

SWITCH ENROLLMENT FORM



4308 Carlisle Blvd. NE, Suite 104
Albuquerque, NM 87107

1 (800) 233-2576 • (505) 222-6400 • (505) 884-8611 fax

Please PRINT CLEARLY

A Retiree Personal Information — Complete ALL blanks in this section.

Social Security No.	PRINT Last Name	First Name	MI
Date of Birth (MM/DD/YYYY)	Mailing Address — If new, check box: <input type="checkbox"/>		
Effective Date of Change January 1, 2018	City	State	ZIP Code
			Home Phone ()
Email address:			Mobile Phone ()

B SWITCH Medical Plan /Selection of New Plan (Each enrollee's level of coverage must be the same; unless one party is Medicare eligible; spouse/dependents will default to retiree's selection).

Non-Medicare Plans (For applicants not eligible for Medicare benefits)	Retiree	Please Choose One <input type="checkbox"/> BCBS Premier PPO <input type="checkbox"/> Presbyterian Premier PPO <input type="checkbox"/> NM Health Connections Value HMO <input type="checkbox"/> Presbyterian Value HMO <input type="checkbox"/> BCBS Value HMO
	Spouse	
	Domestic Partner	
	Dependent 1	
	Dependent 2	
Medicare Plans¹ (For applicants eligible for Medicare benefits)	<input type="checkbox"/> BCBSNM Medicare Supplemental Plan <input type="checkbox"/> BCBS Advantage Plan I ¹ <input type="checkbox"/> Presbyterian Advantage Plan I ¹ <input type="checkbox"/> United Healthcare Advantage Plan I <input type="checkbox"/> Humana Advantage Plan I <input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Dependent: _____ IMPORTANT: Out-of-state enrollees must select a BCBSNM Supplemental or United Healthcare or Humana Medicare Plan. ¹ Service area for Presbyterian and BCBS Advantage Plans are limited to the State of New Mexico	<input type="checkbox"/> Plan II ¹ <input type="checkbox"/> Plan II ¹ <input type="checkbox"/> Plan II <input type="checkbox"/> Plan II
	• Medicare Parts A and B are required for all Medicare Plans.	

C SWITCH Dental Plan or ADD Dental or Vision Plan / Selection of New Plan

1. DENTAL <input type="checkbox"/> United Concordia Comprehensive <input type="checkbox"/> United Concordia Basic <input type="checkbox"/> Delta Dental Comprehensive <input type="checkbox"/> Delta Dental Basic	2. VISION <input type="checkbox"/> Davis Vision
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D Cancel Coverage

Retiree	Spouse/Domestic Partner	Dependent
<input type="checkbox"/> Cancel my medical plan <input type="checkbox"/> Cancel my dental plan ¹ <input type="checkbox"/> Cancel my vision plan ¹ <input type="checkbox"/> Cancel my Supplemental Life plan <input type="checkbox"/> Cancel all benefit plans for all members ¹	<input type="checkbox"/> Cancel medical plan <input type="checkbox"/> Cancel dental plan ¹ <input type="checkbox"/> Cancel vision plan ¹ <input type="checkbox"/> Cancel Supplemental Life plan	<input type="checkbox"/> Cancel medical plan <input type="checkbox"/> Cancel dental plan ¹ <input type="checkbox"/> Cancel vision plan ¹ <input type="checkbox"/> Cancel Supplemental Life plan

¹If you drop dental or vision coverage, you must wait four years before enrolling again.

E DECLARATION AND SIGNATURE

I hereby declare the information I have provided above is true and complete to the best of my knowledge. (If signing under power of attorney, please attach authorizing documents.)

