

# NMRHCA Background

The New Mexico Retiree Health Care Authority fosters quality of life and peace of mind by responsibly administering affordable, secure health care benefits for public retirees and their families.

#### Established July 1990

- 1. Retiree Health Care Act
- 2. First full benefits paid to 16k members in Jan '91
- 3. Board of directors has authority to set plan parameters
- Legislature has authority over employer/employee contributions
- 5. Current solvency 2052

#### Purpose & Composition

- Provide comprehensive health insurance for those who've retired from public service in NM
- 2. Active employees = 92k
- 3. Participants = 65k
- 4. 50% schools, 25% State agencies, 25% local govt

#### **Budget & Finances**

- 1. \$406M Operating budget
- 2. \$402M to Healthcare benefits
- 3. \$4.1 M to program support (28 FTE)
- 4. Revenue Sources
  - a. Employee/employer contributions
  - b. Retiree monthly premiums
  - c. Tax suspension fund distributions
  - d. Miscellaneous
  - e. Interest earnings



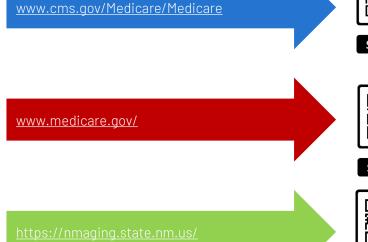
Details can be found @ www.nmrhca.org



# **Medicare Administration**

# Center for Medicare & Medicaid Services (CMS)

- Provides guidelines for all Medicare services
- CMS is primary payer for all services
- NMRHCA is secondary payer for all services





### Eligibility

- Age 65
- Disability
- End stage renal disease

### **Enrollment**

- If drawing SS, CMS enrolls you and sends card
- If not drawing SS, apply
  - CMS sends enrollment packet about 90 days before 65<sup>th</sup> BDay
  - You must enroll in A & B
- NMRHCA sends packet about 60 days before 65<sup>th</sup> Bday
- 30 Day Deadline!



# The Parts of Medicare



#### Part A

- Provided by Medicare
- Covers hospitalization
- Worked 40+ quarters, no premium
- ► Worked 30-39 quarters premium is \$285/month
- ► Worked < 30 quarters premium is \$518/month
- Medicare covers 80%, you pay 20% of Medicare approved amount

#### 2025 Part A Costs of Hospitalization

\$1676 deductible for each benefit period								
Days of Hospitalization	Co-Insurance							
1-60	\$0 per day							
61-90	\$419 per day							
91+	\$838 per day							
Beyond lifetime reserve days	You Pay All Costs							

NMRHCA plans help cover these costs Refer to summary of benefits for details



# The Parts of Medicare



#### Part B

- Provided by Medicare
- Covers outpatient medical services like Dr. visits
- 2025 Annual deductible of \$257
- Has monthly premium based on income
- Medicare covers 80%, you pay 20% of Medicare approved amount



NMRHCA plans help cover these costs Refer to summary of benefits for details

#### 2025 Part B Premiums Based on Income

Individual Tax Filer AGI	Joint Tax Filer AGI	Pay Per Month				
<=\$106k	<=\$212k	\$185.00				
\$106+ - \$133k	\$212+ - \$266k	\$259.00				
\$133+ - \$167k	\$266+ - \$334k	\$370.00				
\$167+ - \$200k	\$334+ - \$400k	\$480.90				
\$200+ - \$500k	\$400+ - \$750k	\$591.90				
\$500k+	\$750k+	\$628.90				



# The Parts of Medicare



#### Part D

Rx Drug Coverage

Plan Rx by:

BCBS Supplemental Express Scripts

BCBS Advantage Prime

Pres Advantage Capital

UH Advantage Optum

Humana Advantage CenterWell Rx

All NMRHCA plans include Rx



### Part G

- ► Medicare Supplement
- Pays remaining 20% after parts A & B pays 80%





### Parts A+B+D=C



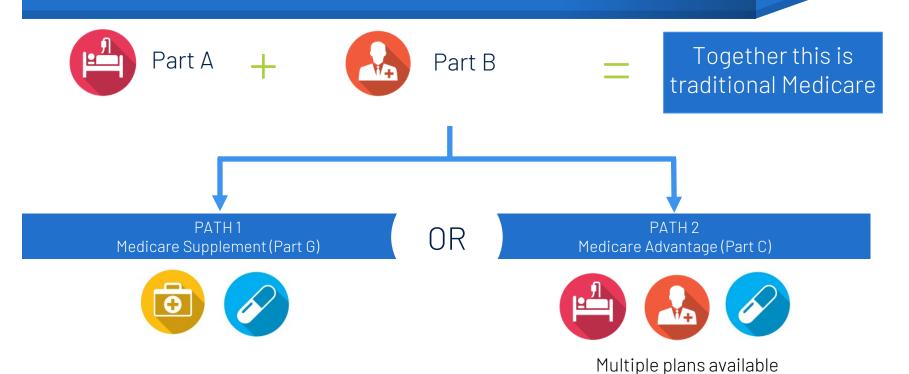
- Medicare Advantage Plans
- ► HMO or PPO
- All NMRHCA MA plans offer RX



NMRHCA Medicare Advantage plans



# **Medicare Plan Pathways**





# Path 1 - Medicare Supplement (Part G)

# BCBS Medicare Supplement

- National go to any provider in the US that accepts Medicare without referral
- ▶ \$245.61 monthly premium
- ► After \$257 Part B deductible met no co-pays
- ► Includes Rx

\*Amounts shown are based on max subsidy received 20 years if retired prior to 7/31/21 or 25 years if retired on or after 7/31/21 unless enhanced (fire, police, corrections, judges)



# Path 2 - Medicare Advantage (Part C)

### **BCBS**



- MA HMO

  - Statewide
- MA PPO
  - \$22.50\*
  - Nationwide

# Presbyterian 🕸

- MA HMO-POS
  - \$99.74\*
  - Statewide

# United HC ∭



- MA PPO
  - \$70.50\*
  - Nationwide

### Humana



- MA PPO
  - ► \$36.61\*
  - Nationwide

#### **ALL INCLUDE RX**

\*Amounts shown are based on max subsidy received 20 years if retired prior to 7/31/21 or 25 years if retired on or after 7/31/21 unless enhanced (fire, police, corrections, judges)

### Medicare Supplement & Advantage Plans Comparisons

Effective January 1, 2025	Supplement PPO Nationwide		BCBS Medicare Advantage PPO Nationwide	Humana Medicare Advantage PPO Nationwide	UnitedHealthcare Medicare Advantage PPO Nationwide	Presbyterian Medicare Advantage HMO-POS Statewide	
Retiree Rate with Max Years of Service*	\$245.61*	\$0*	\$22.50*	\$36.61*	\$70.50*	\$99.74*	
BENEFIT Highlights	Part B Annual Deductible for 2025: \$257	Annual Out of Pocket Limit: \$3000	Annual Out of Pocket Limit: \$2,500	Annual Out of Pocket Limit: \$2,000	Annual Out of Pocket Limit: \$2500	Annual Out of Pocket Limit: \$3000	
Office Visit							
Primary Care	\$0	\$10	\$5	\$5	\$5	\$5	
Specialty care	\$0	\$30	\$25	\$30	\$25	\$30	
Preventive services	\$0	\$0	\$0	\$0	\$0	\$0	
Hospital Services	\$0	\$125 per day Days 1-5	\$250 copay per stay	\$150 per day Days 1-5	\$250 per admission	\$150 per day Days 1-5	
Surgery - hospital outpatient	\$0	\$175	\$100	\$150	\$100	\$200	
Emergency room	\$0	\$65	\$50	\$50	\$50	\$125	
Urgent care center	\$0	\$25	\$20	\$20	\$20	\$10	
Diabetic Supplies	\$0	\$0	\$0	\$0	\$0	\$0	
Retail Pharmacy - 31-day	Express Scripts	Prime Rx	Prime Rx	CenterWell Rx	Optum Rx	Capital Rx	
Preferred Generic	\$5-\$15	\$0 - \$5	\$15	\$4	\$15	\$0	
Non-Preferred Generic	φυ-φ10	\$5 - \$10	\$15	\$4	\$70	\$10	
Preferred Brand	\$30 - \$60	\$40 - \$45	\$35	\$40	\$35	\$45	
Non-Preferred Brand	\$50-\$125	\$90 - \$95	\$70	\$90	\$70	\$100	
Non-Formulary Brand	ψ50-ψ125						
Specialty Drug		33%	\$70	25% up to \$125	\$70	33%	
Mail Order - 90 day***							
Preferred Generic	\$12 - \$35***	\$0 - \$15	\$30	\$0	\$30	\$0	
Non-Preferred Generic	φ12 - φ30	\$15 - \$30	\$30	\$0	\$140	\$20	
Preferred Brand	\$60 - \$120***	\$120 - \$135	\$70	\$80	\$70	\$112.50	
Non-Preferred Brand	\$100 - \$250***	\$270 - \$285	\$140	\$180	\$140	\$300	
Non – Formulary Brand	φ100 - φ200						

<sup>\*</sup>Rate for a retiree assuming maximum years of service. For all rates including rates for less than maximum years of service, spouses, and children, see the NMRHCA official rate tables.

