



NEW MEXICO  
RETIREE  
HEALTH CARE  
AUTHORITY

**2024 Medicare Summary of Benefits**

Rev 5.24.24

## **Provider Contact List**

New Mexico Retiree Health Care Authority

Main Number 1-800-233-2576

[www.nmrhca.org](http://www.nmrhca.org)

### **Medical**

Blue Cross Blue Shield of New Mexico (Medicare Supplement)	1-800-788-1792	5701 Balloon Fiesta Parkway Albuquerque, NM 87113 or PO Box 27630 Albuquerque, NM 87125 <a href="http://www.bcbsnm.com">www.bcbsnm.com</a>
Presbyterian Medicare Advantage (Medicare)	1-800-797-5343 ABQ: 505-923-6060 TTY: 1-888-625-8818	PO Box 27486 Albuquerque, NM 87125 7 days a week 8:00 am to 8:00 pm <a href="http://www.phs.org">www.phs.org</a>
BCBS Medicare Advantage (Medicare)	1-877-299-1008	5701 Balloon Fiesta Parkway Albuquerque, NM 87113 or PO Box 27630 Albuquerque, NM 87125 <a href="http://www.bcbsnm.com">www.bcbsnm.com</a>
UnitedHealthcare (Medicare) UHC Group Numbers: Plan I-13651; Plan II-13650	1-866-622-8014	<a href="http://www.uhcretiree.com">www.uhcretiree.com</a>
Humana Medicare Advantage (Medicare)	1-866-396-8810	Claims PO Box 14601 Lexington, KY 40512-4601 <a href="https://your.humana.com/nmrhca/">https://your.humana.com/nmrhca/</a>

### **Prescription Drug (For all PPO Plans and BCBS Supplemental Medicare)**

Express Scripts	Medicare: 1-800-551-1866 Non-Medicare: 1-800-501-0987	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
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### **Dental**

Delta Dental	1-877-395-9420 ABQ: 505-855-7111	100 Sun Avenue NE, Suite 400 Albuquerque, NM 87109 <a href="http://www.deltadentalNM.com">www.deltadentalNM.com</a> Monday—Friday 8:00am to 4:30pm
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### **Vision**

Davis Vision All prospective clients can use code 7587 when requesting a provider list or previewing plans.	1-800-999-5431	6301 Indian School Rd NE, Ste 200 Albuquerque, NM 87110 <a href="http://www.davisvision.com">www.davisvision.com</a>
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### **Life Insurance**

Standard Life Insurance	1-888-609-9763 opt 4 ABQ: 505-859-4180	PO Box 225 Santa Cruz, NM 87567 <a href="http://www.standard.com/mybenefits/newmexico_rhca/">www.standard.com/mybenefits/newmexico_rhca/</a>
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## Summary of NMRHCA Medicare Eligibility Guidelines

- 1. Medicare Part A only and are not enrolled in Medicare Part B**
  - a. Member is not eligible for any Medicare Advantage Plan.
  - b. Member is only eligible for the Medicare Supplement Plan (BCBSNM's Medigap Policy).
  - c. If a member does not initially enroll in Medicare Part B or voluntarily drops Medicare Part B, the member will be responsible for ALL Part B charges. BCBSNM Supplement will NOT pay any Part B charges.
  - d. For Medicare Part A services, Medicare is primary and BCBSNM Supplement is secondary.
  - e. NMRHCA participants who have not purchased their Medicare Part B are advised to make an appointment at their local Social Security Office to purchase Medicare Part B coverage. If not purchased during the initial enrollment period, Social Security has a general enrollment period January 1 through March 31 of each year.
- 2. Medicare A and B based on End Stage Renal Disease (ESRD) only. Thirty (30) month coordination period starts from 1<sup>st</sup> dialysis or from date of transplant.**

Or
- 3. Medicare A and B based on Dual Entitlement-ESRD eligibility and entitlement simultaneously with age or disability-based entitlement. Thirty (30) month coordination period starts from 1<sup>st</sup> dialysis or from date of transplant.**

