



**BlueCross BlueShield
of New Mexico**

New Mexico Retiree Health Care Authority Blue Cross Medicare Advantage (HMO)SM Plan

**NMRHCA Switch Enrollment
Effective January 1, 2020**

Your presenters today:

Lori Bell and Lisa Hentz, Account Executives



Your Blue Cross Medicare Advantage (HMO) Plans

Medicare Advantage (HMO) Plan I

Medicare Advantage (HMO) Plan II

- ✓ Both plans are comprehensive
- ✓ Statewide coverage
- ✓ Rewards and Incentive Program
- ✓ Additional benefits that Medicare does not cover

What are the Blue Cross Medicare Advantage (HMO) Plans?

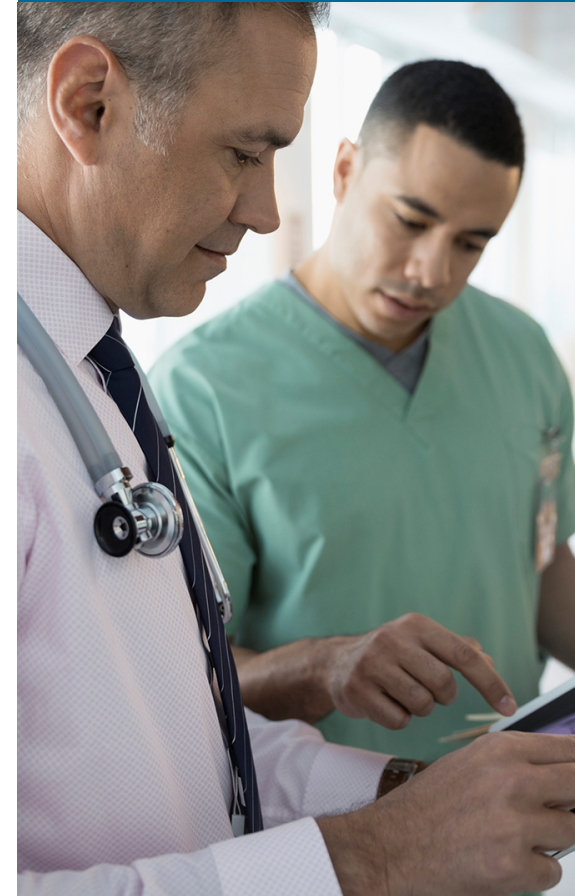
- The Blue Cross Medicare Advantage (HMO) Plans provide both Medicare Part C medical coverage and Part D prescription drug coverage. We contract with Medicare.
- You utilize our network which is **statewide** and has over 20,000 providers.
- For emergency care, urgent care, or for renal dialysis, you have access worldwide.
- The Blue Cross Medicare Advantage (HMO) Plans are Medicare replacement products and not Medicare Supplement plans.
- Referrals to specialists may be required.

Where can I receive my health care?

Statewide Network

An extensive network of physicians and hospitals across New Mexico.

- Over 20,000 providers
- 46+ hospitals within New Mexico, including:
 - Lovelace Westside Hospital
 - Lovelace Women's Hospital
 - Lovelace Medical Center Downtown (LMC)
 - Heart Hospital of New Mexico
 - Lovelace Rehabilitation Hospital
- Worldwide emergency care and urgent care



Your Eligibility Requirements

- You must have Medicare Part A and be enrolled in Medicare Part B and continue to pay for the Part B premium
- You must agree to the Lock-In Provision

What is the Lock-In Provision?

You must receive all your routine medical care using a Blue Cross Medicare Advantage (HMO) Plan network physician. Blue Cross Medicare Advantage will not pay for routine medical services that are **not provided by a network provider**. This does not apply to emergency care or urgent care while temporarily outside the service area, or out-of-area renal dialysis.

A Summary of Your Blue Cross Medicare Advantage (HMO) Plans

Effective January 1, 2020	BCBSNM Medicare Plan I	BCBSNM Medicare Plan II
Out-of-Pocket Maximum	\$5,000	\$6,700
Primary Care Provider (PCP)	\$10	
Specialist Office Visit	\$35	\$40
Routine Annual Physical (annual wellness visit every 12 months; Medicare covered)	\$0	
Routine Hearing Exam (1 supplemental exam every year)	\$30	
Hearing Aid Allowance	\$300 every year	
Routine Vision Exam through EyeMed (1 exam every calendar year)	\$10	
Routine Eyewear through EyeMed (annually)	Hardware is covered up to \$150	

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

A Summary of Your Blue Cross Medicare Advantage (HMO) Plans

Effective January 1, 2020	BCBSNM Medicare Plan I	BCBSNM Medicare Plan II
Outpatient Surgery	\$200	\$350
Inpatient Hospital Care	\$250 (Days 1 – 5) (\$1,250 annual out-of-pocket maximum)	\$500/admit
X-rays, Routine Lab	\$0	
CT, MRI, MRA, PET Scans	\$150	20%
Emergency Room (worldwide)	\$65	
Ambulance	\$110	20%
Transportation (non-emergency) (up to 4 one-way trip(s) to plan-approved location every year)	\$0	
Acupuncture (20 visits per year)	\$15	
Chiropractic Services (36 visits per year; non-Medicare covered)	\$20	20%
Durable Medical Equipment (DME) (i.e., oxygen, wheelchairs)	20%	

