



NEW MEXICO
RETIREE
HEALTH CARE
AUTHORITY

2018 Summary of Benefits
Updated January 2018

Provider Contact List

New Mexico Retiree Health Care Authority
Main Number 1-800-233-2576 or Santa Fe 505-476-7340

Medical

| | | |
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| Blue Cross Blue Shield of New Mexico (Non Medicare and Medicare Supplement) | 1-800-788-1792 | 5701 Balloon Fiesta Parkway Albuquerque, NM 87113 or PO Box 27630 Albuquerque, NM 87125 www.bcbsnm.com |
| Presbyterian Health Plan (Non Medicare) | 1-888-275-7737 ABQ: 505-923-6060 TTY: 1-888-625-8818 | PO Box 27486 Albuquerque, NM 87125 www.phs.org |
| NM Health Connections (Non Medicare) | 1-877-210-8239 | PO Box 3968 Corpus Christi, TX 78463-3968 www.mynmhc.org/nmrhca.aspx |
| Presbyterian Medicare Advantage (Medicare) | 1-800-797-5343 ABQ: 505-923-6060 TTY: 1-888-625-8818 | 7 days a week 8:00 am to 8:00 pm www.phs.org |
| BCBS Medicare Advantage (Medicare) | 1-877-299-1008 | 5701 Balloon Fiesta Parkway Albuquerque, NM 87113 or PO Box 27630 Albuquerque, NM 87125 www.bcbsnm.com |
| United Health Care (Medicare) | 1-866-622-8014 | www.uhcretiree.com |
| Humana Medicare Advantage (Medicare) | 1-866-396-8810 | Claims PO Box 14601 Lexington, KY 40512-4601 https://our.humana.com/nmrhca/ |
| Prescription Drug (For all PPO Plans and Express Scripts) | BCBS Supplemental Medicare: 1-800-551-1866 Non-Medicare: 1-800-501-0987 | Medicare) www.express-scripts.com |

Dental

| | | |
|------------------|-------------------------------------|--|
| Delta Dental | 1-877-395-9420 ABQ: 505-855-7111 | 2500 Louisiana Blvd. NE Ste 600 Albuquerque, NM 87110 www.deltadentalNM.com Monday—Friday 8:00am to 4:30pm |
| United Concordia | 1-888-898-0370 *0 | Claims PO Box 69421 Harrisburg, PA 17106 www.ucci.com |

Vision

| | | |
|--|----------------|--|
| Davis Vision All prospective clients can use code 7587 when requesting a provider list or previewing plans. | 1-800-999-5431 | 6301 Indian School Rd NE, Ste 200 Albuquerque, NM 87110 www.davisvision.com |
|--|----------------|--|

Life Insurance

| | | |
|-------------------------|---|--|
| Standard Life Insurance | 1-888-609-9763 opt 4 ABQ: 505-859-4180 | PO Box 225 Santa Cruz, NM 87567 www.standard.com/mybenefits/newmexico_rhca/ |
|-------------------------|---|--|



IMPORTANT INFORMATION YOU NEED TO KNOW

Note: This informational sheet is intended as a summary to, and not a replacement of, provisions of the Retiree Health Care Act (Act) or NMRHCA Rules and Regulations (which can be found on the NMRHCA website: www.nmrhca.org)

ELIGIBILITY

Eligible Retiree: You are eligible to participate in the NMRHCA if:

- You receive a disability or normal retirement benefit from public service in New Mexico with an NMRHCA-participating employer, **and**
- You did one of the following:
 - you retired with a pension before your employer's effective date with the NMRHCA program, *or*
 - you and/or your employer (on your behalf) made contributions to the NMRHCA fund from your employer's NMRHCA effective date until your date of retirement, *or*
 - you and/or your employer (on your behalf) made contributions to the NMRHCA fund for at least five years before your date of retirement.

(If you are awarded a duty-related disability retirement, you are not required to meet the NMRHCA's five-year contribution rule.)

Eligible Dependent: Eligible dependents include the following:

- a spouse. *You must provide a copy of the marriage certificate.*
- a domestic partner. *You must provide a signed and notarized affidavit (available at the NMRHCA office).*
 - domestic partners are enrolled similarly to spouses
 - dependents of domestic partnerships are eligible for benefits
 - we may ask for other written proof of the domestic partnership and/or dependents
 - if there is a termination of a domestic partnership, the retiree must notify NMRHCA in writing within 31 days of the termination
- a dependent child under the age of 26 including:
 - a natural child
 - a legally adopted child
 - a stepchild living in the same household who is primarily dependent on the eligible retiree for maintenance and support
 - a child for whom the eligible retiree is the legal guardian and who is primarily dependent on the eligible retiree for maintenance and support, as long as evidence of the guardianship is provided in a court order or decree
 - a foster child living in the same household as the eligible retiree

You must provide a copy of birth certificate(s) and court documents (if applicable) to the NMRHCA.