Visit www.express-scripts.com or call Express Scripts at 1-800-551-1866 for more information.

<sup>\*\*\*</sup>Long-term medications can be filled for a 90-day supply at participating pharmacies or through home delivery from Express Scripts Pharmacy.

#### 5 12 13 14 15 16 17 18 20 22 24 Years of Service 9 10 11 19 21 23 25± NON-MEDICARE MEDICAL Premier PPO (BCBS or Presbyterian) Retiree Rate \$931.54 \$902.26 \$872.97 \$843.69 \$814.41 \$785.13 \$755.85 \$726.56 \$697.28 \$668.00 \$638.72 \$609.44 \$580.16 \$550.87 \$521.59 \$492.31 \$463.03 \$433.75 \$404.46 \$375.18 \$345.90 \$920.29 \$885.12 Spouse Rate \$1,008.21 \$990.63 \$973.04 \$955.46 \$937.87 \$902.70 \$867.53 \$849.95 \$832.36 \$814.78 \$797.19 \$779.61 \$762.02 \$744.44 \$726.85 \$709.27 \$691.68 \$674.10 \$656.51 Child Rate \$339.03 Value HMO (BCBS or Presbyterian Retiree Rate \$727.67 \$704.79 \$681.92 \$659.04 \$636.17 \$613.30 \$590.42 \$567.55 \$544.68 \$521.80 \$498.93 \$476.05 \$453.18 \$430.31 \$407.43 \$384.56 \$361.69 \$338.81 \$315.94 \$293.06 \$270.19 Spouse Rate \$787.51 \$773.78 \$760.04 \$746.31 \$732.57 \$718.84 \$705.10 \$691.36 \$677.63 \$663.89 \$650.16 \$636.42 \$622.69 \$608.95 \$595.21 \$581.48 \$567.74 \$554.01 \$540.27 \$526.54 \$512.80 Child Rate \$264.38 MEDICARE MEDICAL **BCBS Medicare Supplemental Plan** Retiree Rate \$444.45 \$479.53 \$467.84 \$456.14 \$432.75 \$421.05 \$409.36 \$397.66 \$385.96 \$374.27 \$362.57 \$350.88 \$339.18 \$327.48 \$315.79 \$304.09 \$292.39 \$280.70 \$269.00 \$257.31 \$245.61 Spouse Rate \$485.38 \$479.53 \$473.69 \$467.84 \$461.99 \$456.14 \$450.29 \$444.45 \$438.60 \$432.75 \$426.90 \$421.05 \$415.20 \$409.36 \$403.51 \$397.66 \$391.81 \$385.96 \$380.12 \$374.27 \$368.42 Child Rate \$491.23 **BCBS Medicare Advantage HMO** Retiree Rate \$0.00 Spouse Rate \$0.00 Child Rate \$0.00 **BCBS Medicare Advantage PPO** Retiree Rate \$43.93 \$42.86 \$41.79 \$40.71 \$39.64 \$38.57 \$37.50 \$36.43 \$35.36 \$34.29 \$33,21 \$32.14 \$31.07 \$30.00 \$28.93 \$27.86 \$26.79 \$25.71 \$24.64 \$23.57 \$22.50 Spouse Rate \$42.86 \$39.64 \$35.36 \$34.29 \$44.46 \$43.93 \$43.39 \$42.32 \$41.79 \$41.25 \$40.71 \$40.18 \$39.11 \$38.57 \$38.04 \$37.50 \$36.96 \$36.43 \$35.89 \$34.82 \$33.75 Child Rate \$45.00 Humana Medicare Advantage PPO

