2027 SUMMARY OF BENEFITS

Version 9.22.26

Carrier Contact List

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

NON-MEDICARE MEDICAL

Blue Cross Blue Shield of New Mexico www.bcbsnm.com	1-800-788-1792	5701 Balloon Fiesta Parkway Albuquerque, NM 87113 or PO Box 27630 Albuquerque, NM 87125
Presbyterian Health Plan www.phs.org	1-888-275-7737 ABQ: 505-923-6060 TTY: 1-888-625-8818	PO Box 27486 Albuquerque, NM 87125 7 days a week - 8:00 am to 8:00 pm

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 all non-Medicare and BCBS Medicare Supplement Plans)

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

IMPORTANT INFORMATION YOU NEED TO KNOW

This informational sheet is intended as a summary to, and not a replacement of, provisions of the Retiree Health Care Act (Act) or NMRHCA Rules and Regulations (which can be found on the NMRHCA website: www.nmrhca.org)

ELIGIBILITY

Eligible Retiree: You are eligible to participate in the NMRHCA if:

- You receive a disability or normal retirement benefit from public service in New Mexico with an NMRHCA-participating employer, and
- You did one of the following:
  - you retired with a pension before your employer's effective date with the NMRHCA program, or
  - you and/or your employer (on your behalf) made contributions to the NMRHCA fund from your employer's NMRHCA effective date until your date of retirement, or
  - you and/or your employer (on your behalf) made contributions to the NMRHCA fund for at least five years before your date of retirement. (If you are awarded a duty-related disability retirement, you are not required to meet the
  - NMRHCA's five-year contribution rule.)

Eligible Dependent: Eligible dependents include the following:

- a spouse. You must provide a copy of the marriage certificate.
- a domestic partner. You must provide a signed and notarized affidavit (available at the NMRHCA office).
  - domestic partners are enrolled similarly to spouses
  - dependents of domestic partnerships are eligible for benefits
  - we may ask for other written proof of the domestic partnership and/or dependents
  - if there is a termination of a domestic partnership, the retiree must notify NMRHCA in writing within 31 days of the termination
- a dependent child under the age of 26 including:
  - a natural child
  - a legally adopted child
  - a stepchild living in the same household who is primarily dependent on the eligible retiree for maintenance and support
  - a child for whom the eligible retiree is the legal guardian and who is primarily dependent on the eligible retiree for maintenance and support, as long as evidence of the guardianship is provided in a court order or decree
  - a foster child living in the same household as the eligible retiree

You must provide a copy of birth certificate(s) and court documents (if applicable) to the NMRHCA.

- A dependent child over age 26 who is wholly dependent on the eligible retiree for maintenance and support and is incapable of self-sustaining employment by reason of mental or physical handicap. The disability

must have occurred before the limiting age. Proof of incapacity and dependency must be provided within 31 days after the child reaches the limiting age.

- A surviving spouse (the spouse to whom a deceased eligible retiree/vested-active employee was married at the time of death) or a surviving dependent child of a deceased eligible retiree/vested-active employee.

ENROLLMENT

- It is best to submit your application at least one month but not to exceed 60 days from your retirement date to allow adequate time for the agency to process your application.
- If you are enrolling more than 31 days after retirement underwriting approval for Life Insurance is required.
- Please be advised it takes a minimum of 3 business weeks for an application to process.
- You must enroll within 31 days following either your last day of current health insurance coverage or your retirement date that is on record with your retirement board; whichever is later. Your effective date of coverage will take effect on the first day of your official retirement or the first day of the month following the termination date of your current health insurance plan, again, whichever is later.
    - If you do not apply within this time frame, you will be required to wait until the next Open Enrollment period.
- You may enroll a dependent only under one of the following circumstances: (1) there is a change in status which makes someone newly eligible as your dependent (e.g., marriage, birth); (2) an unenrolled eligible dependent involuntarily loses his or her medical coverage; or (3) during an Open Enrollment Period. For newly eligible dependents, you must apply for dependent coverage within 31 days of the event that caused the new eligibility (copies of marriage, birth, or court documents required).

PURCHASING SERVICE CREDIT

- In the 2009 legislative session, a bill was passed that requires payment of Retiree Health Care Authority (RHCA) contributions for service credit purchased from PERA and ERB toward retirement. Effective July 1, 2009, members who enroll in RHCA at the time of retirement must pay contributions on the PERA and ERB service credit before being eligible for insurance coverage.
- This contribution provision only affects members who are applying for insurance at the time of retirement. PERA and ERB will be providing RHCA with verification of a member's earned service credit and any purchased credit. RHCA will then calculate the cost of the RHCA contributions owed on the purchased service credit. Payment will be required for those retirees with less than 20 years of actual time worked and are purchasing time toward their retirement after July 1, 2009.
- For further information, please contact the NMRHCA office for complete details of purchasing service credit.

