2027 MEDICARE SUMMARY OF BENEFITS

Version 9.22.26

Carrier Contact List

New Mexico Retiree Health Care Authority
1-800-233-2576
www.nmrhca.org

MEDICARE MEDICAL

Blue Cross Blue Shield of New Mexico Medicare Supplement www.bcbsnm.com	1-800-788-1792	5701 Balloon Fiesta Parkway Albuquerque, NM 87113 or PO Box 27630 Albuquerque, NM 87125
Blue Cross Blue Shield of New Mexico Medicare Advantage www.bcbsnm.com	1-800-618-6156	5701 Balloon Fiesta Parkway Albuquerque, NM 87113 or PO Box 27630 Albuquerque, NM 87125
UnitedHealthcare Medicare Advantage + PDP https://retiree.uhc.com/nmrhca UHC Group Number: 13651	1-866-622-8014	
Humana Medicare Advantage + PDP https://your.humana.com/nmrhca/	1-866-396-8810 (TTY: 711)	Claims PO Box 14601 Lexington, KY 40512-4601 Monday—Friday 6:00am to 7:00pm MST

PRESCRIPTION DRUG (for BCBS Medicare Supplement Plan)

Express Scripts www.express-scripts.com	Non-Medicare: 1-800-501-0987 Medicare: 1-800-551-1866

DENTAL

Delta Dental www.deltadentalNM.com	1-877-395-9420 ABQ: 505-855-7111	100 Sun Avenue NE, Suite 400 Albuquerque, NM 87109 Monday-Friday 8:00am to 4:30pm
Blue Cross Blue Shield of NM Dental	1-888-454-5595	5701 Balloon Fiesta Parkway Albuquerque, NM 87113 or PO Box 27630 Albuquerque, NM 87125

VISION

Davis Vision www.davisvision.com	1-800-999-5431	6301 Indian School Rd NE, Ste 200 Albuquerque, NM 87110

LIFE INSURANCE

Standard Life Insurance www.standard.com/mybenefits/newmexico_rhca/	1-888-609-9763 opt 4 ABQ: 505-859-4180	PO Box 225 Santa Cruz, NM 87567

Summary of NMRHCA Medicare Eligibility Guidelines

1. **Medicare Part A only and are not enrolled in Medicare Part B**
   - Member is not eligible for any Medicare Advantage Plan.
   - Member is only eligible for the Medicare Supplement Plan (BCBSNM's Medigap Policy).
   - If a member does not initially enroll in Medicare Part B or voluntarily drops Medicare Part B, the member will be responsible for ALL Part B charges. BCBSNM Supplement will NOT pay any Part B charges.
   - For Medicare Part A services, Medicare is primary and BCBSNM Supplement is secondary.
   - NMRHCA participants who have not purchased their Medicare Part B are advised to make an appointment at their local Social Security Office to purchase Medicare Part B coverage. If not purchased during the initial enrollment period, Social Security has a general enrollment period January 1 through March 31 of each year.
2. **Medicare A and B based on End Stage Renal Disease (ESRD) only. Thirty (30) month coordination period starts from 1st dialysis or from date of transplant.**

   Or
3. **Medicare A and B based on Dual Entitlement-ESRD eligibility and entitlement simultaneously with age or disability-based entitlement. Thirty (30) month coordination period starts from 1st dialysis or from date of transplant.**

   Or
4. **Medicare A and B based on ESRD and then becomes entitled to Medicare A and B due to age. Thirty (30) month coordination period starts from 1st dialysis or from date of transplant.**
   - Any non-Medicare, self-insured plan (BCBSNM or Presbyterian) during the thirty (30) month coordination period.
   - For Medicare Part A and Part B services, the non-Medicare, self-insured plan is primary and Medicare is secondary during the thirty (30) month coordination period. After the coordination period ends, the member must switch to the Medicare supplement plan (BCBSNM). Medicare becomes primary at that time.
5. **Medicare A and B based on age, covered under an active plan and becomes ESRD eligible. Member now eligible for NMRHCA benefits.**
   - Any non-Medicare, self-insured plan (BCBSNM or Presbyterian or NM Health Connections, Premier or Value) during the thirty (30) month coordination period.
   - For Medicare Part A and Part B services, the non-Medicare, self-insured plan is primary and Medicare is secondary during the thirty (30) month coordination period. After the coordination period ends, the member must switch to a Medicare supplement plan (BCBSNM) or Presbyterian Medicare Advantage plan (Presbyterian Advantage Plan I or II). Medicare becomes primary at that time.