- a dependent child over age 26 who is wholly dependent on the eligible retiree for maintenance and support and is incapable of self-sustaining employment by reason of mental or physical handicap. The disability must have occurred before the limiting age.

Proof of incapacity and dependency must be provided *within 31 days* after the child reaches the limiting age.

- a surviving spouse (the spouse to whom a deceased eligible retiree/vested-active employee was married at the time of death) *or* a surviving dependent child of a deceased eligible retiree/vested-active employee.

ENROLLMENT

- It is best to submit your application at least one month but not to exceed 60 days from your retirement date to allow adequate time for the agency to process your application.
- Please be advised it takes a minimum of 3 business weeks for an application to process.
- You must enroll within 31 days following either your last day of current medical insurance coverage or your retirement date that is on record with your retirement board; whichever is later. Your effective date of coverage will take effect on the first day of your official retirement or the first day of the month following the termination date of your current medical insurance plan, again, whichever is later.
- If you do not apply within this time frame, you will be required to wait until the next Open Enrollment period.
- You may enroll a dependent only under one of the following circumstances: (1) there is a change in status which makes someone newly eligible as your dependent (e.g., marriage, birth); (2) an unenrolled eligible dependent *involuntarily* loses his or her medical coverage; or (3) during an Open Enrollment Period. For newly eligible dependents, you must apply for dependent coverage within 31 days of the event that caused the new eligibility (*copies of marriage, birth, or court documents required*).

PURCHASING SERVICE CREDIT

- In the 2009 legislative session, a bill was passed that requires payment of Retiree Health Care Authority (RHCA) contributions for service credit purchased from PERA and ERB toward retirement. Effective July 1, 2009, members who enroll in RHCA at the time of retirement must pay contributions on the PERA and ERB service credit before being eligible for insurance coverage.
- This contribution provision only affects members who are applying for insurance at the time of retirement. PERA and ERB will be providing RHCA with verification of a member's earned service credit and any purchased credit. RHCA will then calculate the cost of the RHCA contributions owed on the purchased service credit. Payment will be required for those retirees with less than 20 years of actual time worked and are purchasing time toward their retirement after July 1, 2009.

For further information, please contact the NMRHCA office for complete details of purchasing service credit.

SPLIT COVERAGE

- If the retiree is covering a spouse or dependent(s) under their plan, they must have the same level of benefits as the retiree (with the exception if one of the members in the household is Medicare eligible and the other member is not Medicare eligible). For example, if the retiree selects the Premier plan, the spouse or any dependents covered by the retiree must also be on the Premier plan.

CANCELLATION OF COVERAGE

- Subscribers may cancel coverage by submitting written notification to the New Mexico Retiree Health Care Authority (NMRHCA). Cancellation will take effect beginning with the first day of the month following receipt of notification by the NMRHCA. Effective date of cancellation is not retroactive.
- If a dependent becomes ineligible through joining the military, death, divorce, annulment, or legal separation, coverage ceases at the end of the month in which the event occurred. Again, it is your responsibility to notify us in writing and supporting documentation may be requested.

RETURN TO WORK

- If you take new employment after your retirement or choose to be covered under your spouse's coverage, you may choose one of two NMRHCA options:
 - Delay or terminate your enrollment in the NMRHCA and take your new employer's plan or spouse's plan. Under this option, you will be allowed to enroll into the NMRHCA at a later date, if you apply within 31 days of your *involuntary* loss of coverage (see below for examples) *and* there has been no lapse in your comprehensive medical coverage since your retirement. You will be required to submit evidence of continuous coverage and involuntary loss when you apply for NMRHCA enrollment. **Examples of involuntary loss of coverage** are (1) termination of your employment; (2) retirement from your new employer, causing your employer to cancel your health care benefits; (3) cancellation of your health care benefit program by the employee; and (4) dissolution of the company.
 - Take the new employer's plan of benefits and enroll yourself and your eligible dependents into the NMRHCA, thus receiving health care benefits from both plans through the NMRHCA's and your new employer's insurance carrier's Coordination of Benefits Provision. Please note that the Retiree Health Care Act requires that the NMRHCA program of health care benefits be secondary to your employer's benefit plans. This means your claims will be paid primarily by your employer's insurance plan, and then the balance will be considered by your NMRHCA insurance plan.
- If your employer does not offer medical coverage, you will need to submit a letter from your employer verifying that no insurance is offered or available in order for NMRHCA benefits to remain as primary.

