



NEW MEXICO
RETIREE
HEALTH CARE
AUTHORITY

Fall 2019 Switch Enrollment
Medicare
Effective January 1, 2020

Tom Sullivan, President
Joe Montaño, Vice President
Doug Crandall, Secretary
David Archuleta, Executive Director

Agenda

- Agency Background Information
 - Purpose
 - Mission and Strategic Goals
 - Budget & Finance
 - Solvency Results
 - Fundamental Challenges
- 2020 Medicare Monthly Premiums
 - Supplement
 - Medicare Advantage
- Plan Changes
- Updates and Reminders

Mission and Strategic Goals

Mission

- Maintain comprehensive and affordable health insurance benefits for public retirees and eligible dependents

Strategic Goals

- Fiduciary Responsibility
 - Extend the solvency of the program
 - Trust-fund contributions and investment earnings
 - Avoid deficit spending
- Customer Service
 - Communication
 - Education
 - Wellness Programs
- Administration
 - Cost-Effective Procurement
 - Identification of programs and services
 - Comprehensive services and access to care

Budget & Finance

FY20 Operating Budget

Healthcare Benefits Administration

- Uses:
 - Benefits - \$358 million
 - ACA Fees - \$42,000
 - Agency Operations- \$3.1 million
- Sources:
 - **EE/ER Contributions - \$124.6 million**
 - **Retiree Contributions - \$170 million**
 - Tax & Rev Suspense Fund - \$32.9 million
 - Misc. Revenue - \$30.2 million
 - Interest - \$100,000

Program Support (26 FTE)

- Salaries & Benefits - \$2 million
- Contractual Services - \$616,000
- Other Costs - \$538,000

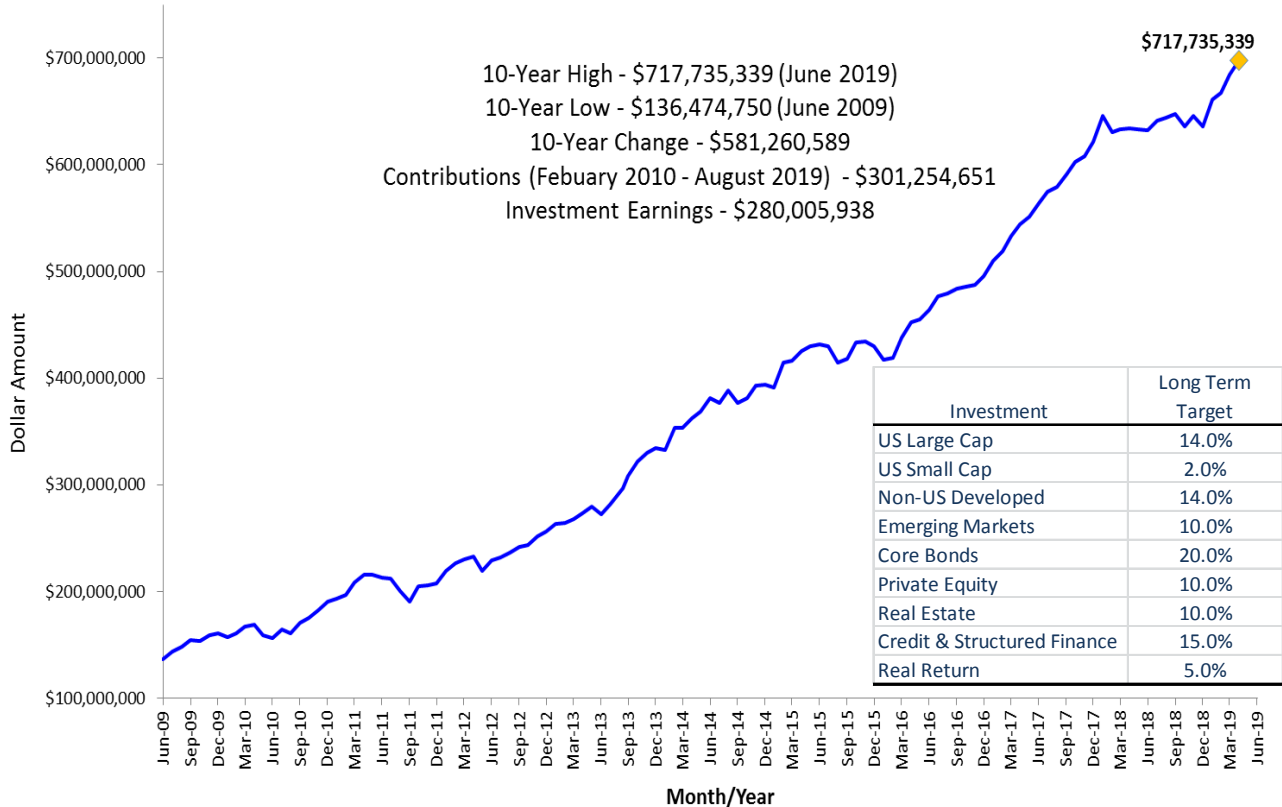
Finance

NMRHCA Trust Fund

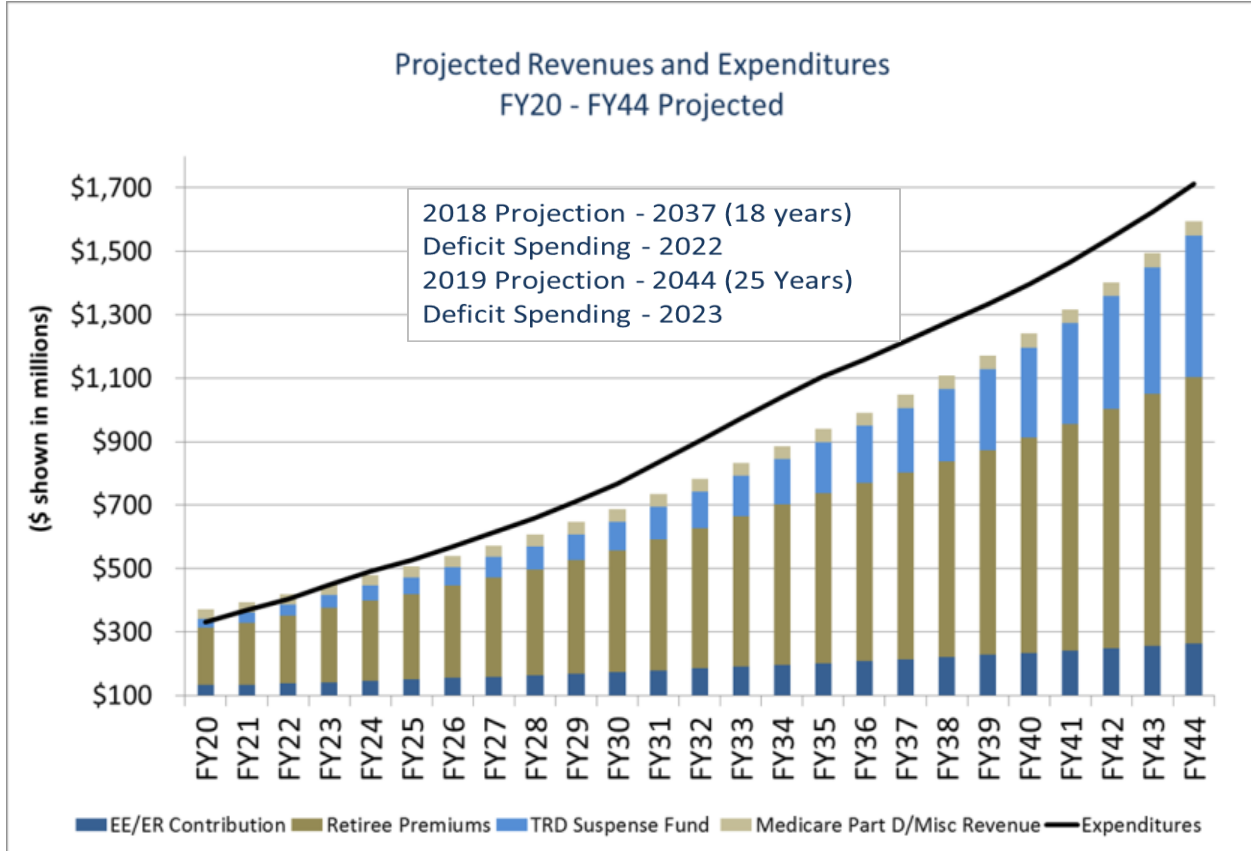
- Investments held by State Investment Council
NMRHCA charged pro rata portion of investment fees
- 2018 Asset Allocation

Investment	10-Year Expected Compound Return	Expected Risk
US Large Cap	7.00%	17.00%
US Small Cap	7.00%	17.00%
Non-US Developed	7.50%	18.00%
Emerging Markets	7.50%	26.00%
Core Bonds	3.80%	5.15%
Private Equity	10.50%	28.00%
Real Estate	6.85%	14.15%
Credit & Structured Finance	6.55%	8.10%
Real Return	8.50%	14.35%

NMRHCA Trust Fund Balance History June 2009 - June 2019



Fundamental Challenges



Medicare Supplement Monthly Premiums

(examples shown based on 20-years of service)

- **Rate Increase --- 5 percent**

	2019	2020	Monthly	Annual
			Difference	Difference
Medicare Supplement				
Retiree	\$211.96	\$222.55	\$10.59	\$127.08
Spouse/Domestic Partner	\$317.94	\$333.83	\$15.89	\$190.68
Dependent Child	\$423.92	\$445.11	\$21.19	\$254.28

- **No Plan Changes**

Medicare Advantage Monthly Premiums

(examples shown based on 20-years of service)

	2019 Rates			2020 Rates			Monthly	Annual	Retiree
	Retiree	NMRHCA	Total	Retiree	NMRHCA	Total	Difference	Difference	% Change
Blue Cross Blue Shield									
Plan I	\$ 66.10	\$ 66.10	\$ 132.20	\$ 64.80	\$ 64.80	\$ 129.60	\$ (1.30)	\$ (15.60)	-2.0%
Plan II	\$ 22.15	\$ 22.15	\$ 44.30	\$ 21.70	\$ 21.70	\$ 43.40	\$ (0.45)	\$ (5.40)	-2.0%
Presbyterian									
Plan I	\$ 94.50	\$ 94.50	\$ 189.00	\$ 94.50	\$ 94.50	\$ 189.00	\$ -	\$ -	0.0%
Plan II	\$ 71.00	\$ 71.00	\$ 142.00	\$ 71.00	\$ 71.00	\$ 142.00	\$ -	\$ -	0.0%
Humana									
Plan I	\$ 66.82	\$ 66.82	\$ 133.64	\$ 66.82	\$ 66.82	\$ 133.64	\$ -	\$ -	0.0%
Plan II	\$ 34.07	\$ 34.07	\$ 68.14	\$ 34.07	\$ 34.07	\$ 68.14	\$ -	\$ -	0.0%
United Healthcare									
Plan I	\$ 94.68	\$ 94.68	\$ 189.36	\$ 94.68	\$ 94.68	\$ 189.36	\$ -	\$ -	0.0%
Plan II	\$ 49.65	\$ 49.65	\$ 99.30	\$ 49.65	\$ 49.65	\$ 99.30	\$ -	\$ -	0.0%

Updates

- Dental & Vision Plans – No Rate Change through 6/30/20
- Medical, Dental, and Vision RFP
 - Current agreements expire 6/30/20
 - New agreements effective 7/1/20
 - Potential for new partnerships/services
- Member of the Pharmaceuticals Purchasing Council
- 2020 Legislative Session
 - One time appropriation request
 - Proposed increase in employee and employer contributions
- 2020 Wise and Well Events
 - Las Cruces & Santa Fe Planned

Reminders

- Conversion of Basic Life Insurance Policy
 - 2020 – Retiree pays 75%
 - 2021 – Retiree pays 100%
- Rule Change
 - Minimum age of 55 beginning **January 1, 2021** (excludes retirees on enhanced plans)
 - Years of service requirements increase from 20 to 25 beginning **January 1, 2021** to receive maximum subsidy
- Open Enrollment Not Until January 1, 2021
 - MEDICAL ONLY
 - DOES NOT APPLY TO LIFE INSURANCE
- Moving/change of address --- please contact our office to let us know!

Presented by:

New Mexico Retiree Health Care Authority

For Information or Questions:

Please call 800-233-2576 / 505-222-6400

Or visit us at: www.nmrhca.org or

www.facebook.com/nmrhca

Office Hours: 8:00AM – 5:00PM (Monday through
Friday)

Humana Medicare Employer Plan

Plans that go the extra mile



Humana®

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NEW MEXICO
RETIREE
HEALTH CARE
AUTHORITY

Humana Medicare Advantage

At Humana, we help you understand the many aspects of Medicare and try to make your options easy to select, enroll in and use.

About Humana:



Dedicated to communities around the country for **more than 30 years**



Over 8.8 million Medicare members just like you, across **all 50 states**¹



Providing Medicare plans to beneficiaries **since 1987**



Easily find a provider with our **nationwide network of providers**

¹Humana Inc. 2018 Annual Report, February 2019

Making healthcare decisions: What you need to know

What we will discuss today:

01 | **Medicare**

How does Medicare work, and how is it different from Medicare Advantage?

02 | **Your plan**

What is my plan, and how does it work for me?

03 | **Enrollment**

What do I do next? What do I have to do to enroll in this plan?

04 | **Your care**

What to expect after you enroll.

Medicare

How does Medicare work,
and how is it different from
Medicare Advantage?



Medicare and Medicare Advantage

Medicare



- Members with Original Medicare often choose to get a Medicare Supplement plan and a stand-alone prescription drug plan for additional coverage
- Possible to have up to 3 different cards

Medicare Advantage*



- One card and one place to call with questions

***Part D is not included on all Medicare Advantage plans.**

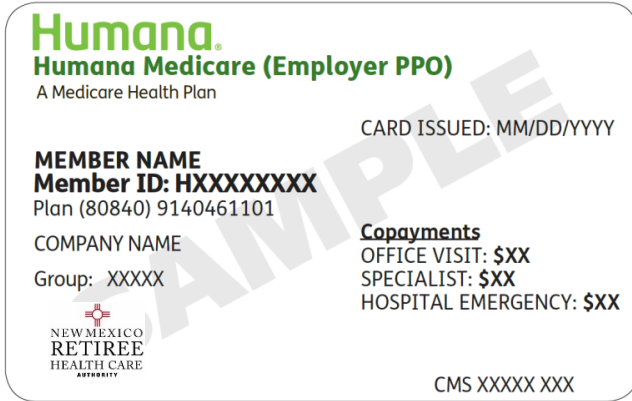
Your plan

What is my plan, and how does it work for me?



What is a PPO?

Humana's preferred provider organization (PPO)



PPO Plan I- See any provider that accepts Medicare and agrees to bill Humana.

PPO Plan II- You may pay more for care from out-of-network providers

- No copayment for certain in-network preventive care
- Out-of-pocket maximum
- Worldwide emergency coverage

Preventive* vs. Diagnostic

What is a preventive service?

- Diabetic eye exam
- Screening colonoscopy
- Screening mammogram
- Pap test
- Bone density test
- Annual Wellness Visit

What is a diagnostic service?

- X-ray
- MRI
- Mental health
- Rehabilitation
- CT scan
- Sick visits

*All preventive services have a \$0 copay.



Understand Your Plan: Your PPO plan options

	PPO Plan I	PPO Plan II	
		In-network	Out-of-Network
Annual Deductible	\$0	\$0	\$0
Hospital Care			
Outpatient Hospital Visits	\$0 - \$200 or 20% of the cost	\$0-\$100 or 20% of the cost	\$30 copay or 30%
Inpatient Hospital	\$150 (days 1-5)	\$150 per admit	30%
Physician and Facility Services			
Primary Care Physician	\$10	\$5	30%
Specialist	\$30	\$30	30%
Outpatient Ambulatory Surgical Center	\$200	\$100	30%
Durable Medical Equipment	20%	0% - 20%	20% - 30%
Emergency Services			
Emergency Room Care	\$50	\$65	\$65
Urgent Care	\$10 - \$30	\$5 - \$30	\$10 or 30%



Other Benefits: Hearing Services

Vision Services

Chiropractic

Acupuncture

Podiatry

What is Part D coverage?

Your plan also includes prescription drug coverage

- Generic to specialty drug coverage
- Prescriptions mailed right to your door





Your Part D Benefits

Humana's Part D coverage is spread between four groupings based on the drug type – also called “tiers.”

It covers every drug that is covered through Medicare.

Initial Coverage:

Tiers	Standard Retail Cost-Sharing (30 day supply)	Standard Mail Order Cost-Sharing (90 day supply)
Tier 1 (Generic/Preferred Generic)	\$4	\$0
Tier 2 (Preferred Brand)	\$40	\$80
Tier 3 (Non-Preferred Drug)	\$90	\$180
Tier 4 (Specialty)	33%	N/A



Generic to Specialty Drug Coverage



Open Formulary



Out-Of-Pocket Protection

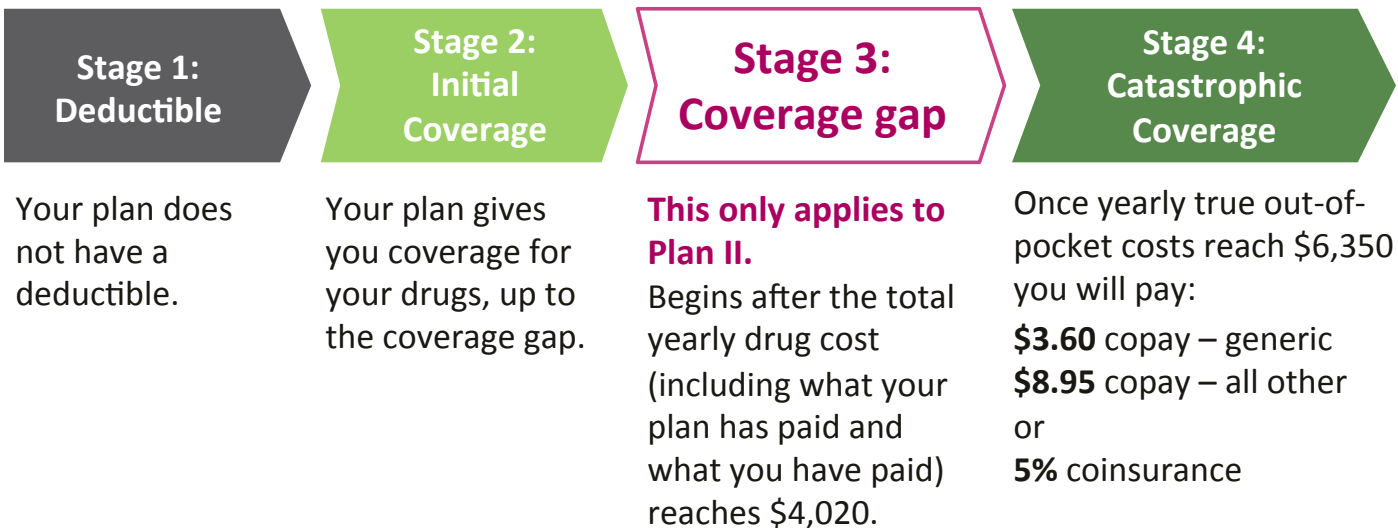


Receive a 90-day supply of Tier 1 prescriptions at no cost to you when you use mail order

Humana

Your Rx drug phases

Humana's Part D coverage is designed to help you manage your out-of-pocket costs.



Extra benefits and resources



Extra benefits and resources



Humana At HomeSM



Go365[®]



SilverSneakers[®]



MyDirectives[®]



Humana Well Dine[®] meal program

Extra benefits and resources



A total health and physical activity program included in your plan at no extra cost.

www.silversneakers.com



A wellness and rewards program just for Humana members, included in your plan at no extra cost.

Go365.com



There are a few things you need to do after moving to your Humana plan.

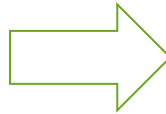
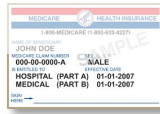
- * Remember to switch to Humana simply fill out the application provided to you by NMRHCA and return it to the plan office.

Humana does not require that you complete a separate application.

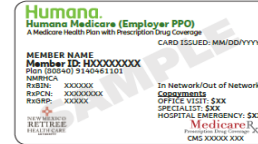
What do I do with my Medicare card?

- * Provide your Humana card to your provider from now on, but keep your Medicare card in a safe place

Keep, but don't use



Use this card now



Is Financial Assistance Available?

- * Low Income Subsidy assists with prescription drug costs, including premium, copays and coinsurance. Varies based on income and assets.
 - * Medicare Savings Program helps pay Medicare Part a and/or B premium.
- Call 1-800-MEDICARE to see if you qualify.

What do I need to do after I enroll?

- * Read through the materials Humana sends you and expect to receive a call from Humana within 90 days to discuss your health goals

Thank you

Humana is a Medicare Advantage HMO, PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Call **1-866-396-8810 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances,
P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **1-866-396-8810** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**.

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Auxiliary aids and services, free of charge, are available to you. 1-866-396-8810 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 1-866-396-8810 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resewva sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jii'eh saad bee áká'ánída'áwo'déé' níká'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



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
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: 711). 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?

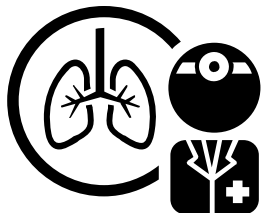


2019 NMRHCA Benefits Presentation

Presbyterian Senior Care (HMO-POS)
Plan I and Plan II



Who we are



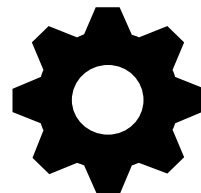
Started in **1908** as a Tuberculosis Sanatorium



Locally owned, nonprofit healthcare system in New Mexico, **servi**ng **one in three residents**



More than **750,000** customers



Fully integrated with a delivery system, physician group, and Presbyterian Health Plan

Presbyterian



9 Hospitals



Presbyterian Medical Group
800+ providers



Presbyterian Health Plan
560,000 members

Medicare basics

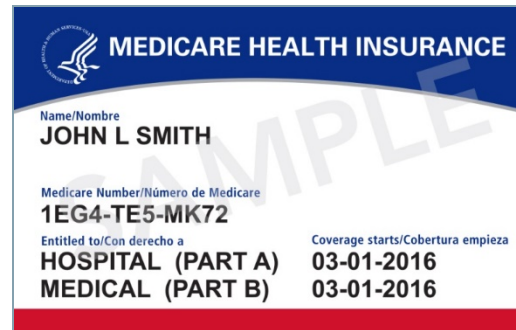
A federal health insurance program administered by the Centers for Medicare & Medicaid Services (CMS).