Or
- 4. Medicare A and B based on ESRD and then becomes entitled to Medicare A and B due to age. Thirty (30) month coordination period starts from 1<sup>st</sup> dialysis or from date of transplant.**
  - a. Any non-Medicare, self-insured plan (BCBSNM or Presbyterian) during the thirty (30) month coordination period.
  - b. For Medicare Part A and Part B services, the non-Medicare, self-insured plan is primary and Medicare is secondary during the thirty (30) month coordination period. After the coordination period ends, the member must switch to the Medicare supplement plan (BCBSNM). Medicare becomes primary at that time.
- 5. Medicare A and B based on age, covered under an active plan and becomes ESRD eligible. Member now eligible for NMRHCA benefits.**
  - a. Any non-Medicare, self-insured plan (BCBSNM or Presbyterian or NM Health Connections, Premier or Value) during the thirty (30) month coordination period.
  - b. For Medicare Part A and Part B services, the non-Medicare, self-insured plan is primary and Medicare is secondary during the thirty (30) month coordination period. After the coordination period ends, the member must switch to a Medicare supplement plan (BCBSNM) or Presbyterian Medicare Advantage plan (Presbyterian Advantage Plan I or II). Medicare becomes primary at that time.
  - c. If a member is covered under an active group health plan and has Medicare Part A and B due to age, Medicare is secondary.
  - d. If a member becomes ESRD eligible while covered under the active group plan, Medicare is secondary during the thirty (30) month coordination period.
  - e. If a member enrolls with the NMRHCA, Medicare will continue to be secondary even under the NMRHCA plan until the end of the thirty (30) month coordination period.
- 6. Note: This is only a summary. For more details and clarification please contact NMRHCA at 1-800-233-2576.\***

## Plan Terms and Definitions

1. **Annual Deductible** – means the amount that must be paid (by you) each calendar year, toward covered services before health benefits for that member will be paid by the plan (except for certain services requiring only a copayment with deductible waived or preventive services).
2. **Annual Out-of-Pocket Limit** – means a specified dollar amount of covered services received during a benefit period that is the member’s responsibility; after which the out-of-pocket limit is reached the plan pays 100 percent of benefits for the rest of the calendar year for covered charges.
3. **Calendar Year** (also referred to as benefit period) – means the period beginning January 1 and ending December 31 of the same year.
4. **Coinsurance** – means the amount, expressed as a percentage, of a covered health care expense that is partially paid by the plan and partially the member’s responsibility to pay. The cost-sharing responsibility ends for most covered services in a particular calendar year when the out-of-pocket maximum has been reached.
5. **Copayment or Copay** – means the amount, expressed as a fixed-dollar figure required to be paid by a member in connection with health care services. Benefits payable by the plan are reduced by the amount of the required copayment for the covered service.
6. **Coverage GAP** (also referred to as donut hole) – is a period of consumer payment for prescription medication costs, which lies between the initial coverage limit and the catastrophic-coverage threshold. The Coverage GAP only applies to Medicare Part D prescription drug coverage.
7. **HMO** (Health Maintenance Organization) – you can only go to doctors, other health care providers, or hospitals on the plan's list except in an emergency or when treatment is not available through an in-network provider.
8. **In-Network Provider** – means physicians, hospitals, and other health care professionals, facilities, and suppliers that have contracted with the health plan as in-network providers.
9. **Medicare** – means the program of health care for the aged, end-stage renal disease (ESRD) patients and disabled persons established by Title XVIII of the Social Security Act of 1965, as amended.
10. **Medicare Advantage Plan** – Sometimes called Medicare Part C. A plan offered by a private company that contract with Medicare to provide you with all your Medicare Part A and Part B benefits.
11. **Medicare Supplemental Plan** – means health care coverage that provides supplemental benefits to Medicare coverage.
12. **Out-of-Network Provider** – means a duly licensed health care provider, including medical facilities, which has no agreement with the health plan for reimbursement of services to members.
13. **PPO** (Preferred Provider Organization) – a type of health plan that lets you choose where you go for care, without a referral from a primary care physician or having to only use providers in your plan's provider network.

**NMRHCA**

**6300 Jefferson St NE, Suite 150  
Albuquerque, NM 87109  
1-800-233-2576**

**NMRHCA**

**33 Plaza La Prensa, Suite 101  
Santa Fe, NM 87507  
505-476-7340**

Website: [www.nmrhca.org](http://www.nmrhca.org)

Hours of operation at both locations are 8 a.m. - 5 p.m., Monday through Friday.