CHANGE IN STATUS

If there is a change in your name, address, phone number, marital status, or dependent status, or if you wish to request a change in your benefit plans, life insurance beneficiary, or method of premium contribution payment, please call us immediately or visit our website to obtain a Change Request Form or submit a letter of request in writing.

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
4308 Carlisle Blvd., NE, Suite 104
Albuquerque, NM 87107-4849
1-800-233-2576

NMRHCA
33 Plaza La Prensa, Suite 101
Santa Fe, NM 87507
505-476-7340

Website: www.nmrhca.org

Hours of operation at both locations are 8 a.m. - 5 p.m., Monday through Friday.

NMRHCA NON-MEDICARE PLAN COMPARISON

EFFECTIVE: JANUARY 1, 2018

Premier PPO: BCBSNM or PRESBYTERIAN

Value HMO: BCBSNM 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

| Copay (Retail) | Minimum | Maximum |
|----------------------------|----------------|----------------|
| 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.

| Copay (Mail Order) | Minimum | Maximum |
|---------------------------|----------------|----------------|
| 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 |
|--|-----------------------|

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 (2018) | 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 | <i>Once Part B Deductible is met charges for services are as follows:</i> | | | | | | | | |
| 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 Medical Plan Monthly Premium Contributions for January 1, 2018 - December 31, 2018 (applicable if retirement date is after June 30, 2001)