Part A - Hospital insurance (inpatient)

Part B - Medical insurance (outpatient)

Part C - Medicare Advantage plans

Part D - Medicare prescription drug coverage



Presbyterian Senior Care (HMO-POS) NMRHCA Plans

- Benefits available for services from either in-network or out-of-network providers.
- Emergency and urgent care coverage anywhere in the world
- Acupuncture services (25 visits per year)
- Routine Chiropractic services (25 visits per year)
- Preventive services, routine eye exams, and gym memberships at no additional cost to you
- Hearing Aid benefit from TruHearing
- Referrals are not required
- Video and Online Visits provides for a new way to see a provider for non-emergencies
- Silver Sneakers fitness center membership - Visit more than 10,000 participating locations at no additional cost to you.



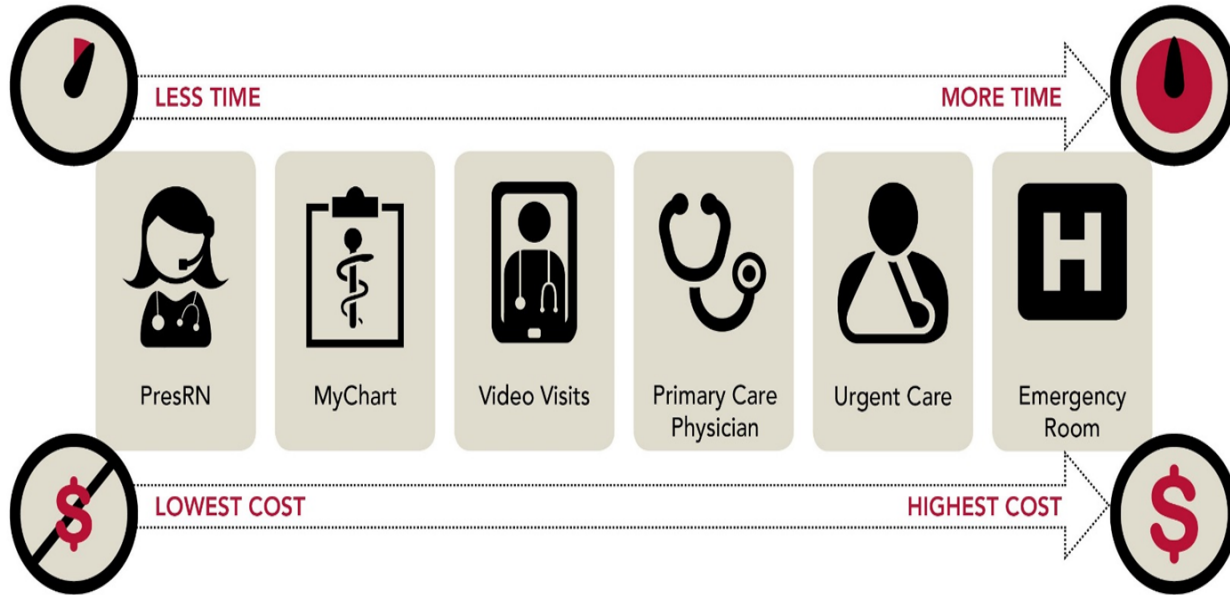
Who is eligible?

- Must have both Medicare Part A and Part B.
- Must live in the service area:

**Presbyterian Senior Care
(HMO-POS) service area is
Statewide**



Access and Cost of Care



2019 Presbyterian Senior Care (HMO-POS) NMRHCA

Benefits	Plan I In-Network	Plan II In-Network	Out-of- Network
Out-of-Pocket Maximum	\$2,500	\$3,000	\$7,500 (combined)
Office Visits and Tests			
Preventive Care, Screenings	\$0	\$0	\$35
Primary Care Office Visit	\$10	\$10	\$35
Specialist Office Visit	\$30	\$40	\$60
Diagnostic Tests, Lab Services, Imaging	\$0	\$0	10% - 20%
MRI/MRA, CT Scan PET Scan	\$0	\$250	20%
Acupuncture (25 visits/year)	\$15	\$15	\$60
Chiropractor (Medicare covered)	\$20	\$20	\$60
Chiropractor (Routine up to 25 visits/year)	\$20	\$20	\$60
Podiatry Services (Medicare covered)	\$0	\$0	\$60
Vision Exams (annual routine exam and exams to diagnose and treat diseases and conditions of the eye).	\$0 for first exam; specialist copay thereafter		\$60

2019 Presbyterian Senior Care (HMO-POS) NMRHCA

Benefits	Plan I In-Network	Plan II In-Network	Out-of- Network
Emergency, Urgent & Video Visits			
Video Visits	\$0	\$0	\$35
Urgent Care	\$10	\$10	\$65
Emergency Care (worldwide) waived if admitted	\$65	\$75	Plan I \$65 Plan II \$75
Ambulance Services	\$75	\$150	\$75 - \$150
Inpatient and Outpatient Coverage			
Inpatient Hospital (per admission)	Days 1-3 \$125 per day	Days 1-5 \$225 per day	Plan I \$750 per admit
Additional Days	\$0	\$0	Plan II \$300 per day days 1-5
Outpatient Surgery	\$125	\$275	20%
Outpatient Mental Health Care	\$0	\$0	50%

2019 Presbyterian Senior Care (HMO-POS) NMRHCA

Benefits	Plan I In-Network	Plan II In-Network	Out-of- Network
Home Health & Rehabilitation			
Home Health Care	\$0	\$0	\$0
Cardiac and Pulmonary Rehab	\$0	\$0	\$35
Other Rehabilitative Services	\$10	\$15	\$35
Durable Medical Equipment	\$10	10%	25%
Diabetes Supplies	\$0	\$0	25%
Skilled Nursing Facility Days 1-20 Days 21-100 (limited to 100 days per benefit period)	\$0 per day \$40 per day	\$0 per day \$40 per day	\$0 per day \$60 per day
Drugs Covered Under Medicare Part B			
Select oral immunosuppressant and nebulized inhaled medications	\$0 when purchased through a retail pharmacy		\$0
Chemotherapy and other Part B-covered drugs	\$50	10%	20%

2019 NMRHCA Plan I drug benefits

Coverage Starts

Catastrophic Coverage

There is no coverage limit and no coverage gap with Plan I

Part D Covered Drugs

Tier 1: Preferred Generic

Tier 2: Generic

Tier 3: Preferred Brand

Tier 4: Non-Preferred Brand

Tier 5: Specialty Drugs

	30-day supply	90-day mail order
Tier 1: Preferred Generic	\$4	\$8
Tier 2: Generic	\$10	\$20
Tier 3: Preferred Brand	\$45	\$112.50
Tier 4: Non-Preferred Brand	\$95	\$285
Tier 5: Specialty Drugs	33% up to \$100	NA

30-day supply
\$3.40 or 5%, whichever is greater
\$8.50 or 5%, whichever is greater

You stay in this stage for the rest of the year.



Catastrophic coverage begins after **your** out-of-pocket costs=\$5,100

2019 NMRHCA Plan II drug benefits

Coverage Starts

Coverage Gap "Donut Hole"

Catastrophic Coverage

\$0 deductible for Tiers 1, 2
\$300 deductible for Tiers 3, 4, 5

 Initial coverage limit \$3,820:
 includes what **both** you
 and your plan pay

Part D Covered Drugs
Tier 1: Preferred Generic
Tier 2: Generic
Tier 3: Preferred Brand
Tier 4: Non-Preferred Brand
Tier 5: Specialty Drugs

30-day supply	90-day mail order
\$4	\$8
\$10	\$20
\$45	\$112.50
\$95	\$285
27%	NA

30-day supply	90-day mail order
\$4	\$8
\$10	\$20
40%	40%
40%	40%
40%	NA

30-day supply

 \$3.40 or 5%,
 whichever is greater

 \$8.50 or 5%,
 whichever is greater

You stay in this stage for the rest of the year.

 Catastrophic coverage begins after **your** out-of-pocket costs=\$5,100

Prescription drug formulary

A list of drugs selected by Presbyterian Health Plan which represents the prescription therapies believed to be a necessary part of a quality treatment program.

Quantity limits and restrictions may apply and are noted in the formulary with the following abbreviations:

- PA = Prior Authorization
- QL = Quantity Limits
- ST = Step Therapy



What if your drug is not on our formulary?

- Call us and ask for a list of similar drugs that are covered.
- You can ask us to make an exception to cover your drug.

Managing your healthcare

Care management

- Trained registered nurse care managers assist with various health concerns and can help coordinate services between providers and patients.

Disease management

- Help members with certain diseases manage their health.

Utilization management reviews

- Pre-service, Urgent Concurrent and Post-service reviews ensure you receive the most appropriate treatment.



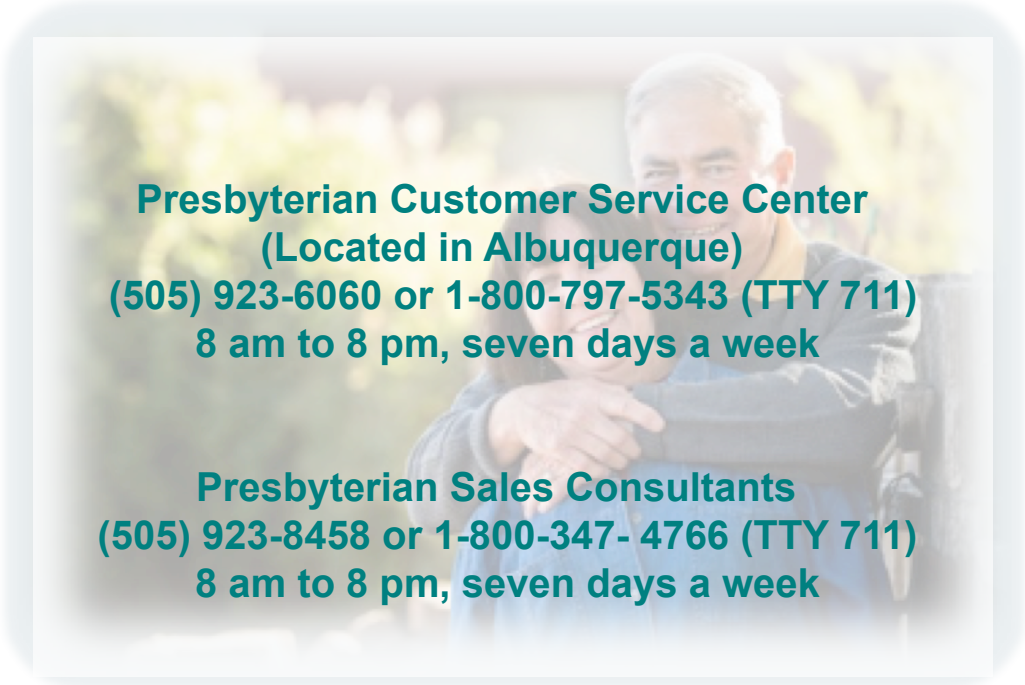
Financial Assistance

You may qualify for money-saving programs based on your income to help you pay your plan premiums and drug copays.

Extra Help (also called Low-Income Subsidy) assists you with prescription drug premiums, copays, and other costs. Income and asset limits apply.

The **Medicare Savings Program (MSP)** helps you pay for Medicare Part A and/or Part B premiums. Call 1-866-851-0324 for more information.





Presbyterian Customer Service Center
(Located in Albuquerque)
(505) 923-6060 or 1-800-797-5343 (TTY 711)
8 am to 8 pm, seven days a week

Presbyterian Sales Consultants
(505) 923-8458 or 1-800-347- 4766 (TTY 711)
8 am to 8 pm, seven days a week

**A plan designed to work for you.
Take advantage of it.**



**Go ahead,
take advantage.**

**2020 Benefit Plan
NMRHCA**

UnitedHealthcare[®] is here for you

Helping you make the most of your plan

Connecting you to the care and coverage you may need

Dedicated to providing the programs, resources and tools to help you live a healthier life

Plan Benefits

Medicare Advantage

National PPO Plans

Your Medicare Advantage plan



The advantages of a single plan

Medicare Advantage (Part C) plans are provided through private insurers, like UnitedHealthcare



All the benefits of Part A

- Hospital stays
- Skilled nursing
- Home health



All the benefits of Part B

- Doctor visits
- Outpatient care
- Screenings and shots
- Lab tests



Prescription drug coverage

- Included in many Medicare Advantage plans



Additional benefits, programs and features

- May be bundled with the plan

Your doctors (National PPO)

- This plan lets you visit doctors, specialists and hospitals in or out of our network for the same cost share as long the provider participates in Medicare and accepts the plan
- Even though you are not required to see a network doctor, your doctor may already be part of our network. To find out, search our online Provider Directory at www.UHCRetiree.com or call UnitedHealthcare® Customer Service
- If your doctor is in the network, he or she must accept this plan if you are a current patient. If your doctor is not in our network, he or she may choose not to treat you unless it is an emergency
- If you need help finding a doctor, we're here to help. Just call us.

UnitedHealthcare® Group Medicare Advantage National PPO Plan

Benefit Coverage	Plan I	Plan II
Primary care provider (PCP) office visit	\$5 copay in or out-of-network	\$5 copay in or out-of-network
Specialist office visit	\$25 copay in or out-of-network	\$25 copay in or out-of-network
Urgent care	\$20 copay in or out-of-network	\$20 copay in or out-of-network
Emergency room (waived if admitted)	\$50 copay in or out-of-network	\$50 copay in or out-of-network
Inpatient hospitalization	\$250 copay in or out-of-network	\$250 copay in or out-of-network
Outpatient surgery	\$100 copay in or out-of-network	\$100 copay in or out-of-network

Your Part D Prescription Drug Plan (PDP) Plan I

Tier	Prescription Drug Type	Your Costs	
Full coverage in the Gap		Retail (30-day supply)	Preferred Mail Order (90-day supply)
Tier 1	Preferred Generic – Most generic drugs.	\$15 copay	\$30 copay
Tier 2	Preferred Brand – Many common brand name drugs, called preferred brands and some higher-cost generic drugs.	\$35 copay	\$70 copay
Tier 3	Non-preferred Drug – Non-preferred generic and non-preferred brand name drugs.	\$70 copay	\$140 copay
Tier 4	Specialty Tier – Unique and/or very high-cost brand and generic drugs.	\$70 copay	\$140 copay

Your Part D Prescription Drug Plan (PDP) Plan II

Tier	Prescription Drug Type	Your Costs	
In the coverage gap (\$4,020) you pay 25% of the cost of brand name and generic drugs		Retail (30-day supply)	Preferred Mail Order (90-day supply)
Tier 1	Preferred Generic – Most generic drugs.	\$10 copay	\$20 copay
Tier 2	Preferred Brand – Many common brand name drugs, called preferred brands and some higher-cost generic drugs.	\$20 copay	\$40 copay
Tier 3	Non-preferred Drug – Non-preferred generic and non-preferred brand name drugs.	\$35 copay	\$70 copay
Tier 4	Specialty Tier – Unique and/or very high-cost brand and generic drugs.	\$35 copay	\$70 copay

Virtual Visits - \$0 copay



With Virtual Visits, you're able to live video chat with a doctor or behavioral health specialist from your computer, tablet or smartphone anytime, day or night.

Virtual Doctor Visits

You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection. Virtual Doctor Visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachaches

Virtual Behavioral Health Visits

Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety



You can find a list of participating Virtual Visit providers by logging into your member website. Limitations and exclusions apply.

Gym membership



SilverSneakers® is a fitness program that includes:

- Access to exercise equipment
- Group classes and more at 16,000+ fitness locations*
- Signature classes led by certified instructors trained specifically in adult fitness

Classes, equipment, facilities and services may vary by location.

*At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

NurseLine



You are never alone with NurseLine

NurseLine provides you 24/7 access to a registered nurse who can help you with sudden health concerns as well as:

- Questions about a medication
- Finding a doctor or specialist
- Understanding an ongoing health condition or new diagnosis

Solutions for Caregivers



Make caring for a loved one easier

At no additional cost, Solutions for Caregivers supports you, your family and those you care for by providing information, education, resources and care planning

- Get helpful advice and assistance finding services and programs from a professional care manager
- Receive a personalized care plan with recommendations and resources
- You will have access to the Solutions for Caregivers website to explore our library of articles and caregiver-related products and services
- Have a registered nurse perform an in-person assessment of your situation, if needed

UnitedHealthcare® HouseCalls



Enjoy a preventive care visit in the privacy of your own home*

With the UnitedHealthcare® HouseCalls program, you get an annual in-home preventive care visit from one of our health care practitioners at no extra cost. What to expect from a HouseCalls visit:

- A knowledgeable health care practitioner will review your health history and current medications, perform health screenings, help identify health risks and provide health education
- You can talk about health concerns and ask questions that you haven't had time to ask before
- HouseCalls will send a summary of your visit to you and your primary care provider
- You may even be eligible for a reward when you complete a HouseCalls visit

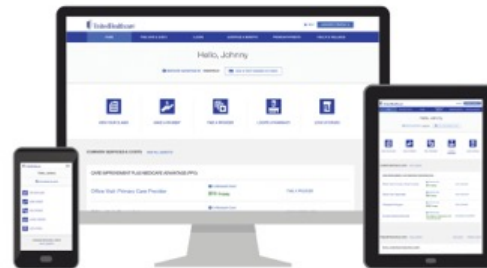
*HouseCalls may not be available in all areas.

UHCRetiree.com

After you get your UnitedHealthcare® Member ID card, sign up for your secure online personal account at UHCRetiree.com.

After you sign up, you can:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary UnitedHealthcare® Member ID card and request a new one
- Search for drugs and see how much they cost under your plan
- Search for network doctors
- Explore Renew by UnitedHealthcare, our member-only Health & Wellness experience
- Get your Explanation of Benefits online



Follow these easy steps to sign up for your online account:

1. Visit the website and click on the “New user? Register Now” button and then click “Register Now”.
2. Enter your information (first and last name, date of birth, ZIP code, UnitedHealthcare Member ID number) and click “Continue”.
3. Create your username and password, enter your email address, and click “Create my ID”.
4. For security purposes, you will need to verify your account by email, call or text.

Questions and Answers

Thank You

We look forward to welcoming you to our Medicare family.

Understanding Original Medicare's rules

- You must be entitled to Medicare Part A and/or enrolled in Medicare Part B and continue to pay your Medicare Part B premium.
- You can only be in one Medicare Advantage plan at a time. Enrolling in another plan will automatically disenroll you from any other Medicare Advantage or prescription drug plan.
- If you do not enroll in a Medicare Part D prescription drug plan or a Medicare Advantage plan that includes prescription drug coverage, or you do not have other creditable prescription drug coverage, you may have to pay Medicare's Late Enrollment Penalty.
- You must inform us of any current prescription drug coverage or future enrollment that includes prescription drug coverage.
- Medicare allows you to have different plans for medical (Medicare Advantage) and prescription drug coverage (Part D), but they both must be group-sponsored retiree health coverage. If you are enrolled in a group Medicare Advantage plan without prescription drug coverage and need Part D coverage, you can not enroll in an individual Part D plan. You must enroll in a group sponsored Part D prescription drug plan.
- If you are a member you are encouraged to read the plan's Evidence of Coverage (EOC), including appeals and grievance rights.
- The EOC also covers specific plan benefits, copays, exclusions, limitations and other terms.
- **Please review the full text of the Statement of Understanding in your 2020 enrollment kit.**

Additional information

This document is available in alternative formats. If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

This information is not a complete description of benefits. Call 800-457-8506 TTY 711 for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments may change on January 1 of each year.

Formularies and/or provider/pharmacy networks disclaimer. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

Out-of-network/non-contracted providers are under no obligation to treat Medicare Advantage and Prescription Drug Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage and Prescription Drug Plans: A Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

^{<1>}**Preferred Retail Pharmacy Network.** Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas.

^{<2>}OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. Prescriptions from OptumRx should arrive within 5 business days after we receive the complete order. Contact OptumRx anytime at 1-888-279-1828, TTY 711.

Other pharmacies are available in our network.

Renew by UnitedHealthcare is not available in all plans.

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Additional information

<3>Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. 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. © 2019. All rights reserved.]

<4>The NurseLine service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

<5>Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.

The company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

- **Online:** UHC_Civil_Rights@uhc.com

- **Mail:** Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance, P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the member toll-free phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

- **Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- **Phone:** Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

- **Mail:** U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

SPRJ47490



BlueCross BlueShield
of New Mexico

New Mexico Retiree Health Care Authority Effective January 1, 2020

Medicare Supplement Plan



Medicare, You and Blue

- Plan is secondary to Medicare (Medicare pays first)
- Medicare has two parts: Part **A** and Part **B**
- All Medicare-allowed services are covered



Medicare Supplement Plan

Excellent Value for Your Premium Dollar

- You choose your hospitals and physicians [anywhere](#) within the U.S.
- Coverage when traveling outside of the U.S.
- Low or no out-of-pocket costs (when your provider accepts Medicare Assignment)
- Affordable and easy to use
- Complements your Medicare coverage
- No referrals required
- No claims to file



Medicare Supplement Plan

For Medicare-Covered Services

The plan covers the annual Part **A** deductible of **\$1,364** (*amount subject to change*)

- You will still be responsible to meet the current Part **B** annual deductible of **\$185** (*amount subject to change*)
 - Once the Part **B** deductible has been met, you have **no out-of-pocket costs** when you choose a physician **that accepts Medicare assignment** for Medicare-covered services
-

Additional Benefits

Additional benefits not covered by Medicare that are part of the Blue Cross and Blue Shield of New Mexico (BCBSNM) Medicare Supplement plan for the New Mexico Retiree Health Care Authority (NMRHCA):

- Acupuncture*
- Rolwing*

* Combined Max of \$1,500 per year

When provider does **NOT** accept Medicare assignment

Example: Dr. Smith does not accept Medicare assignment but says that he will see you and may file the claim on your behalf to Medicare.

- Provider charges \$100 and Medicare allows \$80
- Medicare pays 80% of the \$80 and BCBSNM pays 20% of \$80
- The balance owed is \$20 however, the provider may only charge you 15% (\$12) above the Medicare allowable of \$80

Summary of Benefits

Services	Medicare Pays	Plan Pays	Member Pays
Medical Expenses: First \$185 of Medicare-approved amounts*	\$0	\$0	\$185 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	80%	15%
Hospitalization: First 60 days	All but \$1,364	\$1,364 (Part A Deductible)	\$0
61st through 90th day	All but \$341 a day	\$341 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$682 a day	\$682 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare- eligible expenses	\$0
Beyond the additional 365 days	\$0	\$0	Contact NMRHCA
Medicare Covered Preventive Care	80% - 100%	20%	\$0

* Medicare deductibles are subject to change for 2020 per Centers for Medicare & Medicaid Services (CMS) requirements.

Value Added Benefits

You are not limited to a network of providers
– you have choices

Access to all providers that accept Medicare
assignment – nationwide

Value-added Benefits

- ✓Blue 365SM Discount Program
- ✓Blue Access[®] for Members
- ✓24/7 Nurseline: 1-800-973-6329
- ✓Case Managers
- ✓Dedicated Customer Service Unit

**Locally
managed,
serving
New Mexicans
for over 75
years**

Blue Access for MembersSM

The screenshot shows the Blue Access for Members website interface. The navigation bar includes Home, My Coverage, Claims Center, My Health, Doctors & Hospitals, and Forms & Documents. The main content area is divided into several sections: Message Center, MY COVERAGE, MY CLAIMS ACTIVITY, and Quick Links. Callout boxes highlight specific features: 'My Coverage' includes benefit highlights; 'Review secure messages' points to the Message Center; 'My Claim Activity displays recent claims, or go to the Claims Center for all your claim details' points to the MY CLAIMS ACTIVITY table; 'Access the Provider Finder to locate doctors & hospitals' points to the Doctors & Hospitals link; 'Quick Links for easy access to Member Discounts, or to get an ID card' points to the Quick Links section; and 'Form Finder easier to view and find specific forms for members' points to the Form Finder section.

