



NEW MEXICO
RETIREE
HEALTH CARE
AUTHORITY

A photograph of three retirees hiking in a desert landscape. An older man with a white beard and a green t-shirt is in the center, smiling. To his right, an older woman with short grey hair and a grey tank top is also smiling. In the foreground, a younger woman with dark hair tied back is looking up at them. They are all wearing backpacks. The background shows a desert with mountains and trees under a clear sky.

Medicare Eligibility and Enrollment Information

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
4. Legislature has authority over employer/employee contributions
5. Current solvency - 2052

Purpose & Composition

1. 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



SCAN ME

[Details can be found @ www.nmrhca.org](http://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

www.cms.gov/Medicare/Medicare



SCAN ME

www.medicare.gov/



SCAN ME

<https://nmaging.state.nm.us/>



SCAN ME

Medicare Eligibility and Enrollment



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 65th BDay
 - ▶ You must enroll in A & B
- ▶ NMRHCA sends packet about 60 days before 65th Bday
- ▶ 30 Day Deadline!

MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a
HOSPITAL (PART A)
MEDICAL (PART B)

Coverage starts/Cobertura empieza
03-01-2016
03-01-2016

NOTE: A large 'SAMPLE' watermark is visible across the card.

Medicare Eligibility and Enrollment



Social Security

Benefits ▾

Medicare ▾

Card & record ▾



ES Español

Sign in

Securing your **today** and **tomorrow**



Prepare

Check eligibility for benefits

Get a benefits estimate

Plan for Retirement



Apply

Apply for benefits

Sign up for Medicare

Return to saved application



After you apply

Check application or appeal
status

Appeal a decision we made

NMRHCA MEDICARE SWITCH FORM

MEDICARE HEALTH PLAN SWITCH ENROLLMENT FORM			
A RETIREE INFORMATION			
Social Security No.	Last Name	First Name	
B APPLICANT INFORMATION			
Social Security No.	Last Name	First Name	Date of Birth (MM/DD/YYYY)
Relationship to Retiree	Physical Address		
Effective Date of Change	City	State	Zip Code
C MEDICARE INFORMATION			
<p>1) Please take out your Medicare card to complete this section:</p> <p>- Please fill in these blanks so they match your red, white and blue Medicare card</p> <p>- OR -</p> <p>- Attach a copy of your Medicare card or your letter from Social Security or Railroad Retirement Board.</p>		<div style="border: 1px solid black; padding: 5px;"> <p align="center">MEDICARE HEALTH INSURANCE</p> <p>Name: _____</p> <p>Medicare Claim Number Sex</p> <p>_____ - _____ - _____ M F</p> <p>Is Entitled To Effective Date</p> <p>HOSPITAL (Part A)* ____/____/____</p> <p>MEDICAL (Part B)** ____/____/____</p> <p align="center">MM DD YYYY</p> </div>	
<p>2) Do you have End-Stage Renal Disease (ESRD) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>- If yes, please contact the NMRHCA at 1-800-233-2576 for further instructions</p>			
<p>3) Do you plan to reject Medicare Part B? <input type="checkbox"/> Yes** <input type="checkbox"/> No</p>			
<p>4) Are you enrolled under private insurance, TRICARE, Federal employee health benefits, VA Benefits, or State Pharmaceutical Assistance Programs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>5) Are you a resident in a long-term care facility, such as a nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>* If you do not have Part A, written notice is required from Social Security indicating why you are not eligible for Medicare Part A. ** Although Medicare allows you to reject Part B, you are <u>required</u> to purchase it in order to enroll in any NMRHCA Medicare Plan.</p>			
D SELECTION OF MEDICAL PLAN (check one)			
<input type="checkbox"/> BCBSNM Medicare Supplement PPO		Medicare Parts A and B required.	
<input type="checkbox"/> BCBSNM Advantage PPO		Medicare Parts A and B required.	
<input type="checkbox"/> BCBS Advantage HMO <input type="checkbox"/> Presbyterian Advantage HMO		IMPORTANT: If you are switching to a Presbyterian Advantage or BCBS Advantage, service area is limited to New Mexico. Medicare Parts A and B required.	
<input type="checkbox"/> United Healthcare Advantage PPO		Medicare Parts A and B required. Physical address necessary.	
<input type="checkbox"/> Humana Advantage Plan PPO		Medicare Parts A and B required. Physical address necessary.	
E DECLARATION AND SIGNATURE			
<p>I hereby declare that I understand the consequences of not carrying Medicare Part B and that the information I have provided above is true and complete to the best of my knowledge. I understand that my premiums may be adjusted to reflect the changes I have requested on this form and they may be adjusted from time to time, and I authorize that adjustment in my pension deduction or bank draft unless I cancel Coverage. I understand that I may be direct-billed and should pay the billed amount directly until any change in my deduction or draft amount is processed. I authorize representatives of the NMRHCA and/or the medical insurance carrier I selected above to obtain information from the Social Security Administration regarding my and/or my dependent(s) Medicare eligibility. (If signing under power of attorney, please attach authorizing documents.)</p>			
Retiree _____		Date _____	
Spouse _____		Date _____	

