

## NMRHCA MEDICARE PLAN COMPARISON

Effective: January 1, 2020

	BCBSNM MEDICARE SUPPLEMENT	BCBS Medicare Advantage Plan I	Presbyterian Medicare Advantage Plan I	UnitedHealthcare Medicare Advantage Plan I	Humana Medicare Advantage Plan I	BCBS Medicare Advantage Plan II	Presbyterian Medicare Advantage Plan II	UnitedHealthcare Medicare Advantage Plan II	Humana Medicare Advantage Plan II
<b>BENEFIT Highlights</b>	<b>Part B Annual Deductible: \$198.00 (2020)</b>	<b>Annual Out of Pocket Limit: \$5000</b>	<b>Annual Out of Pocket Limit: \$2500</b>	<b>Annual Out of Pocket Limit: \$2500</b>	<b>Annual Out of Pocket Limit: \$4000</b>	<b>Annual Out of Pocket Limit: \$6700</b>	<b>Annual Out of Pocket Limit: \$3000</b>	<b>Annual Out of Pocket Limit: \$2800</b>	<b>Annual Out of Pocket Limit: \$1500</b>
<b>Office Visit</b>									
<b>Primary Care</b>	\$0	\$10	\$10	\$5	\$10	\$10	\$10	\$5	\$5
<b>Specialty care</b>	\$0	\$35	\$30	\$25	\$30	\$40	\$40	\$25	\$30
<b>Preventive services</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Hospital Services</b>	\$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
<b>Surgery - hospital outpatient</b>	\$0	\$200	\$125	\$100	\$200	\$350	\$275	\$100	\$100
<b>Emergency Services</b>									
<b>Emergency room visit</b>	\$0	\$65	\$65	\$50	\$50	\$65	\$75	\$50	\$65
<b>Urgent care center</b>	\$0	\$40	\$10	\$20	\$20	\$50	\$10	\$20	\$10
<b>Diabetic Supplies</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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

Retail Pharmacy - 31-day						\$310 Deductible			
Preferred Generic	\$5 - \$15	\$0 - \$5	\$0	\$15	\$4	\$0 - \$5	\$0	\$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								
<b>Mail Order - 90 day</b>	<b>*** Smart 90</b>								
Preferred Generic	\$12 - \$35	\$15	\$0	\$30	\$0	\$15	\$0	\$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	No	Yes**	Yes**	Yes**

Catastrophic Level Coverage Changes: After your out-of-pocket drug costs reach \$6,350 for the year, then you pay the greater of: \$3.60 for formulary generic or a formulary brand drug and \$8.95 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](http://www.express-scripts.com) or call Express Scripts at 1-800-551-1866 for locations.**