| Years of Service | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20+ |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| NON-MEDICARE MEDICAL | | | | | | | | | | | | | | | | |
| Premier PPO (BCBS or Presbyterian) | | | | | | | | | | | | | | | | |
| Retiree Rate | \$643.85 | \$617.03 | \$590.20 | \$563.37 | \$536.54 | \$509.72 | \$482.89 | \$456.06 | \$429.23 | \$402.41 | \$375.58 | \$348.75 | \$321.92 | \$295.10 | \$268.27 | \$241.44 |
| Spouse Rate | \$699.93 | \$683.82 | \$667.71 | \$651.60 | \$635.49 | \$619.38 | \$603.27 | \$587.16 | \$571.04 | \$554.93 | \$538.82 | \$522.71 | \$506.60 | \$490.49 | \$474.38 | \$458.27 |
| Child Rate | \$234.36 | \$234.36 | \$234.36 | \$234.36 | \$234.36 | \$234.36 | \$234.36 | \$234.36 | \$234.36 | \$234.36 | \$234.36 | \$234.36 | \$234.36 | \$234.36 | \$234.36 | \$234.36 |
| Value HMO (BCBS, NMHC or Presbyterian) | | | | | | | | | | | | | | | | |
| Retiree Rate | \$502.94 | \$481.99 | \$461.03 | \$440.08 | \$419.12 | \$398.16 | \$377.21 | \$356.25 | \$335.29 | \$314.34 | \$293.38 | \$272.43 | \$251.47 | \$230.51 | \$209.56 | \$188.60 |
| Spouse Rate | \$546.71 | \$534.12 | \$521.54 | \$508.96 | \$496.37 | \$483.79 | \$471.20 | \$458.62 | \$446.04 | \$433.45 | \$420.87 | \$408.29 | \$395.70 | \$383.12 | \$370.53 | \$357.95 |
| Child Rate | \$182.75 | \$182.75 | \$182.75 | \$182.75 | \$182.75 | \$182.75 | \$182.75 | \$182.75 | \$182.75 | \$182.75 | \$182.75 | \$182.75 | \$182.75 | \$182.75 | \$182.75 | \$182.75 |
| MEDICARE MEDICAL | | | | | | | | | | | | | | | | |
| BCBS Medicare Supplemental Plan | | | | | | | | | | | | | | | | |
| Retiree Rate | \$387.42 | \$374.93 | \$362.43 | \$349.93 | \$337.43 | \$324.94 | \$312.44 | \$299.94 | \$287.44 | \$274.95 | \$262.45 | \$249.95 | \$237.45 | \$224.96 | \$212.46 | \$199.96 |
| Spouse Rate | \$393.67 | \$387.42 | \$381.17 | \$374.93 | \$368.68 | \$362.43 | \$356.18 | \$349.93 | \$343.68 | \$337.43 | \$331.18 | \$324.94 | \$318.69 | \$312.44 | \$306.19 | \$299.94 |
| Child Rate | \$399.92 | \$399.92 | \$399.92 | \$399.92 | \$399.92 | \$399.92 | \$399.92 | \$399.92 | \$399.92 | \$399.92 | \$399.92 | \$399.92 | \$399.92 | \$399.92 | \$399.92 | \$399.92 |
| BCBS Medicare Advantage I | | | | | | | | | | | | | | | | |
| Retiree Rate | \$134.85 | \$130.50 | \$126.15 | \$121.80 | \$117.45 | \$113.10 | \$108.75 | \$104.40 | \$100.05 | \$95.70 | \$91.35 | \$87.00 | \$82.65 | \$78.30 | \$73.95 | \$69.60 |
| Spouse Rate | \$137.03 | \$134.85 | \$132.68 | \$130.50 | \$128.33 | \$126.15 | \$123.98 | \$121.80 | \$119.63 | \$117.45 | \$115.28 | \$113.10 | \$110.93 | \$108.75 | \$106.58 | \$104.40 |
| Child Rate | \$139.20 | \$139.20 | \$139.20 | \$139.20 | \$139.20 | \$139.20 | \$139.20 | \$139.20 | \$139.20 | \$139.20 | \$139.20 | \$139.20 | \$139.20 | \$139.20 | \$139.20 | \$139.20 |
| BCBS Medicare Advantage II | | | | | | | | | | | | | | | | |
| Retiree Rate | \$45.14 | \$43.69 | \$42.23 | \$40.78 | \$39.32 | \$37.86 | \$36.41 | \$34.95 | \$33.49 | \$32.04 | \$30.58 | \$29.13 | \$27.67 | \$26.21 | \$24.76 | \$23.30 |
| Spouse Rate | \$45.87 | \$45.14 | \$44.42 | \$43.69 | \$42.96 | \$42.23 | \$41.50 | \$40.78 | \$40.05 | \$39.32 | \$38.59 | \$37.86 | \$37.13 | \$36.41 | \$35.68 | \$34.95 |
| Child Rate | \$46.60 | \$46.60 | \$46.60 | \$46.60 | \$46.60 | \$46.60 | \$46.60 | \$46.60 | \$46.60 | \$46.60 | \$46.60 | \$46.60 | \$46.60 | \$46.60 | \$46.60 | \$46.60 |
| Humana Medicare Advantage I | | | | | | | | | | | | | | | | |
| Retiree Rate | \$169.43 | \$163.97 | \$158.50 | \$153.04 | \$147.57 | \$142.11 | \$136.64 | \$131.18 | \$125.71 | \$120.24 | \$114.78 | \$109.31 | \$103.85 | \$98.38 | \$92.92 | \$87.45 |