The Parts of Medicare



Part A

- ▶ Provided by Medicare
- ▶ Covers hospitalization
- ▶ Worked 40+ quarters, no premium
- ▶ Worked 30-39 quarters premium is \$311/month
- ▶ Worked < 30 quarters premium is \$565/month
- ▶ Medicare covers 80%, you pay 20% of Medicare approved amount

2026 Part A Costs of Hospitalization

\$1736 deductible for each benefit period	
Days of Hospitalization	Co-Insurance
1-60	\$0 per day
61-90	\$434 per day
91+	\$868 per day

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
- ▶ 2026 Annual deductible of \$283
- ▶ 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

2026 Part B Premiums Based on Income

Individual Tax Filer AGI	Joint Tax Filer AGI	Pay Per Month
<= \$109k	<=\$218k	\$202.90
\$109+ - \$137k	\$218+ - \$274k	\$284.10
\$137+ - \$171k	\$274+ - \$342k	\$405.80
\$171+ - \$205k	\$332+ - \$410k	\$527.50
\$205+ - \$500k	\$410+ - \$750k	\$649.20
\$500k+	\$750k+	\$689.90

The Parts of Medicare



Part D

► Rx Drug Coverage

Plan

BCBS Supplemental

BCBS Advantage

Pres Advantage

UH Advantage

Humana Advantage

Rx by:

Express Scripts

Prime

Capital

Optum

CenterWell Rx

All NMRHCA plans
include Rx



Part G

- Medicare Supplement
- Pays remaining 20% after parts A & B pays 80%
- NMRHCA includes Rx
- 3 payers
 - Medicare – 80%
 - Plan (BCBS) – 20%
 - Rx

NMRHCA
Supplement plan



Parts A+B+D = C

- Medicare Advantage Plans
- HMO or PPO
- All MA include Rx
- 1 payer – the MA plan



NMRHCA Medicare
Advantage plans

Medicare Plan Pathways



Part A



Part B



Together this is
traditional Medicare



PATH 1

Medicare Supplement (Part G)

OR

PATH 2

Medicare Advantage (Part C)



NMRHCA has 1 plan available



NMRHCA has 5 plans available

Path 1 – Medicare Supplement (Part G)



BCBS
Medicare
Supplement



- ▶ National – go to any provider in the US that accepts Medicare without referral
- ▶ After \$283 Part B deductible met no co-pays
- ▶ Includes Rx
- ▶ \$245.61 monthly premium*

*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)