## **Service Areas for the Medicare plans offered through NMRHCA**

### **BCBSNM MEDICARE SUPPLEMENTAL PLAN**

- Nationwide

### **UNITED HEALTHCARE MEDICARE ADVANTAGE PLAN**

- Nationwide

### **HUMANA MEDICARE ADVANTAGE PLAN**

- Nationwide

### **BCBS MEDICARE ADVANTAGE PLAN**

- Statewide

### **PRESBYTERIAN MEDICARE ADVANTAGE PLAN**

- Statewide

#### **Please Remember:**

- If you enroll in another Medicare Advantage or Medicare Part D prescription drug plan after your enrollment with NMRHCA, you will be disenrolled from the applicable NMRHCA Medicare plan.
- If you cancel medical coverage, you must wait for the next subsequent Open Enrollment period (January 1st to January 31st of every odd numbered year with coverage effective January 1st) to re-enroll unless an involuntary loss of coverage due to a qualifying event has occurred (you have 31 days to enroll from the date of the qualifying event).
- If you cancel dental or vision coverage you must wait four years before enrolling again.

## NMRHCA MEDICARE PLAN COMPARISON

Effective: January 1, 2024

	BCBSNM MEDICARE SUPPLEMENT	BCBS Medicare Advantage Plan I	Presbyterian Medicare Advantage Plan I	UnitedHealthcare Medicare Advantage Plan I	Humana Medicare Advantage Plan I	Presbyterian Medicare Advantage Plan II	UnitedHealthcare Medicare Advantage Plan II	Humana Medicare Advantage Plan II
	Nationwide PPO	Statewide HMO	Statewide HMO	Nationwide PPO	Nationwide PPO	Statewide HMO	Nationwide PPO	Nationwide PPO
BENEFIT Highlights	2024 Part B Annual Deductible: \$240	Annual Out of Pocket Limit: \$3000	Annual Out of Pocket Limit: \$2500	Annual Out of Pocket Limit: \$2500	Annual Out of Pocket Limit: \$2000	Annual Out of Pocket Limit: \$3000	Annual Out of Pocket Limit: \$2800	Annual Out of Pocket Limit: \$1500
<b>Office Visit</b>								
<b>Primary Care</b>	\$0	\$10	\$10	\$5	\$5	\$10	\$5	\$2
<b>Specialty care</b>	\$0	\$30	\$30	\$25	\$30	\$40	\$25	\$25
<b>Preventive services</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Hospital Services</b>	\$0	\$125 per day Days 1-5	\$125 per day Days 1-3	\$250 per admission	\$150 per day Days 1-5	\$225 per day Days 1-5	\$250 per admission	\$200 per admission
<b>Surgery - hospital outpatient</b>	\$0	\$175	\$125	\$100	\$150	\$275	\$100	\$125
<b>Emergency room visit</b>	\$0	\$65	\$65	\$50	\$50	\$75	\$50	\$65
<b>Urgent care center</b>	\$0	\$25	\$10	\$20	\$20	\$10	\$20	\$10
<b>Diabetic Supplies</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>All Other Covered Services (visit phs.org, bcbsnm.com, retiree.uhc.com/nmrhca, your.humana.com/nmrhca/ for full list)</b>								
<b>Retail Pharmacy 31-day</b>	Express Scripts	Prime RX	Capital Rx	Optum Rx	CenterWell Rx	Capital Rx	Optum Rx	CenterWell Rx
Preferred Generic	\$5 - \$15	\$0 - \$5	\$0	\$15	\$4	\$0	\$10	\$4
Non-Preferred Generic		\$5 - \$10	\$10	\$70	\$4	\$10	\$35	\$4
Preferred Brand	\$30 - \$60	\$40 - \$45	\$45	\$35	\$40	\$45	\$20	\$20
Non-Preferred Brand	\$50-\$125	\$90 - \$95	\$95	\$70	\$90	\$95	\$35	\$90
Non-Formulary Brand								
Specialty Drug		33%	33% up to \$100	\$70	25% up to \$125	27%	\$35	\$125
<b>Mail Order - 90 day***</b>								
Preferred Generic	\$12 - \$35***	\$0 - \$15	\$0	\$30	\$0	\$0	\$20	\$0
Non-Preferred Generic		\$15 - \$30	\$20	\$140	\$0	\$20	\$70	\$0
Preferred Brand	\$60 - \$120***	\$120 - \$135	\$112.50	\$70	\$80	\$112.50	\$40	\$40
Non-Preferred Brand	\$100 - \$250***	\$270 - \$285	\$285	\$140	\$180	\$285	\$70	\$180
Non - Formulary Brand								
<b>Prescription Coverage</b>								
Coverage Gap	No	No	No	No	No	Yes**	Yes**	Yes**

**Catastrophic Level Coverage Changes: A fter your out-of-pocket drug costs reach \$8,000 for the year, then you pay \$0.**