Signature _____ Date _____

Spouse Signature _____ Date _____

New Mexico Retiree Health Care Authority

2017 Switch Enrollment Meeting Schedule

October 2 & 31, 2017 Santa Fe Community College Jemez Room 6401 Richards Ave. Santa Fe, NM 87508 9:30 a.m. – 10:30 a.m. Medicare Medical/RX 10:45 a.m. – 11:45 a.m. Voluntary Coverage Noon – 1:00 p.m. Non-Medicare Medical/RX	October 3, 2017 WNMU – Silver City Besse-Forward Global Resource Center Corner of 12 th and Kentucky Silver City, NM 88061 1:00 p.m. – 2:00 p.m. Medicare Medical/RX 2:15 p.m. – 3:15 p.m. Voluntary Coverage 3:30 p.m. – 4:30 p.m. Non-Medicare Medical/RX	October 4 & 5, 2017 NM Farm & Ranch Heritage Museum 4100 Dripping Springs Rd. Las Cruces, NM 88011 9:30 a.m. – 10:30 a.m. Medicare Medical/RX 10:45 a.m. – 11:45 a.m. Voluntary Coverage Noon – 1:00 p.m. Non-Medicare Medical/RX	October 12, 2017 Clovis Civic Center 801 Schepps Blvd Clovis, NM 88101 9:30 a.m. – 10:30 a.m. Medicare Medical/RX 10:45 a.m. – 11:45 a.m. Voluntary Coverage Noon – 1:00 p.m. Non-Medicare Medical/RX
October 13, 2017 New Mexico Highlands Univ. Student Center 800 National Ave. Las Vegas, NM 87701 9:30 a.m. – 10:30 a.m. Medicare Medical/RX 10:45 a.m. – 11:45 a.m. Voluntary Coverage Noon – 1:00 p.m. Non-Medicare Medical/RX	October 16 & 30, 2017 UNM Continuing Ed. Auditorium 1634 University Blvd., NE Albuquerque, NM 87131 9:30 a.m. – 10:30 a.m. Medicare Medical/RX 10:45 a.m. – 11:45 a.m. Voluntary Coverage Noon – 1:00 p.m. Non-Medicare Medical/RX	October 17, 2017 Roswell Convention & Civic Center 912 N. Main St. Roswell, NM 88202 9:30 a.m. – 10:30 a.m. Medicare Medical/RX 10:45 a.m. – 11:45 a.m. Voluntary Coverage Noon – 1:00 p.m. Non-Medicare Medical/RX	October 18, 2017 NM Junior College Training and Outreach Facility 5317 North Lovington Hwy Hobbs, NM 88240 9:30 a.m. – 10:30 a.m. Medicare Medical/RX 10:45 a.m. – 11:45 a.m. Voluntary Coverage Noon – 1:00 p.m. Non-Medicare Medical/RX
October 24, 2017 Farmington Civic Center 200 W. Arrington St. Farmington, NM 87401 10:30 a.m. – 11:30 a.m. Medicare Medical/RX 11:45 a.m. – 12:45 p.m. Voluntary Coverage 1:00 p.m. – 2:00 p.m. Non-Medicare Medical/RX	October 25, 2017 Red Rock State Park Dining & Conference Room Gallup, NM 87311 9:30 a.m. – 10:30 a.m. Medicare Medical/RX 10:45 a.m. – 11:45 a.m. Voluntary Coverage Noon – 1:00 p.m. Non-Medicare Medical/RX	October 26, 2017 Santa Ana Star Center 3001 Civic Center Cir NE Rio Rancho, NM 87144 9:30 a.m. – 10:30 a.m. Medicare Medical/RX 10:45 a.m. – 11:45 a.m. Voluntary Coverage Noon – 1:00 p.m. Non-Medicare Medical/RX	November 1, 2017 Northern NM College Nick L. Salazar Center for Performing Arts 921 Paseo de Oñate Española, NM 87532 9:30 a.m. – 10:30 a.m. Medicare Medical/RX 10:45 a.m. – 11:45 a.m. Voluntary Coverage Noon – 1:00 p.m. Non-Medicare Medical/RX
November 2, 2017 Raton Convention Center 901 S. 3 rd St Raton, NM 87740 9:30 a.m. – 10:30 a.m. Medicare Medical/RX 10:45 a.m. – 11:45 a.m. Voluntary Coverage Noon – 1:00 p.m. Non-Medicare Medical/RX	Wellness Screenings Now Featured At All Switch Enrollment Meetings In an effort to help all of us stay healthier, the following may be offered to all attendees at no cost at all meeting locations: <ul style="list-style-type: none"> ▪ Flu Shots (<i>subject to serum availability</i>) ▪ Pneumococcal vaccine – protects against pneumococcal diseases that cause infections in the lungs, blood, brain, and ear (<i>for all adults over 65 years old</i>) ▪ Blood Pressure Check ▪ Waist Circumference ▪ Fecal Occult Blood Test (FOBT) – A simple non-invasive test that can be completed in your own home. The test detects tiny amount of blood, often released from colorectal cancer. This test to check for blood in the stool for ages 50-57. ▪ Visiderm – The screening is for viewing of skin to look for areas of sun damage and to educate on the importance of taking protective measures such as the use of sunscreen. (<i>The Visiderm screening will be available only at select locations</i>) ▪ Quit for Life – This program is brought to you by the American Cancer Society® and Alere Wellbeing, and is the nation's leading tobacco cessation program. 		