- ▶ MA HMO
 - ▶ \$0*
 - ▶ Statewide
- ▶ MA PPO
 - ▶ \$22.50*
 - ▶ Nationwide



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



- ▶ MA PPO
 - ▶ \$99.95*
 - ▶ Nationwide



- ▶ MA PPO
 - ▶ \$64.31*
 - ▶ 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, 2026	BCBS Medicare Supplement PPO Nationwide	BCBS Medicare Advantage HMO Statewide	BCBS Medicare Advantage PPO Nationwide	Humana Medicare Advantage PPO Nationwide	UnitedHealthcare Medicare Advantage PPO Nationwide	Presbyterian Medicare Advantage HMO Statewide
Retiree Rate with Max Years of Service*	\$245.61*	\$0*	\$22.50*	\$64.31*	\$99.95*	\$99.74*
BENEFIT Highlights	2026 Part B Annual Deductible: \$283.00	Annual Out of Pocket Limit: \$3000	Annual Out of Pocket Limit: \$2,500	Annual Out of Pocket Limit: \$2,700	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	\$30	\$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	\$175	\$200	\$200
Emergency room	\$0	\$65	\$50	\$75	\$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
Deductable on all tiers except generic	\$250	NA	NA	NA	NA	NA
Preferred Generic	\$10 - \$30	\$0 - \$5	\$15	\$4	\$15	\$0
Non-Preferred Generic		\$5 - \$10	\$15	\$4	\$70	\$10
Preferred Brand	\$45 - \$100	\$40 - \$45	\$35	\$40	\$35	\$45
Non-Preferred Brand	\$75-\$200	\$90 - \$95	\$70	\$90	\$70	\$100
Specialty Drug	20-50%	33%	\$70	25%	\$70	33%
Mail Order - 90 day***						
Preferred Generic	\$24 - \$70***	\$0 - \$15	\$30	\$0	\$30	\$0
Non-Preferred Generic		\$15 - \$30	\$30	\$0	\$140	\$20
Preferred Brand	\$90 - \$200***	\$120 - \$135	\$70	\$80	\$70	\$112.50
Non-Preferred Brand	\$150 - \$400***	\$270 - \$285	\$140	\$180	\$140	

*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.

***Long-term medications can be filled for a 90-day supply at your local Walgreens pharmacy or through home delivery from Express Scripts Pharmacy.

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

Annual out-of-pocket costs are capped at \$2,100 for all Medicare Part D drugs.

Revised 11/20/2025

NMRHCA Age 55+ with Retirement Date on July 31, 2021 or After (Subsidy Level B) Medical Plan Monthly Premium Contributions for January 1, 2026 - December 31, 2026