**\*\*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.).**

**\*\*\* Long-term medications can be filled for a 90-day supply at your local Walgreens pharmacy or through home delivery from Express Scripts Pharmacy. Visit [www.express-scripts.com](http://www.express-scripts.com) or call Express Scripts at 1-800-551-1866 for more information.**

**NMRHCA Age 55+ with Retirement Date on July 31, 2021 or After (Subsidy Level B) Medical Plan Monthly Premium Contributions for July 1, 2024 - December 31, 2024**

Years of Service	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25+
<b>NON-MEDICARE MEDICAL</b>																					
<b>Premier PPO (BCBS or Presbyterian)</b>																					
Retiree Rate	\$913.27	\$884.56	\$855.86	\$827.15	\$798.44	\$769.73	\$741.02	\$712.32	\$683.61	\$654.90	\$626.19	\$597.48	\$568.77	\$540.07	\$511.36	\$482.65	\$453.94	\$425.23	\$396.53	\$367.82	\$339.11
Spouse Rate	\$988.45	\$971.21	\$953.97	\$936.73	\$919.49	\$902.25	\$885.01	\$867.77	\$850.53	\$833.29	\$816.04	\$798.80	\$781.56	\$764.32	\$747.08	\$729.84	\$712.60	\$695.36	\$678.12	\$660.88	\$643.64
Child Rate	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16
<b>Value HMO (BCBS or Presbyterian)</b>																					
Retiree Rate	\$713.40	\$690.97	\$668.55	\$646.12	\$623.70	\$601.27	\$578.85	\$556.42	\$534.00	\$511.57	\$489.15	\$466.72	\$444.30	\$421.87	\$399.45	\$377.02	\$354.60	\$332.17	\$309.75	\$287.32	\$264.90
Spouse Rate	\$772.07	\$758.61	\$745.14	\$731.68	\$718.21	\$704.74	\$691.28	\$677.81	\$664.34	\$650.88	\$637.41	\$623.95	\$610.48	\$597.01	\$583.55	\$570.08	\$556.61	\$543.15	\$529.68	\$516.22	\$502.75
Child Rate	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68
<b>MEDICARE MEDICAL</b>																					
<b>BCBS Medicare Supplemental Plan</b>																					
Retiree Rate	\$470.13	\$458.67	\$447.20	\$435.73	\$424.27	\$412.80	\$401.33	\$389.87	\$378.40	\$366.93	\$355.47	\$344.00	\$332.53	\$321.07	\$309.60	\$298.13	\$286.67	\$275.20	\$263.73	\$252.27	\$240.80
Spouse Rate	\$475.87	\$470.13	\$464.40	\$458.67	\$452.93	\$447.20	\$441.47	\$435.73	\$430.00	\$424.27	\$418.53	\$412.80	\$407.07	\$401.33	\$395.60	\$389.87	\$384.13	\$378.40	\$372.67	\$366.93	\$361.20
Child Rate	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60
<b>BCBS Medicare Advantage I</b>																					
Retiree Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Spouse Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Child Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Humana Medicare Advantage I</b>																					
Retiree Rate	\$61.23	\$59.73	\$58.24	\$56.75	\$55.25	\$53.76	\$52.27	\$50.77	\$49.28	\$47.79	\$46.29	\$44.80	\$43.31	\$41.81	\$40.32	\$38.83	\$37.33	\$35.84	\$34.35	\$32.85	\$31.36