SPLIT COVERAGE

- If the retiree is covering a spouse or dependent(s) under their plan, they must have the same level of benefits as the retiree (with the exception if one of the members in the household is Medicare eligible and the other member in not Medicare eligible). For example, if the retiree selects the Premier plan, the spouse or any dependents covered by the retiree must also be on the Premier plan.

CANCELLATION OF COVERAGE

- Subscribers may cancel coverage by submitting written notification to the New Mexico Retiree Health Care Authority (NMRHCA). Cancellation will take effect beginning with the first day of the month following receipt of notification by the NMRHCA. Effective date of cancellation is not retroactive.

- If a dependent becomes ineligible through joining the military, death, divorce, annulment, or legal separation, coverage ceases at the end of the month in which the event occurred. Again, it is your responsibility to notify us in writing and supporting documentation may be requested.
- 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.

RETURN TO WORK

- If you take new employment after your retirement or choose to be covered under your
- spouse's coverage, you may choose one of two NMRHCA options:
    - Delay or terminate your enrollment in the NMRHCA and take your new employer's plan or spouse's plan. Under this option, you will be allowed to enroll into the NMRHCA at a later date, if you apply within 31 days of your involuntary loss of coverage (see below for examples) and there has been no lapse in your comprehensive medical coverage since your retirement. You will be required to submit evidence of continuous coverage and involuntary loss when you apply for NMRHCA enrollment. Examples of involuntary loss of coverage are (1) termination of your employment; (2) retirement from your new employer, causing your employer to cancel your health care benefits; (3) cancellation of your health care benefit program by the employee; and (4) dissolution of the company.
    - Take the new employer's plan of benefits and enroll yourself and your eligible dependents into the NMRHCA, thus receiving health care benefits from both plans through the NMRHCA's and your new employer's insurance carrier's Coordination of Benefits Provision. Please note that the Retiree Health Care Act requires that the NMRHCA program of health care benefits be secondary to your employer's benefit plans. This means your claims will be paid primarily by your employer's insurance plan, and then the balance will be considered by your NMRHCA insurance plan.
- If your employer does not offer medical coverage, you will need to submit a letter from your employer verifying that no insurance is offered or available in order for NMRHCA benefits to remain as primary.

CHANGE IN STATUS

- If there is a change in your name, address, phone number, marital status, or dependent status, or if you wish to request a change in your benefit plans, life insurance beneficiary, or method of premium contribution payment, please call us immediately or visit our website to obtain a Change Request Form or submit a letter of request in writing.

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.

NMRHCA

6300 Jefferson St NE, Suite 150	**1-800-233-2576**	**33 Plaza La Prensa, Suite 101**
Albuquerque, NM 87109	**505-476-7340**	**Santa Fe, NM 87507**

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

PRESBYTERIAN

NMRHCA PRESBYTERIAN HEALTH PLAN (PHP) NON-MEDICARE PLAN

EFFECTIVE: JANUARY 1, 2027

	Member Responsibility		
	PHP Premier PPO		PHP Value HMO
Retiree Rate with Max Years of Service*	$370.45*		$289.38*
	In Network	**Out of Network**	**Statewide**
Annual Deductible	$800/Individual		$1,500/Individual
Annual Out-of-Pocket Limit	$4,500/Individual		$5,500/Individual
Office Services ***Office visit not subject to deductible***	Primary - $30 Specialist - $45	50% 50%	Primary - $35 Specialist - $55
Preventive Services	Plan pays 100%	50%	Plan pays 100%
Related testing (includes routine Pap test, mammograms, colonoscopy, physicals, etc.) & immunization (deductible waived)	Plan pays 100%	50%	Plan pays 100%
Lab, X-Ray, and Pathology	Plan pays 100%	50%	Plan pays 100%
Emergency Room	$250	$250	$350
Emergency Physician and other Professional	25%	25%	30%
Urgent Care Facility	$45	50%	$55
Ambulance Services (Emergency)	25%	25%	30%
EKG	25%	50%	30%
High-Tech Radiology (MRI, PET & CT) Office/Freestanding Radiology	$100	50%	$125
High-Tech Radiology (MRI, PET & CT) Outpatient Department of Hospital	25%	50%	30%
Rehabilitation Outpatient Physical Therapy Services when used as alternative to surgery (Max of 4 copays per course of treatment)	$30	50%	$35
Rehabilitation Outpatient	$30	50%	$35
Rehabilitation Inpatient	25%	50%	30%
Chiropractic Services (provided by Chiropractor) (combined max $1500/yr with	$30	50%	$35
Acupuncture, Massage, Rolfing (combined max $1500/yr with Chiropractic)	25%	50%	30%
Hospitalization - Inpatient	25%	50%	30%
Surgery - Outpatient	25%	50%	30%
****Outpatient Bundled Procedures** (Bundled services: shoulder arthroscopy, knee arthroscopy, laparoscopic cholecystectomy, hernia)	$500	N/A	$650
All Other Covered Services (visit phs.org for full list)	25%	50%	30%