Years of Service	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25+
NON-MEDICARE MEDICAL																					
Premier PPO (BCBS or Presbyterian)																					
Retiree Rate	\$950.17	\$920.30	\$890.44	\$860.57	\$830.70	\$800.83	\$770.96	\$741.10	\$711.23	\$681.36	\$651.49	\$621.62	\$591.75	\$561.89	\$532.02	\$502.15	\$472.28	\$442.41	\$412.55	\$382.68	\$352.81
Spouse Rate	\$1,028.38	\$1,010.45	\$992.51	\$974.57	\$956.63	\$938.70	\$920.76	\$902.82	\$884.89	\$866.95	\$849.01	\$831.07	\$813.14	\$795.20	\$777.26	\$759.33	\$741.39	\$723.45	\$705.51	\$687.58	\$669.64
Child Rate	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20
Value HMO (BCBS or Presbyterian)																					
Retiree Rate	\$742.22	\$718.89	\$695.56	\$672.23	\$648.90	\$625.56	\$602.23	\$578.90	\$555.57	\$532.24	\$508.91	\$485.58	\$462.25	\$438.92	\$415.59	\$392.25	\$368.92	\$345.59	\$322.26	\$298.93	\$275.60
Spouse Rate	\$803.27	\$789.26	\$775.25	\$761.24	\$747.23	\$733.22	\$719.21	\$705.20	\$691.19	\$677.18	\$663.16	\$649.15	\$635.14	\$621.13	\$607.12	\$593.11	\$579.10	\$565.09	\$551.08	\$537.07	\$523.06
Child Rate	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31
MEDICARE MEDICAL																					
BCBS Medicare Supplemental Plan																					
Retiree Rate	\$479.53	\$467.84	\$456.14	\$444.45	\$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	\$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	\$491.23	\$491.23	\$491.23	\$491.23	\$491.23
BCBS Medicare Advantage 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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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	\$44.46	\$43.93	\$43.39	\$42.86	\$42.32	\$41.79	\$41.25	\$40.71	\$40.18	\$39.64	\$39.11	\$38.57	\$38.04	\$37.50	\$36.96	\$36.43	\$35.89	\$35.36	\$34.82	\$34.29	\$33.75
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	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
Humana Medicare Advantage PPO																					
Retiree Rate	\$125.56	\$122.50	\$119.43	\$116.37	\$113.31	\$110.25	\$107.18	\$104.12	\$101.06	\$98.00	\$94.93	\$91.87	\$88.81	\$85.75	\$82.68	\$79.62	\$76.56	\$73.50	\$70.43	\$67.37	\$64.31
Spouse Rate	\$127.09	\$125.56	\$124.03	\$122.49	\$120.96	\$119.43	\$117.90	\$116.37	\$114.84	\$113.31	\$111.77	\$110.24	\$108.71	\$107.18	\$105.65	\$104.12	\$102.59	\$101.05	\$99.52	\$97.99	\$96.46
Child Rate	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62
Presbyterian Medicare Advantage PPO																					
Retiree Rate	\$194.74	\$189.99	\$185.24	\$180.49	\$175.74	\$170.99	\$166.24	\$161.49	\$156.74	\$151.99	\$147.24	\$142.49	\$137.74	\$132.99	\$128.24	\$123.49	\$118.74	\$113.99	\$109.24	\$104.49	\$99.74
Spouse Rate	\$197.12	\$194.74	\$192.37	\$189.99	\$187.62	\$185.24	\$182.87	\$180.49	\$178.12	\$175.74	\$173.37	\$170.99	\$168.62	\$166.24	\$163.87	\$161.49	\$159.12	\$156.74	\$154.37	\$151.99	\$149.62
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	\$199.49	\$199.49	\$199.49	\$199.49	\$199.49	\$199.49
United Healthcare Medicare Advantage PPO																					
Retiree Rate	\$195.14	\$190.38	\$185.62	\$180.86	\$176.10	\$171.34	\$166.58	\$161.82	\$157.06	\$152.30	\$147.55	\$142.79	\$138.03	\$133.27	\$128.51	\$123.75	\$118.99	\$114.23	\$109.47	\$104.71	\$99.95
Spouse Rate	\$197.52	\$195.14	\$192.76	\$190.38	\$188.00	\$185.62	\$183.24	\$180.86	\$178.48	\$176.10	\$173.72	\$171.34	\$168.96	\$166.58	\$164.20	\$161.82	\$159.44	\$157.06	\$154.68	\$152.30	\$149.92
Child Rate	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90

NMRHCA Enhanced Public Safety or July 1, 2001 - June 30, 2021 Retirement Date* (Subsidy Level A) Medical Plan Monthly Premium Contributions for January 1, 2026 - December 31, 2026

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	\$940.84	\$901.64	\$862.43	\$823.23	\$784.03	\$744.83	\$705.63	\$666.43	\$627.22	\$588.02	\$548.82	\$509.62	\$470.42	\$431.21	\$392.01	\$352.81
Spouse Rate	\$1,022.78	\$999.24	\$975.69	\$952.15	\$928.61	\$905.07	\$881.52	\$857.98	\$834.44	\$810.90	\$787.35	\$763.81	\$740.27	\$716.73	\$693.18	\$669.64
Child Rate	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20	\$349.20
Value HMO (BCBS or Presbyterian)																
Retiree Rate	\$734.93	\$704.31	\$673.68	\$643.06	\$612.44	\$581.82	\$551.20	\$520.58	\$489.95	\$459.33	\$428.71	\$398.09	\$367.47	\$336.84	\$306.22	\$275.60
Spouse Rate	\$798.89	\$780.50	\$762.11	\$743.73	\$725.34	\$706.95	\$688.56	\$670.17	\$651.78	\$633.39	\$615.00	\$596.62	\$578.23	\$559.84	\$541.45	\$523.06
Child Rate	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31	\$272.31
MEDICARE MEDICAL																
BCBS Medicare Supplemental Plan																
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	\$245.61
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	\$368.42
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	\$491.23
BCBS Medicare Advantage 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	\$0.00
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	\$0.00
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	\$0.00
BCBS Medicare Advantage 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	\$22.50
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	\$33.75
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	\$45.00
Humana Medicare Advantage PPO																
Retiree Rate	\$124.60	\$120.58	\$116.56	\$112.54	\$108.52	\$104.50	\$100.48	\$96.47	\$92.45	\$88.43	\$84.41	\$80.39	\$76.37	\$72.35	\$68.33	\$64.31
Spouse Rate	\$126.61	\$124.60	\$122.59	\$120.58	\$118.57	\$116.56	\$114.55	\$112.54	\$110.53	\$108.52	\$106.51	\$104.50	\$102.49	\$100.48	\$98.47	\$96.46
Child Rate	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62	\$128.62
Presbyterian Medicare Advantage 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	\$99.74
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	\$149.62
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	\$199.49
United Healthcare Medicare Advantage PPO																
Retiree Rate	\$193.65	\$187.41	\$181.16	\$174.91	\$168.67	\$162.42	\$156.17	\$149.93	\$143.68	\$137.43	\$131.18	\$124.94	\$118.69	\$112.44	\$106.20	\$99.95
Spouse Rate	\$196.78	\$193.65	\$190.53	\$187.41	\$184.28	\$181.16	\$178.03	\$174.91	\$171.79	\$168.66	\$165.54	\$162.42	\$159.29	\$156.17	\$153.04	\$149.92
Child Rate	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90	\$199.90