DEADLINE FOR CHANGES MUST BE POSTMARKED NO LATER THAN NOVEMBER 9, 2017



BOARD OF DIRECTORS:
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EXECUTIVE DIRECTOR

September 6, 2017

To: New Mexico Retiree Health Care Authority (NMRHCA) Plan Participants

From: David Archuleta, Executive Director
New Mexico Retiree Health Care Authority

Re: NMRHCA 2018 Plan Updates

The New Mexico Retiree Health Care Authority is implementing the following actions regarding our health plans in 2018. Please read and plan accordingly. NMRHCA is:

- Expanding the Value Plan option resources to include the Blue Advantage Narrow Network Plan, administered by Blue Cross Blue Shield — a statewide narrow network that represents 53 percent of the larger PPO network.
- Increasing cost sharing/narrow network on Pre-Medicare and Supplement prescription plans through the introduction of Voluntary Smart90 — a long-term medications option that gives members the choice to purchase 90-day prescription supplies for less cost than three one-month supplies.
- Increasing retiree premiums in accordance with projected medical trend for all self-insured plans (8 percent increase in pre-Medicare rates, 6 percent increase in Medicare Supplement rates. Medicare Advantage rates will increase from 6 to 27 percent, varies by plan.
- Defaulting members aging into Medicare to the appropriate Medicare Advantage Plan. **All members can still select from 1 of 9 Medicare Plan options.** However, if no selection is made, members who are participating in either the Presbyterian Premier or Value Plan will default to UnitedHealthcare Plan I. Members who are participating in the Blue Cross Blue Shield Premier or Value Plan or the New Mexico Health Connections Value Plan will default to Humana Plan I.

PLEASE NOTE! The deadline to make changes to your health coverage through the New Mexico Retiree Health Care Authority is November 9, 2017. We look forward to seeing you at one of the 16 Switch Enrollment Meetings being held across the state.

If you have any questions or concerns, please call 800-233-2576 or email CustomerService@state.nm.us.

IMPORTANT SWITCH ENROLLMENT NOTIFICATION

THIS IS NOT A BILL

September 2017

The New Mexico Retiree Health Care Authority's switch enrollment period is taking place now through November 9, 2017. As a NMRHCA member, this is your opportunity to switch from one medical plan to another, switch or add a dental plan, and add vision coverage (please see notes No. 3 and No. 4 at the end of this letter).

Your switch request must be postmarked by November 9, 2017:

If the future benefits shown below are acceptable to you, then you are required to take NO ACTION. If you DO wish to make changes to your current coverages listed below, please complete the enclosed personalized switch enrollment form to select from the options available to you.

For your convenience, we have included a Summary of Benefits of our medical plans. For additional information, please visit our website at www.nmrhca.org or call us at 800-233-2576.

Remember, changes to life insurance can be made at any time during the year (Please see note No. 6 below in this letter).

This confirmation letter is intended to provide you with the most current information contained in our files. IT IS NOT AN IMPLIED CONTRACT. If any of the information is incorrect, please contact our office immediately at 800-233-2576. We look forward to serving you.

Sincerely,

New Mexico Retiree Health Care Authority

IMPORTANT NOTES:

(1) Effective date of change is January 1, 2018. If applicable, changes to your premium contribution will occur automatically in your December deduction.