**Rate for retiree with max years of service. Retirees with less than max years, spouses, & children will be more.*

*** Please contact Presbyterian Health Plan at 1-888-275-7737 for participating facilities.*

NON-MEDICARE PRESCRIPTION DRUG PLAN ADMINISTERED BY EXPRESS SCRIPTS

Copay (Retail)	*Minimum*	*Maximum*
Generic	$10	$30
Preferred Brand	$45	$100
Non-Preferred Brand	$75	$200

Maximum of 34-day supply or 100 unit or as prescribed by your physician or an approved exception.

*Copay ***(Mail Order or Smart 90)*	*Minimum*	*Maximum*
Generic	$24	$70
Preferred Brand	$90	$200
Non-Preferred Brand	$150	$400

Maximum of 90-day supply or 300 units or as prescribed by your physician or an approved exception.

**** 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 1-800-501-0987 for more information.*

Accredo (Special Pharmaceuticals)	*Closed Network*

Pre-Medicare plan members on specialty medications through Express Scripts' Accredo specialty pharmacy may receive copay assistance through the Save On SP program. Members identified as taking specific medications that qualify for the Save On SP program will be contacted directly by Save On SP to see if they would like to participate. By participating in the program, members will save money on their specialty prescriptions with this copay assistance program. To find out more about this specialty prescription drug benefit, please call Save On SP at 1-800-683-1074.

Revised 9/2/2026

NMRHCA BLUE CROSS BLUE SHIELD(BCBS) NON-MEDICARE PLAN

Effective January 1, 2027

BlueCross BlueShield of New Mexico

	Member Responsibility			
	BCBS Premier 3 Tier PPO			BCBS Value HMO
Retiree Rate with Max Years of Service*	$370.45*			$289.38*
	Tier 1 - Blue	**Tier 2 - Preferred**	**Tier 3 - Out of**	**Statewide**
Annual Deductible	$500/Individual	$800/Individual	$1,500/Individual	$1,500/Individual
Annual Out-of-Pocket Limit	$3,750/Individual	$4,500/Individual	$6,000/Individual	$5,500/Individual
Office Services	Primary - $20	Primary - $30	Primary - 50%	Primary - $35
Office visit not subject to deductible	Specialist - $35	Specialist - $45	Specialist - 50%	Specialist - $55
Preventive Services	Plan pays 100%	Plan pays 100%	50%	Plan pays 100%
Related testing (includes routine Pap test, mammograms, colonoscopy, physicals, etc.) & immunization (deductible waived)	Plan pays 100%	Plan pays 100%	50%	Plan pays 100%
Lab, X-Ray, and Pathology	Plan pays 100%	Plan pays 100%	50%	Plan pays 100%
Emergency Room	$250	$250	$250	$350
Emergency Physician and other Professional Provider Charges	10%	25%	25%	30%
Urgent Care Facility	$45	$45	50%	$55
Ambulance Services (Emergency)	25%	25%	25%	30%
EKG	10%	25%	50%	30%
High-Tech Radiology (MRI, PET & CT) Office/Freestanding Radiology	$100	$100	50%	$125
High-Tech Radiology (MRI, PET & CT) Outpatient Department of Hospital	10%	25%	50%	30%
Rehabilitation Outpatient Physical Therapy Services when used as alternative to surgery (Max of 4 copays per course of treatment and then $0 copay)	$20	$30	50%	$35
Rehabilitation Outpatient	$20	$30	50%	$35
Rehabilitation Inpatient	10%	25%	50%	30%
Chiropractic Services (provided by Chiropractor) (combined max $1500/yr with Acupuncture, Massgae, Rolfing)	$20	$30	50%	$35
Acupuncture, Massage, Rolfing (combined max $1500/yr with Chiropractic)	10%	25%	50%	30%
Hospitalization - Inpatient	10%	25%	50%	30%
Surgery - Outpatient	10%	25%	50%	30%
All Other Covered Services (visit bcbsnm.com for full list)	10%	25%	50%	30%

*Rate for retiree with max years of service. Retirees with less than max years, spouses, & children will be more.

