



NEW MEXICO
RETIREE
HEALTH CARE
AUTHORITY

2019 Summary of Benefits

Provider Contact List

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

Medical

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
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) UHC Group Numbers: Plan I-13651; Plan II-13650	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 BCBS Supplemental Medicare)

Express Scripts	Medicare: 1-800-551-1866 Non-Medicare: 1-800-501-0987	www.express-scripts.com
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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
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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/
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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 BLUE CROSS BLUE SHIELD(BCBS) NON-MEDICARE PLAN COMPARISON

EFFECTIVE: JANUARY 1, 2019

	Member Responsibility			BCBS Value HMO
	BCBS Premier PPO 3 Tier			
	Blue Preferred - Tier 1	Preferred - Tier 2	Out of Network - Tier 3	
Annual Deductible	\$500/Individual	\$800/Individual	\$1,500/Individual	\$1,500/Individual
Annual Out-of-Pocket Limit	\$3,000/Individual	\$4,500/Individual	\$6,000/Individual	\$5,500/Individual
Office Services <i>Office visit not subject to deductible</i>	Primary -\$20 Specialist - \$35	Primary -\$30 Specialist - \$45	Primary - 50% Specialist - 50%	Primary -\$35 Specialist - \$55
Preventive Services	Plan pays 100%	Plan pays 100%	50%	Plan pays 100%
Related testing (includes routine Pap test, mammograms, colonoscopy, physicals, etc.) & immunization (deductible waived)	Plan pays 100%	Plan pays 100%	50%	Plan pays 100%
Lab, X-Ray, and Pathology	Plan pays 100%	Plan pays 100%	50%	Plan pays 100%
Emergency Room	\$125	\$125	\$125	\$175
Emergency Physician and other Professional Provider Charges	10%	25%	50%	30%
Urgent Care Facility	\$35	\$35	50%	\$40
Ambulance Services	10%	25%	50%	30%
EKG	10%	25%	50%	30%
High-Tech Radiology (MRI, PET & CT) Office/Freestanding Radiology	\$100	\$100	50%	\$125
High-Tech Radiology (MRI, PET & CT) Outpatient Department of Hospital	10%	25%	50%	30%
Rehabilitation Outpatient Physical Therapy Services when used as alternative to surgery (Max of 4 copays per course of treatment)	\$30	\$30	50%	\$35
Rehabilitation Inpatient or Outpatient	10%	25%	50%	30%
Alternative (chiropractic, acupuncture, etc.)	10%	25%	50%	30%
Hospitalization - Inpatient	10%	25%	50%	30%
Surgery - Outpatient	10%	25%	50%	30%
All Other Covered Services (visit bcbsnm.com for full list)	10%	25%	50%	30%

NON-MEDICARE PRESCRIPTION DRUG PLAN ADMINISTERED BY EXPRESS SCRIPTS

<i>Copay (Retail)</i>	<i>Minimum</i>	<i>Maximum</i>
Generic	\$5	\$15
Preferred Brand	\$30	\$60
Non-Preferred Brand	\$50	\$125

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

<i>Copay (Mail Order or *Smart 90)</i>	<i>Minimum</i>	<i>Maximum</i>	*90 day refill supply can be filled through Mail Order or through a retail pharmacy in the Smart 90 network. Visit www.express-scripts.com or call Express Scripts at 1-800-501-0987 for locations.
Generic	\$12	\$35	
Preferred Brand	\$60	\$120	
Non-Preferred Brand	\$100	\$250	

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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Pre-Medicare plan members on specialty medications through Express Scripts' Accredo specialty pharmacy may receive copay assistance through the SaveOn Program. Members identified as taking specific medications that qualify for the SaveOn Program will be contacted directly by Save On SP to see if they would like to participate. By participating in the program, members will save money on their specialty prescriptions with this copay assistance program. To find out more about this specialty prescription drug benefit, please call Save On SP at 1-800-683-1074.

For more information visit our website at www.nmrhca.state.nm.us or call us at 1-800-233-2576.