(2) If you and your dependent(s) are newly enrolling in a Presbyterian Medicare Advantage Plan, you will need to complete a Presbyterian application for yourself and your dependent(s) and include the application(s) as well as a copy of your Medicare ID card with this form. Please call the NMRHCA at 800-233-2576 to obtain the form.

(3) If a retiree enrolls a spouse or dependent(s) under a medical plan, they must have the same level of coverage unless the retiree, spouse or dependent is Medicare eligible.

(4) If you enroll in a dental or vision plan, you will be enrolled automatically in the same level of coverage (single, two-party or family) as your medical plan.

(5) If you cancel or have cancelled dental or vision coverage in the past, you must wait four years before you can enroll again during the subsequent switch enrollment period.

(6) If you wish to apply for supplemental or dependent life insurance, please call our office for the necessary forms. Underwriting guidelines may apply.

(7) Plan changes effective January 1, 2018, are noted in the enclosed plan summaries.

(8) If you make changes, be sure to sign and date your personalized switch enrollment form. Changes cannot be applied until the form is signed.

Plan Terms and Definitions

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

NMRHCA NON-MEDICARE PLAN COMPARISON

EFFECTIVE: JANUARY 1, 2018

Premier PPO: BCBSNM or PRESBYTERIAN

Value HMO: BCBSNM, NM HEALTH CONNECTIONS or PRESBYTERIAN

These plans have no lifetime maximum benefit (except for transplants), though certain services have maximum annual limits.

Retiree Premiums (Based on 20+ years of service, please refer to rate sheet for Spouse/Domestic Partner and Dependent rates)	Premier PPO - \$241.44	Value HMO - \$188.60
Annual Deductible	Premier: \$800/Individual	Value: \$1,500/Individual
Annual Out-of-Pocket Limit	Premier: \$4,500/Individual	Value: \$5,500/Individual
	Premier	Value
	Retiree Responsibility	Retiree Responsibility
Office Services <i>Office visit not subject to deductible</i>	Primary -\$30 Specialist - \$45	Primary -\$35 Specialist - \$55
Preventive Services	Plan pays 100%	Plan pays 100%
Related testing (includes routine Pap test, mammograms, colonoscopy, physicals, etc.) & immunization (deductible waived)	Plan pays 100%	Plan pays 100%
Lab, X-Ray, and Pathology	Plan pays 100%	Plan pays 100%
Emergency Room	\$125	\$175
Emergency Physician and other Professional Provider Charges	25%	30%
Urgent Care Facility	\$35	\$40
Ambulance Services	25%	30%
EKG	25%	30%
High-Tech Radiology (MRI, PET & CT) Office/Freestanding Radiology	\$100	\$125
High-Tech Radiology (MRI, PET & CT) Outpatient Department of Hospital	25%	30%
Rehabilitation Outpatient Physical Therapy Services when used as alternative to surgery (Max of 4 copays per course of treatment)	\$30	\$35
Rehabilitation Inpatient or Outpatient	25%	30%
Alternative (chiropractic, acupuncture, etc.)	25%	30%
Hospitalization - Inpatient	25%	30%
Surgery - Outpatient	25%	30%
All Other Covered Services (visit phs.org or bcbsnm.com or mynmhc.org for full list)	25%	30%

NON-MEDICARE PRESCRIPTION DRUG PLAN ADMINISTERED BY EXPRESS SCRIPTS

<i>Copay (Retail)</i>	<i>Minimum</i>	<i>Maximum</i>
Generic	\$5	\$15
Brand	\$20	\$50
Brand Non-Formulary	\$40	\$100

Maximum of 34-day supply or 100 unit or as prescribed by your physician or an approved exception.

<i>Copay (Mail Order)</i>	<i>Minimum</i>	<i>Maximum</i>
Generic	\$12	\$35
Preferred Brand	\$50	\$100
Non-Formulary	\$100	\$150

Maximum of 90-day supply or 300 units or as prescribed by your physician or an approved exception.

Accredo (Special Pharmaceuticals)	Closed Network
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For more information visit our website at www.nmrhca.state.nm.us or call us at 1-800-233-2576.