NON-MEDICARE PRESCRIPTION DRUG PLAN ADMINISTERED BY EXPRESS SCRIPTS

Copay (Retail)	*Minimum*	*Maximum*
Generic	$10	$30
Preferred Brand	$45	$100
Non-Preferred Brand	$75	$200

Maximum of 34-day supply or 100 unit or as prescribed by your physician or an approved exception.

*Copay **(Mail Order or Smart 90)*	*Minimum*	*Maximum*
Generic	$24	$70
Preferred Brand	$90	$200
Non-Preferred Brand	$150	$400

Maximum of 90-day supply or 300 units or as prescribed by your physician or an approved exception.

** 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 1-800-501-0987 for more information.

Accredo (Special Pharmaceuticals)	*Closed Network*

Pre-Medicare plan members on specialty medications through Express Scripts' Accredo specialty pharmacy may receive copay assistance through the Save On SP program. Members identified as taking specific medications that qualify for the Save On SP program will be contacted directly by Save On SP to see if they would like to participate. By participating in the program, members will save money on their specialty prescriptions with this copay assistance program. To find out more about this specialty prescription drug benefit, please call Save On SP at 1-800-683-1074.

Revised 8/26/2026

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.

NMRHCA 2027 Dental Plan Comparison

2027 BlueCare® Dental Plan Comparison

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) 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	100% No Deductible	25% of Allowed Amount	100% No Deductible	75% of Allowed Amount No Deductible
Basic Services				
Basic Restorative (amalgam or composite fillings) Simple Extractions (non-surgical) Endodontics Nonsurgical Periodontics	80%	25% of Allowed Amount	80%	55% of Allowed Amount
Oral Surgery (including surgical extractions) Surgical Periodontics	Not Covered			
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 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)	Not Covered		50%	35% of Allowed Amount
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

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.) 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	100% No Deductible	25% of Allowed Amount No Deductible	100% No Deductible	75% of Allowed Amount No Deductible
Basic Services				
Basic Restorative (amalgam or composite fillings) Simple Extractions (non-surgical) Endodontics Nonsurgical Periodontics	80%	25% of Allowed Amount	80%	55% of Allowed Amount
Oral Surgery (including surgical extractions) Surgical Periodontics	Not Covered			
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 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	Not Covered		50%	35% of Allowed Amount
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.

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/.

NMRHCA Pre-55 Retirement Age Medical Plan Monthly Premium Contributions for January 1, 2027 – December 31, 2027
(Applicable for members who retired before age 55 and retirement date is July 31, 2021, or after)

NON-MEDICARE PLANS	Retiree Rate	Spouse Rate	Child Rate
Premier PPO (BCBS or Presbyterian)	**$1,029.04**	**$1,098.63**	**$366.66**
Value Plan (BCBS or Presbyterian)	**$ 803.83**	**$ 858.14**	**$285.93**
MEDICARE PLANS (Not Applicable)	Retiree Rate	Spouse Rate	Child Rate
BCBS Medicare Supplement PPO	N/A	N/A	N/A
BCBS Medicare Advantage HMO	N/A	N/A	N/A
BCBS Medicare Advantage PPO	N/A	N/A	N/A
Humana Medicare Advantage PPO + PDP	N/A	N/A	N/A
United Healthcare Medicare Advantage PPO + PDP	N/A	N/A	N/A

Rate Calculation Instructions	
1. Select a medical plan for the retiree; enter rate from Retiree Rate column	
	+
2. If you are enrolling your spouse or domestic partner, select a medical plan for him/her; enter Spouse Rate	
	+
3. If you are enrolling children, enter rate from Child Rate column multiplied by number of children.	
	=
4. TOTAL #1, #2, and #3	**$**

DENTAL PLAN Monthly Premium*: 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 Insurance	$2,500 - **$4.13** ***for all***	$5,000 - **$7.75** ***for all***	$10,000 - **$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**

* NOTE: This is optional coverage, and the entire cost is paid by you. 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/.