



**Blue Cross Group Medicare Advantage (HMO)<sup>SM</sup>**

Effective 1/1/2023 - 12/31/2023	Plan I	Plan II
<b>Annual Deductible</b>	In-network: This plan does not have a deductible.	In-network: This plan does not have a deductible.
<b>Out-of-Pocket Maximum</b> (includes the Annual Deductible)	In-network: \$3,000	In-network: \$6,700
<b>Inpatient Hospital Care</b>	\$1,250 out-of-pocket limit each year \$125/day (days 1-5) \$0/day (days 6+)	\$500 copay
<b>Emergency Care</b>	\$65 copay	\$90 copay
<b>Ambulance Services</b>	\$100 copay	\$200 copay
<b>Primary Care Office Visit</b>	In-network: \$10 copay	In-network: \$10 copay
<b>Specialist Office Visit</b>	In-network: \$30 copay	In-network: \$40 copay
<b>Vision Services - Routine Eye Exam</b>	\$10 copay	
<b>Vision Services - Eyewear</b>	\$150 contact lens allowance Combined in-network and out-of-network allowance on eyewear every year (\$0 copay/standard eyeglass lenses)	
<b>Hearing Services - Routine Hearing Exam</b>	\$30 copay	
<b>Hearing Services - Hearing Aids</b>	\$300 allowance Combined in-network and out-of-network allowance on hearing aids every year	
<b>Routine Chiropractic Service</b>	\$20 copay (for up to 36 supplemental routine chiropractic visit(s) every year)	
<b>Routine Acupuncture</b>	\$15 copay (for 20 visits, acupuncture and other alternative therapies every year)	
<b>Fitness Program</b>	SilverSneakers <sup>SM</sup>	
<b>Rewards Program</b>	\$25 worth of gift cards up to 4 times per year	

For more information, call **1-833-314-3002 TTY 711.**

We are open September 1 – January 31: Daily, 8:00 a.m. to 9:00 p.m. CT

February 1 – August 31: Monday through Friday, 8:00 a.m. to 8:00 p.m. local time.

Alternate technologies (for example, voicemail) will be used on weekends and holidays.

**Turn over for prescription drug benefits** →



**Prescription Drug Benefits**

		<b>Plan I</b>	<b>Plan II</b>
<b>Annual Deductible</b>		\$0	\$0
<b>Initial Coverage Period Copays</b> Annual drug costs up to \$4,660 (30-day supply is shown)	<b>Tier</b>	<b>Preferred Pharmacy / Standard Pharmacy</b>	<b>Preferred Pharmacy / Standard Pharmacy</b>
	1	\$0 / \$5	\$0 / \$5
	2	\$5 / \$10	\$7 / \$12
	3	\$40 / \$45	\$40 / \$45
	4	\$90 / \$95	\$90 / \$95
	5	33%	25%
<b>Gap Coverage</b> Annual drug costs exceeding \$4,660 (up to a total of \$7,400 out-of-pocket costs)	<b>Tier</b>	<b>Preferred Pharmacy / Standard Pharmacy</b>	<b>Preferred Pharmacy / Standard Pharmacy</b>
	1	\$0 / \$5	\$0 / \$5
	2	\$5 / \$10	\$7 / \$12
	3	\$40 / \$45	\$40 / \$45
	4	\$90 / \$95	\$90 / \$95
	5	15%	15%
<b>After the Gap Copays</b> After your total out-of-pocket costs exceed \$7,400		Member pays whichever is greater: <ul style="list-style-type: none"> <li>• 5% of the total cost, or</li> <li>• \$4.15 copay for generic (including brand drugs treated as generic) and \$10.35 copay for all other drugs</li> </ul>	
<b>Preferred Pharmacy Networks</b>		Albertsons, Kroger (Smith's), Walgreens, Walmart	
<b>Tier 1</b> — Preferred Generic Drugs <b>Tier 2</b> — Generic Drugs <b>Tier 3</b> — Preferred Brand		<b>Tier 4</b> — Non-Preferred Brand Name Drugs <b>Tier 5</b> — Specialty Drugs	

The Healthy Activity Portal is a website owned and operated by HealthMine, Inc., an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide digital health and personal clinical engagement tools and services for members with coverage through BCBSNM. Registration is required to participate. Visit [www.BlueRewardsNM.com](http://www.BlueRewardsNM.com) to register and see what Healthy Actions earn rewards. Maximum annual rewards of \$100 in gift cards. One reward per Healthy Action per year. Healthy Action dates of service must be in the current plan year. Healthy Actions that earn rewards are subject to change.

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This information is not a complete description of benefits.

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