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

Revised: August 2025

Important Info

1 Switch Enrollment Every Year

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

3 Is your contact info with us current?



Mailing Address

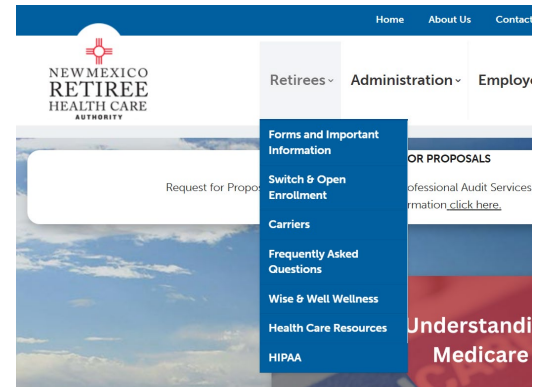


Email Address



Phone Number

4 NMRHCA Website = www.nmrhca.org



Voluntary Benefits



Vision – Davis Vision

Exams, eyewear



Dental – Delta Dental or BlueCross BlueShield Dental

Basic – basic services

Comprehensive Coverage – Comprehensive services and orthodontics



Life Insurance – The Standard

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 Premium*: Effective January 1, 2025 - December 31, 2026

	SINGLE	TWO-PARTY	FAMILY
BCBS Dental Basic	\$19.98	\$37.95 for both	\$ 56.93 for all
BCBS Dental Comprehensive	\$38.46	\$73.07 for both	\$109.56 for all
Delta Dental Basic	\$24.04	\$45.68 for both	\$ 68.51 for all
Delta Dental Comprehensive	\$43.70	\$83.05 for both	\$124.57 for all

VISION PLAN Monthly Premium*: Effective January 1, 2025 - June 30, 2028

Davis Vision	\$ 4.91	\$ 9.24 for both	\$13.61 for all
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DEPENDENT CHILD LIFE Monthly Premium*: Effective July 1, 2019 - June 30, 2027

The Standard	\$2,500	\$5,000	\$10,000
Dependent Child Life	\$4.13 for all	\$7.75 for all	\$15.00 for all

RETIREE/SPOUSE SUPPLEMENTAL LIFE Monthly Premium*: Effective September 1, 2023 - June 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	\$ 1.77	\$ 2.09	\$ 2.89	\$ 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	\$ 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	\$ 118.74	\$ 136.48	\$ 177.86

*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.

**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

Stay Informed

Stay up to date by:

- ▶ Visiting our website
- ▶ Joining our FaceBook Group
- ▶ Signing up for our Newsletter



6300 Jefferson St NE, Suite 150
Albuquerque, NM 87109

33 Plaza La Prensa
Santa Fe, NM 87507

1-800-233-2576
customerservice@rhca.nm.gov
www.nmrhca.org



SCAN ME