\$66.25

\$69.74

\$73.23

\$180.49

\$189.99

\$199.49

\$127.57

\$134.29

\$141.00

\$68.00

\$70.61

\$73.23

\$185.24

\$192.37

\$199.49

\$130.93

\$135.96

Retiree Rate

Spouse Rate

Presbyterian Medicare Advantage PPO Retiree Rate

Child Rate

Spouse Rate

Spouse Rate

United Healthcare Medicare Advantage PPO Retiree Rate

Child Rate

\$71.49

\$72.36

\$73.23

\$194.74

\$197.12

\$199.49

\$137.64

\$139.32

\$69.74

\$71.49

\$73.23

\$189.99

\$194.74

\$199.49

\$134.29

\$137.64

\$141.00

\$64.51

\$68.87

\$73.23

\$175.74

\$187.62

\$199.49

\$124.21

\$132.61

\$141.00

\$62.77

\$68.00

\$73.23

\$170.99

\$185.24

\$199.49

\$120.86

\$130.93

\$141.00

\$61.02

\$67.13

\$73.23

\$166.24

\$182.87

\$199.49

\$117.50

\$129.25

\$141.00

\$59.28

\$66.25

\$73.23

\$161.49

\$180.49

\$199.49

\$114,14

\$127.57

\$141.00

\$57.54

\$65.38

\$73.23

\$156.74

\$178.12

\$199.49

\$110.79

\$125.89

\$141.00

\$55.79

\$64.51

\$73.23

\$151.99

\$175.74

\$199.49

\$107.43

\$124.21

\$141.00

\$54.05

\$63.64

\$73.23

\$147.24

\$173.37

\$199.49

\$104.07

\$122.54

\$141.00

\$52.30

\$62.77

\$73.23

\$142.49

\$170.99

\$199.49

\$100.71

\$120.86

\$141.00

\$50.56

\$61.90

\$73.23

\$137.74

\$168.62

\$199.49

\$97.36

\$119.18

\$141.00

\$48.82

\$61.02

\$73.23

\$132.99

\$166.24

\$199.49

\$94.00

\$117.50

\$141.00

\$47.07

\$60.15

\$73.23

\$128.24

\$163.87

\$199.49

\$90.64

\$115.82

\$141.00

\$45.33

\$59.28

\$73.23

\$123.49

\$161.49

\$199.49

\$87.29

\$114.14

\$141.00

\$43.59

\$58.41

\$73.23

\$118.74

\$159.12

\$199.49

\$83.93

\$112.46

\$141.00

\$41.84

\$57.54

\$73.23

\$113.99

\$156.74

\$199.49

\$80.57

\$110.79

\$141.00

\$40.10

\$56.66

\$73.23

\$109.24

\$154.37

\$199.49

\$77.21

\$109.11

\$141.00

\$38.35

\$55.79

\$73.23

\$104.49

\$151.99

\$199.49

\$73.86

\$107.43

\$141.00

\$36.61

\$54.92

\$73.23

\$99.74

\$149.62

\$199.49

\$70.50

\$105.75

\$141.00 Revised: August 2024

NMRHCA Age 55+ with Retirement Date on July 31, 2021 or After (Subsidy Level B) Medical Plan Monthly Premium Contributions for January 1, 2025 - December 31, 2025