- If a member is covered under an active group health plan and has Medicare Part A and B due to age, Medicare is secondary.
- If a member becomes ESRD eligible while covered under the active group plan, Medicare is secondary during the thirty (30) month coordination period.
- If a member enrolls with the NMRHCA, Medicare will continue to be secondary even under the NMRHCA plan until the end of the thirty (30) month coordination period.

6. **Note: This is only a summary. For more details and clarification please contact NMRHCA at 1-800-233-2576.***

Plan Terms and Definitions

1. **Annual Deductible** – means the amount that must be paid (by you) each calendar year, toward covered services before health benefits for that member will be paid by the plan (except for certain services requiring only a copayment with deductible waived or preventive services).
2. **Annual Out-of-Pocket Limit** – means a specified dollar amount of covered services received during a benefit period that is the member's responsibility; after which the out-of-pocket limit is reached the plan pays 100 percent of benefits for the rest of the calendar year for covered charges.
3. **Calendar Year** (also referred to as benefit period) – means the period beginning January 1 and ending December 31 of the same year.
4. **Coinsurance** – means the amount, expressed as a percentage, of a covered health care expense that is partially paid by the plan and partially the member's responsibility to pay. The cost-sharing responsibility ends for most covered services in a particular calendar year when the out-of-pocket maximum has been reached.
5. **Copayment or Copay** – means the amount, expressed as a fixed-dollar figure required to be paid by a member in connection with health care services. Benefits payable by the plan are reduced by the amount of the required copayment for the covered service.
6. **HMO** (Health Maintenance Organization) – you can only go to doctors, other health care providers, or hospitals on the plan's list except in an emergency or when treatment is not available through an in-network provider.
7. **In-Network Provider** – means physicians, hospitals, and other health care professionals, facilities, and suppliers that have contracted with the health plan as in-network providers.
8. **Medicare** – means the program of health care for the aged, end-stage renal disease (ESRD) patients and disabled persons established by Title XVIII of the Social Security Act of 1965, as amended.
9. **Medicare Advantage Plan** – Sometimes called Medicare Part C. A plan offered by a private company that contract with Medicare to provide you with all your Medicare Part A and Part B benefits.
10. **Medicare Supplemental Plan** – means health care coverage that provides supplemental benefits to Medicare coverage.
11. **Out-of-Network Provider** – means a duly licensed health care provider, including medical facilities, which has no agreement with the health plan for reimbursement of services to members.
12. **PPO** (Preferred Provider Organization) – a type of health plan that lets you choose where you go for care, without a referral from a primary care physician or having to only use providers in your plan's provider network.

Service Areas for the Medicare plans offered through NMRHCA

BCBSNM MEDICARE SUPPLEMENTAL PPO PLAN

- Nationwide

UNITED HEALTHCARE MEDICARE ADVANTAGE PPO + PDP PLAN

- Nationwide

HUMANA MEDICARE ADVANTAGE PPO + PDP PLAN

- Nationwide

BCBS MEDICARE ADVANTAGE HMO PLAN

- Statewide

BCBS MEDICARE ADVANTAGE PPO PLAN

- Nationwide

Please Remember:

- If you enroll in another Medicare Advantage or Medicare Part D prescription drug plan after your enrollment with NMRHCA, you will be disenrolled from the applicable NMRHCA Medicare plan.
- If you cancel medical coverage, you must wait for the next subsequent Open Enrollment period (January 1st to January 31st of every odd numbered year with coverage effective January 1st) to re-enroll unless an involuntary loss of coverage due to a qualifying event has occurred (you have 31 days to enroll from the date of the qualifying event).
- If you cancel dental or vision coverage you must wait four years before enrolling again.