My Coverage includes benefit highlights.

Review secure messages

My Claim Activity displays recent claims, or go to the **Claims Center** for all your claim details

Access the **Provider Finder** to locate doctors & hospitals

Quick Links for easy access to Member Discounts, or to get an ID card

Form Finder easier to view and find specific forms for members

Service Date	Member	Provider	Status	Billed	You May Owe
08/20/2014	John1 Doe1	Nathan Pharmacy	Processed	\$296.76	\$296.76
08/19/2014	John1 Doe1	Nathan Pharmacy	Processed	\$36.62	\$36.62
08/18/2014	John1 Doe1	Nathan Pharmacy	Processed	\$306.48	\$306.48
08/17/2014	John2 Doe2	Nathan Johns Dentist	Paid 07/18/2012	\$305.00	\$24.20
08/16/2014	John1 Doe1	Nathan Pharmacy	Processed	\$9.29	\$9.29

Blue Access for Members is password protected and gives you immediate, secure access to your account information. Log on to Blue Access for Members for updates and to register for weekly emails

Case Management

Case Managers

Case Managers will plan, implement, coordinate, monitor, and evaluate options and services to meet a catastrophically or chronically ill or injured individual's health care needs.



24/7 Nurseline

Advice anytime.
Advice isn't just needed
from 9 to 5.

Round-the-clock health and wellness
advice from licensed nurses

Plus, you can also listen to more than
1,200 AudioHealth Library topics

800-973-6329

Available in English and Spanish

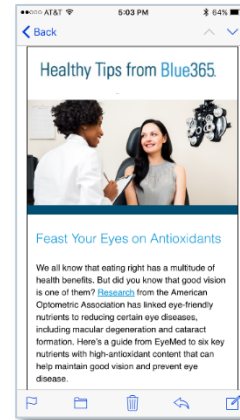


Member discounts simply for being a BCBSNM member

The screenshot shows the Blue365 website interface. At the top, it says "BlueCross BlueShield of New Jersey | Blue365" with navigation links for "Browse All Deals", "How It Works", and "Register/Login". Below this is a banner for "FITNESS" featuring a Fitbit advertisement. The ad includes the text: "18% OFF Fitbit Devices, 25% OFF Accessories Plus Free Shipping" and a "LOGIN TO RECEIVE" button. A list of eligible devices is provided, including Fitbit Flex 2, Alta and Alta HR, Alta HR (Special Edition) and Alta HR SE, Aria 2 Scale, Aria Mini Device, Charge 2 and Charge 2 SE, New! Charge 3 and Charge 3 SE (pre-order), Versa and Versa SE, and Link and Linkie bands. A quote from Blue365 states: "Fitness trackers and other wearable devices provide quantifiable information that helps users increase physical activity, engage in friendly competition and improve fitness."

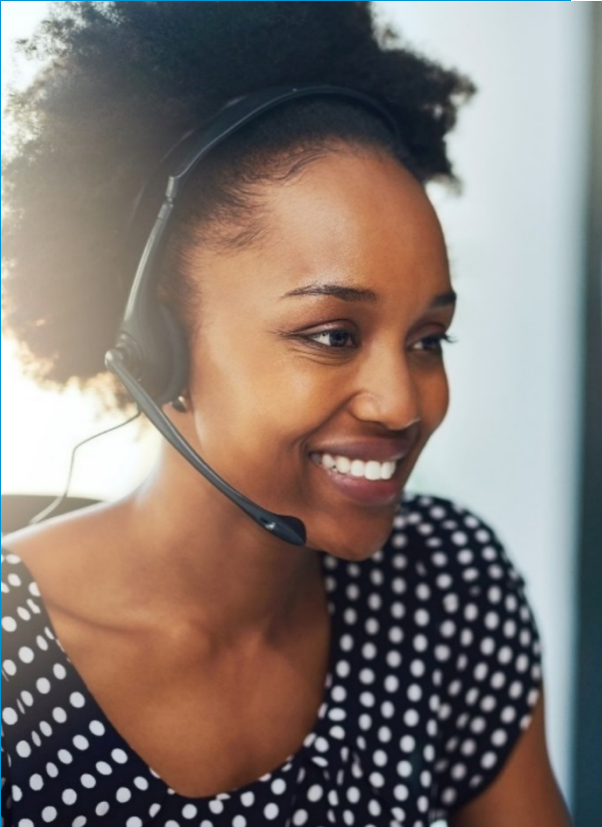
Blue365® Member Discount Program

- Exclusive health and wellness deals from national and local retailers
- Save money on gym memberships, vision exams and services, hearing aids and diet-related services
- Log on to Blue Access for MembersSM for updates and to register for weekly emails



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. Employees should check their benefit booklet or call the Customer Service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program and are subject to change. BCBSNM does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSNM reserves the right to stop or change this program at any time without notice.

800-788-1792



Designated Customer Service Unit

Local, experienced employees dedicated to serving you – [we know you, we know your plan!](#)

Our Customer Advocates are there for you to help with:

- ✓ Claims
- ✓ Benefit questions
- ✓ Connecting you with other resources
- ✓ Contacting your providers, if needed

Customer Service Hours

Dedicated Representatives

Monday - Friday
6a.m. to 6 p.m.

After Hours Representatives

Monday - Friday
6 a.m. to 8 p.m.

Saturday and Most Holidays

8 a.m. to 5 p.m.

Wise and Well: Wellness Program Incentive

During 2020 NMRHCA Members can continue to receive a \$50 Visa gift card as an incentive after completing two wellness activities.*

Activity examples:

- ✓ Online health-related classes
- ✓ Community health and cooking classes
- ✓ Completing a smoking cessation program (e.g. Quit for Life)
- ✓ Enrollment in a Disease Management program for chronic conditions like diabetes, CAD, COPD, CHF and asthma.

*Submit completed activity information to NMRHCA

Questions?



New Mexico Retiree Health Care Authority Medicare Part D *Prescription Drug Program*



About Express Scripts

- Express Scripts is RHCA's chosen partner for administering your prescription plan
- We are a leading pharmacy benefit manager that puts medicine in reach for tens of millions of people
- As an Express Scripts member, you have access to:
 - 60k+ retail pharmacies located across the United States
 - Convenient home delivery services
 - Express-Scripts.com and our mobile app for ordering and managing your prescriptions
 - Accredo specialty pharmacy for medications that treat complex and chronic health conditions
 - Specialized pharmacists, nurses and other clinicians in 20+ condition-specific Therapeutic Resource Centers



Prescription Costs

	Participating retail pharmacies	Express Scripts Home Delivery and Walgreens Smart90
Days' supply	Up to 31-day supply	Up to a 90-day supply
Generic drugs (Tier 1)	20% (\$5 min / \$15 max)	20% (\$12 min / \$35 max)
Brand-name drugs (Tier 2) (preferred)**	30% (\$30 min / \$60 max)	30% (\$60 min / \$120 max)
Brand-name drugs (Tier 3) (non-preferred) *	50% (\$50 min / \$125 max)	50% (\$100 min / \$250 max)

* If, for non-Med D drugs, you obtain a brand-name drug when a generic equivalent is available, you are responsible for the brand copayment plus the cost difference between the brand-name drug and the generic drug.

Retail 90-day supply “Smart90 Network”

- Smart90 is a VOLUNTARY program that allows members the option of filling 90-day supplies of medications via home delivery, Walgreens or at other limited retail locations.
- Members will need to use an in-network Smart90 pharmacy if they choose to fill 90 days at retail. All Walgreens locations participate in Smart90 making it easy for members to get their maintenance medications.
- The copays for 90-day supplies are the same whether the medication is obtained at a Smart90 pharmacy or through Express Scripts home delivery.



Get Started With Express Scripts Mail Order



- **E-Prescribe (electronic prescribing)** - Have your physician send your prescription direct to Express Scripts pharmacy for processing
- **Phone** – Call into Express Scripts customer service and request that your maintenance medication be moved to home delivery. We will consult your physician and take it from there!
- **Register** – on [express-scripts.com](https://www.express-scripts.com) or Express Scripts mobile app and transfer medications to home delivery with a click of a button
- **Mail** – Complete a home delivery order form and submit it, along with a paper prescription, for processing
- **Payment Options** - check card or credit card is the preferred method for online orders. ESI accepts Visa, MasterCard, American Express and Discover. Provide your check card or credit card information or choose to be billed later for mail in orders.

Vaccines

- RHCA members will pay \$0 on certain vaccines including:
 - Influenza (Flu), Pneumonia, Shingles, MMR, Hepatitis A & B, Meningococcal, Tetanus/Diphtheria/Pertussis, Varicella (chicken pox)...to name a few
- Vaccines through pharmacy benefit are
 - A key preventive measure for seasonal influenza and other viral conditions
 - More convenient and less expensive through the pharmacy network than at physician practices
 - Likely to result in lower medical costs
 - All states allow certified, registered pharmacists to administer vaccines
 - Call Customer Service to locate a certified pharmacist near you

Have a question about a medication?

Give us a call

Each specialist pharmacist has had specialized training in the medications used to treat a specific condition, such as:

- High cholesterol
- High blood pressure
- Depression
- Diabetes
- Asthma
- Osteoporosis
- Cancer

You can contact a pharmacist 24/7 to ask about:

- Drug interactions
- Side effects
- Risks and benefits of your medication
- Help taking your medication as prescribed – which is one of the best ways to help maintain or improve your health

Talk with an Express Scripts pharmacist for general counseling – or a specialist pharmacist for complex concerns – by calling the number on the back of your prescription drug ID card

800-551-1866

Therapeutic Resource Centers

Personalized care for patients

Retail pharmacists

- Typically generalists who dispense medications for many conditions
- Juggle many tasks: filling prescriptions, checking orders, overseeing pharmacy
- Setting offers minimal privacy to counsel patients
- **Average time talking to each patient is less than**

2 minutes*

Specialist Pharmacists

- Extensively trained in medications for a single disease state
- Focused on disease and therapy management
- Speak to patients in their homes or wherever they prefer
- **Average time talking to each patient is**

12 minutes

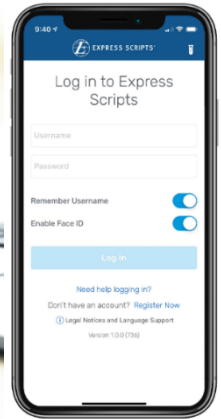
*Source: CVS data



Making information available

wherever and whenever

- Simple landing page
- Intuitive site navigation
- Interactive mobile app
- Multiple ways to get started



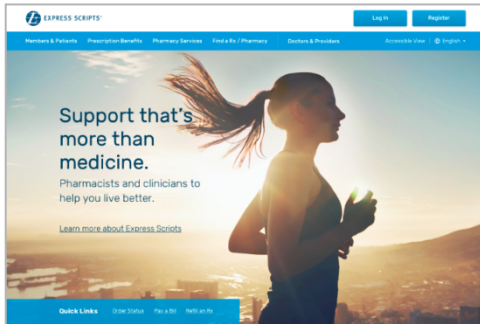
Easy to Use Self-Service Tools

- Easy Rx refill or renewal
- Print forms, ID cards
- Submit reimbursement claims online

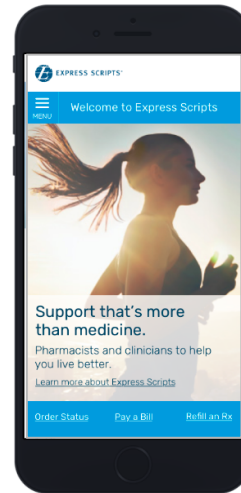
Express Scripts Registration

Use [express-scripts.com](https://www.express-scripts.com) and the Express Scripts mobile app to manage your medications and prescription benefit plan.

There are two easy ways to register:



Register at [express-scripts.com](https://www.express-scripts.com) or



... download the **Express Scripts** mobile app for free and register

- Register using your member ID number or Social Security Number (SSN)
- One user name and password is all you need for web and mobile app access

Informative and actionable express-scripts.com home page



Order status is **#1 REASON**
members visit the website.

- Provides a one-stop shopping experience
- Offers the services patients expect right up front...
 - Order status with tracking
 - Refilling a prescription
 - Enrolling in automatic refills
 - Visibility to home delivery savings
 - Transferring a prescription to home delivery
 - Navigating to anywhere in the site

The screenshot displays the Express Scripts website interface. At the top, there is a navigation bar with the Express Scripts logo, links for Prescriptions, Benefits, My Account, and Help, and a shopping cart icon. Below the navigation bar, the 'Recent Order Status' section lists several orders with details such as medication name, dosage, brand, and status (e.g., 'We need your approval', 'Address Verification Required'). The 'Automatic Refills' section features a large number '3' and text explaining the convenience of the automatic refill program. The 'Prescriptions You Can Order Today' section lists available medications, including Omeprazole, with details on dosage, supply, and refill status.

Order Status gives members real-time visibility

Recent Order Status

Toprol XL 200 mg tablet Rx #: 123456789003 Chris (09/19/1960) Chris (09/19/1960) **required**

[Hide details](#) [Go to full order status](#)

Thank you for your recent home delivery order. Before we can ship your medication, we need to make sure it's heading to the right place. ACTION REQUIRED: Please confirm the shipping address is correct, or choose the option to change the address. You may also verify your address with our friendly member services staff. The phone number can be found under the contact us link. If you've already taken care of this issue, our thanks.

Physician: Susan Jones Quantity: 90 Shipping address: 3455 Mulholland Drive
Physician phone: 444-555-6666 Days supply: 90 Apt 777
Date received: 02/12/2015 Refills remaining: 2 Rome, NY 33445
Rx expiration: 04/22/2015

[Ship to this address from now on](#) [need to change my address](#)

Recent Order Status Help

Please Note: For prescription renewals, the "Order placed on" date may change to reflect the date your new prescription is actually received from your physician. Please click on "View details" to view additional details on your order. Last 120 days

Order placed on: January 6, 2016 **Confirmation #:** 901234658

Invoice #: 12551093

SHIPPED on 01/08/14 via UPS-Ground
100 Parsons Pond Rd, Franklin Lakes, NJ 07417 [Track Shipment](#)

Simvastatin tabs 40mg tablet
Rx #: 123344455667 | For: Vanessa (07/18/1962) Estimated delivery by 01/18/14

Prior Authorization Expires on 12/23/2016

Plan pays: \$150.00
You pay: \$30.00

[View details](#)

We got your order. [Check Order Status](#)

Thanks for your order.
Your order number is **272392272**. You can see the details of the order we're processing in this message. We'll let you know when we ship it to you.

Prescriptions for ****

Prescription #: **** 4402
We'll process your order after it is eligible to be filled on 09/24/2017.

- Clear, detailed order status
- Actionable self-service messages
- Track shipping
- Real-time email order confirmation

My Rx Choices explores options

Price a medication

Price another medication [Visit My Rx Choices® for potential savings!](#) [Help](#)

Accessible from Price a Medication

When you purchase a medication at a retail pharmacy, you will pay a higher cost for this and certain other medications on a **first-come, first-served** basis. You have 3 fill(s) until your retail copayment increases.

My Rx Choices

Choose alternatives for your doctor to consider and click the "continue" button to go to the next step. For your convenience, **we've preselected** the lowest-cost medication alternatives available at this time. There may be multiple lower-cost alternatives.

To review other alternatives, which could have the same or similar pricing, click the "view other alternatives" link for each medication.

To remain on your current medication, select the radio button to the left of the medication name.

Learn about our [Extended Payment Program](#), which lets you pay for medications in 3 monthly installments. [Calculate your estimated monthly payments.](#)

If you received a letter from us regarding potential savings using **My Rx Choices**, the savings may be different from what is displayed below because **My Rx Choices** uses the most current pricing based on your plan.

Medication	You pay	Lower-cost choice	You pay	YOU SAVE
<input type="radio"/> Accupril 5 mg Tablet (Brand) Dosage: 1 Tablet, once a day Pharmacy: Retail \$18.00 for 30 days Coverage rules may apply. How much does my plan pay? Get different results with different days' supply and quantity.	\$216.00 per year	<input checked="" type="radio"/> quinapril tabs 5 mg Tablet (generic equivalent) Dosage: 1 Tablet, once a day Pharmacy: Express Scripts Pharmacy™ \$0.00 for 90 days Coverage rules may apply. How much does my plan pay? Compare drug information	\$0.00 per year	\$216.00 per year Explain my savings View other alternatives
<input type="radio"/> Glucophage Tabs 500 MG Tablet (Brand) Dosage: 1 Tablet, once a day Pharmacy: Retail \$26.60 for 30 days Coverage rules may apply. How much does my plan pay? Get different results with different days' supply and quantity.	\$319.20 per year	<input checked="" type="radio"/> metformin hcl tabs 500 MG Tablet (generic equivalent) Dosage: 1 Tablet, once a day Pharmacy: Express Scripts Pharmacy™ \$14.71 for 90 days Coverage rules may apply. How much does my plan pay? Compare drug information	\$58.84 per year	\$260.36 per year Explain my savings View other alternatives
<input type="radio"/> Lescol 20 MG Capsule (Brand) Dosage: 1 Capsule, once a day Pharmacy: Retail \$16.76 for 30 days Coverage rules may apply. How much does my plan pay? Get different results with different days' supply and quantity.	\$201.12 per year	<input checked="" type="radio"/> lovastatin 10 MG Tablet (generic alternative) Dosage: 1 Tablet, once a day Pharmacy: Express Scripts Pharmacy™ \$15.00 for 90 days Coverage rules may apply. How much does my plan pay? Compare drug information	\$60.00 per year	\$141.12 per year Explain my savings View other alternatives
<input type="radio"/> Tenormin Tabs 50 MG Tablet (Brand) Dosage: 1 Tablet, once a day Pharmacy: Retail \$43.94 for 30 days Coverage rules may apply. How much does my plan pay? Get different results with different days' supply and quantity.	\$527.28 per year	<input checked="" type="radio"/> atenolol 30 MG Tablet (generic alternative) Dosage: 1 Tablet, once a day Pharmacy: Retail \$10.00 for 90 days Coverage rules may apply. How much does my plan pay? Compare drug information	\$120.00 per year	\$407.28 per year Explain my savings View other alternatives
Savings per year:				\$1024.76

[<< previous](#)
Your choices could save you \$1024.76 out of a possible \$1024.76 once your doctor approves. When you click the "continue" button, your choices will also be checked for possible drug interactions.
[continue](#)

- Side-by-side drug comparisons showing plan and usual & customary (U&C) pricing via retail and home delivery pharmacies
- Potential savings by drug and/or channel option
- Helpful drug information
- Ability to print for doctor review
- Access to Consumer Reports Best Buy Drug information
- Display 25+ possible lower-cost options

Easy to locate in-network retail pharmacies



Search by zip code
or city/state

Locate a pharmacy

[< Back](#) | [Vaccine Administration Program Information](#)

07417 Enter Zip Code or City, State:

Locate Pharmacy

Show pharmacies starting with the letter:

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) [Show all](#)

1 ACME PHARMACY #1054 5.9 mi
136 LAKE AVE
MIDLAND PARK, NJ - 07432
201-612-3070
Preferred pharmacy. You may get up to a one month supply.
[Get directions*](#)

2 STOP AND SHOP #0829
816 FRANKLIN AVE

*When you click on a link to "Get directions" to any pharmacy above, you will be leaving the member website which is governed by separate Terms of Use and Privacy Policy.