Spouse Rate	\$61.97	\$61.23	\$60.48	\$59.73	\$58.99	\$58.24	\$57.49	\$56.75	\$56.00	\$55.25	\$54.51	\$53.76	\$53.01	\$52.27	\$51.52	\$50.77	\$50.03	\$49.28	\$48.53	\$47.79	\$47.04
Child Rate	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72
<b>Humana Medicare Advantage II</b>																					
Retiree Rate	\$13.30	\$12.97	\$12.65	\$12.32	\$12.00	\$11.67	\$11.35	\$11.03	\$10.70	\$10.38	\$10.05	\$9.73	\$9.40	\$9.08	\$8.76	\$8.43	\$8.11	\$7.78	\$7.46	\$7.13	\$6.81
Spouse Rate	\$13.46	\$13.30	\$13.13	\$12.97	\$12.81	\$12.65	\$12.48	\$12.32	\$12.16	\$12.00	\$11.83	\$11.67	\$11.51	\$11.35	\$11.18	\$11.02	\$10.86	\$10.70	\$10.53	\$10.37	\$10.21
Child Rate	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62
<b>Presbyterian Medicare Advantage I</b>																					
Retiree Rate	\$182.01	\$177.57	\$173.13	\$168.69	\$164.25	\$159.81	\$155.37	\$150.93	\$146.49	\$142.05	\$137.62	\$133.18	\$128.74	\$124.30	\$119.86	\$115.42	\$110.98	\$106.54	\$102.10	\$97.66	\$93.22
Spouse Rate	\$184.23	\$182.01	\$179.79	\$177.57	\$175.35	\$173.13	\$170.91	\$168.69	\$166.47	\$164.25	\$162.04	\$159.82	\$157.60	\$155.38	\$153.16	\$150.94	\$148.72	\$146.50	\$144.28	\$142.06	\$139.84
Child Rate	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45
<b>Presbyterian Medicare Advantage II</b>																					
Retiree Rate	\$141.74	\$138.29	\$134.83	\$131.37	\$127.91	\$124.46	\$121.00	\$117.54	\$114.09	\$110.63	\$107.17	\$103.71	\$100.26	\$96.80	\$93.34	\$89.89	\$86.43	\$82.97	\$79.51	\$76.06	\$72.60
Spouse Rate	\$143.47	\$141.74	\$140.01	\$138.29	\$136.56	\$134.83	\$133.10	\$131.37	\$129.64	\$127.91	\$126.19	\$124.46	\$122.73	\$121.00	\$119.27	\$117.54	\$115.81	\$114.09	\$112.36	\$110.63	\$108.90
Child Rate	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20
<b>UnitedHealthcare Medicare Advantage I</b>																					
Retiree Rate	\$97.23	\$94.86	\$92.49	\$90.11	\$87.74	\$85.37	\$83.00	\$80.63	\$78.26	\$75.89	\$73.51	\$71.14	\$68.77	\$66.40	\$64.03	\$61.66	\$59.29	\$56.91	\$54.54	\$52.17	\$49.80
Spouse Rate	\$98.41	\$97.23	\$96.04	\$94.86	\$93.67	\$92.49	\$91.30	\$90.11	\$88.93	\$87.74	\$86.56	\$85.37	\$84.19	\$83.00	\$81.81	\$80.63	\$79.44	\$78.26	\$77.07	\$75.89	\$74.70
Child Rate	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60
<b>UnitedHealthcare Medicare Advantage II</b>																					
Retiree Rate	\$36.70	\$35.81	\$34.91	\$34.02	\$33.12	\$32.23	\$31.33	\$30.44	\$29.54	\$28.65	\$27.75	\$26.86	\$25.96	\$25.07	\$24.17	\$23.28	\$22.38	\$21.49	\$20.59	\$19.70	\$18.80
Spouse Rate	\$37.15	\$36.70	\$36.26	\$35.81	\$35.36	\$34.91	\$34.47	\$34.02	\$33.57	\$33.12	\$32.68	\$32.23	\$31.78	\$31.33	\$30.89	\$30.44	\$29.99	\$29.54	\$29.10	\$28.65	\$28.20
Child Rate	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60

