BlueCross BlueShield of New Mexico

Individual Plan Comparison Chart

Participating Provider Coverage Shown[1]

All Blue Cross and Blue Shield of New Mexico plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits or visit bcbsnm.com for more specific information.

Silver	Blue PPO Silver℠		Blue HMO Network Silver℠		Blue Advantage Silver HMO℠	
	003	004	003	004	003	004
Individual Deductible	$6,000	$3,000	$6,000	$3,000	$6,000	$3,000
Coinsurance	No charge[2]	20%	No charge[2]	20%	No charge[2]	20%
Out of Pocket Maximum (includes deductible)	$6,000	$6,350	$6,000	$6,350	$6,000	$6,350
Office Visit (PCP / Specialist)	$30 / $50	$35 / $55	$30 / $50	$35 / $55	$30 / $50	$35 / $55
Emergency Room / Outpatient Emergency Care (Physician and Hospital)	$500 Deductible per occurrence plus annual deductible[3]	$500 Deductible per occurrence plus annual deductible[3]	$500 Deductible per occurrence plus annual deductible[3]	$500 Deductible per occurrence plus annual deductible[3]	$500 Deductible per occurrence plus annual deductible[3]	$500 Deductible per occurrence plus annual deductible[3]
Physician Medical/Surgical Services, Hospital Services and Hospital Diagnostic Testing (Inpatient / Outpatient Surgery)	$250 / $200 Deductible per occurrence plus annual deductible[3]	$250 / $200 Deductible per occurrence plus annual deductible[3]	$250 / $200 Deductible per occurrence plus annual deductible[3]	$250 / $200 Deductible per occurrence plus annual deductible[3]	$250 / $200 Deductible per occurrence plus annual deductible[3]	$250 / $200 Deductible per occurrence plus annual deductible[3]
Mental Illness Treatment and Substance Abuse Rehab (Inpatient / Outpatient surgery)	$250 Deductible per occurrence plus annual deductible[3]	$250 Deductible per occurrence plus annual deductible[3]	$250 Deductible per occurrence plus annual deductible[3]	$250 Deductible per occurrence plus annual deductible[3]	$250 Deductible per occurrence plus annual deductible[3]	$250 Deductible per occurrence plus annual deductible[3]
Network	PPO		HMO		Blue Advantage HMO℠	
HSA Eligible[4]	No	No	No	No	No	No
Outpatient Prescription Drugs[5]	$0 / $10 / $50 / $100 $150	$0 / $10 / $50 / $100 $150	$0 / $10 / $50 / $100 $150	$0 / $10 / $50 / $100 $150	$0 / $10 / $50 / $100 $150	$0 / $10 / $50 / $100 $150
Prescription Drug Formulary	Standard	Standard	Standard	Standard	Generics Plus	Generics Plus
Mail-Order Program / 90 – Day Retail Benefit[6]	Yes	Yes	Yes	Yes	Yes	Yes
Prescription Drug Utilization Benefit Management Programs[7]	**Specialty Pharmacy Program:** To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider. **Member Pay the Difference:** When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost. **Pre-Authorization/Step Therapy Requirements:** Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSNM and you may first need to try more clinically appropriate or cost effective drugs.					

1 Benefits reduced when non-preferred providers are used. This is a summary of benefit highlights only.
2 Annual deductible still applies and coinsurance, if applicable.
3 The "Per Occurrence" Deductible is charged in addition to the annual deductible.
4 As a reminder, Health Savings Accounts (HSA) have tax and legal ramifications. Blue Cross and Blue Shield of New Mexico does not provide legal or tax advice and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on for the purpose of avoiding tax penalties. Tax related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding tax consequences of specific health insurance plans or products.
5 Preferred Generics / Non-Preferred Generics / Preferred Formulary / Non-Preferred Formulary / Specialty
6 Mail order is not available for Specialty tier drugs. Specialty tier is limited to a 30 day supply.
7 Coverage limitations may apply to certain medications.

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