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

A Summary of Your Prescription Drug Benefits

Effective January 1, 2020	BCBSNM Medicare Plan I	BCBSNM Medicare Plan II
Deductible	\$0	\$310
Initial Coverage (Up to \$4,020 drug spend)	Preferred and Non-Preferred Pharmacies	Preferred and Non-Preferred Pharmacies
	Tier 1 – \$0/\$5 Preferred Generic Drugs	Tier 1 – \$0/\$5 Preferred Generic Drugs
	Tier 2 – \$5/\$10 Non-Preferred Generic Drugs	Tier 2 – \$7/\$12 Non-Preferred Generic Drugs
	Tier 3 – \$40/\$45 Preferred Brand Drugs	Tier 3 – \$40/\$45 Preferred Brand Drugs
	Tier 4 – \$90/\$95 Non-Preferred Brand Drugs	Tier 4 – \$90/\$95 Non-Preferred Brand Drugs
	Tier 5 – 33% for Specialty Tier Drugs	Tier 5 – 25% for Specialty Tier Drugs
Coverage Gap (from \$4,020 drug spend up to \$6,350 TrOOP)	Full coverage in the gap (same as initial coverage) for tiers 1 - 4 Tier 5 – 15% for Specialty Tier Drugs	
Catastrophic Level	When you reach \$6,350 in out-of-pocket expenses, you pay: <ul style="list-style-type: none"> • \$3.60 or 5%, whichever is greater, for generic drugs • \$8.95 or 5%, whichever is greater, for brand name drugs. 	

Formulary changes every January 1

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

Where can I receive my prescription?

You will have a lower copay if you use a Preferred Pharmacy.
Below is a partial listing of participating pharmacies:

Preferred Pharmacy Chains

- Walgreens
- Albertsons (Sav-on, Safeway)
- Smith's (Kroger)
- Health Mart Atlas (formerly AccessHealth Network)*
- AllianceRx WP (mail order)

Non-Preferred Pharmacy Chains

- CVS
- Sam's Club
- Walmart
- Target
- K-Mart



* Based on 2019 pharmacy network. 2020 pharmacy network is pending.

* Health Mart Atlas (formerly AccessHealth Network) is comprised of independent, clinic and hospital pharmacies.

* Other Pharmacies are available in our network.

* See the Pharmacy Directory on our website for the full list of network pharmacies.

* The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

What is Low Income Subsidy?

Get help with your Medicare out-of-pocket prescription expenses, Medicare premiums, and more.

Low Income Subsidy (LIS) / Part D Extra Help

Medicare provides “extra help” to pay prescription drug costs for people who meet specific income and resource limits.

Medicare Savings Programs

New Mexico offers programs that may pay your Medicare Part A and/or Part B premiums.

You can apply for these programs through the Social Security Administration (SSA).

Value-Added Services

- **The SilverSneakers®*** Fitness Program
- Case Management / Disease Management
- Blue365® Discount Program
- Nurse Advice and Health Information Line –
800-973-6394



*SilverSneakers® is a wellness program owned and operated by Tivity Health, Inc., an independent company. Tivity Health and SilverSneakers® are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2017 Tivity Health, Inc. All rights reserved.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans

Blue365 is a discount program only for BCBSNM members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Please check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change your monthly payment, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors who take part in this program. BCBSNM does not guarantee or make any claims or recommendations about the program's services or products. You may want to talk to your doctor before using these services and products. BCBSNM reserves the right to stop or change this program at any time without notice.

Value-Added Services

The [Rewards and Incentives Program](#) gives members a healthy and easy way to earn up to \$100* in gift cards from national and local retailers.

You receive a gift card of your choice for completing healthy actions throughout the year.

Examples:

- Annual wellness visit
- Annual flu vaccine
- Body Mass Index (BMI) measurement
- Colorectal cancer screening

Go to www.bcbsnm.healthmine.com or call Customer Service number on the back of your ID Card.

*Up to \$25; 4 times a year



Blue Cross and Blue Shield of New Mexico Medicare Customer Service Department

1-877-299-1008

Medicare

- Visit www.medicare.gov for online tool
 - 1-800-MEDICARE (633-4227), 24 hours a day, 7 days a week
 - TTY 1-877-486-2048, 24 hours a day, 7 days a week
-

Social Security

- Visit www.ssa.gov for online tool
- 1-800-772-1213, Monday – Friday, 7 A.M. – 7 P.M.
- TTY1-800-325-0778, Monday – Friday 7 A.M. – 7 P.M.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call 1-877-299-1008 (TTY: 711). We are open 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-299-1008 (TTY: 771). Nuestro horario es de 8:00 a.m. a 8:00 p.m., hora local, los 7 días de la semana. Si usted llama del 15 de febrero al 30 de septiembre, durante los fines de semana y feriados, se usarán tecnologías alternas (por ejemplo, correo de voz).

HMO and HMO-POS plans are provided by Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal.

Questions?