NMRHCA PRESBYTERIAN HEALTH PLAN (PHP) NON-MEDICARE PLAN COMPARISON

EFFECTIVE: JANUARY 1, 2019

	Member Responsibility	
	PHP Premier PPO	PHP Value HMO
Annual Deductible	\$800/Individual	\$1,500/Individual
Annual Out-of-Pocket Limit	\$4,500/Individual	\$5,500/Individual
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%
*Outpatient Bundled Procedures (Bundled services: shoulder arthroscopy, knee arthroscopy, laparoscopic cholecystectomy, hernia)	\$500	\$650
All Other Covered Services (visit phs.org full list)	25%	30%

* Please contact Presbyterian Health Plan at 1-888-275-7737 for participating facilities.

NON-MEDICARE PRESCRIPTION DRUG PLAN ADMINISTERED BY EXPRESS SCRIPTS

<i>Copay (Retail)</i>	<i>Minimum</i>	<i>Maximum</i>
Generic	\$5	\$15
Preferred Brand	\$30	\$60
Non-Preferred Brand	\$50	\$125

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

<i>Copay (Mail Order or **Smart 90)</i>	<i>Minimum</i>	<i>Maximum</i>	**90 day refill supply can be filled through Mail Order or through a retail pharmacy in the Smart 90 network. Visit www.express-scripts.com or call Express Scripts at 1-800-501-0987 for locations.
Generic	\$12	\$35	
Preferred Brand	\$60	\$120	
Non-Preferred Brand	\$100	\$250	

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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Pre-Medicare plan members on specialty medications through Express Scripts' Accredo specialty pharmacy may receive copay assistance through the SaveOn Program. Members identified as taking specific medications that qualify for the SaveOn Program will be contacted directly by Save On SP to see if they would like to participate. By participating in the program, members will save money on their specialty prescriptions with this copay assistance program. To find out more about this specialty prescription drug benefit, please call Save On SP at 1-800-683-1074.

For more information visit our website at www.nmrhca.state.nm.us or call us at 1-800-233-2576.

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 (2019 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									
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, uhcretiree.com, our.humana.com/nmrhca/ for full list)

Retail Pharmacy - 31-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	\$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.