Results provide:

- **Nearby in-network pharmacies** with address and contact details in Google Maps
- Link to **Price a Medication** from the selected pharmacy
- Link for **directions using Google Maps**

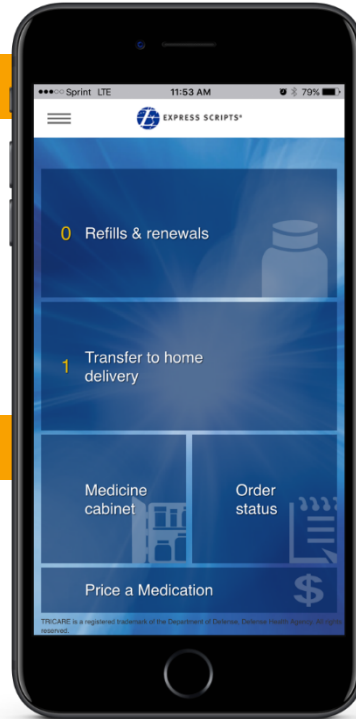
An app that drives better decisions and healthier outcomes for members on the go

Convenience

- Easy-order refills and up-to-the-minute order status lets members avoid trips to their local pharmacy

Simplicity

- One swipe of the finger is all it takes to stay on track with medications



Peace of Mind

- Reminders and a drug interaction checker help keep members traveling on the road to good health

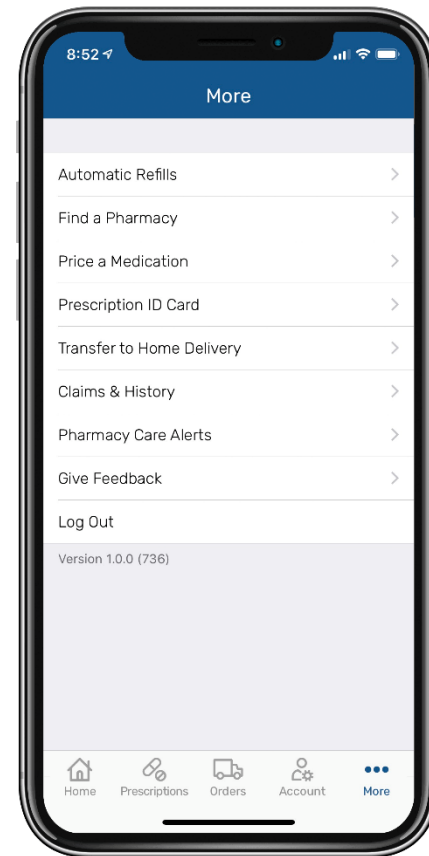
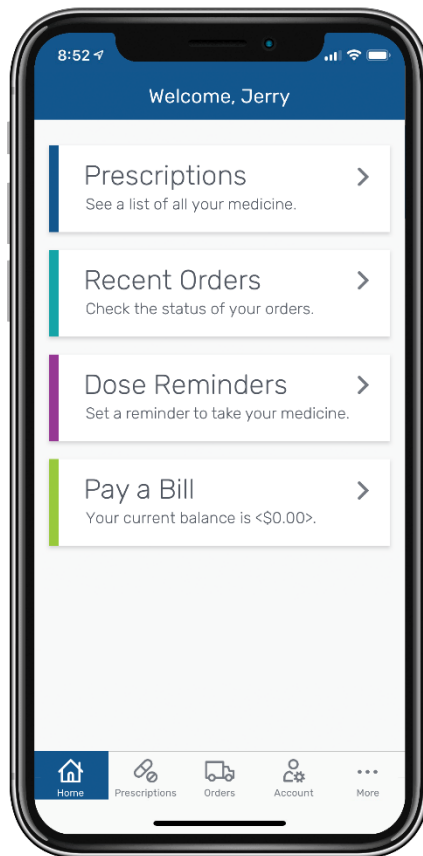
Versatility

- Flexibility that fits members' lives, delivering personalized prescription information – *whenever & wherever* they need it

CONVENIENCE & SIMPLICITY

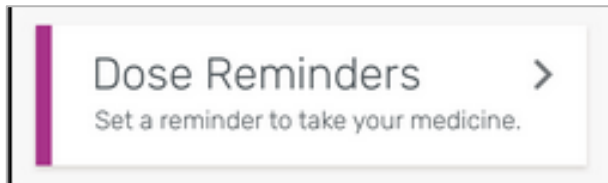
Dashboard

- Quick access to popular actions and easy access to the full menu

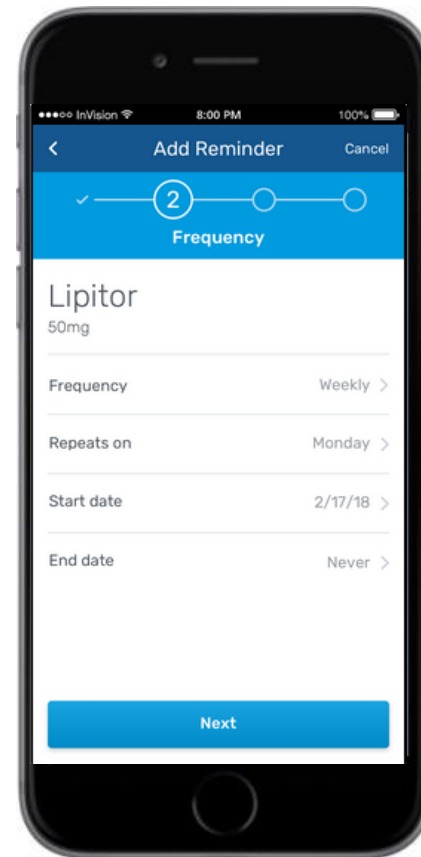
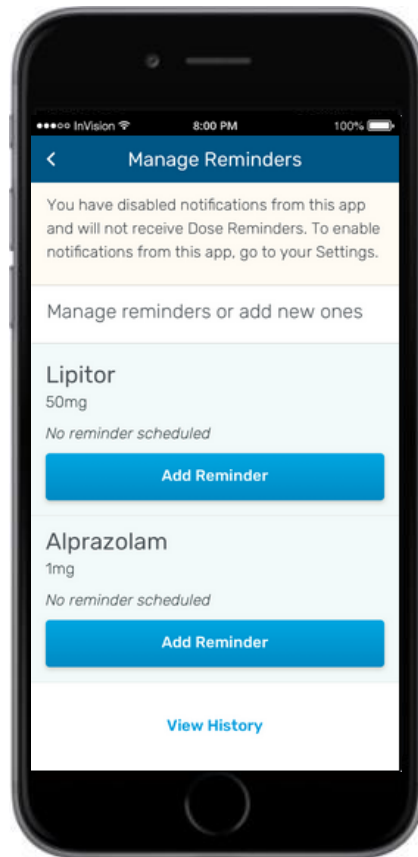
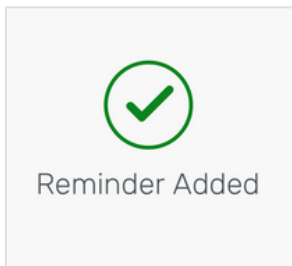


PEACE OF MIND & VERSATILITY

Dose Reminders



- Easy step-by-step instructions accommodate multiple medicines



CONVENIENCE & SIMPLICITY

Member ID Card

- Two-sided virtual ID card goes where the member goes



Express Scripts:

We're here for you

- Register at [Express-Scripts.com](https://www.express-scripts.com), using the information on your member ID card
- Download the [Express Scripts mobile app](#) from your app store to manage your medicines anywhere, anytime
- Call the Member Services number on the back of your member ID card:
800-551-1866





New Mexico Retiree Health Care Authority Dental Plans

Delta Dental of New Mexico

Effective Date: January 1, 2020

Reminder-Choose Between Two Plans

Basic Plan

Covers:

- Preventive Services (such as evaluations and cleanings)
- Basic Services (such as fillings or extractions)

Does Not Cover:

- Surgical periodontics
- Complex oral surgery
- Any type of Major Service, or Orthodontics

Comprehensive Plan

Includes the coverage applicable under the Basic Plan, plus:

- Surgical periodontics
- Complex oral surgery
- Major Services (crowns, dentures, and implants)
- Orthodontics

Rates Effective 1/1/20

No Change

Basic Plan:

Retiree Only: \$19.23

Retiree + 1 Dependent: \$36.07

Retiree + 2 or more Deps: \$60.42




Comprehensive Plan:

Retiree Only: \$42.93

Retiree + 1 Dependent: \$81.58

Retiree + 2 or more Deps: \$131.69

Provider Networks Overview- Stay In-Network!

PPONew Mexico –In State	Delta Dental PPO	Find a Dentist
<p>“In-Network” providers in New Mexico</p>  <p>2,235 points of access, with more than 95% of specialists participating</p>	<p>“In-Network” providers outside of New Mexico</p>  <p>Nationally, almost 266,000 points of access</p>	<p>Whenever possible, use “In-Network” dentists</p>  <p>Online dentist search at www.deltadentalnm.com</p>

Patients will not be billed for any amount over the *Delta Dental Maximum Approved Fees*. Always review your EOB for the Approved Fee maximums. Participating providers adhere to higher benefit levels and important member protections apply.

Out-of-network dentists do not agree to the same discounts, resulting in higher out-of-pocket costs and lower benefits. Should an out-of-network provider be used, cost increases may be limited by selecting a Delta Dental Premier® provider, with over 356,000 points of access.

SAVE MONEY, STAY IN-NETWORK!

Delta Dental Networks

- Least out-of-pocket costs
- Deepest discounts
- No balance billing



In-State – PPO
New Mexico

Out-of-State
Delta Dental PPOSM

Delta Dental Premier[®]



- Higher out-of-pocket costs
- Discounts are not as deep
- Balance billing from Premier Fee

- Highest out-of-pocket costs
- No discounts
- Balance billing applies



Non-Participating
Providers

Benefits Overview

Calendar Year Deductibles

- \$50 per enrolled person
- \$150 aggregate per family
 - Same for Basic and Comprehensive Plans
 - Never applies to Diagnostic & Preventive
 - Does not apply to the Orthodontic Services that are covered under the Comprehensive Plan

Calendar Year Annual Maximums

- Basic Plan: \$1,500 per enrolled person
- Comprehensive Plan: \$1,500 In-Network/\$1,000 Out-of-Network

Basic Plan

	PPONew Mexico		Out-of-Network
Diagnostic and Preventive Services – No Deductible			
Two routine and one problem-focused Oral Evaluation each year. Three routine cleanings* each year, Radiographic Images, Topical Fluoride, Emergency Treatment, Space Maintainers, Sealants	Plan Pays: 100%	You Pay: 0%	Plan Pays: 25% You Pay: Any Amount Balance Billed
Basic Services			
Fillings, Stainless Steel Crowns, Simple Extractions, Non-Surgical Periodontics, Root Canals, General Anesthesia, and Repairs to: onlays, bridges, crowns, and dentures	Plan Pays: 80%	You Pay: 20%	Plan Pays: 25% You Pay: Any Amount Balance Billed
Major Services	Not Covered You Pay: 100%		Not Covered You Pay: 100%
Orthodontic Services	Not Covered You Pay: 100%		Not Covered You Pay: 100%

*Covers routine cleanings three per year. Individuals with certain medical conditions may qualify for 1 additional cleaning.

Comprehensive Plan

	PPONew Mexico	Out-of-Network
Diagnostic and Preventive Services – No Deductible		
Two routine and one problem-focused Oral Evaluation each year. Three routine cleanings* each year, Radiographic Images, Topical Fluoride, Emergency Treatment, Space Maintainers, Sealants	Plan Pays: 100%	You Pay: 0%
Basic Services		
Fillings, Stainless Steel Crowns, Extractions, Oral Surgery, Periodontics (surgical or non-surgical), Root Canals, General Anesthesia, and Repairs to: onlays, bridges, crowns, and dentures	Plan Pays: 80%	You Pay: 20%
Major Services		
Onlays, Crowns, Bridges, Partials or Complete Dentures, Specified Implant Procedures	Plan Pays: 50%	You Pay: 50%

*Covers routine cleanings three per year. Individuals with certain medical conditions may qualify for 1 additional cleaning.

Comprehensive Plan – Ortho Benefits

Orthodontic Services (All Ages) No Deductible	
In-Network	Out-of-Network
50% Benefit up to \$1,000 <u>lifetime</u> maximum	50% Benefit up to \$500 <u>lifetime</u> maximum

Looking for a New Dentist?

Please go to our website at www.deltadentalnm.com and click on Find a Dentist. Search for a PPO New Mexico contracted provider to get the most benefits and least out-of-pocket costs.

When you go, have you already had full mouth x-rays in the last 5 years? If so, see if you can get your x-rays from the last dental office to take with you. They are not covered again and you may incur the full cost.

Did you already have 2 office exams in the year?

Ask before they do any procedures to know what is covered!

Specified Medical Conditions – Additional Cleanings

- Members with specified medical conditions may be eligible for additional cleanings (up to 4 total a year) or fluoride treatment
 - People with diabetes **AND** periodontal (gum) disease
 - Women who are pregnant **AND** who have periodontal (gum) disease
 - People with certain heart conditions that put them at high or moderate risk for infective endocarditis, a potentially deadly heart infection
 - People with kidney failure or who are undergoing dialysis
 - People with suppressed immune systems due to chemotherapy and/or radiation treatment, HIV positive status, organ transplant, and/or stem cell (bone marrow) transplant
- Talk with your dentist if you qualify under one of these medical conditions. They will submit the required documentation with the claim submission.

Pre-Treatment Estimate of Benefits

ASK YOUR DENTIST FOR A PRE-TREATMENT ESTIMATE when more costly procedures are anticipated. **Know your costs ahead!**

- ☑ An advance estimate of benefits before dental care services are received. Know your out-of-pocket cost.
- ☑ Not required but strongly recommended.
- ☑ No charge for a pre-treatment estimate.



**Patient Disclosure –
You’re entitled to it!**

Delta Dental Helpful Tips

- Remember you are able to **receive up to 3 Routine Cleanings** in a Calendar Year. More than 120 signs and symptoms of non-dental diseases can be detected through a routine oral exam
- Remember, **stay In-Network by seeing a contracted PPONew Mexico** provider. You receive the highest level of benefits and the least amount out-of-pocket cost.
- Need to find a provider? Go to www.deltadentalnm.com or search the national directory outside of New Mexico for a Delta Dental PPO provider.
- Register online to see how your claims were paid.
- **Always ask if the provider is a CONTRACTED PPONew Mexico provider**, as this is specifically the NM Retiree Healthcare Authority's contracted plan. All others will be treated as out-of-network providers.
- Ask about your procedure before it is done. Don't assume it will be covered just because the provider says you need it. Make sure you know your out-of-pocket costs!
- See your dentist for an exam as it can lead to the discovery of other health issues.

Choose the right plan for your needs!

Benefit Information/Questions?

Go Online

Member Information Available 24/7

- View/Print Coverage Documents & Provider Directories
- Verify eligibility of subscriber and dependents
- Confirm status of deductibles and plan maximums
- Review how a specific claim was processed
- Print a personalized subscriber ID card

Or Call

Phone: 505-855-7111

Toll-free 1-877-395-9420

Automated Voice Response System

Get benefit information 24/7

Experienced Customer Service Representatives

Available Monday – Friday

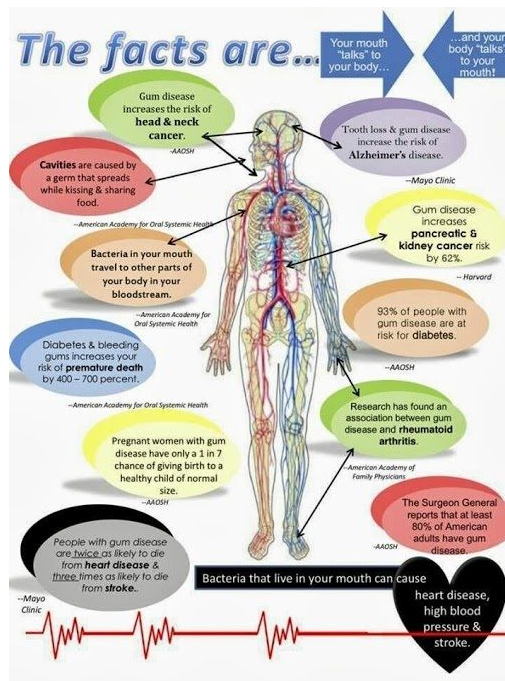
8:00 AM - 4:30 PM (MST)

Email: customerservice@
deltadentalnm.com

www.deltadentalnm.com

Important Facts

- Gum disease increases the risk of head & neck cancer
- Bacteria in your mouth travel to other parts of your body in your bloodstream
- Diabetes and bleeding gums increases your risk of premature death by 400-700 percent



- Tooth loss & gum disease increase the risk of Alzheimer's disease.
- Research has found an association between gum disease and rheumatoid arthritis
- The Surgeon General reports that at least 80% of American adults have gum disease

Thank you





October 2019

New Mexico Retiree Health Care Authority

Switch Enrollment Overview

No Plan or Rate Changes for 2020!

- Maintaining the Smile for Health Wellness Benefit
(For members that have chronic medical conditions)
- 3 Routine Cleanings in a CALENDAR YEAR!
- White Fillings in the back of the mouth. (Posterior Composites)

BASIC PLAN

Retiree Only: \$17.78

Retiree + One Dependent: \$ \$33.78

Retiree+ Two or more Dependents : \$50.67

COMPREHENSIVE PLAN

Retiree Only: \$36.28

Retiree + One Dependent:\$ \$68.93

Retiree+ Two or more Dependents : \$103.36

Alliance Network: *illustrations for in network services only, see certificate of coverage for full details

Comprehensive Plan

Basic Plan

Preventive Services Cleanings (3 in a calendar year) Exams/ X Rays	100%	Preventive Services Cleanings (3 in a calendar year) Exams/ X Rays/	100%
Basic Services Fillings/Root Canals/Non Surgical Periodontics / Surgical Periodontics/ Oral Surgery/Extractions/ Repairs / Anesthesia	80%	Basic Services Fillings/ Simple Extractions/ Non Surgical Periodontics/ Repairs/ Root Canals	80%
Major Services Crowns/Bridges/ Dentures/ Implants	50%	Major Services Surgical Periodontics/ Crowns /Bridges/ Dentures/Implants	Anesthesia/ Oral Surgery/ NOT COVERED
Orthodontics - Dependents to age 19	50%	Orthodontics	NOT COVERED
Calendar Year Deductible	\$50 per person \$150 per family	Calendar Year Deductible	\$50 per \$150 per family
Calendar Year Maximum	\$1,500 per person	Calendar Year Maximum	\$1500 per person
Lifetime Orthodontic Maximum	\$1,000 per person		

Enhanced benefits for people with certain chronic medical conditions and gum disease

if you have been diagnosed with one of the following chronic medical conditions, you are eligible for enhanced dental benefits through Smile for Health'-Wellness.

- Cerebral Vascular Disease (including Stroke)
- Cardiovascular (Heart) Disease
- Diabetes
- Lupus
- Oral Cancer
- Organ Transplant
- Rheumatoid Arthritis

Research continues to uncover connections between certain chronic medical conditions and periodontal (gum) disease. By receiving the proper gum disease care at the dentist, you may experience improvements in your overall health.

With Smile for Health'-Wellness, eligible members receive enhanced coverage for necessary periodontal services, including surgical procedures, to reduce the financial obstacles to total oral care.

Enhanced Benefits

Additional Service* (per plan year)	Covered Amount
Periodontal (gum disease) maintenance - one additional procedure above your plan's standard limit	100%**
Scaling & Root Planing*	
Periodontal Surgery—four procedures*	

* If necessary in accordance to United Concordia policies, as demonstrated by your dentist's submitted documentation.

** Your standard plan's frequency limitations (how often services are covered), annual maximum (the maximum amount your plan will pay toward services during the plan year), and other details still apply.

*Note to dentists: Now Including CDT Code D43446 (Current Dental Terminology 2016 American Dental Association. All rights reserved.)

*Four procedures related to gingival flap or osseous surgeries.

****If you choose to go out of network, you can be balanced billed up to the dentist full charges.**

Smile for Health® – Wellness

Member Registration Steps

1. Visit UnitedConcordia.com/mdb
2. Create a My Dental Benefits account
3. Click “My Oral Health”
4. Add medical condition

UNITED CONCORDIA®
Insuring America's Dental Health

Create an Account - Step 1 of 4

Provide Personal Info → Provide Account Info → Verify Info & Agree → Confirmation


Your Information

*Identification Number:

About Identification Number:

- The Identification Number is displayed on your dental ID card.
- If "XXX.XX 1234" is displayed on your ID card, enter your full Social Security Number. Do not type the X's.
- The Identification Number is the same for everyone covered on this policy.

*Your Date of Birth: (mm/dd/yyyy)



Whose Information You'll See

Use the chart below to see whose information will be available within your account.

If you are the...	you	Your account will show information for...
Policy Holder	you	all active members on the policy
Spouse of the Policy Holder	you	your children/dependents (under age 18)
Child/Dependent of the Policy Holder (over age 18)	you	
Child/Dependent of the Policy Holder (age 14-17)	you	

NOTE: Children/dependents of the policy holder (under age 14) are not permitted to create an online account.

*Required Field

UNITED CONCORDIA®
Insuring America's Dental Health

Members | My Dental Benefits | Dental Health Center

Welcome How may we help you?

Account Summary | Coverage | Claims & Deductibles | Forms | Manage Profile

All information displayed as of 10/23/2012
[Important Notices & Disclaimers](#)

Account Summary
Recent Claims [View Other Claims](#)

Member Name	Date of Service	Dentist	Status	
JANE DOE		ARNOLD J SINDLER DDS Out-of-Network Dentist	ⓘ Predetermination	Go to Claim
JANE DOE	08/07/2012	ARNOLD J SINDLER DDS Out-of-Network Dentist	ⓘ Claim Rejected	Go to Claim
JANE DOE	08/16/2012	GEORGE A BEALEFELD DDS In-Network Dentist	✓ Claim Approved Check issued to Dentist 08/23/2012	Go to Claim
JANE DOE	08/09/2012	GEORGE A BEALEFELD DDS In-Network Dentist	✓ Claim Approved Check issued to Dentist 08/16/2012	Go to Claim
JANE DOE	07/09/2012	GEORGE A BEALEFELD DDS In-Network Dentist	✓ Claim Approved Check issued to Dentist 08/09/2012	Go to Claim

Member Summary

Member Name	Date of Birth	Coverage Status	View
✓ JANE DOE	03/31/1966	ACTIVE	View Details

ⓘ [Why are some members missing?](#)

Plan Summary [View](#)
Group Name: CARROLL HOSPITAL CENTER

Deductibles & Maximums [View](#)
See if your plan requires you to pay a deductible, or if there are any maximums.

My Oral Health
Discover how oral health is a key part of wellness.
[REGISTER to bring wellness full circle.](#)

Find a Dentist
 [Find a dentist in your network.](#)

Am I Covered for:
Select Procedure

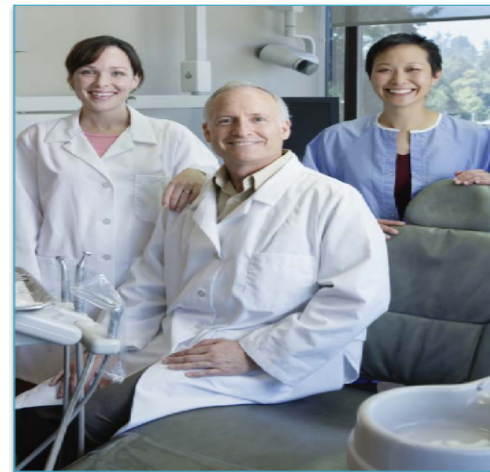
Need an Identification Card?

5

Network Savings

Maximize your benefits by visiting an **Alliance Network** Dentist and:

- ✓ **Save Money** - Network dentists have agreed to charge only the amount United Concordia has set
- ✓ **Save Time** - Network dentists agree to file claims
- ✓ **Stretch your Benefit Dollars** - Paying less for care from a network dentist lets you receive more covered services before reaching your annual maximum
- ✓ **Peace of Mind** – All of our network dentists undergo rigorous review through our quality assurance process



Find a network dentist in 3 easy steps:

1. Visit www.UnitedConcordia.com and click on **Find a Dentist**
2. Select the **Alliance network**
3. Search by county, city, ZIP code, street address, or dentist or practice name

Claim Submission

Get the Best Care for the Best Value



- ▶ Ask your dentist these questions **before** agreeing to treatment:
 - ✓ What is your recommended treatment plan?
 - ✓ Does the treatment need to happen now?
 - ✓ What if I wait until my plan renews?
 - ✓ What are my options? Are there other ways to treat this?
 - ✓ Will my insurance cover this? How much?
- ▶ **Informed consent** – A written agreement between you and your dentist signed before moving forward with treatment
- ▶ If referred to a specialist (orthodontist, periodontist, etc.), find out if the provider is **in-network**

Claim Submission

Avoid Surprise Costs With a Predetermination

- ▶ A smart choice **before** having complex/expensive dental services (\$200 and over)
 - *Recommended but not necessary to have claims paid*
- ▶ **A predetermination tells you:**
 - ✓ If the services will be covered
 - ✓ The amount we will pay
 - ✓ And the amount you'll be responsible for paying
 - ✓ Other covered treatment options (when appropriate)
- ▶ **A predetermination is *not*** a guarantee of payment – it's an estimate of what you can expect to owe or pay for the services proposed.
- ▶ Your dentist will submit the predetermination on your behalf
- ▶ Average 21 day turnaround time



Member Tools



Emails

- Important messages that all subscribers receive regardless of time of opt-in (ex. Explanation of EOB's)
- Monthly wellness-focused tips on oral wellness and for a better understanding of your benefits



Mobile Messaging

- Secure messages to drive in-network utilization, improve oral health and wellness and support self-serving.



Online Member Resources:

- *MyDentalBenefits*
- Find a Dentist – UnitedConcordia.com
- CHOMPER CHUMS™ App for kids
- My Dental Assessment
- Mobile App



My Dental Benefits

Engaging and knowing your benefits can make you Healthier and a smarter health care consumer.