NMRHCA

6300 Jefferson St NE, Suite 150
Albuquerque, NM 87109

1-800-233-2576
505-476-7340

33 Plaza La Prensa, Suite 101
Santa Fe, NM 87507

Hours of operation at both locations are 8 a.m. - 5 p.m., Monday through Friday.

NMRHCA 2027 MEDICARE PLAN COMPARISON

Effective January 1, 2027	BCBS Medicare Supplement Nationwide	BCBS Medicare Advantage HMO Statewide	BCBS Medicare Advantage PPO Nationwide	Humana Medicare Advantage PPO + PDP Nationwide	UnitedHealthcare Medicare Advantage PPO + PDP Nationwide
Retiree Rate with Max Years of Service*	$250.52*	$0*	$27.50*	$45.53*	$99.95*
BENEFIT Highlights	2027 Part B Annual Deductible: TBD	Annual Out of Pocket Limit: $3000	Annual Out of Pocket Limit: $2500	Annual Out of Pocket Limit: $2700	Annual Out of Pocket Limit: $2500
Office Visit					
Primary Care	$0	$10	$5	$5	$5
Specialty care	$0	$30	$25	$30	$30
Preventive services	$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
Surgery - hospital outpatient	$0	$175	$100	$175	$200
Emergency room	$0	$65	$50	$75	$50
Urgent care center	$0	$25	$20	$20	$20
Diabetic Supplies	$0	$0	$0	$0	$0
Retail Pharmacy - 31-day	Express Scripts	Prime Rx	Prime Rx	CenterWell Rx	Optum Rx
Deductable on all tiers except generic	$250	NA	NA	NA	NA
Preferred Generic	$10 - $30	$0 - $5	$15	$4	$15
Non-Preferred Generic		$5 - $10	$15	$4	$70
Preferred Brand	$45 - $100	$40 - $45	$35	$40	$35
Non-Preferred Brand	$75-$200	$90 - $95	$70	$90	$70
Specialty Drug	$10-$200	33%	$70	25%	$70
Mail Order - 90 day***					
Preferred Generic	$24 - $70***	$0 - $15	$30	$0	$30
Non-Preferred Generic		$15 - $30	$30	$0	$140
Preferred Brand	$90 - $200***	$120 - $135	$70	$80	$70
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 $2,400 for all Medicare Part D drugs.

Revised 10/8/2026

NMRHCA 2027 Dental Plan Comparison

2027 BlueCare® Dental Plan Comparison

BlueCross BlueShield of New Mexico

Effective January 1, 2027

BENEFIT CATEGORY	BASIC PLAN		COMPREHENSIVE PLAN	
Diagnostic and Preventive Services	In-Network Plan Pays	Out-of-Network Plan Pays	In-Network Plan Pays	Out-of-Network Plan Pays
Oral Exams (three per 12 months)	100% No Deductible	25% of Allowed Amount	100% No Deductible	75% of Allowed Amount No Deductible
Routine Cleanings (three per 12 months)				
Radiographic images (full mouth-once every 5 years; bitewings twice in a calendar year)				
Emergency Treatment for Relief of Pain				
Basic Services				
Basic Restorative (amalgam or composite fillings)	80%	25% of Allowed Amount	80%	55% of Allowed Amount
Simple Extractions (non-surgical)				
Endodontics				
Nonsurgical Periodontics				
Oral Surgery (including surgical extractions)	Not Covered			
Surgical Periodontics				
Repair to Onlays, Crowns, Dentures and Bridgework	80%	25% of Allowed Amount		
Major Services				
Prosthodontic procedures for contruction of fixed bridges, partials or complete dentures	Not Covered		50%	35% of Allowed Amount
Implants - specified services, including repairs, and related prosthodontics, subject to clinical review/approval				
Onlays and Crowns (when teeth cannot be restored to normal form and function with amalgam, composite resin or plastic fillings)				
Orthodontics				
Diagnostic, Active, Retention Treatment In and out-of-network lifetime maximums cannot be combined.	Not Covered		50% No Deductible $1000 Lifetime Max	50% of Allowed Amount No Deductible $500 Lifetime Max
Deductibles and Maximums				
Calendar Year Deductible - Jan 1 thru Dec 31. Applies to all services except where noted above.	$50 ($150 Per Family)		$50 ($150 per family)	
Calendar Year Maximum - Jan 1 thru Dec 31 (per person). In and out-of-network annual maximums cannot be combined.	$1,500.00		$1,500.00	$1,000.00