NMRHCA 2019 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	Not Covered			
Complex Oral Surgery (covered on Comprehensive Plan only)				
Surgical Periodontics (covered on Comprehensive Plan only)	80%	25% of Allowed Amount		
Repair to Onlays, Crowns, Dentures and Bridgework				
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 (three per calendar year and one 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 teeeth 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 2019 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, 2019 - December 31, 2019 (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	\$695.36	\$666.38	\$637.41	\$608.44	\$579.46	\$550.49	\$521.52	\$492.55	\$463.57	\$434.60	\$405.63	\$376.65	\$347.68	\$318.71	\$289.73	\$260.76
Spouse Rate	\$755.92	\$738.52	\$721.12	\$703.72	\$686.32	\$668.92	\$651.52	\$634.12	\$616.72	\$599.32	\$581.92	\$564.52	\$547.12	\$529.72	\$512.32	\$494.92
Child Rate	\$253.11	\$253.11	\$253.11	\$253.11	\$253.11	\$253.11	\$253.11	\$253.11	\$253.11	\$253.11	\$253.11	\$253.11	\$253.11	\$253.11	\$253.11	\$253.11
Value HMO (BCBS or Presbyterian)																
Retiree Rate	\$543.18	\$520.55	\$497.91	\$475.28	\$452.65	\$430.02	\$407.38	\$384.75	\$362.12	\$339.49	\$316.85	\$294.22	\$271.59	\$248.96	\$226.32	\$203.69
Spouse Rate	\$590.44	\$576.85	\$563.26	\$549.67	\$536.08	\$522.49	\$508.90	\$495.31	\$481.71	\$468.12	\$454.53	\$440.94	\$427.35	\$413.76	\$400.17	\$386.58
Child Rate	\$197.37	\$197.37	\$197.37	\$197.37	\$197.37	\$197.37	\$197.37	\$197.37	\$197.37	\$197.37	\$197.37	\$197.37	\$197.37	\$197.37	\$197.37	\$197.37
MEDICARE MEDICAL																
BCBS Medicare Supplemental Plan																
Retiree Rate	\$410.67	\$397.43	\$384.18	\$370.93	\$357.68	\$344.44	\$331.19	\$317.94	\$304.69	\$291.45	\$278.20	\$264.95	\$251.70	\$238.46	\$225.21	\$211.96
Spouse Rate	\$417.30	\$410.67	\$404.05	\$397.43	\$390.80	\$384.18	\$377.55	\$370.93	\$364.31	\$357.68	\$351.06	\$344.44	\$337.81	\$331.19	\$324.56	\$317.94
Child Rate	\$423.92	\$423.92	\$423.92	\$423.92	\$423.92	\$423.92	\$423.92	\$423.92	\$423.92	\$423.92	\$423.92	\$423.92	\$423.92	\$423.92	\$423.92	\$423.92
BCBS Medicare Advantage I																
Retiree Rate	\$128.07	\$123.94	\$119.81	\$115.68	\$111.54	\$107.41	\$103.28	\$99.15	\$95.02	\$90.89	\$86.76	\$82.63	\$78.49	\$74.36	\$70.23	\$66.10
Spouse Rate	\$130.13	\$128.07	\$126.00	\$123.94	\$121.87	\$119.81	\$117.74	\$115.68	\$113.61	\$111.54	\$109.48	\$107.41	\$105.35	\$103.28	\$101.22	\$99.15
Child Rate	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20	\$132.20
BCBS Medicare Advantage II																
Retiree Rate	\$42.92	\$41.53	\$40.15	\$38.76	\$37.38	\$35.99	\$34.61	\$33.23	\$31.84	\$30.46	\$29.07	\$27.69	\$26.30	\$24.92	\$23.53	\$22.15
Spouse Rate	\$43.61	\$42.92	\$42.22	\$41.53	\$40.84	\$40.15	\$39.45	\$38.76	\$38.07	\$37.38	\$36.68	\$35.99	\$35.30	\$34.61	\$33.91	\$33.22
Child Rate	\$44.30	\$44.30	\$44.30	\$44.30	\$44.30	\$44.30	\$44.30	\$44.30	\$44.30	\$44.30	\$44.30	\$44.30	\$44.30	\$44.30	\$44.30	\$44.30
Humana Medicare Advantage I																
Retiree Rate	\$129.47	\$125.30	\$121.12	\$116.94	\$112.77	\$108.59	\$104.41	\$100.24	\$96.06	\$91.88	\$87.70	\$83.53	\$79.35	\$75.17	\$71.00	\$66.82
Spouse Rate	\$131.56	\$129.47	\$127.39	\$125.30	\$123.21	\$121.12	\$119.03	\$116.95	\$114.86	\$112.77	\$110.68	\$108.59	\$106.50	\$104.42	\$102.33	\$100.24
Child Rate	\$133.65	\$133.65	\$133.65	\$133.65	\$133.65	\$133.65	\$133.65	\$133.65	\$133.65	\$133.65	\$133.65	\$133.65	\$133.65	\$133.65	\$133.65	\$133.65