Most benefit inquiries can be handled conveniently online using our simple, self-service member portal. Create a **MyDentalBenefits** account to better manage your insurance coverage!

Use your **MyDentalBenefits** account to:

- ✓ Check claim status quickly
- ✓ See what your plan covers and how much we'll pay
- ✓ Print ID cards
- ✓ Find a dentist
- ✓ Evaluate your oral health with *My Dental Assessment*

After your plan's effective date, you are able to create your account.

Here's how:

- ✓ Go to **UnitedConcordia.com/MDb**
- ✓ Select **Member**
- ✓ Enter the **ID number** found on your insurance card and **your birthdate**. You can also use the Social Security Number of the contract holder in place of the ID number.
- ✓ Each dependent (spouse, children aged 14 years or older, or in some states, domestic partner) covered by a United Concordia dental plan must create an individual **MyDentalBenefits** account.

Manage Your Benefits
Anywhere, Anytime



Use your mobile device to
access **MyDentalBenefits**
on-the-go and manage
your coverage at any time.

Still have questions?

- Benefits
- Help enrolling in My Dental Benefits or Smile for Health Wellness
- Finding a Provider
- Claim Status
- Our Dedicated Customer Service team is available Monday- Friday 6am- 6pm MST

Call us at **1-888-898-0370**

Questions

Thank You!



Let's take a look at your benefits

Overview of plan details

An overview of your in-network benefits



In-network benefits ¹	Member cost
Frequency by month (Exam / Lens / Frame)	12 / 12 / 24
Copayment (Exam / Lens)	\$10 / \$15
Frame	
- Allowance	\$40
- Visionworks	\$130
- Collection (Fashion / Designer / Premier)	\$0 / \$0 / \$0
Covered lens options	Clear plastic lenses, oversized, tinting, scratch-resistant, kids poly
Contacts	
- Allowance	\$110
- Visually required	Covered
- Collection (Disposable / Planned replacement)	4 boxes / 2 boxes
Contacts fitting fee	
- Standard & specialty	15% discount
- Visually required	Covered
- Collection	Covered

Covered frames for the whole family

Here's what members get with the Exclusive Collection of Frames:

- Options for fully-covered frames available
- One-year warranty on broken eyewear available (frames or lenses)
- Available at nearly 9,000 independent provider offices nationwide¹
- Functional and classic designs for all ages
- Brands such as Tapout®, Gant®, Perry Ellis® and Candies®

LUCKY ♣ BRAND

unlisted
A KENNETH COLE PRODUCTION

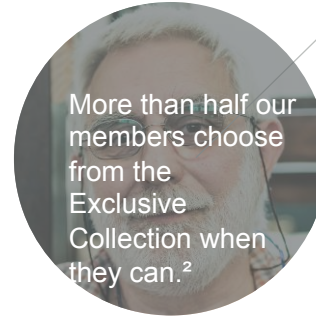
JONES NEW YORK

Candie's
eyewear

GANT
EYEWEAR

MOTORCYCLE
HARLEY-DAVIDSON
CYCLES
EYEWEAR

PERRY ELLIS



An in-depth look at your lens options and coatings

Lens options and coatings ¹	Member cost
Plastic lenses (all ranges of prescriptions / sizes)	Covered
Oversized lenses	Covered
Tinting of plastic lenses	Covered
Scratch-resistant coating	Covered
Polycarbonate lenses	\$0 / \$30
Ultraviolet coating	\$12
Standard anti-reflective (AR) coating	\$35
Premium AR coating	\$48



Lens options and coatings ¹	Member cost
Ultra AR coating	\$60
Standard progressive	\$50
Premium progressives (Varilux®, etc.)	\$90
Ultra progressives (digital, freeform styles)	\$140
High-index lenses	\$55
Polarized lenses	\$75
Photochromic lenses (Transitions® Signature™)	\$65
Scratch protection plan (single vision / multifocal)	\$20 / \$40

Covered contact lenses for members

See beyond the expected

- Your plan allowance provides freedom of choice of a variety of contact lens brands
- Available at participating in-network providers
- A variety of contacts and brands available at participating in-network providers up to your allowance limitations

1-Day ACUVUE® MOIST®

ACUVUE® 2

ACUVUE® OASYS®

Biofinity®

Biomedics® Toric

ClearSight™ 1-Day

Frequency® Aspheric

ACUVUE® OASYS® for ASTIGMATISM

ACUVUE® OASYS® for PRESBYOPIA



Visionworks offers a wide variety of frames

Find frames for any lifestyle

- On average, over 2,000 frames at Visionworks stores¹
- Over 700 Visionworks locations nationwide²
- A \$130 frame allowance is available at all Visionworks locations nationwide²

Retailer	# of frames ¹
Visionworks	2,192
America's Best	1,324
EyeMart Express	1,082
LensCrafters	965
Target	654
Pearle Vision	582

Brands include:

ZAC POSEN



Vera Bradley

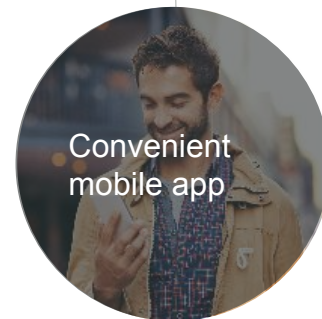
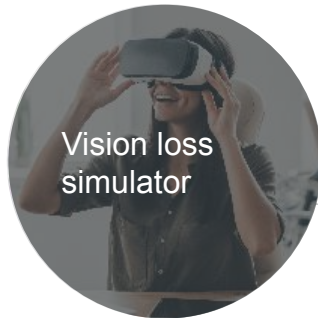


GUESS
eyewear

DRAGON

COLE HAAN





Guidance that you need

Support to help maximize your investment

- Over 75,000 provider points of access¹ including:
 - Independent optometrists & ophthalmologists
 - Retailers like Visionworks, Costco, Sam's Club, Walmart and Eye Associates of New Mexico
- No claim forms for in-network services
- Member welcome kit with ID cards & local provider listing
- Secure member website to locate providers, check benefits and more
- Mobile App for iOS & Android

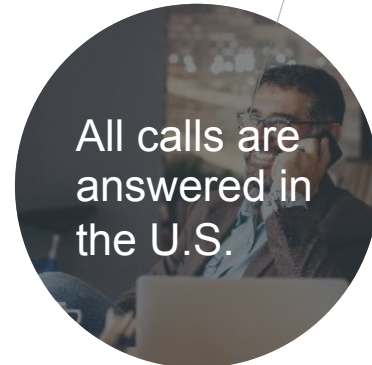
Personally committed to you

We understand members have questions – we've got answers

Our service center, state-of-the-art labs, claims administration and print vendors are based in the U.S. and employ union workers.

- 1 (800) 999-5431 – Enter client code 7587
- [Davisvision.com/member](https://davisvision.com/member) - Log in with client code 7587

Monday – Friday	6:00 am – 9:00 pm (Mountain Time)
Saturday	7:00 am – 2:00 pm (Mountain Time)
Sunday	10:00 am – 2:00 pm (Mountain Time)



All calls are answered in the U.S.

Savings and resources for members



Accidents happen, and we have them covered. All glasses provided by our laboratories are warranted against breakage for one year from the original date of dispensing



Get a free LASIK consultation from nearly 1,000 locations nationwide². Save up to 50% off the national average.



50% off 2nd pair of glasses at Visionworks, 30% off 2nd pair at another in-network location.



Encourage a spirit of wellness with our Fit FWD offering, featuring calculators to estimate savings and much more.



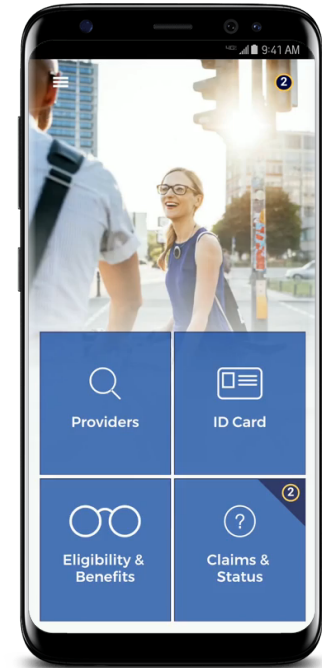
Save on hearing aids, warranties and batteries with special discounts from Your Hearing Network.



Use tools such as the Vision Loss Simulator, frame try-on tool, personal risk calculator and Vision Reference Library.

Full-featured mobile app and portals

App feature	Davis Vision ¹	Large national carrier 1	Large national carrier 2
Member ID card	✓	✓	✓
Benefit description and eligibility	✓	✓	✓
In-network provider finder	✓	✓	✓
Tools for mobile use	✓		✓
Available for iOS and Android	✓		✓
Provider search filters	✓	✓	
Integrated maps and directions	✓	✓	
LASIK provider finder	✓	✓	
Out-of-network claim submission	✓	✓	
Vision health resources	✓	✓	
Simple user interface and navigation	✓		
Glasses tracker	✓		
Badge alerts	✓		
Fingerprint login	✓		



Members can also access their account online.

Why choose Davis Vision?

The plan that strives to cover all your bases and more



The right network



Freedom to choose



Cost-effective out-of-pocket experience



Value driven



DavisVisionTM



NM Retiree Health Care Authority

2019 Switch Enrollment

Life Insurance Plan Summary



Summary of Benefits

- Basic Life
- Additional Life
- Dependent Life
- Adding or Increasing Life Insurance
- Filing a Life Claim
- Key Life Plan Features



Basic Life

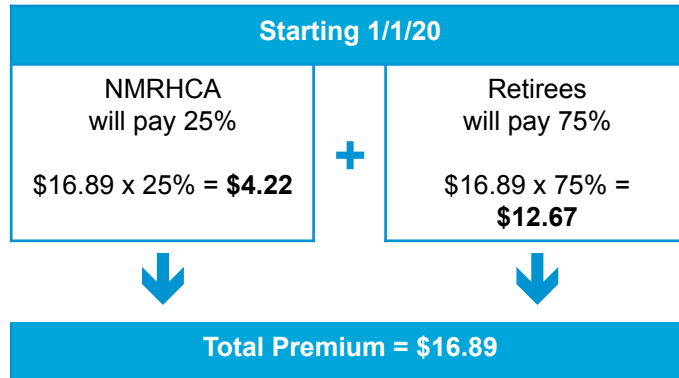
- This is a term policy and has no cash value
- Eligible retirees continuously enrolled in any NMRHCA medical plan prior to January 1, 2012 automatically have \$6,000 of Basic Life Insurance
- Basic Life is provided to you as part of your medical plan enrollment



Basic Life

- Effective January 1, 2020, the retiree will be required to pay 75% of the cost of this \$6,000 policy

Example: For retirees age 70 and over



Additional Life

- This is a term policy and has no cash value
- There are 10 benefit levels to choose from:

\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
\$15,000	\$20,000	\$40,000	\$46,000	\$60,000

- Newly eligible retirees may purchase up to \$10,000 of coverage without answering any health questions

Dependent Life

Spouse

- Benefit amount is any of 10 options (same as retiree) but cannot exceed 100% of the retiree's Basic & Additional amount combined
- Newly eligible retirees may purchase up to \$10,000 of coverage for their spouse without the spouse having to answer any health questions

Children

- Benefit amount is \$2,500, \$5,000 or \$10,000 but cannot exceed 100% of the retiree's Basic & Additional amount combined
- Covered from live birth through age 25

Adding or Increasing Life Insurance

Evidence of Insurability and approval is required to add or increase Additional Life for the retiree and/or the retiree's spouse.

The retiree and/or spouse must:

1. Contact NMRHCA to request the proper forms
2. Complete a NMRHCA Change Form
3. Complete The Standard's Medical History Statement
4. Submit all forms to NMRHCA

NMRHCA will submit all documents to The Standard for processing.

Filing a Life Claim

All documents associated with a Life claim flow through the NMRHCA.

The adult beneficiary (18 years of age or older) must:

1. Contact NMRHCA to report the death and request to file the life claim
2. Complete the Beneficiary Statement, which is provided by NMRHCA
3. Submit a legible copy of the death certificate
4. Submit a copy of any funeral assignment, which is provided by the funeral home
***Note:** The Standard accepts assignment from funeral homes for payment of funeral-related expenses from your life benefits*
5. Return all documents to the NMRHCA office for claim filing

The NMRHCA will submit all documents to The Standard.



Key Life Plan Features

Travel Assist

Designed to help you respond to medical care situations and other emergencies you and your family may experience while traveling 100 miles or more from your home.

Life Services Toolkit

Comprehensive online tools and services can help you create a will, make advance funeral plans and put your finances in order.

After a loss, beneficiaries can consult experts by phone or in person, and obtain other helpful information online for up to 12 months after the date of death.



Key Life Plan Features

Repatriation Benefit

Pays expenses related to transporting the remains of the retiree who dies more than 150 miles from their primary residence.

Accelerated Benefit Option

Provides up to 75% of benefit if the retiree is considered terminally ill and meets certain requirements.

Conversion Option

You may be able to continue your life insurance coverage on an individual basis if you meet certain requirements.



Resources for The Standard



Dedicated Line for Customer Service

Toll-free [888.609.9763](tel:888.609.9763)
Or [971.321.0957](tel:971.321.0957)



Website for Retirees

[www.standard.com/
mybenefits/
newmexico_rhca](http://www.standard.com/mybenefits/newmexico_rhca)

Questions?



The information contained in this presentation is only a brief description of the group life insurance policy sponsored by New Mexico Retiree Health Care Authority (NMRHCA). The controlling provisions will be in the group policy issued by Standard Insurance Company (The Standard). The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and NMRHCA may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms.

For answers to commonly asked questions, costs, exclusions, limitations and reductions, please review the Certificate of Insurance (https://www.standard.com/eforms/13820_645743.pdf) for more detailed information.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Ore., in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of 360 Hamilton Avenue, Suite 210, White Plains, N.Y. Product features and availability vary by state and company, and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.



NEW MEXICO
RETIREE
HEALTH CARE
AUTHORITY

Fall 2019 Switch Enrollment
Pre-Medicare
Effective January 1, 2020

Tom Sullivan, President
Joe Montaño, Vice President
Doug Crandall, Secretary
David Archuleta, Executive Director

Agenda

- Agency Background Information
 - Purpose
 - Mission and Strategic Goals
 - Budget & Finance
 - Solvency Results
 - Fundamental Challenges
- 2020 Pre-Medicare Monthly Premiums
 - Premier
 - Value Plan
- Plan Changes
- Updates and Reminders

Mission and Strategic Goals

Mission

- Maintain comprehensive and affordable health insurance benefits for public retirees and eligible dependents

Strategic Goals

- Fiduciary Responsibility
 - Extend the solvency of the program
 - Trust-fund contributions and investment earnings
 - Avoid deficit spending
- Customer Service
 - Communication
 - Education
 - Wellness Programs
- Administration
 - Cost-Effective Procurement
 - Identification of programs and services
 - Comprehensive services and access to care

Budget & Finance

FY20 Operating Budget

Healthcare Benefits Administration

- Uses:
 - Benefits - \$358 million
 - ACA Fees - \$42,000
 - Agency Operations - \$3.1 million
- Sources:
 - **EE/ER Contributions - \$124.6 million**
 - **Retiree Contributions - \$170 million**
 - Tax & Rev Suspense Fund - \$32.9 million
 - Misc. Revenue - \$30.2 million
 - Interest - \$100,000

Program Support (26 FTE)

- Salaries & Benefits - \$2 million
- Contractual Services - \$616,000
- Other Costs - \$538,000

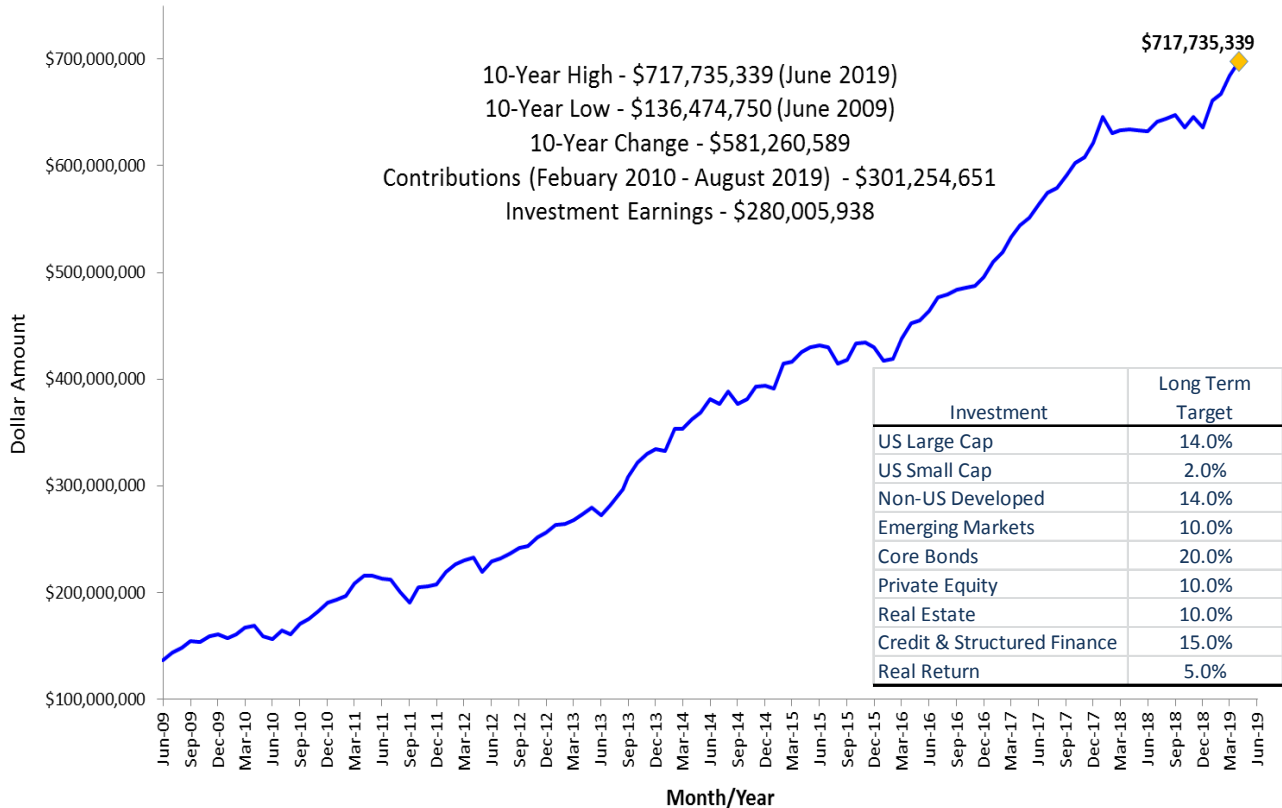
Finance

NMRHCA Trust Fund

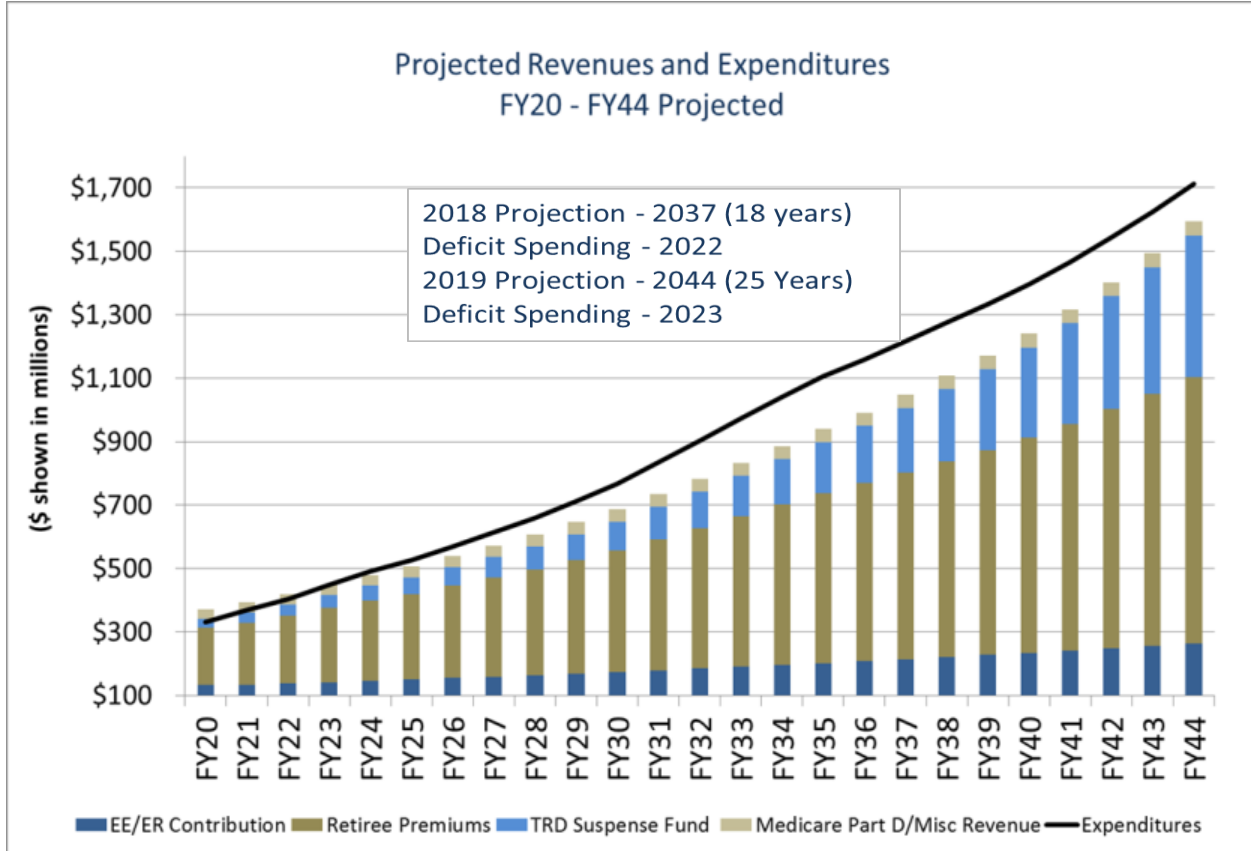
- Investments held by State Investment Council; NMRHCA charged pro rata portion of investment fees
- 2018 Asset Allocation

Investment	10-Year Expected Compound Return	Expected Risk
US Large Cap	7.00%	17.00%
US Small Cap	7.00%	17.00%
Non-US Developed	7.50%	18.00%
Emerging Markets	7.50%	26.00%
Core Bonds	3.80%	5.15%
Private Equity	10.50%	28.00%
Real Estate	6.85%	14.15%
Credit & Structured Finance	6.55%	8.10%
Real Return	8.50%	14.35%

NMRHCA Trust Fund Balance History June 2009 - June 2019



Fundamental Challenges



Pre-Medicare Monthly Premiums/Copay Changes (examples based on 20-years of service)

- Rate Increase --- 7 percent

	2019	2020	Monthly	Annual
			Difference	Difference
BCBS/Presbyterian Premier				
Retiree	\$ 260.76	\$ 279.01	\$ 18.25	\$ 219.00
Spouse/Domestic Partner	\$ 494.92	\$ 529.57	\$ 34.65	\$ 415.80
Child	\$ 253.11	\$ 270.83	\$ 17.72	\$ 212.64
BCBS/Presbyterian Value				
Retiree	\$ 203.69	\$ 217.95	\$ 14.26	\$ 171.12
Spouse/Domestic Partner	\$ 386.58	\$ 413.64	\$ 27.06	\$ 324.72
Child	\$ 197.37	\$ 211.19	\$ 13.82	\$ 165.84

- Copays for behavioral and physical outpatient rehabilitation services now equal to PCP copay across both plans and tiers of coverage. Example:
- BCBS Premier Plan –
 - Tier I – PCP Visit: \$20/Rehabilitation Outpatient: \$20
 - Tier II – PCP Visit: \$30/Rehabilitation Outpatient: \$30

Updates

- Dental & Vision Plans – No Rate Change through 6/30/20
- Medical, Dental, and Vision RFP
 - Current agreements expire 6/30/20
 - New agreements effective 7/1/20
 - Potential for new partnerships/services
- Member of the Pharmaceuticals Purchasing Council
- 2020 Legislative Session
 - One time appropriation request
 - Proposed increase in employee and employer contributions
- 2020 Wise and Well Events
 - Las Cruces & Santa Fe Planned

Reminders

- Conversion of Basic Life Insurance Policy
 - 2020 – Retiree pays 75%
 - 2021 – Retiree pays 100%
- Rule Change
 - Minimum age of 55 beginning **January 1, 2021** (excludes retirees on enhanced plans)
 - Years of service requirements increase from 20 to 25 beginning **January 1, 2021** to receive maximum subsidy
- Open Enrollment Not Until January 1, 2021
 - MEDICAL ONLY
 - DOES NOT APPLY TO LIFE INSURANCE
- Moving/change of address --- please contact our office to let us know!