2027 Delta Dental Plan Comparison

DELTA DENTAL®

Effective January 1, 2027

BENEFIT CATEGORY	BASIC PLAN		COMPREHENSIVE PLAN	
Diagnostic and Preventive Services	In-Network Plan Pays	Out-of-Network Plan Pays	In-Network Plan Pays	Out-of-Network Plan Pays
Oral Exams (two routine per calendar year plus one problem-focused/emergency, if needed.)	100% No Deductible	25% of Allowed Amount No Deductible	100% No Deductible	75% of Allowed Amount No Deductible
Routine Cleanings (three per calendar year and one additional for specified at-risk medical conditions)				
Radiographic images (full mouth-once every 5 years; bitewings twice in a calendar year)				
Emergency Treatment for Relief of Pain				
Basic Services				
Basic Restorative (amalgam or composite fillings)	80%	25% of Allowed Amount	80%	55% of Allowed Amount
Simple Extractions (non-surgical)				
Endodontics				
Nonsurgical Periodontics				
Oral Surgery (including surgical extractions)	Not Covered			
Surgical Periodontics				
Repairs to Crowns, Onlays, Dentures and Bridgework	80%	25% of Allowed Amount		
Major Services				
Prosthodontic procedures for contruction of fixed bridges, partials or complete dentures	Not Covered		50%	35% of Allowed Amount
Implants - specified services, including repairs, and related prosthodontics, subject to clinical review/approval				
Onlays, Crowns and Cast Restorations - when teeeth cannot be restored with amalgam or composite resin restorations				
Orthodontics				
Diagnostic, Active, Retention Treatment In and out-of-network lifetime maximums cannot be combined.	Not Covered		50% No Deductible $1000 Lifetime Max	50% of Allowed Amount No Deductible $500 Lifetime Max
Deductibles and Maximums				
Calendar Year Deductible - Jan 1 thru Dec 31. Applies to all services except where noted above.	$50 ($150 Per Family)		$50 ($150 per family)	
Calendar Year Maximum - Jan 1 thru Dec 31 (per person). In and out-of-network annual maximums cannot be combined.	$1,500.00		$1,500.00	$1,000.00

Important Note: Lowest out-of-pocket costs apply In-Network. Non-Participating Providers may balance bill patients for charges over the allowed amount (up to the full amount of submitted charges).
This Benefit Comparison has been prepared as a general description to highlight some of the benefits available under your dental plan options.
It does not reflect all benefits, limitations, exclusions, or provide complete coverage information. Complete coverage descriptions are provided by the dental plan carrier when you enroll.

DAVIS VISION

Effective January 1, 2027

BENEFIT CATEGORY		In-Network Coverage	Out-of-Network Coverage
Routine Eye Exam	Every 12 months	Copay $10	Reimbursed up to $35
Eye Glasses			
Spectacle Lenses	Every 12 months	Copay $15	Depending on Lens Rx $35
Frames	Every 24 months	Davis Frame Collection Covered in FULL or $150 Retail Frame Allowance or $200 Retail Frame Allowance at Visionworks	Reimbursed up to $35
Contact Lenses	Every 12 months	Allowance Up to $110 non-Formulary Plus 15% discount on overage Medically necessary paid in full Prior approval required	Allowance Up to $110 (elective) Up to $210 (medically necessary)

Important Life Insurance Beneficiary Information

If you name two or more Beneficiaries:

Two or more surviving Beneficiaries will share equally unless you provide for unequal shares. If you provide for unequal shares, and two or more Beneficiaries survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries. If only one Beneficiary survives, we will pay the total death benefits to that Beneficiary. If there is no surviving primary beneficiary then the benefit would be paid to contingent beneficiary(ies). If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian, or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated _____”. A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.

