN (PHP) NON-MEDICARE PLAN COMPARISON

EFFECTIVE: JANUARY 1, 2019

	Member Responsibility	
	PHP Premier PPO	PHP Value HMO
Annual Deductible	\$800/Individual	\$1,500/Individual
Annual Out-of-Pocket Limit	\$4,500/Individual	\$5,500/Individual
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) Office/Freestanding Radiology	\$100	\$125
High-Tech Radiology (MRI, PET & CT) Outpatient Department of Hospital	25%	30%
Rehabilitation Outpatient Physical Therapy Services when used as alternative to surgery (Max of 4 copays per course of treatment)	\$30	\$35
Rehabilitation Inpatient or Outpatient	25%	30%
Alternative (chiropractic, acupuncture, etc.)	25%	30%
Hospitalization - Inpatient	25%	30%
Surgery - Outpatient	25%	30%
*Outpatient Bundled Procedures (Bundled services: shoulder arthroscopy, knee arthroscopy, laparoscopic cholecystectomy, hernia)	\$500	\$650
All Other Covered Services (visit phs.org full list)	25%	30%

* Please contact Presbyterian Health Plan at 1-888-275-7737 for participating facilities.

NON-MEDICARE PRESCRIPTION DRUG PLAN ADMINISTERED BY EXPRESS SCRIPTS

<i>Copay (Retail)</i>	<i>Minimum</i>	<i>Maximum</i>
Generic	\$5	\$15
Preferred Brand	\$30	\$60
Non-Preferred Brand	\$50	\$125

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

<i>Copay (Mail Order or **Smart 90)</i>	<i>Minimum</i>	<i>Maximum</i>	**90 day refill supply can be filled through Mail Order or through a retail pharmacy in the Smart 90 network. Visit www.express-scripts.com or call Express Scripts at 1-800-501-0987 for locations.
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