Presented by:

New Mexico Retiree Health Care Authority

For Information or Questions:

Please call 800-233-2576 / 505-222-6400

Or visit us at: www.nmrhca.org or

www.facebook.com/nmrhca

Office Hours: 8:00AM – 5:00PM (Monday through
Friday)



New Mexico Retiree Health Care Authority *Prescription Drug Program*



About Express Scripts

- Express Scripts is RHCA's chosen partner for administering your prescription plan
- We are a leading pharmacy benefit manager that puts medicine in reach for tens of millions of people
- As an Express Scripts member, you have access to:
 - 60k+ retail pharmacies located across the United States
 - Convenient home delivery services
 - Express-Scripts.com and our mobile app for ordering and managing your prescriptions
 - Accredo specialty pharmacy for medications that treat complex and chronic health conditions
 - Specialized pharmacists, nurses and other clinicians in 20+ condition-specific Therapeutic Resource Centers



Express Scripts Formulary

Your plan covers a broad range of medications that fall into three categories:

First tier:
Generic drugs

Second tier:
preferred brand-name drugs
(lower cost)

Third tier:
Non-preferred brand-name drugs
(higher cost than First and Second tier)

Excluded: drugs that are not covered under your benefit



2019 Express Scripts National Preferred Formulary

KEY - Injectable Drug
Brand-name drugs are listed in CAPITAL letters.
Generic drugs are listed in lower case letters.

A

ABILITY MAINTENA (INJ)
ABSORIC
acetaminophen/codeine
ACTEMRA (INJ)
acyclovir
ADEMPAS
ADVAIR HFA
AGSTYLA (INJ)
AMOVIG (INJ)
AJOVY (INJ)
AKYZE
albuterol nebulization solution
alendronate
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amlodipine
AMITIZA
amitriptyline
amiodipine
amoxicillin/cefepime
amoxicillin/ceftriaxone
amoxicillin/potassium clavulanate
anastrozole
ANAVIR
ANDRO ELLIPTA
APRISO
ARALAST NP (INJ)
ARCAPTA NEOHALER
ARIRACE
aripiprazole
ARISTADA (INJ)
ARIMONAIR RESPICLICK
ARJUNITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atomoxetine
atorvastatin
AUSTED
AVONEX (INJ)
AZASITE
azelastine nasal spray
azithromycin

B

baclofen
BARACLUDE SOLUTION
BD AUTOSHIELD
DUO NEEDLES
BD ULTRAFINE
INSULIN SYRINGES
BD ULTRAFINE PEN NEEDLES
benazepril
benzocaine
BEPREVE
BECLASONE (INJ)
BECLON
BEVESPI AEROSPHERE
BIRTARRY
bisoprolol/hctz
blisovi fe
BOSULIF
BREO ELLIPTA
BRILINTA
budesonide nebulization suspension
bupropion
bupropion ext-release
buspirone
butabital/acetaminophen/caffeine
BYDUREON (INJ)
BYETTA (INJ)
BYSTOLIC
BYVALSON

C

CABOMETYX
CARA
CARAFATE SUSPENSION
carbidopa/levodopa
carvedilol
cefepime
cefuroxime axetil
celecoxib
celebrex
CERDELGA
CERIVASTATIN (INJ)
CETILTYL (INJ)
CHANTIX
chlorhexidine gluconate
chlorthalidone
CIMOJA
CIPRODEX
ciprofloxacin
citalopram
claritromycin
CLENPIQ
clindamycin hcl
clindamycin phosphate topical
clindamycin phosphate/benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel

clotrimazole/betamethasone
diopropionate
COLCYS
COMBICAN
COMBIPATCH
COMBIVENT RESPIMAT
COMETEVIO
COPAXONE 40 MG (INJ)
CORLANOR
COSENTYX (INJ)
CREON
CRINONE
cyanocobalamin (INJ)
cyclobenzaprine

D

DALIRESP
DARAPRIM
DATYRAM
DESCOXY
desloratadine
desvenlafaxine succinate
dexmethasone
DEXCOM RECEIVER, SENSOR, TRANSMITTER
dexamethasone
dextroamphetamine/amphetamine
dextroamphetamine/amphetamine ext-release
diazepam
diclofenac sodium
delayed-release
dicyclanide
digoxin
diltiazem ext-release
difenhydramine/atripio
divalproex delayed-release
divalproex ext-release
DIVIGEL
donapipex
doxazosin
doxycycline hyclate
doxycycline monohydrate
DULERA
duloxetine delayed-release
DUPYXEN (INJ)
DYANVEL XR
DYMISTA

E

EDARDI
EDARBYCLOR
ELIDEL
ELIQUIS
EMGALITY (INJ)
EMVERM
enalapril
ENRELE (INJ)

enoxaparin (INJ)
ENSTILAR
ENTRESTO
EPICUSA
EPIDIOLEX
COMBIVENT AUTO-INJECTOR
0.15 MG (BY MYLAN) (INJ)
epinephrine auto-injector
0.30 mg (by Mylan) (INJ)
EPPEN, EPPEN JR (INJ)
ergocalciferol
ERLEDEGE
ERLADA
erythromycin eye ointment
ESBRIET
escitalopram
esomeprazole magnesium
delayed-release
estradiol
estradiol patches
estradiol/norethindrone
acetate
ESTRINE
eszopiclone
EUFLEXXA (INJ)
ezetimibe
ezetimibe/simvastatin

F

famotidine
FARIGRA
fentanyl
fenofibrate micronized
fenofibrate hcl
fenoic acid
delayed-release
fentanyl patches
FETZIMA
FINACEA FOAM
finasteride
FIRAZYR (INJ)
FLECTO
FLOVENT DISKUS
FLOVENT HFA
flucanazole
fluocinonide
FLUINA
fluticasone nasal spray
folic acid
FORTEO (INJ)
FRAGMIN (INJ)
FREESTYLE LIBRE READER, SENSOR
furosemide
FYCOMPA

G

gabapentin
GELINQUE
gemfibrozil
GENOTROPIN (INJ)
GENVOYA
GILENYA
GILTRIF
GLASSIA (INJ)
glimpamide
glipizide
glipizide ext-release
GLUCAGON (INJ)
GLUCAGON (INJ)
gliburide
GLYXambi
GONAL-F
GONAL-F RFF
RED-JECT (INJ)
GRALISE
GRANIX (INJ)
GRASTEK
guanfacine ext-release

H

HARVONI
HELIKATE FS (INJ)
HIMALIG (INJ)
HUMIRA (INJ)
HUMULIN (INJ)
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/
chlorpheniramine polistirex
ext-release
hydrocortisone topical
hydromorphine
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

ibandronate
IBRANCE
ibuprofen
ILYRIO
INBRILIA
INCRUSE ELLIPTA
indefatrin
INFA
INVELTYS
INVOKANA XR
INVOKANA
irbesartan
IRESSA
isosorbide mononitrate
ext-release

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR

(continued)

Go to express-scripts.com/2019/drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary. THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2019 THROUGH DECEMBER 31, 2019. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

Prescription Costs

	Participating retail pharmacies	Express Scripts Home Delivery and Walgreens Smart90
Days' supply	Up to a 34-day supply	Up to a 90-day supply
Generic drugs (Tier 1)	20% (\$5 min / \$15 max)	20% (\$12 min / \$35 max)
Brand-name drugs (Tier 2) (preferred)***	30% (\$30 min / \$60 max)	30% (\$60 min / \$120 max)
Brand-name drugs (Tier 3) (non-preferred) ***	50% (\$50 min / \$125 max)	50% (\$100 min / \$250 max)
Specialty Medications (30 day supply) – Accredo Specialty Pharmacy	Generic: 20% (\$12 min/ \$35 max) Preferred Brand-name: 30% (\$60 min/ \$120 max) Non-Preferred Brand-name: 50% (\$100 min/ \$250 max)	

*** If you obtain a brand-name drug when a generic equivalent is available, you are responsible for the brand copayment plus the cost difference between the brand-name drug and the generic drug. ***

Retail 90-day supply “Smart90 Network”

- Smart90 is a VOLUNTARY program that allows members the option of filling 90-day supplies of medications via home delivery, Walgreens or at other limited retail locations.
- Members will need to use an in-network Smart90 pharmacy if they choose to fill a 90-day supply at retail. All Walgreens locations participate in Smart90 making it easy for members to get their maintenance medications.
- The copays for 90-day supplies are the same whether the medication is obtained at a Smart90 pharmacy or through Express Scripts home delivery.



Get Started With Express Scripts Mail Order



- **E-Prescribe (electronic prescribing)** - Have your physician send your prescription direct to Express Scripts pharmacy for processing
- **Phone** – Call into Express Scripts customer service and request that your maintenance medication be moved to home delivery. We will consult your physician and take it from there!
- **Register** – on [express-scripts.com](https://www.express-scripts.com) or Express Scripts mobile app and transfer medications to home delivery with a click of a button
- **Mail** – Complete a home delivery order form and submit it, along with a paper prescription, for processing
- **Payment Options** - check card or credit card is the preferred method for online orders. ESI accepts Visa, MasterCard, American Express and Discover. Provide your check card or credit card information or choose to be billed later for mail in orders.

Vaccines

- RHCA members will pay \$0 on certain vaccines including:
 - Influenza (Flu), Pneumonia, Shingles, MMR, Hepatitis A & B, Meningococcal, Tetanus/Diphtheria/Pertussis, Varicella (chicken pox)...to name a few
- Vaccines through pharmacy benefit are
 - A key preventive measure for seasonal influenza and other viral conditions
 - More convenient and less expensive through the pharmacy network than at physician practices
 - Likely to result in lower medical costs
 - All states allow certified, registered pharmacists to administer vaccines
 - Call Customer Service to locate a certified pharmacist near you

Have a question about a medication?

Give us a call

Each specialist pharmacist has had specialized training in the medications used to treat a specific condition, such as:

- High cholesterol
- High blood pressure
- Depression
- Diabetes
- Asthma
- Osteoporosis
- Cancer

You can contact a pharmacist 24/7 to ask about:

- Drug interactions
- Side effects
- Risks and benefits of your medication
- Help taking your medication as prescribed – which is one of the best ways to help maintain or improve your health

Talk with an Express Scripts pharmacist for general counseling – or a specialist pharmacist for complex concerns – by calling the number on the back of your prescription drug ID card

800-501-0987

Therapeutic Resource Centers

Personalized care for patients

Retail pharmacists

- Typically generalists who dispense medications for many conditions
- Juggle many tasks: filling prescriptions, checking orders, overseeing pharmacy
- Setting offers minimal privacy to counsel patients
- **Average time talking to each patient is less than**

2 minutes*

Specialist Pharmacists

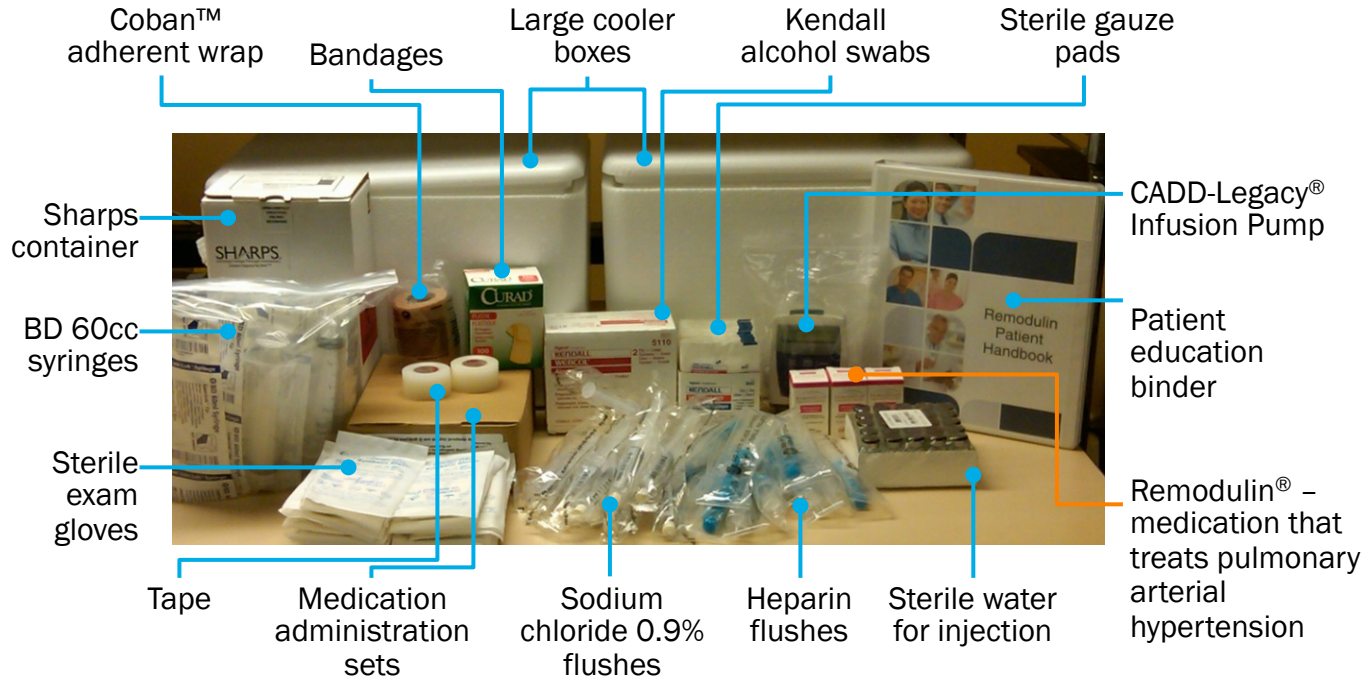
- Extensively trained in medications for a single disease state
- Focused on disease and therapy management
- Speak to patients in their homes or wherever they prefer
- **Average time talking to each patient is**

12 minutes

*Source: CVS data

The complexity of specialty medications

One prescription = 16 items



Accredo Specialty Pharmacy



The graphic features the Accredo Specialty Pharmacy logo on the left, which includes the word "accredo" in a green script font with a registered trademark symbol, and "Specialty Pharmacy" in a smaller, green sans-serif font below it. A large blue arrow points from the logo towards the right. On the right side, the number "14" is displayed in a large orange font. Below the number, the text "Areas of focus, including:" is written in a smaller blue font. Underneath this text are three circular icons: a blue circle with a white 'X' for Hepatitis C, a blue circle with a white sunburst for Oncology, and a blue circle with a white gear-like pattern for Multiple Sclerosis. Below each icon is its corresponding label in a blue sans-serif font.

14
Areas of focus, including:

- Hepatitis C
- Oncology
- Multiple Sclerosis

Unique clinical protocols
maximize safety, effectiveness
and affordability

One-on-one counseling
from specialty pharmacists
and nurses

SaveonSP Program:

RHCA has a program through SaveonSP on select specialty drugs to maximize the use of manufacturer assistance dollars which could result in a \$0 member cost.

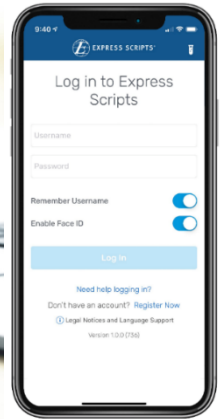
Drugs are dispensed through Accredo Specialty Pharmacy. Accredo will notify you if your drug is captured under this program and connect you with SaveonSP for program enrollment.



Making information available

wherever and whenever

- Simple landing page
- Intuitive site navigation
- Interactive mobile app
- Multiple ways to get started



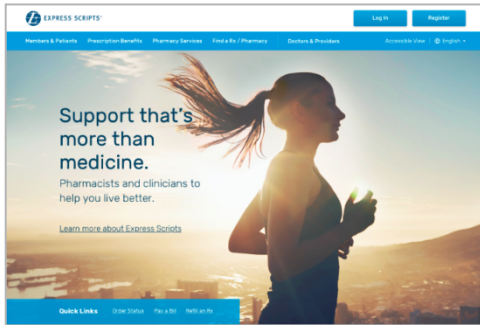
Easy to Use Self-Service Tools

- Easy Rx refill or renewal
- Print forms, ID cards
- Submit reimbursement claims online

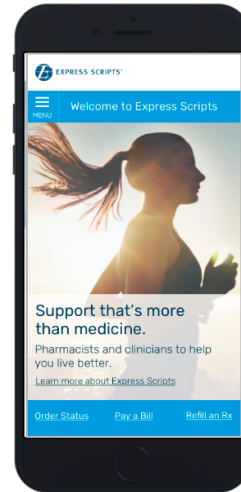
Express Scripts Registration

Use [express-scripts.com](https://www.express-scripts.com) and the Express Scripts mobile app to manage your medications and prescription benefit plan.

There are two easy ways to register:



Register at [express-scripts.com](https://www.express-scripts.com) or



... download the **Express Scripts** mobile app for free and register

- Register using your member ID number or Social Security Number (SSN)
- One user name and password is all you need for web and mobile app access

Informative and actionable express-scripts.com home page



Order status is **#1 REASON**
members visit the website.

- Provides a one-stop shopping experience
- Offers the services patients expect right up front...
 - Order status with tracking
 - Refilling a prescription
 - Enrolling in automatic refills
 - Visibility to home delivery savings
 - Transferring a prescription to home delivery
 - Navigating to anywhere in the site

The screenshot displays the Express Scripts website interface. At the top, there is a navigation bar with the Express Scripts logo, a shopping cart icon labeled 'Items in Cart', and links for 'Prescriptions', 'Benefits', 'My Account', and 'Help'. Below the navigation bar, the 'Recent Order Status' section is visible, featuring a table with columns for medication name, Rx number, patient name, and status. The status column includes red alerts such as 'We need your approval' and 'Address Verification Required'. Below this, the 'Automatic Refills' section is shown, with a large number '3' indicating the count of prescriptions eligible for automatic refills. The 'Prescriptions You Can Order Today' section is also visible, listing a prescription for Omeprazole and providing details such as 'Refill past due' and 'You may be running low on this medication'.

Medication	Rx #	Patient	Status
Synthroid 50 mcg tablet 50 mcg, brand	123456789003	Chris (09/09/1945)	We need your approval
Toprol XL 200 mg tablet 200 mg, brand	123456789003	Chris (09/09/1945)	Address Verification Required
Harvoni 90-400 mg tablet 90 mg - 400 mg, brand	Accredo Rx #: 297-4444364-00	Vanessa (07/28/1969)	Shipped on XX/XX/XXXX
Lisinopril 20 mg tablet 20 mg, generic	123456789010	Vanessa (07/28/1969)	Shipped on XX/XX/XXXX

Medication	Rx #	Patient	Refill Status
Atorvastatin 20 mg tablet 20 mg, generic	123456789010	Chris (09/09/1945)	Will process after XX/XX/XXXX
Avodart 0.5 mg softgel capsule 0.5 mg, brand	123456789011	Chris (09/09/1945)	Will process after XX/XX/XXXX
Lisinopril 20 mg tablet 20 mg, generic	123456789012	Vanessa (07/28/1969)	Will process after XX/XX/XXXX
Zytiga 250 mg tablet	123456789013	Vanessa (07/28/1969)	Will process after XX/XX/XXXX

Medication	Rx #	Refill Status	Action
Omeprazole dr 10 mg capsule 10 mg, generic	123456788001	Refill past due 90-day supply 2 refills remaining You may be running low on this medication	<input type="checkbox"/> Add to cart

Order Status gives members real-time visibility

Recent Order Status

Toprol XL 200 mg tablet Rx #: 123456789003 Chris (09/19/1960) Chris (09/19/1960) **required**

[Hide details](#) [Go to full order status](#)

Thank you for your recent home delivery order. Before we can ship your medication, we need to make sure it's heading to the right place. ACTION REQUIRED: Please confirm the shipping address is correct, or choose the option to change the address. You may also verify your address with our friendly member services staff. The phone number can be found under the contact us link. If you've already taken care of this issue, our thanks.

Physician: Susan Jones Quantity: 90 Shipping address: 3455 Mulholland Drive
Physician phone: 444-555-6666 Days supply: 90 Apt 777
Date received: 02/12/2015 Refills remaining: 2 Rome, NY 33445

[Ship to this address from now on](#) [need to change my address](#)

Recent Order Status [Help](#)

Please Note: For prescription renewals, the "Order placed on" date may change to reflect the date your new prescription is actually received from your physician. Please click on "View details" to view additional details on your order. [Last 120 days](#)

Order placed on: January 6, 2016 **Confirmation #:** 901234658

Invoice #: 12551093

SHIPPED on 01/08/14 via UPS-Ground
100 Parsons Pond Rd, Franklin Lakes, NJ 07417 [Track Shipment](#)

Simvastatin tabs 40mg tablet
Rx #: 123344455667 | For: Vanessa (07/18/1962) Estimated delivery by 01/18/14

Prior Authorization Expires on 12/23/2016

[View details](#)

Plan pays: \$150.00
You pay: \$30.00

We got your order. [Check Order Status](#)

Thanks for your order.
Your order number is **272392272**. You can see the details of the order we're processing in this message. We'll let you know when we ship it to you.

Prescriptions for ****

Prescription #: **** 4402
We'll process your order after it is eligible to be filled on 09/24/2017.