Revised 8/26/2026

NMRHCA Age 55+ with Retirement Date on July 31, 2021 or After (Subsidy Level B) Medical Plan Monthly Premium Contributions for January 1, 2027 - December 31, 2027

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	$997.68	$966.32	$934.96	$903.59	$872.23	$840.87	$809.51	$778.15	$746.79	$715.43	$684.06	$652.70	$621.34	$589.98	$558.62	$527.26	$495.90	$464.53	$433.17	$401.81	$370.45
Spouse Rate	$1,079.80	$1,060.96	$1,042.13	$1,023.29	$1,004.46	$985.63	$966.79	$947.96	$929.13	$910.29	$891.46	$872.62	$853.79	$834.96	$816.12	$797.29	$778.46	$759.62	$740.79	$721.95	$703.12
Child Rate	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66
Value HMO (BCBS or Presbyterian)																					
Retiree Rate	$779.33	$754.83	$730.34	$705.84	$681.34	$656.84	$632.35	$607.85	$583.35	$558.85	$534.36	$509.86	$485.36	$460.86	$436.37	$411.87	$387.37	$362.87	$338.38	$313.88	$289.38
Spouse Rate	$843.43	$828.72	$814.01	$799.30	$784.59	$769.87	$755.16	$740.45	$725.74	$711.03	$696.32	$681.61	$666.90	$652.19	$637.48	$622.76	$608.05	$593.34	$578.63	$563.92	$549.21
Child Rate	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93
MEDICARE MEDICAL																					
BCBS Medicare Supplement																					
Retiree Rate	$489.12	$477.19	$465.26	$453.33	$441.40	$429.47	$417.54	$405.61	$393.68	$381.75	$369.82	$357.89	$345.96	$334.03	$322.10	$310.17	$298.24	$286.31	$274.38	$262.45	$250.52
Spouse Rate	$495.09	$489.12	$483.16	$477.19	$471.23	$465.26	$459.30	$453.33	$447.37	$441.40	$435.44	$429.47	$423.51	$417.54	$411.58	$405.61	$399.65	$393.68	$387.72	$381.75	$375.79
Child Rate	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05
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	$53.69	$52.38	$51.07	$49.76	$48.45	$47.14	$45.83	$44.52	$43.21	$41.90	$40.60	$39.29	$37.98	$36.67	$35.36	$34.05	$32.74	$31.43	$30.12	$28.81	$27.50
Spouse Rate	$54.35	$53.69	$53.04	$52.38	$51.73	$51.07	$50.42	$49.76	$49.11	$48.45	$47.80	$47.14	$46.49	$45.83	$45.18	$44.52	$43.87	$43.21	$42.56	$41.90	$41.25
Child Rate	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00
Humana Medicare Advantage PPO + PDP																					
Retiree Rate	$88.89	$86.72	$84.56	$82.39	$80.22	$78.05	$75.88	$73.72	$71.55	$69.38	$67.21	$65.04	$62.87	$60.71	$58.54	$56.37	$54.20	$52.03	$49.87	$47.70	$45.53
Spouse Rate	$89.98	$88.89	$87.81	$86.72	$85.64	$84.55	$83.47	$82.39	$81.30	$80.22	$79.13	$78.05	$76.96	$75.88	$74.80	$73.71	$72.63	$71.54	$70.46	$69.37	$68.29
Child Rate	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06
United Healthcare Medicare Advantage PPO + PDP																					
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