NMRHCA Enhanced Public S	atety or Ju	ly 1, 2001	- June 30,	2021 Retii	rement Da	ite* (Subsi	dy Level A	) Medical	Plan Mont	hly Premi	um Contril	outions fo	r January 1	l, 2025 - D	ecember 3	31, 2025
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	\$922.39	\$883.96	\$845.52	\$807.09	\$768.66	\$730.23	\$691.79	\$653.36	\$614.93	\$576.50	\$538.06	\$499.63	\$461.20	\$422.77	\$384.33	\$345.9
Spouse Rate	\$1,002.72	\$979.64	\$956.56	\$933.48	\$910.40	\$887.32	\$864.24	\$841.16	\$818.07	\$794.99	\$771.91	\$748.83	\$725.75	\$702.67	\$679.59	\$656.
Child Rate	\$339.03	\$339.03	\$339.03	\$339.03	\$339.03	\$339.03	\$339.03	\$339.03	\$339.03	\$339.03	\$339.03	\$339.03	\$339.03	\$339.03	\$339.03	\$339.0
/alue HMO (BCBS or Presbyterian)																
Retiree Rate	\$720.52	\$690.50	\$660.47	\$630.45	\$600.43	\$570.41	\$540.39	\$510.37	\$480.34	\$450.32	\$420.30	\$390.28	\$360.26	\$330.23	\$300.21	\$270.
Spouse Rate	\$783.22	\$765.19	\$747.17	\$729.14	\$711.11	\$693.08	\$675.05	\$657.03	\$639.00	\$620.97	\$602.94	\$584.91	\$566.88	\$548.86	\$530.83	\$512.
Child Rate	\$264.38	\$264.38	\$264.38	\$264.38	\$264.38	\$264.38	\$264.38	\$264.38	\$264.38	\$264.38	\$264.38	\$264.38	\$264.38	\$264.38	\$264.38	\$264.
MEDICARE MEDICAL																
CBS Medicare Supplem	nental Pla	in														
Retiree Rate	\$475.88	\$460.53	\$445.18	\$429.83	\$414.47	\$399.12	\$383.77	\$368.42	\$353.07	\$337.72	\$322.37	\$307.02	\$291.66	\$276.31	\$260.96	\$245.
Spouse Rate	\$483.55	\$475.88	\$468.20	\$460.53	\$452.85	\$445.18	\$437.50	\$429.83	\$422.15	\$414.47	\$406.80	\$399.12	\$391.45	\$383.77	\$376.10	\$368.
Child Rate	\$491.23	\$491.23	\$491.23	\$491.23	\$491.23	\$491.23	\$491.23	\$491.23	\$491.23	\$491.23	\$491.23	\$491.23	\$491.23	\$491.23	\$491.23	\$491.
CBS Medicare Advanta	ge HMO															
Retiree Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.
Spouse Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.
Child Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.
CBS Medicare Advanta	ge PPO															
Retiree Rate	\$43.59	\$42.19	\$40.78	\$39.38	\$37.97	\$36.56	\$35.16	\$33.75	\$32.34	\$30.94	\$29.53	\$28.13	\$26.72	\$25.31	\$23.91	\$22.
Spouse Rate	\$44.30	\$43.59	\$42.89	\$42.19	\$41.48	\$40.78	\$40.08	\$39.38	\$38.67	\$37.97	\$37.27	\$36.56	\$35.86	\$35.16	\$34.45	\$33.
Child Rate	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.0
Humana Medicare Adva	ntage PP	0														
Retiree Rate	\$70.94	\$68.65	\$66.36	\$64.08	\$61.79	\$59.50	\$57.21	\$54.92	\$52.63	\$50.34	\$48.05	\$45.77	\$43.48	\$41.19	\$38.90	\$36.
Spouse Rate	\$72.09	\$70.94	\$69.80	\$68.65	\$67.51	\$66.36	\$65.22	\$64.08	\$62.93	\$61.79	\$60.64	\$59.50	\$58.35	\$57.21	\$56.06	\$54.
Child Rate	\$73.23	\$73.23	\$73.23	\$73.23	\$73.23	\$73.23	\$73.23	\$73.23	\$73.23	\$73.23	\$73.23	\$73.23	\$73.23	\$73.23	\$73.23	\$73.
Presbyterian Medicare <i>i</i>	Advantag	e PPO														
Retiree Rate	\$193.26	\$187.02	\$180.79	\$174.55	\$168.32	\$162.08	\$155.85	\$149.62	\$143.38	\$137.15	\$130.91	\$124.68	\$118.44	\$112.21	\$105.97	\$99.
Spouse Rate	\$196.37	\$193.26	\$190.14	\$187.02	\$183.91	\$180.79	\$177.67	\$174.56	\$171.44	\$168.32	\$165.20	\$162.09	\$158.97	\$155.85	\$152.74	\$149.
Child Rate	\$199.49	\$199.49	\$199.49	\$199.49	\$199.49	\$199.49	\$199.49	\$199.49	\$199.49	\$199.49	\$199.49	\$199.49	\$199.49	\$199.49	\$199.49	\$199.
United Healthcare Medicare Advantage PPO																
Retiree Rate	\$136.59	\$132.19	\$127.78	\$123.38	\$118.97	\$114.56	\$110.16	\$105.75	\$101.34	\$96.94	\$92.53	\$88.13	\$83.72	\$79.31	\$74.91	\$70.
Spouse Rate	\$138.80	\$136.59	\$134.39	\$132.19	\$129.98	\$127.78	\$125.58	\$123.38	\$121.17	\$118.97	\$116.77	\$114.56	\$112.36	\$110.16	\$107.95	\$105.
Child Rate	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.00	\$141.