| Spouse Rate | \$172.17 | \$169.43 | \$166.70 | \$163.97 | \$161.23 | \$158.50 | \$155.77 | \$153.04 | \$150.30 | \$147.57 | \$144.84 | \$142.10 | \$139.37 | \$136.64 | \$133.90 | \$131.17 |
| Child Rate | \$174.90 | \$174.90 | \$174.90 | \$174.90 | \$174.90 | \$174.90 | \$174.90 | \$174.90 | \$174.90 | \$174.90 | \$174.90 | \$174.90 | \$174.90 | \$174.90 | \$174.90 | \$174.90 |
| Humana Medicare Advantage II | | | | | | | | | | | | | | | | |
| Retiree Rate | \$102.80 | \$99.49 | \$96.17 | \$92.86 | \$89.54 | \$86.22 | \$82.91 | \$79.59 | \$76.27 | \$72.96 | \$69.64 | \$66.33 | \$63.01 | \$59.69 | \$56.38 | \$53.06 |
| Spouse Rate | \$104.46 | \$102.80 | \$101.15 | \$99.49 | \$97.83 | \$96.17 | \$94.51 | \$92.86 | \$91.20 | \$89.54 | \$87.88 | \$86.22 | \$84.56 | \$82.91 | \$81.25 | \$79.59 |
| Child Rate | \$106.12 | \$106.12 | \$106.12 | \$106.12 | \$106.12 | \$106.12 | \$106.12 | \$106.12 | \$106.12 | \$106.12 | \$106.12 | \$106.12 | \$106.12 | \$106.12 | \$106.12 | \$106.12 |
| Presbyterian Medicare Advantage I | | | | | | | | | | | | | | | | |
| Retiree Rate | \$186.97 | \$180.94 | \$174.91 | \$168.88 | \$162.84 | \$156.81 | \$150.78 | \$144.75 | \$138.72 | \$132.69 | \$126.66 | \$120.63 | \$114.59 | \$108.56 | \$102.53 | \$96.50 |
| Spouse Rate | \$189.98 | \$186.97 | \$183.95 | \$180.94 | \$177.92 | \$174.91 | \$171.89 | \$168.88 | \$165.86 | \$162.84 | \$159.83 | \$156.81 | \$153.80 | \$150.78 | \$147.77 | \$144.75 |
| Child Rate | \$193.00 | \$193.00 | \$193.00 | \$193.00 | \$193.00 | \$193.00 | \$193.00 | \$193.00 | \$193.00 | \$193.00 | \$193.00 | \$193.00 | \$193.00 | \$193.00 | \$193.00 | \$193.00 |
| Presbyterian Medicare Advantage II | | | | | | | | | | | | | | | | |
| Retiree Rate | \$139.50 | \$135.00 | \$130.50 | \$126.00 | \$121.50 | \$117.00 | \$112.50 | \$108.00 | \$103.50 | \$99.00 | \$94.50 | \$90.00 | \$85.50 | \$81.00 | \$76.50 | \$72.00 |
| Spouse Rate | \$141.75 | \$139.50 | \$137.25 | \$135.00 | \$132.75 | \$130.50 | \$128.25 | \$126.00 | \$123.75 | \$121.50 | \$119.25 | \$117.00 | \$114.75 | \$112.50 | \$110.25 | \$108.00 |
| Child Rate | \$144.00 | \$144.00 | \$144.00 | \$144.00 | \$144.00 | \$144.00 | \$144.00 | \$144.00 | \$144.00 | \$144.00 | \$144.00 | \$144.00 | \$144.00 | \$144.00 | \$144.00 | \$144.00 |
| United Healthcare Medicare Advantage I | | | | | | | | | | | | | | | | |
| Retiree Rate | \$201.82 | \$195.31 | \$188.80 | \$182.29 | \$175.78 | \$169.27 | \$162.76 | \$156.25 | \$149.73 | \$143.22 | \$136.71 | \$130.20 | \$123.69 | \$117.18 | \$110.67 | \$104.16 |
| Spouse Rate | \$205.08 | \$201.82 | \$198.57 | \$195.31 | \$192.06 | \$188.80 | \$185.55 | \$182.29 | \$179.04 | \$175.78 | \$172.53 | \$169.27 | \$166.02 | \$162.76 | \$159.51 | \$156.25 |
| Child Rate | \$208.33 | \$208.33 | \$208.33 | \$208.33 | \$208.33 | \$208.33 | \$208.33 | \$208.33 | \$208.33 | \$208.33 | \$208.33 | \$208.33 | \$208.33 | \$208.33 | \$208.33 | \$208.33 |
| United Healthcare Medicare Advantage II | | | | | | | | | | | | | | | | |
| Retiree Rate | \$105.88 | \$102.47 | \$99.05 | \$95.64 | \$92.22 | \$88.81 | \$85.39 | \$81.98 | \$78.56 | \$75.14 | \$71.73 | \$68.31 | \$64.90 | \$61.48 | \$58.07 | \$54.65 |
| Spouse Rate | \$107.59 | \$105.88 | \$104.18 | \$102.47 | \$100.76 | \$99.05 | \$97.34 | \$95.64 | \$93.93 | \$92.22 | \$90.51 | \$88.80 | \$87.09 | \$85.39 | \$83.68 | \$81.97 |
| Child Rate | \$109.30 | \$109.30 | \$109.30 | \$109.30 | \$109.30 | \$109.30 | \$109.30 | \$109.30 | \$109.30 | \$109.30 | \$109.30 | \$109.30 | \$109.30 | \$109.30 | \$109.30 | \$109.30 |