NMRHCA MEDICARE PLAN COMPARISON

	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
RETIREE PREMIUMS Based on 20+ Years	\$199.96	\$69.60	\$96.50	\$104.16	\$87.45	\$23.30	\$72.00	\$54.65	\$53.06
BENEFIT Highlights	Part B Annual Deductible: \$183.00 (2017) 2018 Deductible to be determined.	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	Once Part B Deductible is met charges for services are as follows:								
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 1-5	\$125 per day 1-3	\$250 per admission	\$150 per day 1-5	\$500 per admission	\$225 per day 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	After Part B Deductible is met: \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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

Retail Pharmacy - 30-day						\$310 Deductible	\$300 Deductible*		
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	\$20 - \$50	\$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	\$40- \$100								

Mail Order - 90 day									
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	\$50 - \$100	\$135	\$135	\$70	\$80	\$135	\$135*	\$40	\$80
Non-Preferred Brand		\$285	\$285	\$140	\$180	\$285	\$285*	\$70	\$180
Non - Formulary	\$100 - \$150								

Prescription Coverage									
Coverage Gap	No	No	No	No	No	No	Yes**	Yes**	Yes**

Catastrophic Level Coverage Changes: After your out-of-pocket drug costs reach \$5,000 for the year, then you pay the greater of: \$3.35 for formulary generic or a formulary brand drug and \$8.35 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.).

This is a summary for your convenience. Please contact Blue Cross Blue Shield, Presbyterian, United Healthcare or Humana directly for a full list of benefits.

NMRHCA 2018 Dental Plan Comparison

UNITED CONCORDIA DENTAL - ALLIANCE NETWORK				
BENEFIT CATEGORY	BASIC PLAN		COMPREHENSIVE PLAN	
Diagnostic and Preventive Services	In-Network Plan Pays	Out-of-Network Plan Pays	In-Network Plan Pays	Out-of-Network Plan Pays
Routine Oral Exams (three per 12 months)	100% No Deductible	25% of Allowed Amount	100% No Deductible	100% of Allowed Amount No Deductible
Routine Cleanings (three per 12 months)				
X-rays (complete mouth-once every 5 years; bitewings two sets per 12 months through age 13 once every 12 months thereafter)				
Emergency Treatment for Relief of Pain				
Basic Services				
Amalgam and Composite Fillings	80%	25% of Allowed Amount	80%	55% of Allowed Amount
Simple Extractions				
Endodontics				
Nonsurgical Periodontics				
Complex Oral Surgery (covered on Comprehensive Plan only)	Not Covered		80%	55% of Allowed Amount
Surgical Periodontics (covered on Comprehensive Plan only)				
Repair to Onlays, Crowns, Dentures and Bridgework	80%	25% of Allowed Amount		
Major Services				
Removeable Partial or Complete Dentures and Fixed Bridges	Not Covered		50%	35% of Allowed Amount
Implants and Implant Related Services				
Onlays and Crowns (when teeth cannot be restored to normal form and function with amalgam, composite resin or plastic fillings)				
Orthodontics				
Diagnostic, Active, Retention Treatment In and out-of-network lifetime maximums cannot be combined.	Not Covered		50% No Deductible \$1000 Lifetime Max	50% of Allowed Amount No Deductible \$500 Lifetime Max
Deductibles and Maximums				
Calendar Year Deductible - Jan 1 thru Dec 31. Applies to all services except where noted above.	\$50 (\$150 Per Family)		\$50 (\$150 per family)	
Calendar Year Maximum - Jan 1 thru Dec 31 (per person). In and out-of-network annual maximums cannot be combined.	\$1,500.00		\$1,500.00	\$1,000.00