**NMRHCA Enhanced Public Safety or July 1, 2001 - June 30, 2021 Retirement Date\* (Subsidy Level A) Medical Plan Monthly Premium Contributions for July 1, 2024 - December 31, 2024**

Years of Service	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
<b>NON-MEDICARE MEDICAL</b>																
<b>Premier PPO (BCBS or Presbyterian)</b>																
Retiree Rate	\$904.30	\$866.62	\$828.94	\$791.26	\$753.58	\$715.90	\$678.22	\$640.55	\$602.87	\$565.19	\$527.51	\$489.83	\$452.15	\$414.47	\$376.79	\$339.11
Spouse Rate	\$983.06	\$960.43	\$937.81	\$915.18	\$892.55	\$869.92	\$847.29	\$824.67	\$802.04	\$779.41	\$756.78	\$734.15	\$711.52	\$688.90	\$666.27	\$643.64
Child Rate	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16	\$329.16
<b>Value HMO (BCBS or Presbyterian)</b>																
Retiree Rate	\$706.39	\$676.96	\$647.52	\$618.09	\$588.66	\$559.23	\$529.79	\$500.36	\$470.93	\$441.50	\$412.06	\$382.63	\$353.20	\$323.77	\$294.33	\$264.90
Spouse Rate	\$767.87	\$750.19	\$732.52	\$714.84	\$697.17	\$679.49	\$661.82	\$644.15	\$626.47	\$608.80	\$591.12	\$573.45	\$555.77	\$538.10	\$520.42	\$502.75
Child Rate	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68	\$256.68
<b>MEDICARE MEDICAL</b>																
<b>BCBS Medicare Supplemental Plan</b>																
Retiree Rate	\$466.55	\$451.50	\$436.45	\$421.40	\$406.35	\$391.30	\$376.25	\$361.20	\$346.15	\$331.10	\$316.05	\$301.00	\$285.95	\$270.90	\$255.85	\$240.80
Spouse Rate	\$474.08	\$466.55	\$459.03	\$451.50	\$443.98	\$436.45	\$428.93	\$421.40	\$413.88	\$406.35	\$398.83	\$391.30	\$383.78	\$376.25	\$368.73	\$361.20
Child Rate	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60	\$481.60
<b>BCBS Medicare Advantage I</b>																
Retiree Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Spouse Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Child Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Humana Medicare Advantage I</b>																
Retiree Rate	\$60.76	\$58.80	\$56.84	\$54.88	\$52.92	\$50.96	\$49.00	\$47.04	\$45.08	\$43.12	\$41.16	\$39.20	\$37.24	\$35.28	\$33.32	\$31.36
Spouse Rate	\$61.74	\$60.76	\$59.78	\$58.80	\$57.82	\$56.84	\$55.86	\$54.88	\$53.90	\$52.92	\$51.94	\$50.96	\$49.98	\$49.00	\$48.02	\$47.04
Child Rate	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72	\$62.72
<b>Humana Medicare Advantage II</b>																
Retiree Rate	\$13.19	\$12.77	\$12.34	\$11.92	\$11.49	\$11.07	\$10.64	\$10.22	\$9.79	\$9.36	\$8.94	\$8.51	\$8.09	\$7.66	\$7.24	\$6.81
Spouse Rate	\$13.41	\$13.19	\$12.98	\$12.77	\$12.55	\$12.34	\$12.13	\$11.92	\$11.70	\$11.49	\$11.28	\$11.06	\$10.85	\$10.64	\$10.42	\$10.21
Child Rate	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62	\$13.62
<b>Presbyterian Medicare Advantage I</b>																
Retiree Rate	\$180.62	\$174.80	\$168.97	\$163.14	\$157.32	\$151.49	\$145.66	\$139.84	\$134.01	\$128.18	\$122.35	\$116.53	\$110.70	\$104.87	\$99.05	\$93.22
Spouse Rate	\$183.54	\$180.62	\$177.71	\$174.80	\$171.88	\$168.97	\$166.06	\$163.15	\$160.23	\$157.32	\$154.41	\$151.49	\$148.58	\$145.67	\$142.75	\$139.84
Child Rate	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45	\$186.45
<b>Presbyterian Medicare Advantage II</b>																
Retiree Rate	\$140.66	\$136.13	\$131.59	\$127.05	\$122.51	\$117.98	\$113.44	\$108.90	\$104.36	\$99.83	\$95.29	\$90.75	\$86.21	\$81.68	\$77.14	\$72.60
Spouse Rate	\$142.93	\$140.66	\$138.39	\$136.13	\$133.86	\$131.59	\$129.32	\$127.05	\$124.78	\$122.51	\$120.24	\$117.98	\$115.71	\$113.44	\$111.17	\$108.90
Child Rate	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20	\$145.20
<b>UnitedHealthcare Medicare Advantage I</b>																
Retiree Rate	\$96.49	\$93.38	\$90.26	\$87.15	\$84.04	\$80.93	\$77.81	\$74.70	\$71.59	\$68.48	\$65.36	\$62.25	\$59.14	\$56.03	\$52.91	\$49.80
Spouse Rate	\$98.04	\$96.49	\$94.93	\$93.38	\$91.82	\$90.26	\$88.71	\$87.15	\$85.59	\$84.04	\$82.48	\$80.93	\$79.37	\$77.81	\$76.26	\$74.70
Child Rate	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60	\$99.60
<b>UnitedHealthcare Medicare Advantage II</b>																
Retiree Rate	\$36.43	\$35.25	\$34.08	\$32.90	\$31.73	\$30.55	\$29.38	\$28.20	\$27.03	\$25.85	\$24.68	\$23.50	\$22.33	\$21.15	\$19.98	\$18.80
Spouse Rate	\$37.01	\$36.43	\$35.84	\$35.25	\$34.66	\$34.08	\$33.49	\$32.90	\$32.31	\$31.73	\$31.14	\$30.55	\$29.96	\$29.38	\$28.79	\$28.20
Child Rate	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60	\$37.60

