BlueCross BlueShield of New Mexico

Subject: Important Plan Changes New Mexico Small Group 2027

Dear Group Administrator:

On your plan renewal date, there may be some changes to the benefits offered in your current plan(s).

Included with this letter is a list of those Blue Cross and Blue Shield of New Mexico small group plans that have benefit changes. If your plan(s) are not listed, there are no changes to them. See your Benefit Booklet for any additional changes due to federal or state mandates.

Your next steps:

- Find the seven-digit plan ID for your current plan(s) in the "Current Health Plans" section of your renewal exhibit
- Use the seven-digit plan ID to find your group's benefit changes in the "Plan Changes" document

If you would like to keep your current plan(s) at renewal, nothing else is needed. Your plan(s) will continue with no interruption. If you would like to make a change, contact your broker or call us with questions. A Benefit Program Application Amendment must be completed and returned to us for any changes to your group's coverage.

Our goal is to serve your health care coverage needs through all of life's changes. If you have any questions, our team stands ready to help.

Sincerely,

Blue Cross and Blue Shield of New Mexico

Blue Cross and Blue Shield of New Mexico

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

HOW TO FIND PLAN

1. Locate 7-character Plan ID in renewal materials
2. Press CTRL + F
3. Enter the Plan ID or plan name

The following benefit changes will apply to all Small Group ACA plans in our product portfolio, not just ones listed on the following pages:

- Changes to the 2027 Health Insurance Drug List.
- Updates to the 2027 Preferred Pharmacy Network.

Blue Cross and Blue Shield of New Mexico

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue PPO Platinum 601 - Off Exchange; P7AAPPO

- In-network individual Out-of-Pocket Maximum will change from $5,000 to $5,250.
- In-network family Out-of-Pocket Maximum will change from $15,000 to $15,750.
- Out-of-network individual Out-of-Pocket Maximum will change from $10,000 to $10,500.
- Out-of-network family Out-of-Pocket Maximum will change from $30,000 to $31,500.
- Emergency Room Services copayment will change from $350 to $550.
- In-network Facility Surgery copayment will change from $350 to $450.

Blue PPO Platinum 110 - Off Exchange; P810PPO

- In-network individual Out-of-Pocket Maximum will change from $1,700 to $2,700.
- In-network family Out-of-Pocket Maximum will change from $5,100 to $8,100.
- Out-of-network individual Out-of-Pocket Maximum will change from $3,400 to $5,400.
- Out-of-network family Out-of-Pocket Maximum will change from $10,200 to $16,200.
- Specialist Office Visit copayment will change from $55 to $75.
- Emergency Room Services copayment will change from $450 to $650.
- In-network Facility Lab services copayment will change from $30 to $40.
- In-network Facility X-ray services copayment will change from $30 to $50.

Blue PPO Gold 115 - Off Exchange; G7E3PPO

- In-network individual Out-of-Pocket Maximum will change from $7,050 to $7,250.
- In-network family Out-of-Pocket Maximum will change from $14,100 to $14,500.
- Out-of-network individual Out-of-Pocket Maximum will change from $14,100 to $14,500.
- Out-of-network family Out-of-Pocket Maximum will change from $28,200 to $29,000.
- Emergency Room Services copayment will change from $650 to $750.
- In-network Facility Lab services copayment will change from $35 to $45.

Blue PPO Platinum 111 - Off Exchange; P811PPO

- In-network individual Out-of-Pocket Maximum will change from $3,700 to $4,500.
- In-network family Out-of-Pocket Maximum will change from $11,100 to $13,500.
- Out-of-network individual Out-of-Pocket Maximum will change from $7,400 to $9,000.
- Out-of-network family Out-of-Pocket Maximum will change from $22,200 to $27,000.
- Specialist Office Visit copayment will change from $40 to $55.
- Emergency Room Services copayment will change from $550 to $750.

Blue PPO Platinum 301 - Off Exchange; P730PPO

- In-network individual Out-of-Pocket Maximum will change from $2,700 to $2,850.
- In-network family Out-of-Pocket Maximum will change from $8,100 to $8,550.
- Out-of-network individual Out-of-Pocket Maximum will change from $8,100 to $8,550.
- Out-of-network family Out-of-Pocket Maximum will change from $24,300 to $25,650.
- Emergency Room Services copayment will change from $400 to $650.
- In-network Facility Lab services copayment will change from $30 to $40.
- In-network Facility X-ray services copayment will change from $30 to $50.