Revised: August 2024

\* This rate sheet also applies to disabled or duty-related disabled members

# Important Info

1 Switch Enrollment Every Year

Open Enrollment Odd Years (Jan '25, '27, '29)

3 Is your contact info with us current?

- Mailing Address
- Email Address
- Phone Number

# **Voluntary Benefits**



### Vision - Davis Vision

Exams, eyewear



### <u>Dental - Delta Dental</u>

Basic - basic services

Comprehensive Coverage – Comprehensive services and orhtodontics



#### <u>Life Insurance - The Standard</u>

Premiums vary by age band and coverage

Amounts up to \$60k available

Guaranteed issue upon enrollment - not guaranteed later

# **Voluntary Benefits**

Voluntary Coverage Premiums															
			DENTAL PLAN	Monthly Premi	um*: Effective J	anuary 1, 2025 - D	ecember 31, 2025	5							
				SINGLE			O-PARTY	FAMILY							
BCBS Dental Basic				\$19.98		\$37.	95 for both		\$ 56.93 for all						
BCBS Dental Compr	ehensive			\$38.46		\$73.	07 for both		\$109.56 for all						
Delta Dental Basic				\$24.04		\$45.	68 for both		\$ 68.51 <i>f</i>	or all					
Delta Dental Compr	ehensive			\$43.70		\$83.	05 for both		\$124.57 <i>f</i>	or all					
			VISION PLA	AN Monthly Pren	nium*: Effectiv	e January 1, 2025	- June 30, 2028								
Davis Vision				\$ 4.91		\$ 9.2	24 for both		\$13.61 for all						
			DEPENDENT	CHILD LIFE Mont	hly Premium*: E	ffective July 1, 201	19 - June 30, 2027								
The Standard				\$2,500		:	\$5,000		\$10,000						
Dependent Child Li	fe			\$4.13 for all		\$7.75 for all \$15.00 for all									
		RETIREE	/SPOUSE SUPPL	EMENTAL LIFE M	onthly Premium	*: Effective Septe	mber 1, 2023 - Ju	ne 30, 2027							
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	\$ 0.70	\$ 0.90	\$ 1.09	\$ 1.29	\$ 1.49	\$ 1.99	\$ 2.48	\$ 4.46	\$ 5.05	\$ 6.44					
Age 40-44	\$ 0.82	\$ 1.14	\$ 1.45	\$ 1.45 \$ 1.77 \$ 2.09			\$ 3.68	\$ 6.86	\$ 7.81	\$ 10.04					
Age 45-49	\$ 1.03	\$ 1.57	\$ 2.10 \$ 2.64 \$ 3.17			\$ 4.51	\$ 5.84	\$ 11.18	\$ 12.78	\$ 16.52					
Age 50-54	\$ 1.43	\$ 2.36	\$ 3.29	\$ 3.29 \$ 4.22 \$ 5.15		\$ 7.48	\$ 9.80	\$ 19.10	\$ 21.89	\$ 28.40					
Age 55-59	\$ 2.04	\$ 3.58	\$ 5.13	\$ 6.67	\$ 8.21	\$ 12.07	\$ 15.92	\$ 31.34	\$ 35.97	\$ 46.76					
Age 60-64	\$ 2.38	\$ 4.26	\$ 6.14	\$ 8.02	\$ 9.90	\$ 14.60	\$ 19.30	\$ 38.10	\$ 43.74	\$ 56.90					
Age 65-69	\$ 4.36	\$ 8.21	\$ 12.07	\$ 15.92	\$ 19.78	\$ 29.42	\$ 39.06	\$ 77.62	\$ 89.19	\$ 116.18					
Age 70 and over	\$ 6.41	\$ 12.32	\$ 18.24	\$ 24.15	\$ 30.06	\$ 44.84	\$ 59.62	2 \$ 118.74 \$ 136.48 \$ 177.86							

<sup>\*</sup>This is optional coverage, and the entire cost of coverage is paid by you. The cost of insurance for all coverage's 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.

<sup>\*\*</sup>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/.

# **Buyer Beware!**









- You can't be on more than 1 MA plan at a time (CMS)
- NMRHCA gets notified from CMS if you enroll in another plan
- We are required to drop you upon notification
- You must wait until open enrollment to come back to NMRHCA

## **NMRHCA Wellness**

The Most Effective Least Expensive Solution to Lowering Health Care Costs



- Good Measures
- Diabetes Prevention
- Better Bone Health
- Dinner with a Dietitian

- Monthly Podcasts
- Humana Neighborhood Centers
- Silver Sneakers

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