DELTA DENTAL - PPONEW MEXICO NETWORK				
BENEFIT CATEGORY	BASIC PLAN		COMPREHENSIVE PLAN	
Diagnostic and Preventive Services	In-Network Plan Pays	Out-of-Network Plan Pays	In-Network Plan Pays	Out-of-Network Plan Pays
Oral Exams (two routine per calendar year plus one problem-focused/emergency, if needed.)	100% No Deductible	25% of Allowed Amount No Deductible	100% No Deductible	75% of Allowed Amount No Deductible
Routine Cleanings (two per calendar year or up to two additional for specified at-risk medical conditions)				
Radiographic images (full mouth-once every 5 years; bitewings twice in a calendar year)				
Emergency Treatment for Relief of Pain				
Basic Services				
Basic Restorative (amalgam or composite fillings)	80%	25% of Allowed Amount	80%	55% of Allowed Amount
Simple Extractions (non-surgical)				
Endodontics				
Nonsurgical Periodontics				
Oral Surgery (including surgical extractions)	Not Covered			
Surgical Periodontics				
Repairs to Crowns, Onlays, Dentures and Bridgework	80%	25% of Allowed Amount		
Major Services				
Prosthodontic procedures for contruction of fixed bridges, partials or complete dentures	Not Covered		50%	35% of Allowed Amount
Implants - specified services, including repairs, and related prosthodontics, subject to clinical review/approval				
Onlays, Crowns and Cast Restorations - when teeth cannot be restored with amalgam or composite resin restorations				
Orthodontics				
Diagnostic, Active, Retention Treatment In and out-of-network lifetime maximums cannot be combined.	Not Covered		50% No Deductible \$1000 Lifetime Max	50% of Allowed Amount No Deductible \$500 Lifetime Max
Deductibles and Maximums				
Calendar Year Deductible - Jan 1 thru Dec 31. Applies to all services except where noted above.	\$50 (\$150 Per Family)		\$50 (\$150 per family)	
Calendar Year Maximum - Jan 1 thru Dec 31 (per person). In and out-of-network annual maximums cannot be combined.	\$1,500.00	\$1,500.00	\$1,500.00	\$1,000.00

Important Note: Lowest out-of-pocket costs apply In-Network. Non-Participating Providers may balance bill patients for charges over the allowed amount (up to the full amount of submitted charges).

This Benefit Comparison has been prepared as a general description to highlight some of the benefits available under your dental plan options.

It does not reflect all benefits, limitations, exclusions, or provide complete coverage information. Complete coverage descriptions are provided by the dental plan carrier when you enroll.

Davis Vision 2018 Benefits

BENEFIT CATEGORY		In-Network Coverage	Out-of-Network Coverage
Routine Eye Examinations	Every 12 months	Copay \$10	Reimbursed up to \$35
Eye Glasses			
Spectacle Lenses	Every 12 months	Copay \$15	Depending on Lens RX \$25 to \$80
Frames	Every 24 months	Davis Frame Collection covered in Full or \$130 retail allowance at Visionworks stores	Reimbursed up to \$35
Contact Lenses	Every 12 months	Allowance Up to \$110 Non-Formulary Plus 15% discount on overage Medically necessary paid in full Prior approval required	Allowance Up to \$110 (elective) Up to \$210 (medically necessary)

This is a summary for your convenience. For more information visit our website at www.nmrhca.state.nm.us or call us at 1-800-233-2576

NMRHCA Carrier Contact Information

Medical	Phone	Website
Blue Cross Blue Shield of New Mexico (Non Medicare and Medicare Supplement)	1-800-788-1792	www.bcbsnm.com
Presbyterian Health Plan (Non Medicare)	1-888-275-7737	www.phs.org
NM Health Connections (Non Medicare)	1-877-210-8239	www.mynmhc.org/nmrhca.aspx
Presbyterian Medicare Plan (Medicare Advantage)	1-800-797-5343	www.phs.org
Blue Cross Blue Shield of New Mexico (Medicare Advantage)	1-877-299-1008	www.bcbsnm.com
United Health Care (Medicare Advantage)	1-866-622-8014	www.uhcretiree.com
Humana (Medicare Advantage)	1-866-396-8810	https://our.humana.com/nmrhca/

Prescription Drug (Non-Medicare and BCBS Medicare Supplement)

Express Scripts	Medicare: 1-800-551-1866	www.express-scripts.com
	Non-Medicare: 1-800-501-0987	www.express-scripts.com

Dental

Delta Dental	1-877-395-9420	www.deltadentalnm.com
United Concordia	1-888-898-0370 *0	www.ucci.com

Vision

Davis Vision	1-800-999-5431	www.davisvision.com
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Life Insurance

Standard Life Insurance	1-888-609-9763 opt 4	www.standard.com/mybenefits/newmexico_rhca/
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