\* This rate sheet also applies to disabled or duty-related disabled members



# NMRHCA 2024 Dental and Vision



## 2024 Dental Plan Comparison

Delta Dental PPO™ POS Network	Basic Plan		Comprehensive Plan	
	In Network: You Pay	Out of Network: You Pay*	In Network: You Pay	Out of Network: You Pay*
<b>Diagnostic and Preventive Services</b>				
Oral Exams (two routine per calendar year plus one problem-focused/emergency, if needed)	No Charge, No Deductible	75% of Allowed Amount, No Deductible	No Charge, No Deductible	25% of Allowed Amount, No Deductible
Routine Cleanings (three per calendar year and up to one additional for specified at-risk medical conditions—max of four per year)				
Radiographic Images (full mouth: once every 5 years; bitewings: twice in a calendar year)				
Emergency Treatment for Relief of Pain				
<b>Basic Services</b>				
Amalgam or Composite Fillings	20%	75% of Allowed Amount	20%	45% of Allowed Amount
Periodontal Maintenance				
Extractions (non-surgical)				
Endodontics				
Non-Surgical Periodontics	100% (Not Covered)			
Oral Surgery (including surgical extractions)				
Surgical Periodontics				
Repairs to Crowns, Onlays, Dentures, and Bridgework	20%	75% of Allowed Amount		
<b>Major Services</b>				
Prosthodontic Procedures—for construction of fixed bridges, partials, or complete dentures	100% (Not Covered)	50%	50%	65% of Allowed Amount
Implants—specified services, including repairs, and related prosthodontics, subject to clinical review/approval				
Onlays, Crowns, and Cast Restorations—when teeth cannot be restored with amalgam or composite resin restorations				
<b>Orthodontic Services (Children and Adults)</b>				
Diagnostic, Active, Retention Treatment—in- and out-of-network orthodontic lifetime maximums cannot be combined	100% (Not Covered)		50%, No Deductible, \$1,000 Lifetime Max	50% of Allowed Amount, No Deductible, \$500 Lifetime Max
<b>Deductibles and Maximums</b>				
Calendar Year Deductible—Jan. 1 – Dec. 31. Applies to all services except where noted above.	\$50 (\$150 per Family)		\$50 (\$150 per Family)	
Calendar Year Maximum—Jan. 1 – Dec. 31 (per person). In- and out-of-network maximum benefit amounts cannot be combined.	\$1,500		\$1,500	\$1,000

*\*[Balance billing applies. Non-Participating Providers may bill you above the Non-Participating Maximum Approved Fees they receive from Delta Dental. You will have the highest out-of-pocket costs when you visit a Non-Participating Provider. This will be true even if the Coinsurance percentages in this column match the percentages for other types of Providers. In addition, Non-Participating Providers have not agreed to Delta Dental's in-network protections for Enrollees. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.]*

READ YOUR PLAN CAREFULLY - THIS BENEFITS SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US. For costs and complete details of coverage, please contact NMRHCA or Delta Dental of New Mexico. Policy forms: 119Basic, 119Comp, 135. Premium will vary by plan type. Limitations and exclusions apply. Conditions for renewability, cancellation, and termination apply.

119OE 0821

## DAVIS VISION

BENEFIT CATEGORY		In-Network Coverage	Out-of-Network Coverage
Routine Eye Examinations	Every 12 months	Copay  \$10	Reimbursed up to  \$35
<b>Eye Glasses</b>			
Spectacle Lenses	Every 12 months	Copay \$15	Depending on Lens RX \$25 to \$80
Frames	Every 24 months	Davis Frame Collection covered in Full or \$100 Retail Frame Allowance or \$150 Retail Frame Allowance at Visionworks	Reimbursed up to \$35
Contact Lenses	Every 12 months	Allowance  Up to \$110 Non-Formulary  Plus 15% discount on overage  Medically necessary paid in full  Prior approval required	Allowance  Up to \$110 (elective)  Up to \$210 (medically necessary)

This is a summary for your convenience. For more information visit our website at [www.nmrhca.org](http://www.nmrhca.org) or call us at 1-800-233-2576

## Important Life Insurance Beneficiary Information

If you name two or more Beneficiaries:

Two or more surviving Beneficiaries will share equally unless you provide for unequal shares.

