

NMRHCA MEDICARE PLAN COMPARISON

Effective: January 1, 2022

	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
BENEFIT Highlights	Part B Annual Deductible: \$203.00 2022 Part B deductible (to be determined)	Annual Out of Pocket Limit: \$3000	Annual Out of Pocket Limit: \$2500	Annual Out of Pocket Limit: \$2500	Annual Out of Pocket Limit: \$3500	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	\$5	\$10	\$10	\$5	\$2
Specialty care	\$0	\$30	\$30	\$25	\$30	\$40	\$40	\$25	\$25
Preventive services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital Services	\$0	\$125 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	\$200 per admission
Surgery - hospital outpatient	\$0	\$175	\$125	\$100	\$150	\$300	\$275	\$100	\$125
Emergency Services									
Emergency room visit	\$0	\$65	\$65	\$50	\$50	\$90	\$75	\$50	\$65
Urgent care center	\$0	\$25	\$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/nmrhca, our.humana.com/nmrhca/ for full list)

Retail Pharmacy - 31-day

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	\$20
Non-Preferred Brand		\$90 - \$95	\$95	\$70	\$90	\$90 - \$95	\$95	\$35	\$90
Specialty Drug		33 %	33% up to \$100	\$70	25 %	25 %	27 %	\$35	\$125
Non-Formulary	\$50 - \$125								

Mail Order - 90 day

Preferred Generic	\$12 - \$35	\$0 - \$15	\$0	\$30	\$0	\$0 - \$15	\$0	\$20	\$0
Non-Preferred Generic		\$15 - \$30	\$20	\$140	\$0	\$21 - \$36	\$20	\$70	\$0
Preferred Brand	\$60 - \$120	\$120 - \$135	\$112.50	\$70	\$80	\$120 - \$135	\$112.50	\$40	\$40
Non-Preferred Brand		\$270 - \$285	\$285	\$140	\$180	\$270 - \$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 \$7,050 for the year, then you pay the greater of: \$3.95 for generics and \$9.85 for brand name 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.).