Humana Medicare Advantage II																
Retiree Rate	\$66.02	\$63.89	\$61.76	\$59.63	\$57.50	\$55.37	\$53.24	\$51.11	\$48.98	\$46.85	\$44.72	\$42.59	\$40.46	\$38.33	\$36.20	\$34.07
Spouse Rate	\$67.09	\$66.02	\$64.96	\$63.89	\$62.83	\$61.76	\$60.70	\$59.63	\$58.57	\$57.50	\$56.44	\$55.37	\$54.31	\$53.24	\$52.18	\$51.11
Child Rate	\$68.15	\$68.15	\$68.15	\$68.15	\$68.15	\$68.15	\$68.15	\$68.15	\$68.15	\$68.15	\$68.15	\$68.15	\$68.15	\$68.15	\$68.15	\$68.15
Presbyterian Medicare Advantage I																
Retiree Rate	\$183.09	\$177.19	\$171.28	\$165.38	\$159.47	\$153.56	\$147.66	\$141.75	\$135.84	\$129.94	\$124.03	\$118.13	\$112.22	\$106.31	\$100.41	\$94.50
Spouse Rate	\$186.05	\$183.09	\$180.14	\$177.19	\$174.23	\$171.28	\$168.33	\$165.38	\$162.42	\$159.47	\$156.52	\$153.56	\$150.61	\$147.66	\$144.70	\$141.75
Child Rate	\$189.00	\$189.00	\$189.00	\$189.00	\$189.00	\$189.00	\$189.00	\$189.00	\$189.00	\$189.00	\$189.00	\$189.00	\$189.00	\$189.00	\$189.00	\$189.00
Presbyterian Medicare Advantage II																
Retiree Rate	\$137.56	\$133.13	\$128.69	\$124.25	\$119.81	\$115.38	\$110.94	\$106.50	\$102.06	\$97.63	\$93.19	\$88.75	\$84.31	\$79.88	\$75.44	\$71.00
Spouse Rate	\$139.78	\$137.56	\$135.34	\$133.13	\$130.91	\$128.69	\$126.47	\$124.25	\$122.03	\$119.81	\$117.59	\$115.38	\$113.16	\$110.94	\$108.72	\$106.50
Child Rate	\$142.00	\$142.00	\$142.00	\$142.00	\$142.00	\$142.00	\$142.00	\$142.00	\$142.00	\$142.00	\$142.00	\$142.00	\$142.00	\$142.00	\$142.00	\$142.00
United Healthcare Medicare Advantage I																
Retiree Rate	\$183.45	\$177.53	\$171.62	\$165.70	\$159.78	\$153.86	\$147.94	\$142.03	\$136.11	\$130.19	\$124.27	\$118.35	\$112.43	\$106.52	\$100.60	\$94.68
Spouse Rate	\$186.41	\$183.45	\$180.49	\$177.54	\$174.58	\$171.62	\$168.66	\$165.70	\$162.74	\$159.78	\$156.82	\$153.87	\$150.91	\$147.95	\$144.99	\$142.03
Child Rate	\$189.37	\$189.37	\$189.37	\$189.37	\$189.37	\$189.37	\$189.37	\$189.37	\$189.37	\$189.37	\$189.37	\$189.37	\$189.37	\$189.37	\$189.37	\$189.37
United Healthcare Medicare Advantage II																
Retiree Rate	\$96.21	\$93.10	\$90.00	\$86.90	\$83.79	\$80.69	\$77.58	\$74.48	\$71.38	\$68.27	\$65.17	\$62.07	\$58.96	\$55.86	\$52.75	\$49.65
Spouse Rate	\$97.76	\$96.21	\$94.65	\$93.10	\$91.55	\$90.00	\$88.45	\$86.90	\$85.34	\$83.79	\$82.24	\$80.69	\$79.14	\$77.58	\$76.03	\$74.48
Child Rate	\$99.31	\$99.31	\$99.31	\$99.31	\$99.31	\$99.31	\$99.31	\$99.31	\$99.31	\$99.31	\$99.31	\$99.31	\$99.31	\$99.31	\$99.31	\$99.31

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, 2019 to December 31, 2019

	SINGLE	TWO-PARTY	FAMILY
Delta Dental Basic	\$19.23	\$36.07 for both	\$ 60.42 for all
Delta Dental Comprehensive	\$42.93	\$81.58 for both	\$131.69 for all
United Concordia Basic	\$17.78	\$33.78 for both	\$ 50.67 for all
United Concordia Comprehensive	\$36.28	\$68.93 for both	\$103.36 for all

VISION PLAN Monthly Premium*: Effective January 1, 2017 to June 30, 2019

Davis Vision	\$ 4.76	\$ 8.98 for both	\$13.23 for all
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DEPENDENT CHILD LIFE Monthly Premium*: Effective January 1, 2016 to December 31, 2019

The Standard Insurance	\$2,500 - \$3.83 for all	\$5,000 - \$7.15 for all	\$10,000 - \$13.83 for all
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RETIREE/SPOUSE SUPPLEMENTAL LIFE Monthly Premium*: Effective January 1, 2016 to December 31, 2019

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 Change for Additional Life Insurance form can be found at <http://www.nmrhca.org/forms.aspx/>.