If you provide for unequal shares, and two or more Beneficiaries survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.

If only one Beneficiary survives, we will pay the total death benefits to that Beneficiary. If there is no surviving primary beneficiary then the benefit would be paid to contingent beneficiary(ies).

If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian, or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated \_\_\_\_\_".

A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.

## Medical Plan Rate Calculation Instructions

1. Select a medical plan for the retiree; enter the rate from the **Retiree Rate** row that corresponds with your years of service. \$ \_\_\_\_\_ Retiree
2. If you are enrolling your spouse or domestic partner, select a medical plan for him/her; enter the rate from the **Spouse Rate** row that corresponds with your years of service (or, if your spouse/domestic partner is also an NMRHCA-eligible retiree, use the Retiree Rate that corresponds with your spouse's/domestic partner's years of service). + \$ \_\_\_\_\_ Spouse/ Domestic Partner
3. If you are also enrolling children, enter rate from **Child Rate** row multiplied by number of children.  
 (# of Children: \_\_\_\_\_ x Child Rate: \_\_\_\_\_ = Total for Child(ren): \_\_\_\_\_) + \$ \_\_\_\_\_ Child(ren)
4. TOTAL #1, #2, and #3. = \$ \_\_\_\_\_ Total

## Voluntary Coverage Premiums

### DENTAL PLAN Monthly Premium\*: Effective January 1, 2024 to December 31, 2024

	SINGLE	TWO-PARTY	FAMILY
Delta Dental <b>Basic</b>	\$19.62	\$37.27 for both	\$ 55.91 for all
Delta Dental <b>Comprehensive</b>	\$40.03	\$76.06 for both	\$114.05 for all

### VISION PLAN Monthly Premium\*: Effective July 1, 2020 to June 30, 2024

Davis Vision	\$ 4.62	\$ 8.71 for both	\$12.83 for all
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### DEPENDENT CHILD LIFE Monthly Premium\*: Effective July 1, 2019 to June 30, 2027

The Standard Insurance	\$2,500	\$5,000	\$10,000
Dependent Child Life	\$4.13 for all	\$7.75 for all	\$15.00 for all

### RETIREE/SPOUSE SUPPLEMENTAL LIFE Monthly Premium\*: Effective September 1, 2023 to June 30, 2027

The Standard	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000	\$15,000**	\$20,000**	\$40,000**	\$46,000**	\$60,000**
Age 35-39	\$ 0.70	\$ 0.90	\$ 1.09	\$ 1.29	\$ 1.49	\$ 1.99	\$ 2.48	\$ 4.46	\$ 5.05	\$ 6.44
Age 40-44	\$ 0.82	\$ 1.14	\$ 1.45	\$ 1.77	\$ 2.09	\$ 2.89	\$ 3.68	\$ 6.86	\$ 7.81	\$ 10.04
Age 45-49	\$ 1.03	\$ 1.57	\$ 2.10	\$ 2.64	\$ 3.17	\$ 4.51	\$ 5.84	\$ 11.18	\$ 12.78	\$ 16.52
Age 50-54	\$ 1.43	\$ 2.36	\$ 3.29	\$ 4.22	\$ 5.15	\$ 7.48	\$ 9.80	\$ 19.10	\$ 21.89	\$ 28.40
Age 55-59	\$ 2.04	\$ 3.58	\$ 5.13	\$ 6.67	\$ 8.21	\$ 12.07	\$ 15.92	\$ 31.34	\$ 35.97	\$ 46.76
Age 60-64	\$ 2.38	\$ 4.26	\$ 6.14	\$ 8.02	\$ 9.90	\$ 14.60	\$ 19.30	\$ 38.10	\$ 43.74	\$ 56.90
Age 65-69	\$ 4.36	\$ 8.21	\$ 12.07	\$ 15.92	\$ 19.78	\$ 29.42	\$ 39.06	\$ 77.62	\$ 89.19	\$ 116.18
Age 70 and over	\$ 6.41	\$ 12.32	\$ 18.24	\$ 24.15	\$ 30.06	\$ 44.84	\$ 59.62	\$ 118.74	\$ 136.48	\$ 177.86

\*This is optional coverage, and the entire cost of coverage is paid by you. The cost of insurance for all coverages paid by you may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. The life plan rates include a \$.50 administration fee.

\*\*Evidence of Insurability Statement required to add or increase life insurance. The Change for Additional Life Insurance form can be found at <http://www.nmrhca.org/forms.aspx/>.