



New Mexico Retiree Health Care Authority (NMRHCA)

Effective 7/1/2024 - 12/31/2024	Blue Cross Group Medicare Advantage (HMO) SM
Annual Deductible	In-network: This plan does not have a deductible.
Out-of-Pocket Maximum (includes the Annual Deductible)	In-network: \$3,000
Inpatient Hospital Care	\$1,250 out-of-pocket limit each year \$125/day (days 1-5) \$0/day (days 6+)
Emergency Care	\$65 copay
Ambulance Services	\$100 copay
Primary Care Office Visit	In-network: \$10 copay
Specialist Office Visit	In-network: \$30 copay
Vision Services - Routine Eye Exam (Supplemental Benefit)	\$10 copay
Vision Services - Eyewear (Supplemental Benefit)	\$150 contact lens allowance or \$0 copay/standard eyeglass lenses and \$150 frame allowance
Hearing Services - Routine Hearing Exam (Supplemental Benefit)	\$30 copay
Hearing Services - Hearing Aids (Supplemental Benefit)	\$300 hearing aid allowance for both ears combined every year
Routine Chiropractic Services (Supplemental Benefit)	\$20 copay (for up to 36 supplemental routine chiropractic visit(s) every year)
Routine Acupuncture (Supplemental Benefit)	\$15 copay (for 20 visits, acupuncture and other alternative therapies every year)
Fitness Program	SilverSneakers [®]
Rewards Program	\$100 worth of gift cards per year

Call the Education Helpline at **1-877-842-7564 (TTY 711)** for more information.

We are open October 1 – March 31: Daily, 8:00 a.m. to 8:00 p.m. local time,

April 1 – September 30: Monday through Friday, 8:00 a.m. to 8:00 p.m. local time.

Alternate technologies (for example, voicemail) will be used on weekends and holidays.

Turn over for prescription drug benefits 



Prescription Drug Benefits

Annual Deductible		\$0
Initial Coverage Period Copays Annual drug costs up to \$5,030 (30-day supply is shown)	Tier	Preferred Pharmacy /Standard Pharmacy
	1	\$0 / \$5
	2	\$5 / \$10
	3	\$40 / \$45
	4	\$90 / \$95
	5	33%
Gap Coverage Annual drug costs exceeding \$5,030 (up to a total of \$8,000 out-of-pocket costs)	Tier	Preferred Pharmacy /Standard Pharmacy
	1	\$0 / \$5
	2	\$5 / \$10
	3	\$40 / \$45
	4	\$90 / \$95
	5	15%
After the Gap Copays After your total out-of-pocket costs exceed \$8,000	Beneficiary cost sharing is reduced to \$0 for those who reach the catastrophic spending level.	
Preferred Pharmacy Networks	Albertsons, Safeway, Smith's, Walgreens, Walmart and independents	
Tier 1 — Preferred Generic Drugs Tier 2 — Generic Drugs Tier 3 — Preferred Brand Drugs	Tier 4 — Non-Preferred Drugs Tier 5 — Specialty Drugs	

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This information is not a complete description of benefits.

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