

NMRHCA MEDICARE PLAN COMPARISON

Effective: January 1, 2019

	BCBSNM MEDICARE SUPPLEMENT	BCBS Medicare Advantage Plan I	Presbyterian Medicare Advantage Plan I	United Healthcare Medicare Advantage Plan I	Humana Medicare Advantage Plan I	BCBS Medicare Advantage Plan II	Presbyterian Medicare Advantage Plan II	United Healthcare Medicare Advantage Plan II	Humana Medicare Advantage Plan II
BENEFIT Highlights	Part B Annual Deductible: \$183.00 <small>(2019 deductible to be determined)</small>	Annual Out of Pocket Limit: \$5000	Annual Out of Pocket Limit: \$2500	Annual Out of Pocket Limit: \$2500	Annual Out of Pocket Limit: \$4000	Annual Out of Pocket Limit: \$6700	Annual Out of Pocket Limit: \$3000	Annual Out of Pocket Limit: \$2800	Annual Out of Pocket Limit: \$1500
Office Visit									
Primary Care	\$0	\$10	\$10	\$5	\$10	\$10	\$10	\$5	\$5
Specialty care	\$0	\$35	\$30	\$25	\$30	\$40	\$40	\$25	\$30
Preventive services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital Services	\$0	\$250 per day Days 1-5	\$125 per day Days 1-3	\$250 per admission	\$150 per day Days 1-5	\$500 per admission	\$225 per day Days 1-5	\$250 per admission	\$150 per admission
Surgery - hospital outpatient	\$0	\$200	\$125	\$100	\$200	\$350	\$275	\$100	\$100
Emergency Services									
Emergency room visit	\$0	\$65	\$65	\$50	\$50	\$65	\$75	\$50	\$65
Urgent care center	\$0	\$40	\$10	\$20	\$20	\$50	\$10	\$20	\$10
Diabetic Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

All Other Covered Services (visit phs.org, bcbsnm.com, uhcree.com, our.humana.com/nmrhca/ for full list)

						\$310 Deductible	\$300 Deductible*		
Retail Pharmacy - 31-day									
Preferred Generic	\$5 - \$15	\$0 - \$5	\$4	\$15	\$4	\$0 - \$5	\$4	\$10	\$4
Non-Preferred Generic		\$5 - \$10	\$10	\$70	\$4	\$7 - \$12	\$10	\$35	\$4
Preferred Brand	\$30 - \$60	\$40 - \$45	\$45	\$35	\$40	\$40 - \$45	\$45*	\$20	\$40
Non-Preferred Brand		\$90 - \$95	\$95	\$70	\$90	\$90 - \$95	\$95*	\$35	\$90
Specialty Drug		33%	\$100	\$70	33%	25%	27%*	\$35	33%
Non-Formulary	\$50 - \$125								
Mail Order - 90 day									
*** Smart 90									
Preferred Generic	\$12 - \$35	\$15	\$12	\$30	\$0	\$15	\$12	\$20	\$0
Non-Preferred Generic		\$30	\$30	\$140	\$0	\$36	\$30	\$70	\$0
Preferred Brand	\$60 - \$120	\$135	\$135	\$70	\$80	\$135	\$135*	\$40	\$80
Non-Preferred Brand		\$285	\$285	\$140	\$180	\$285	\$285*	\$70	\$180
Non - Formulary	\$100 - \$250								

Prescription Coverage

Coverage Gap	No	No	No	No	No	No	Yes**	Yes**	Yes**
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Catastrophic Level Coverage Changes: After your out-of-pocket drug costs reach \$5,100 for the year, then you pay the greater of: \$3.40 for formulary generic or a formulary brand drug and \$8.50 for all other drugs, or 5% coinsurance.

****Plans with Coverage Gap (a.k.a. Donut Hole).** Please ensure you have reviewed & understand how plans work. Plan changes are limited to IRS approved qualifying events (i.e., marriage, divorce, etc.).

*****90 day refill supply can be filled through Mail Order or through a retail pharmacy in the Smart 90 network.** Contact www.express-scripts.com or call Express Scripts at 1-800-551-1866 for locations.