- Clear, detailed order status
- Actionable self-service messages
- Track shipping
- Real-time email order confirmation

My Rx Choices explores options

Price a medication

[Price another medication](#) | [Visit My Rx Choices® for potential savings](#) | [Help](#)

Accessible from
Price a Medication

At retail pharmacy, you will pay a higher cost for this and certain other medications on a **per-visit** basis. You have 3 fill(s) until your retail copayment increases.

Accupril
5mg tablet

My Rx Choices [Have a question? Need help? learn more >>](#)

Choose alternatives for your doctor to consider and click the "continue" button to go to the next step.
For your convenience, **we've preselected** the lowest-cost medication alternatives available at this time. There may be multiple lower-cost alternatives.

To review other alternatives, which could have the same or similar pricing, click the "view other alternatives" link for each medication.
To remain on your current medication, select the radio button to the left of the medication name.
Learn about our [Extended Payment Program](#), which lets you pay for medications in 3 monthly installments. [Calculate your estimated monthly payments.](#)

If you received a letter from us regarding potential savings using **My Rx Choices**, the savings may be different from what is displayed below because **My Rx Choices** uses the most current pricing based on your plan. [scroll to continue](#)

Medication	You pay	Lower-cost choice	You pay	YOU SAVE
<input type="radio"/> Accupril 5 MG Tablet (Brand) Dosage: 1 Tablet, once a day Pharmacy: Retail \$18.00 for 30 days <small>Coverage rules may apply. How much does my plan pay? Get different results with different plans, supply and quantity.</small>	\$216.00 per year	<input checked="" type="radio"/> quinapril tabs 5 MG Tablet (generic equivalent) Dosage: 1 Tablet, once a day Pharmacy: Express Scripts Pharmacy™ \$0.00 for 90 days <small>Coverage rules may apply. How much does my plan pay? Compare drug information</small>	\$0.00 per year	\$216.00 per year Explain my savings View other alternatives
<input type="radio"/> Glucophage Tabs 500 MG Tablet (Brand) Dosage: 1 Tablet, once a day Pharmacy: Retail \$26.60 for 30 days <small>Coverage rules may apply. How much does my plan pay? Get different results with different plans, supply and quantity.</small>	\$319.20 per year	<input checked="" type="radio"/> metformin hcl tabs 500 MG Tablet (generic equivalent) Dosage: 1 Tablet, once a day Pharmacy: Express Scripts Pharmacy™ \$14.71 for 90 days <small>Coverage rules may apply. How much does my plan pay? Compare drug information</small>	\$58.84 per year	\$260.36 per year Explain my savings View other alternatives
<input type="radio"/> Lescol 20 MG Capsule (Brand) Dosage: 1 Capsule, once a day Pharmacy: Retail \$16.76 for 30 days <small>Coverage rules may apply. How much does my plan pay? Get different results with different plans, supply and quantity.</small>	\$201.12 per year	<input checked="" type="radio"/> lovastatin 10 MG Tablet (generic alternative) Dosage: 1 Tablet, once a day <div style="background-color: #0070c0; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 0.8em;">BEST BUY DRUGS</div> Pharmacy: Express Scripts Pharmacy™ \$15.00 for 90 days <small>Coverage rules may apply. How much does my plan pay? Compare drug information</small>	\$60.00 per year	\$141.12 per year Explain my savings View other alternatives
<input type="radio"/> Tenormin Tabs 50 MG Tablet (Brand) Dosage: 1 Tablet, once a day Pharmacy: Retail \$43.94 for 30 days <small>Coverage rules may apply. How much does my plan pay? Get different results with different plans, supply and quantity.</small>	\$527.28 per year	<input checked="" type="radio"/> atenolol 30 MG Tablet (generic alternative) Dosage: 1 Tablet, once a day <div style="background-color: #0070c0; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 0.8em;">BEST BUY DRUGS</div> Pharmacy: Retail \$10.00 for 90 days <small>Coverage rules may apply. How much does my plan pay? Compare drug information</small>	\$120.00 per year	\$407.28 per year Explain my savings View other alternatives
Savings per year:				\$1024.76

<< previous
Your choices could save you \$1024.76 out of a possible \$1024.76 once your doctor approves. When you click the "continue" button, your choices will also be checked for possible drug interactions.
continue >>

- Side-by-side drug comparisons showing plan and usual & customary (U&C) pricing via retail and home delivery pharmacies
- Potential savings by drug and/or channel option
- Helpful drug information
- Ability to print for doctor review
- Access to Consumer Reports Best Buy Drug information
- Display 25+ possible lower-cost options

Easy to locate in-network retail pharmacies



Search by zip code
or city/state

Locate a pharmacy

[< Back](#) | [Vaccine Administration Program Information](#)

07417 Enter Zip Code or City, State:

Locate Pharmacy

Show pharmacies starting with the letter:

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) [Show all](#)

1 ACME PHARMACY #1054 5.9 mi
136 LAKE AVE
MIDLAND PARK, NJ - 07432
201-612-3070
Preferred pharmacy. You may get up to a one month supply. **1**
[Get directions*](#)

2 STOP AND SHOP #0829
816 FRANKLIN AVE

*When you click on a link to "Get directions" to any pharmacy above, you will be leaving the member website which is governed by separate Terms of Use and Privacy Policy.

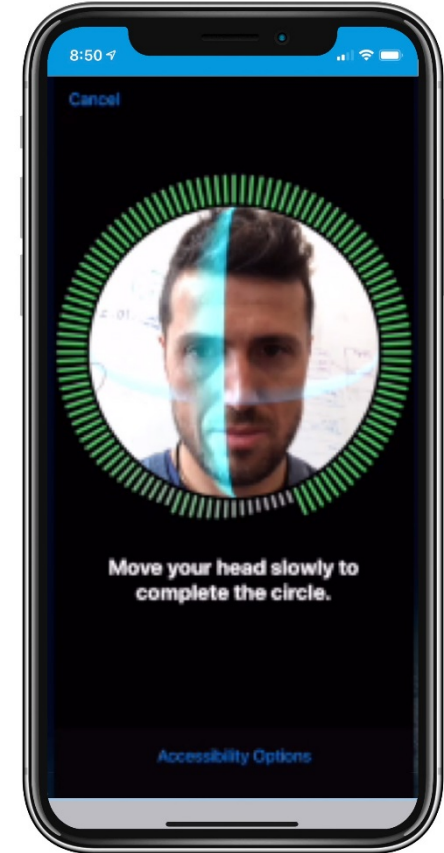
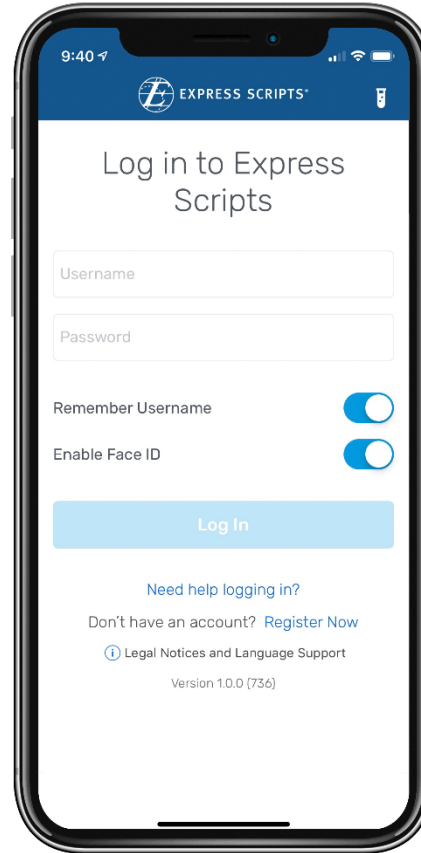
Results provide:

- **Nearby in-network pharmacies** with address and contact details in Google Maps
- Link to **Price a Medication** from the selected pharmacy
- Link for **directions using Google Maps**

CONVENIENCE & SIMPLICITY

Register or Login

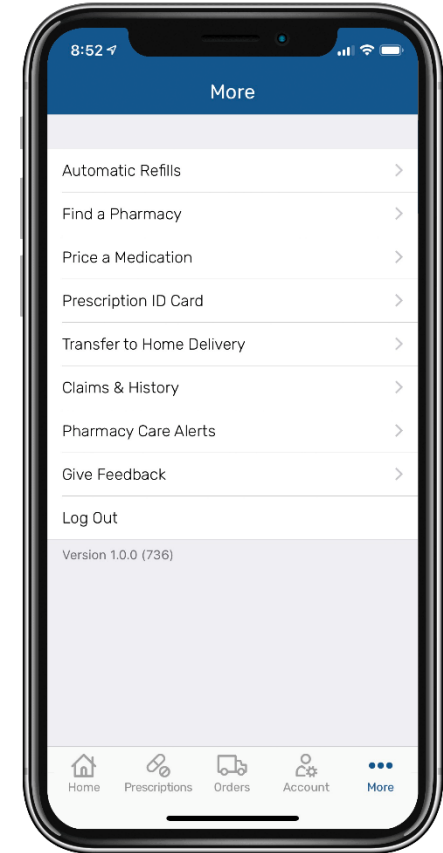
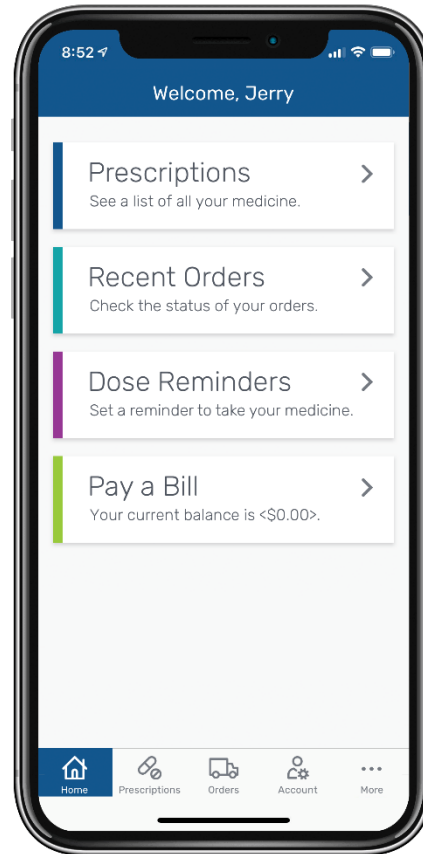
- Biometric authentication



CONVENIENCE & SIMPLICITY

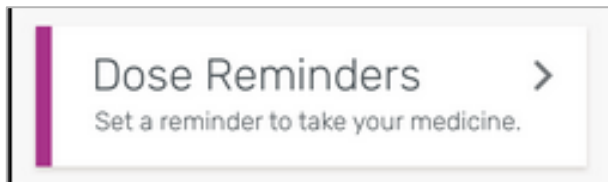
Dashboard

- Quick access to popular actions and easy access to the full menu

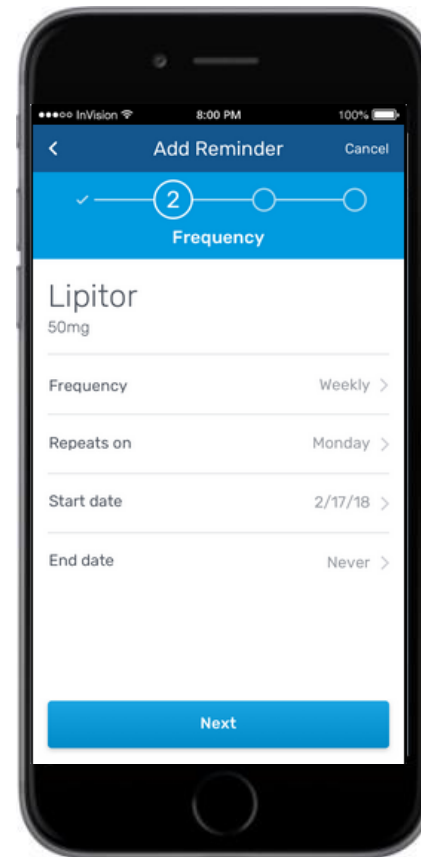
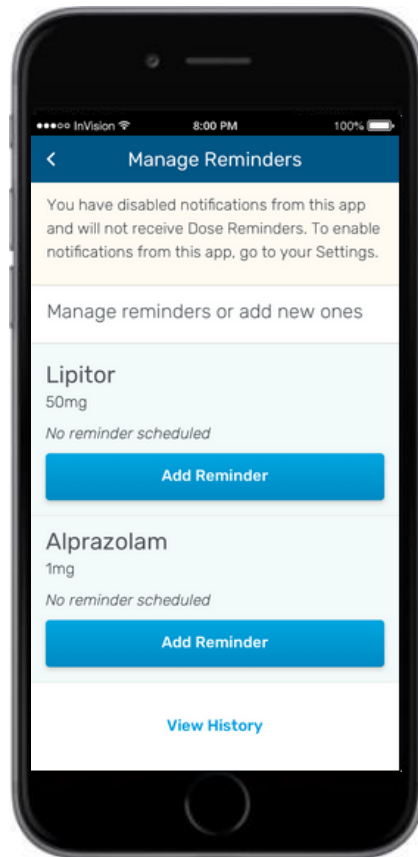
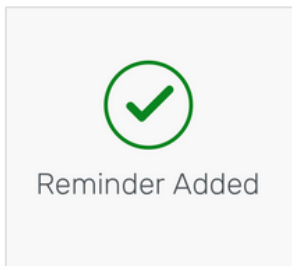


PEACE OF MIND & VERSATILITY

Dose Reminders



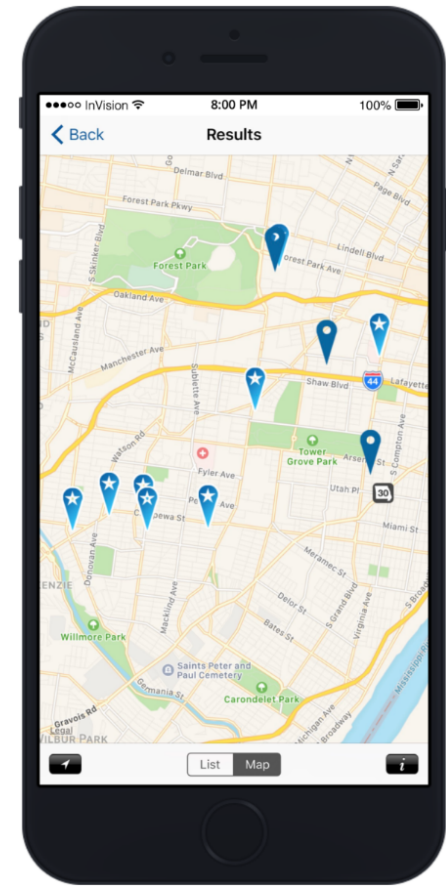
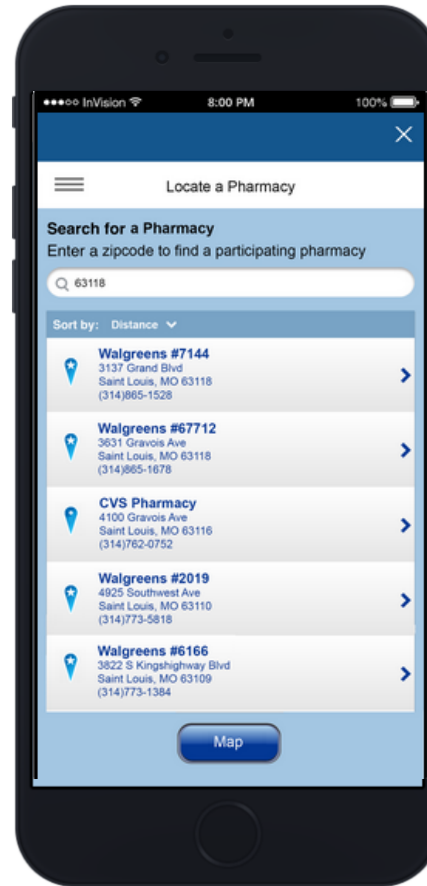
- Easy step-by-step instructions accommodate multiple medicines



CONVENIENCE & SIMPLICITY

Pharmacy Options Find a Pharmacy

- Find nearby in-network pharmacies and access driving directions



CONVENIENCE & SIMPLICITY

Member ID Card

- Two-sided virtual ID card goes where the member goes





BlueCross BlueShield
of New Mexico

New Mexico Retiree Health Care Authority Effective January 1, 2020

Premier 3-Tier Plan and Value Plan



Premier 3-Tier Plan – How It Works

Tier 1 – Blue Preferred PlusSM Providers:

You receive the [highest level of benefits](#) when you see a provider in the Blue Cross and Blue Shield of New Mexico (BCBSNM) Blue Preferred Plus Network (Blue Preferred providers are only in the state of New Mexico).

Tier 2 – Preferred PPO Providers:

You receive a [higher level of benefits](#) when you see a contracted PPO provider with Blue Cross and Blue Shield anywhere in the U.S.

- ✓ No balance billing
- ✓ Provider files claim for you

Tier 3 – Nonpreferred Out-of-Network (OON) Providers:

You receive a [lower level of benefits](#) when you see an out-of-network provider.

- ✓ You will be responsible for paying the provider
- ✓ You will be billed for the remaining balance over the allowed amount, which is based on 100% of Medicare's fee schedule
- ✓ You are responsible for getting prior authorization, when required

Value Plan – How It Works

Contracted Providers – You receive benefits when you see a contracted Value Plan provider.

- You must be a New Mexico Resident
- You must see contracted Value Plan providers within New Mexico except for an emergency or urgently-needed care.
- www.bcbsnm.com/nmrhca
- No balance billing
- Provider files claim for you

No Out-of-Network Benefits

- You will be responsible for the entire claim unless it is related to an emergency or urgently-needed care.

Differences Between the NMRHCA Premier 3-Tier Plan and Value Plan

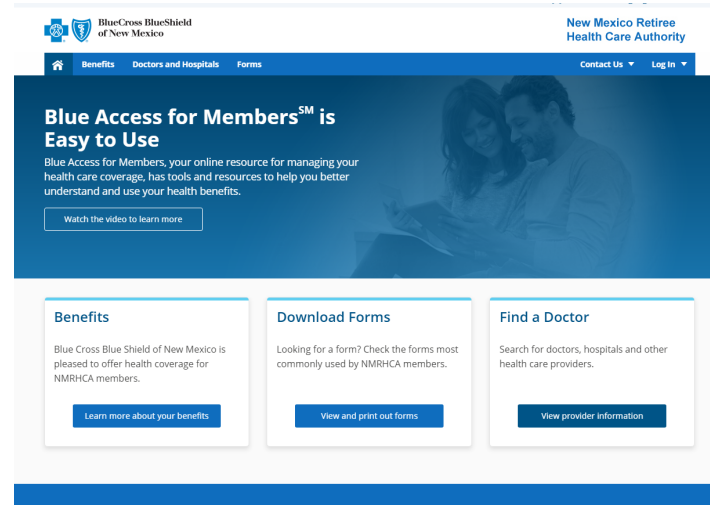
Premier 3-Tier Plan	Value Plan
<ul style="list-style-type: none">• Locate benefits and provider listing on custom website, www.bcbsnm.com/nmrhca• 3-tier benefit plan and you choose your provider and level of benefits at the point of service.• Care is always your choice with direct, open access to providers statewide, nationally and internationally• No referrals required to see a specialist• Largest and most recognized network of contracted providers• National and international coverage	<ul style="list-style-type: none">• Locate benefits and provider listing on custom website, www.bcbsnm.com/nmrhca• A comprehensive plan with state-wide coverage• No referrals required to see a specialist• Predictable copays on office services• You must be a resident of New Mexico.• You must stay in the Value Plan network: No out-of-network coverage, except for emergency room and urgent care

Benefit Comparison

Benefits	Premier 3-Tier Plan			Value Plan
	Tier 1 Provider	Tier 2 Provider	Tier 3 Provider	
	Blue Preferred Plus (NBP)	Preferred (PPO)	Nonpreferred (OON)	In-Network
Individual Deductible	\$500	\$800	\$1,500	\$1,500
Individual Out-of-Pocket Max	\$3,000	\$4,500	\$6,000	\$5,500
Office Visit PPP/Specialist	\$20/\$35	\$30/\$45	50%	\$35/\$55
Preventive Care	Plan pays 100%	Plan pays 100%	50%	Plan pays 100%
Inpatient Admission	10%	25%	50%	30%
Emergency Room	\$125	\$125	\$125	\$175 – Facility 30% – Physician Services
Urgent Care	\$35	\$35	50%	\$40
Lab, X-Ray, and Pathology	Plan pays 100%	Plan pays 100%	50%	Plan pays 100%
EKG	10%	25%	50%	30%
MRI, MRA, PET scans, CT scans (Office/Free Standing Radiology)	\$100 copay (deductible and coinsurance waived)	\$100 copay (deductible and coinsurance waived)	50%	\$125 (deductible waived)
MRI, MRA, PET scans, CT scans (Outpatient Department of Hospital)	10%	25%	50%	30%

You will find:

- Premier 3-Tier Plan and NMRHCA Value Plan Benefits
- Doctors and Hospitals
- Listing of all providers that participate in the Premier 3-Tier Plan and the Value Plan
- Downloadable Forms
- Customer Service information and links to Express Scripts®, Davis Vision, Delta Dental® and United Concordia®

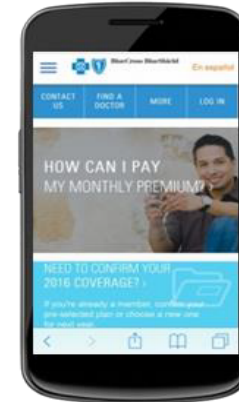


Sign Up for Blue Access for MembersSM

The screenshot shows the BlueCross BlueShield of New Mexico website. At the top, there are navigation links: Welcome, Employers, Producers, Providers, Company Information, Feedback, Language Assistance, and En español. Below this is the BlueCross BlueShield logo and the 'Ask IVY' virtual assistant icon. A search bar is located on the right. The main navigation bar includes: Insurance Basics, Shop Plans & Products, Find a Doctor or Hospital, Member Services, and Sign Up or Log In (highlighted with a red box). Below the navigation bar, there is a large banner with the text 'Join the more than 550,000 their health c'. To the right of the banner is the 'blueaccess for Members' logo and a registration form. The form has fields for 'User Name:' and 'Password:'. A red box highlights the 'New User? Register Now' link next to the User Name field. Below the form is a 'Log In' button. To the left of the form are three columns of content: 'Individual and Family' with a '2019 Special Enrollment Period' section, 'Medicare' with an 'Interested in a Medicare Plan' section, and 'Medicaid' with a 'Learn About Our Medicaid Plan' section.

Go to bcbsnm.com and log in to Blue Access for Members via web or mobile.

Click Register Now for New Users



202

To register, you will need your Identification number on the front of your ID card OR you can call the Customer Service number on the back of the card.