Revised: August 2026

NMRHCA Enhanced Public Safety or July 1, 2001 - June 30, 2021 Retirement Date* (Subsidy Level A) Medical Plan Monthly Premium Contributions for January 1, 2027 - December 31, 2027																
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	$987.88	$946.72	$905.55	$864.39	$823.23	$782.07	$740.91	$699.75	$658.58	$617.42	$576.26	$535.10	$493.94	$452.77	$411.61	$370.45
Spouse Rate	$1,073.91	$1,049.19	$1,024.47	$999.75	$975.03	$950.31	$925.59	$900.88	$876.16	$851.44	$826.72	$802.00	$777.28	$752.56	$727.84	$703.12
Child Rate	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66	$366.66
Value HMO (BCBS or Presbyterian)																
Retiree Rate	$771.68	$739.52	$707.37	$675.22	$643.06	$610.91	$578.76	$546.61	$514.45	$482.30	$450.15	$417.99	$385.84	$353.69	$321.53	$289.38
Spouse Rate	$838.83	$819.52	$800.22	$780.91	$761.60	$742.29	$722.98	$703.68	$684.37	$665.06	$645.75	$626.44	$607.13	$587.83	$568.52	$549.21
Child Rate	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93	$285.93
MEDICARE MEDICAL																
BCBS Medicare Supplement																
Retiree Rate	$485.39	$469.73	$454.08	$438.42	$422.76	$407.10	$391.44	$375.79	$360.13	$344.47	$328.81	$313.15	$297.49	$281.84	$266.18	$250.52
Spouse Rate	$493.22	$485.39	$477.56	$469.74	$461.91	$454.08	$446.25	$438.42	$430.59	$422.76	$414.93	$407.11	$399.28	$391.45	$383.62	$375.79
Child Rate	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05	$501.05
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	$53.28	$51.56	$49.84	$48.13	$46.41	$44.69	$42.97	$41.25	$39.53	$37.81	$36.09	$34.38	$32.66	$30.94	$29.22	$27.50
Spouse Rate	$54.14	$53.28	$52.42	$51.56	$50.70	$49.84	$48.98	$48.13	$47.27	$46.41	$45.55	$44.69	$43.83	$42.97	$42.11	$41.25
Child Rate	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00	$55.00
Humana Medicare Advantage PPO + PDP																
Retiree Rate	$88.21	$85.37	$82.52	$79.68	$76.83	$73.99	$71.14	$68.30	$65.45	$62.60	$59.76	$56.91	$54.07	$51.22	$48.38	$45.53
Spouse Rate	$89.64	$88.21	$86.79	$85.37	$83.94	$82.52	$81.10	$79.68	$78.25	$76.83	$75.41	$73.98	$72.56	$71.14	$69.71	$68.29
Child Rate	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06	$91.06
United Healthcare Medicare Advantage PPO + PDP																
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 2026

Medical Plan Rate Calculation Instructions

1. Select a medical plan for the retiree; enter the rate from the **Retiree Rate** row that corresponds with your years of service. $_____ Retiree
2. If you are enrolling your spouse or domestic partner, select a medical plan for him/her; enter the rate from the **Spouse Rate** row that corresponds with your years of service (or, if your spouse/domestic partner is also an NMRHCA-eligible retiree, use the **Retiree Rate** that corresponds with your spouse's/domestic partner's years of service). + $_____ Spouse/Domestic Partner
3. If you are also enrolling children, enter rate from **Child Rate** row multiplied by number of children.
   (# of Children: _____ x Child Rate: _____ = Total for Child(ren): _____ + $_____ Child(ren)
4. TOTAL #1, #2, and #3. = $_____ Total

Voluntary Coverage Premiums

DENTAL PLAN Monthly Premium*: Effective January 1, 2027 - December 31, 2027			
	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**	**$45.67**	**$86.79** ***for both***	**$130.18** ***for all***
VISION PLAN Monthly Premium*: Effective January 1, 2025 - June 30, 2028			
Davis Vision	**$ 4.91**	**$ 9.24** ***for both***	**$13.61** ***for all***
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 coverages 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/.