Revised: September 2017

Medical Plan Rate Calculation Instructions

1. Select a medical plan for the retiree; enter the rate from the **Retiree Rate** row that corresponds with your years of service. \$ _____ Retiree
2. If you are enrolling your spouse or domestic partner, select a medical plan for him/her; enter the rate from the **Spouse Rate** row that corresponds with your years of service (or, if your spouse/domestic partner is also an NMRHCA-eligible retiree, use the Retiree Rate that corresponds with your spouse's/domestic partner's years of service). + \$ _____ Spouse/ Domestic Partner
3. If you are also enrolling children, enter rate from **Child Rate** row multiplied by number of children.

(# of Children: _____ x Child Rate: _____ = Total for Child(ren): _____)

+ \$ _____ Child(ren)
4. TOTAL #1, #2, and #3. = \$ _____ Total

Voluntary Coverage Premiums

DENTAL PLAN Monthly Premium*: Effective January 1, 2017 to December 31, 2018

| | SINGLE | TWO-PARTY | FAMILY |
|---------------------------------------|----------------|-------------------------|-------------------------|
| Delta Dental Basic | \$18.51 | \$34.72 for both | \$ 58.15 for all |
| Delta Dental Comprehensive | \$41.32 | \$78.52 for both | \$126.75 for all |
| United Concordia Basic | \$16.80 | \$31.91 for both | \$ 47.87 for all |
| United Concordia Comprehensive | \$34.28 | \$65.12 for both | \$ 97.65 for all |

VISION PLAN Monthly Premium*: Effective January 1, 2017 to June 30, 2018

| | | | |
|--------------|----------------|-------------------------|------------------------|
| Davis Vision | \$ 4.76 | \$ 8.98 for both | \$13.23 for all |
|--------------|----------------|-------------------------|------------------------|

DEPENDENT CHILD LIFE Monthly Premium*: Effective January 1, 2016 to December 31, 2018

| | | | |
|------------------------|---------------------------------|---------------------------------|-----------------------------------|
| The Standard Insurance | \$2,500 - \$3.83 for all | \$5,000 - \$7.15 for all | \$10,000 - \$13.83 for all |
|------------------------|---------------------------------|---------------------------------|-----------------------------------|

RETIREE/SPOUSE SUPPLEMENTAL LIFE Monthly Premium*: Effective January 1, 2016 to December 31, 2018

| The Standard | \$2,000 | \$4,000 | \$6,000 | \$8,000 | \$10,000 | \$15,000** | \$20,000** | \$40,000** | \$46,000** | \$60,000** |
|-----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-----------------|-----------------|-----------------|
| Age 35-39 | \$ 0.68 | \$ 0.86 | \$ 1.05 | \$ 1.23 | \$ 1.41 | \$ 1.87 | \$ 2.32 | \$ 4.14 | \$ 4.69 | \$ 5.96 |
| Age 40-44 | \$ 0.79 | \$ 1.08 | \$ 1.38 | \$ 1.67 | \$ 1.96 | \$ 2.69 | \$ 3.42 | \$ 6.34 | \$ 7.22 | \$ 9.26 |
| Age 45-49 | \$ 1.03 | \$ 1.56 | \$ 2.08 | \$ 2.61 | \$ 3.14 | \$ 4.46 | \$ 5.78 | \$ 11.06 | \$ 12.64 | \$ 16.34 |
| Age 50-54 | \$ 1.36 | \$ 2.22 | \$ 3.07 | \$ 3.93 | \$ 4.79 | \$ 6.94 | \$ 9.08 | \$ 17.66 | \$ 20.23 | \$ 26.24 |
| Age 55-59 | \$ 1.92 | \$ 3.34 | \$ 4.77 | \$ 6.19 | \$ 7.61 | \$11.17 | \$14.72 | \$ 28.94 | \$ 33.21 | \$ 43.16 |
| Age 60-64 | \$ 2.23 | \$ 3.96 | \$ 5.70 | \$ 7.43 | \$ 9.16 | \$13.49 | \$17.82 | \$ 35.14 | \$ 40.34 | \$ 52.46 |
| Age 65-69 | \$ 4.05 | \$ 7.61 | \$11.16 | \$14.72 | \$18.27 | \$27.16 | \$36.04 | \$ 71.58 | \$ 82.24 | \$107.12 |
| Age 70 and over | \$ 5.95 | \$11.40 | \$16.85 | \$22.30 | \$27.75 | \$41.38 | \$55.00 | \$109.50 | \$125.85 | \$164.00 |

*This is optional coverage, and the entire cost of coverage is paid by you. Cost of insurance for all coverages paid by you may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. The life plan rates include a \$.50 administration fee.

**Evidence of Insurability Statement required to add or increase life insurance. The form can be found at http://www.standard.com/mybenefits/newmexico_rhca.