Cost Estimate: MRI of the Brain

Expected cost range for you and for your employer for this type of MRI

Member-specific estimated out-of-pocket cost results for each facility

MRI Brain without and with Contrast

Expected cost to you: **\$192–\$514**
Expected cost to your employer: **\$770–\$2,054**

Read more about this procedure

9 results for MRI Brain without and with Contrast for Facility

\$309 your expected cost

Lovelace Med Ctr Downtown
General Acute Care Hospital
4.4 ★★★★★
92% would recommend
Compare
NO AWARDS

1 Lovelace Med Ctr Downtown (0.6 miles away)
601 Dr Martin Luther Jr Ave NE, Albuquerque, NM 87102
(505) 727-8000

\$192 your expected cost

G Force Lic Dba Upright Mri Of Nm
Radiology
PROVIDER NOT YET REVIEWED
Compare
NO AWARDS

6 G Force Lic Dba Upright Mri Of Nm (6.6 miles away)
7600 Jefferson St NE Ste 26, Albuquerque, NM 87109
(505) 796-9200

\$514 your expected cost

Unm Hospital
General Acute Care Hospital
4.4 ★★★★★
94% would recommend
Compare
Blue Distinction (2)
NO OTHER AWARDS

3 Unm Hospital (1.9 miles away)
2211 Lomas Blvd NE, Albuquerque, NM 87106
(505) 272-2111

Compare side-by-side
Compare any results by selecting them at left.

Refine your results [Reset All](#)

Basic

Within 25 miles
Any rating
Any language

Provider Type

Facility

Specialties

Any specialty
Any expertise

Affiliations

Any hospital affiliations
Any medical group affiliation

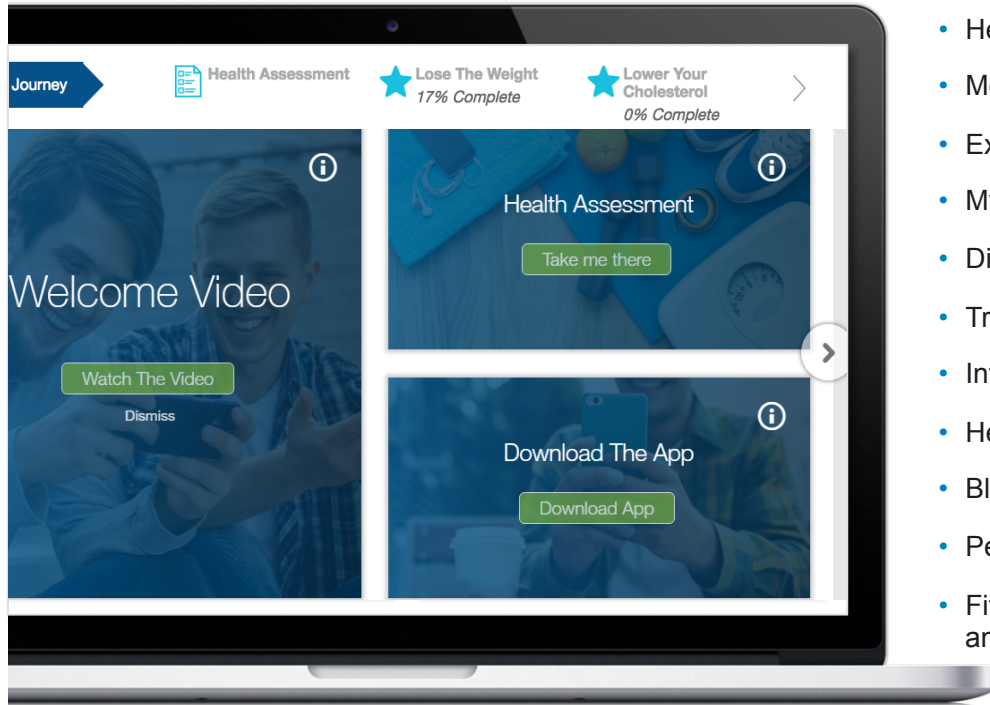
Quality

Any award
Any Clinical Quality Measure

Blue Distinction Recognition

Any BDC+ or BDC Specialty

Well onTarget® Member Portal

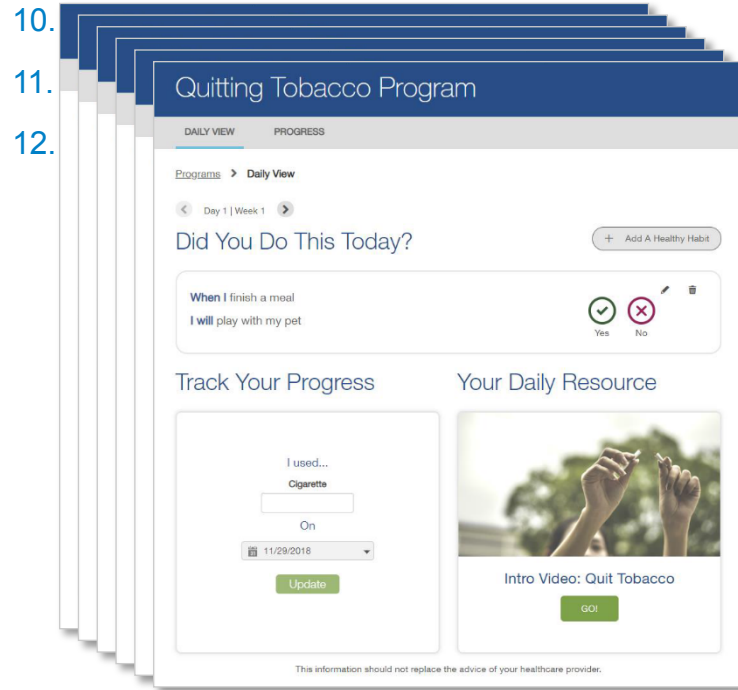


Portal Highlights

- Health Assessment
- Member Dashboard
- Explore Your Wellbeing
- My Journey Recommended Activities
- Digital Self-management Programs
- Trackers and Tools
- Interactive Symptom Checker
- Health and Wellness content
- Blue PointsSM Rewards
- Personal Wellness Challenges
- Fitness and Nutrition Tracking and Device Integration

Interactive Digital Self-Management Programs

1. Enhancing Your Physical Activity
2. Managing Your Stress
3. Quitting Tobacco
4. Staying Tobacco Free
5. Achieving Your Healthy Weight
6. Maintaining Your Healthy Weight
7. Nutrition For Better Health
8. Improving Your Blood Pressure
9. Living With Diabetes
- 10.
- 11.
- 12.



Educational Digital Self-Management Programs

1. Improving Your Cholesterol
2. Preventive Health - Reducing Your Risks
3. Managing Your Metabolic Syndrome
4. Preventing Diabetes
5. Living With Asthma
6. Healthy Bones and Joints
7. Living With CHF
8. Living With COPD
9. Living With CAD

Healthy Pregnancy:

10. Pre-Pregnancy

11. First Trimester

12. Second Trimester

13. Third Trimester

14. Postpartum

The screenshot displays a user interface for a digital health program. At the top, there are three summary cards: 'HEALTH ASSESSMENT' showing 100% completion, 'CONNECTED DEVICES AND APPS' showing 3 devices (Fitbit, MyFitnessPal), and 'BLUE POINTS™' showing 23165 points. Below these is a 'Program Overview' section with a '1000 PTS' badge. The main content area is titled 'Healthy Bones And Joints' and includes a 'Lesson 1 | Chapter 1' section. The lesson text discusses bone functions and types of tissue. A 'View Your Daily Resource' section features an image of a doctor and patient, with the title 'Bone Density' and a 'GO!' button.

HEALTH ASSESSMENT
100% Complete
View Assessment >
View Report >

CONNECTED DEVICES AND APPS
3
Fitbit
MyFitnessPal
Add/Remove
View Activity >
View Nutrition >

BLUE POINTS™
23165
History >
Earn >
Redeem >

Program Overview
1000 PTS

Programs > Progress
Healthy Bones And Joints

Healthy Bones And Joints

Programs > Program Progress > Lesson 1

Lesson 1 | Chapter 1

Your bones have many functions within the body. Many important functions include:

- Give your body structure
- Protect your internal organs
- Provide a storage area for minerals
- They provide for blood cell production

Your bones contain two types of tissue:

- A strong, dense, hard out layer outer layer called cortical bone
- A porous, less dense inner layer called trabecular bone

View Your Daily Resource

Bone Density
GO!

24/7 Nurseline

Advice anytime.
Advice isn't just needed
from 9 to 5.

Round-the-clock health and wellness
advice from licensed nurses

Plus, you can also listen to more than
1,200 AudioHealth Library topics

800-973-6329

Available in English and Spanish

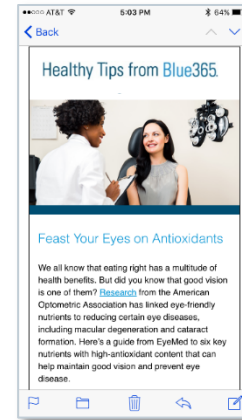


Member discounts simply for being a BCBSNM member

The screenshot shows the Blue365 website interface. At the top, there are logos for BlueCross BlueShield of New Mexico and Blue365, along with navigation links: "Browse All Deals", "How It Works", and "Register/Login". Below the navigation is a banner that reads "Because Health is a big deal" and "Blue365 offers access to health and wellness deals available to Blue members". The main content area is titled "FITNESS" and features a large advertisement for Fitbit. The ad includes the Fitbit logo and a photo of a woman running. The text of the ad states: "18% OFF Fitbit Devices, 25% OFF Accessories Plus Free Shipping". There is a "LOGIN TO RECEIVE" button and social media share icons. Below the ad, there is a section titled "The Offer" which details the discount: "Enjoy an 18% Discount on Fitbit® Devices & 25% Discount on Accessories Plus Free Shipping". It also includes a list of eligible devices and accessories, such as Fitbit Flex 2, Alta and Alta HR, and various Charge models. A "Blue365 says:" box contains a quote from a fitness tracker: "Fitness trackers and other wearable devices provide quantifiable information that helps users increase physical activity, engage in friendly competition and improve fitness."

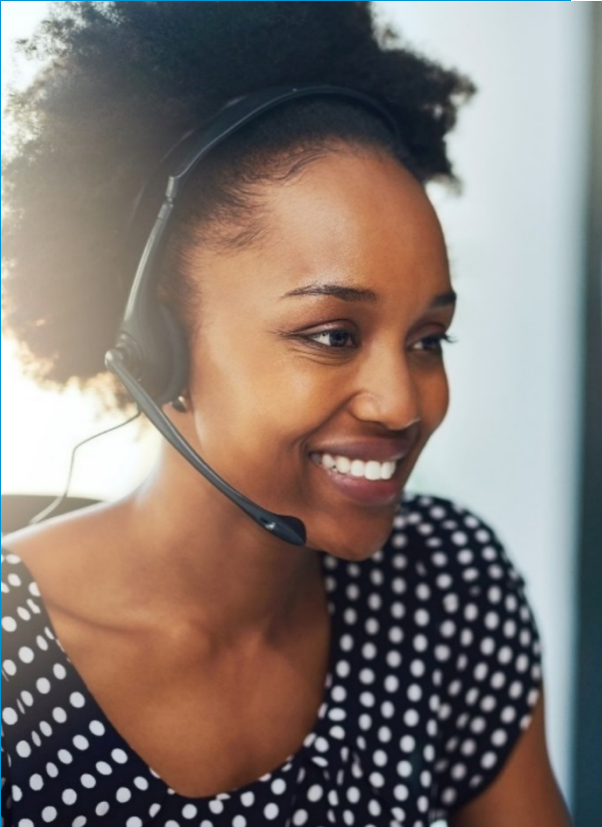
Blue365® Member Discount Program

- Exclusive health and wellness deals from national and local retailers
- Save money on gym memberships, vision exams and services, hearing aids and diet-related services
- Log on to Blue Access for MembersSM for updates and to register for weekly emails



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. Employees should check their benefit booklet or call the Customer Service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program and are subject to change. BCBSNM does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSNM reserves the right to stop or change this program at any time without notice.

800-788-1792



Designated Customer Service Unit

Local, experienced employees dedicated to serving you – [we know you, we know your plan!](#)

Our Customer Advocates are there for you to help with:

- ✓ Claims
- ✓ Benefit questions
- ✓ Connecting you with other resources
- ✓ Contacting your providers, if needed

Customer Service Hours

Dedicated Representatives

Monday - Friday
6a.m. to 6 p.m.

After Hours Representatives

Monday - Friday
6 a.m. to 8 p.m.

Saturday and Most Holidays

8 a.m. to 5 p.m.

Wise and Well: Wellness Program Incentive

During 2020 NMRHCA Members can continue to receive a \$50 Visa gift card as an incentive after completing two wellness activities.*

Activity examples:

- ✓ Online health-related classes
- ✓ Community health and cooking classes
- ✓ Completing a smoking cessation program (e.g. Quit for Life)
- ✓ Enrollment in a Disease Management program for chronic conditions like diabetes, CAD, COPD, CHF and asthma.

Questions?



2020 NMRHCA SWITCH ENROLLMENT BENEFIT PRESENTATION

January 2020 through December 2020







**Quick Care for
Everyday Things**



**More Low or
No-Cost Services**



**Better Care Just in
case**

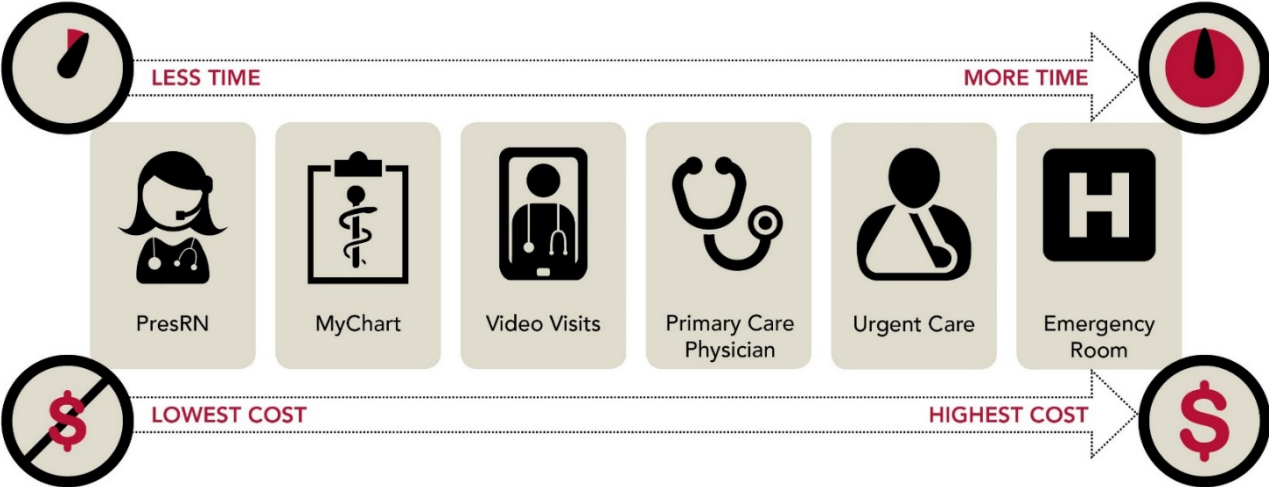


**Quick Care
For Everyday
Ailments**



Access To Care

Appropriate and Affordable Options for Care



MyChart:

Be An Active Part of Your Care Team

Presbyterian Health Plan members have secure online access to their Presbyterian electronic health records.

With MyChart, members can:

- Send and receive messages with their care team.
- Schedule primary care appointments, confirm or cancel appointments.
- View lab and test results.
- Request prescription renewals.
- View visit summaries, health summary, care plan, allergies and immunizations.
- Receive health reminders.
- Pay doctor and hospital bills.



**No fee for members
to access this service.**

Video Visits

Video Conference with a Healthcare Provider

“Skype” with a healthcare provider 24 hours a day, 365 days a year.

- With Video Visits, members can:
 - Schedule a Video Visit on any computer, tablet or smart phone.
 - Use at home, work or when travelling.
 - Get diagnosis and treatment for common health issues like earaches, cold/flu symptoms and allergies within 1 hour.
 - Receive prescriptions to the pharmacy of your choice.
 - Receive a text or email summary of your visit.
 - View the details of the Video Visit in MyChart.
 - Receive a doctor’s note for school or work via email.



**No fee for members
to access this service.**



24/7 Urgent and Emergent Care - PresNow

- Unnecessary Emergency Care can be 10x more expensive than Urgent Care
- Lack of 24-hour options necessitated ER care after hours and on weekends
- PresNow 24-hour clinics will remove barriers to low-cost care during off-times
- Combination clinics will remove the guesswork of utilizing urgent healthcare

**URGENT CARE
OR ER?
LEAVE THAT
DECISION TO US.**

Introducing Albuquerque's only 24/7 Urgent Care and Emergency Care under one roof. Now you don't have to guess if it's an emergency. Our medical staff will decide the level of care you need. We're open 24 hours a day. Visit PRESNow247.org.

6400 PASEO DEL NORTE NE

In-network with most insurance plans.

PRESNow

24/7

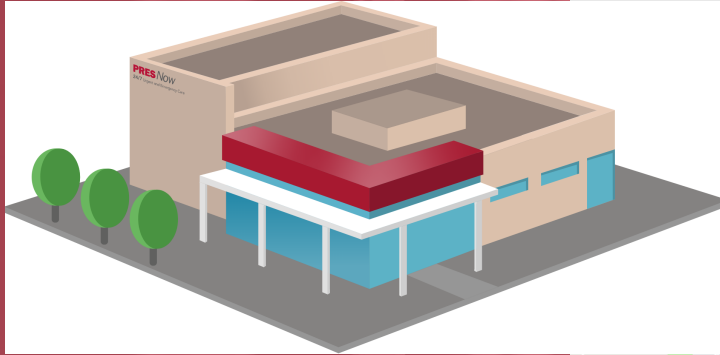
Urgent and
Emergency Care



Quick Care
For Everyday
Ailments

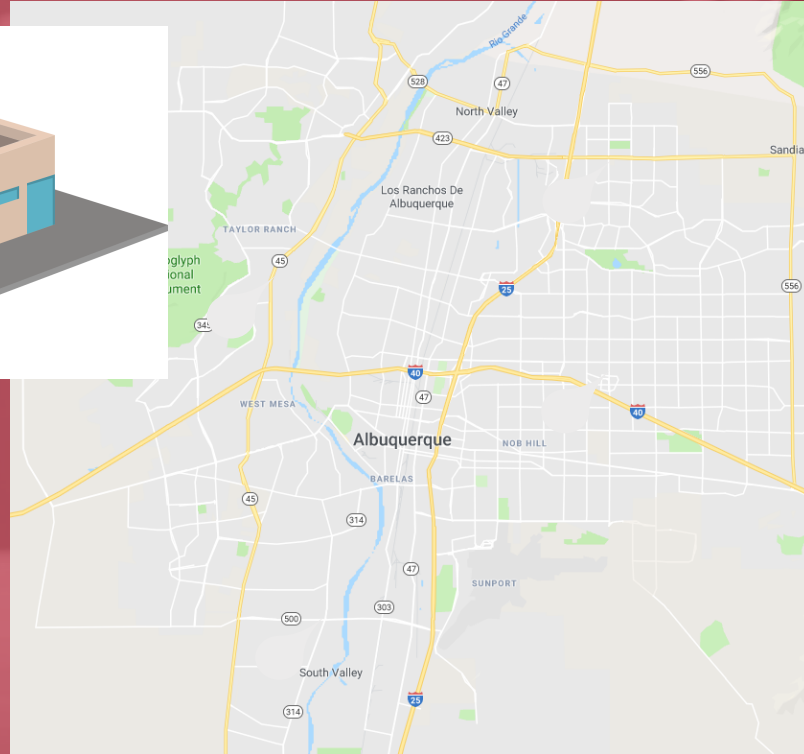


 **PRESBYTERIAN**



PresNow – 4 Locations

- Paseo and San Pedro
- Coors and Western Skies – October 2019
- Rio Bravo and Isleta – Coming Soon
 - Uptown – Coming Soon



The Plan That Works For You 24 Hours A Day However You Need Us, At No Cost



PresRN
Nurse advice line, 24/7



Online Visits
Online medical interview & response



Video Visits
On-demand visits, 24/7

On To Better Health
Self-help tools and resources at your fingertips



Clickotine[®]

Growing Statewide Network

17,000+ providers in
500 locations

Includes bordering
communities in Texas
and Colorado

Online directory at [phs.org/
directory](https://phs.org/directory)

Robust National Network

Nearly one million national
providers and facilities

Access to Centers of Excellence
facilities.

Great for employees,
dependents living out of state

Always in-network

Visit
www.multiplan.com/presbyterian for
a full listing of providers.

Global Emergency Coverage

In-network emergency
care worldwide

Reimbursement at the
same levels as local
emergency care

Seek care at the closest
facility with peace of mind



Secure Digital Access to Your Information



PRESBYTERIAN HEALTH PLAN SERVICES

Update your communication preferences

Go Paperless Now



Plan Information

VIEW



Financial
Information

VIEW



Wellness
Information

VIEW



Options for Care

VIEW



Contact Health
Plan

VIEW





Service for New Mexicans by New Mexicans



Only Local Customer Service Team in NM

- In-person, walk-in visits available.
- Integrated with the delivery system.
- Claims, benefits, billing, and general questions.
- Patient financial services.

1-888-ASK-PRES

- **Member Advocates** help members locate a PMG provider or facility or one in our nationwide network, as well as schedule their appointments.





**Better Health
Outcomes,
Just In Case**





Better Outcomes Lead to National Recognition



*Highest Level 3 Recognition
for Central NM PMG Primary Care Clinics*



Top Scoring Proposal



Your 2020 benefits



Changes for 2020

No longer deductible and coinsurance

Effective January 1, 2020

\$35 copay Value Care

\$30 copay Premier Option

- Physical Therapy
- Occupational Therapy
- Speech Therapy

Value HMO Plan

Benefit	In-Network	Out of Network
Annual Deductible	\$1500/ Individual	N/A
Out of Pocket	\$5500/ Individual	N/A
Office Visit	Primary - \$35 Specialist - \$55	N/A
Preventive Care (including mammograms, pap test, colonoscopy & immunizations)	100% Deductible does not apply	N/A
Lab, X-Ray, and Pathology	100% Deductible does not apply	N/A
Emergency Room	\$175	\$175
Urgent Care	\$40	N/A
All other covered services(including inpatient/outpatient, rehab and MRI, PET & CT)	30%	N/A

Premier PPO Plan

Benefit	In-Network	Out of Network
Annual Deductible	\$800/ Individual	\$800/ Individual
Out of Pocket	\$4500/ Individual	\$4500/ Individual
Office Visit	Primary - \$30 Specialist - \$45	50%
Preventive Care (including mammograms, pap test, colonoscopy & immunizations)	100% Deductible does not apply	50%
Lab, X-Ray, and Pathology	100% Deductible does not apply	50%
Emergency Room	\$125	\$125
Urgent Care	\$35	50%
All other covered services (including inpatient/outpatient, rehab and MRI, PET & CT)	25%	50%