Blue PPO Gold 102 - Off Exchange; G820PPO

- Emergency Room Services copayment will change from $650 to $800.

Blue PPO Silver 117 - Off Exchange; S7E7PPO

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,750.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $21,500.
- Out-of-network individual Out-of-Pocket Maximum will change from $27,600 to $32,250.
- Out-of-network family Out-of-Pocket Maximum will change from $55,200 to $64,500.

Blue Cross and Blue Shield of New Mexico

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

The following updates apply at renewal:

Blue PPO Platinum 602 - Off Exchange; P7ABPPO

- In-network individual Out-of-Pocket Maximum will change from $1,500 to $3,300.
- In-network family Out-of-Pocket Maximum will change from $4,500 to $9,900.
- Out-of-network individual Out-of-Pocket Maximum will change from $3,000 to $6,600.
- Out-of-network family Out-of-Pocket Maximum will change from $9,000 to $19,800.
- Plan coinsurance will change from 100% to 90%.
- Imaging Services coinsurance will change from 100% to 90%.
- In-network Facility Surgery coinsurance will change from 100% to 90%.
- Facility lab services coinsurance will change from 100% to 90%.
- Facility X-ray services coinsurance will change from 100% to 90%.

Blue PPO Silver 105 - Off Exchange HSA; S830PPO

- In-network individual Deductible will change from $3,400 to $3,500.
- In-network family Deductible will change from $10,200 to $10,500.
- In-network individual Out-of-Pocket Maximum will change from $6,350 to $7,000.
- In-network family Out-of-Pocket Maximum will change from $12,700 to $14,000.
- Out-of-network individual Deductible will change from $6,800 to $7,000.
- Out-of-network family Deductible will change from $20,400 to $21,000.
- Out-of-network individual Out-of-Pocket Maximum will change from $12,700 to $14,000.
- Out-of-network family Out-of-Pocket Maximum will change from $25,400 to $28,000.

Blue PPO Silver 108 - Off Exchange; S833PPO

- In-network individual Out-of-Pocket Maximum will change from $9,500 to $10,600.
- In-network family Out-of-Pocket Maximum will change from $19,000 to $21,200.
- Out-of-network individual Out-of-Pocket Maximum will change from $19,000 to $21,200.
- Out-of-network family Out-of-Pocket Maximum will change from $57,000 to $63,600.
- Primary Care Provider office visit copayment will change from $65 to $75.

Blue PPO Platinum 603 - Off Exchange; P7ACPPO

- In-network individual Deductible will change from $2,000 to $2,500.
- In-network family Deductible will change from $6,000 to $7,500.
- In-network individual Out-of-Pocket Maximum will change from $2,000 to $2,500.
- In-network family Out-of-Pocket Maximum will change from $6,000 to $7,500.
- Out-of-network individual Deductible will change from $4,000 to $5,000.
- Out-of-network family Deductible will change from $12,000 to $15,000.
- Out-of-network individual Out-of-Pocket Maximum will change from $4,000 to $5,000.
- Out-of-network family Out-of-Pocket Maximum will change from $12,000 to $15,000.
- Primary Care Provider office visit copayment will change from $20 to $40.
- Specialist Office Visit copayment will change from $50 to $75.
- Emergency Room Services copayment will change from $450 to $750.

Blue PPO Silver 116 - Off Exchange HSA; S7E4PPO

- In-network individual Deductible will change from $3,600 to $3,800.
- In-network family Deductible will change from $10,800 to $11,400.
- In-network individual Out-of-Pocket Maximum will change from $6,850 to $7,650.
- In-network family Out-of-Pocket Maximum will change from $13,700 to $15,300.
- Out-of-network individual Deductible will change from $7,200 to $7,600.
- Out-of-network family Deductible will change from $21,600 to $22,800.
- Out-of-network individual Out-of-Pocket Maximum will change from $13,700 to $15,300.
- Out-of-network family Out-of-Pocket Maximum will change from $27,400 to $30,600.

Blue PPO Silver 101 - Off Exchange HSA; S751PPO

- In-network individual Deductible will change from $5,300 to $5,800.
- In-network family Deductible will change from $10,600 to $11,600.
- In-network individual Out-of-Pocket Maximum will change from $5,300 to $5,800.
- In-network family Out-of-Pocket Maximum will change from $10,600 to $11,600.
- Out-of-network individual Deductible will change from $10,600 to $11,600.
- Out-of-network family Deductible will change from $21,200 to $23,200.
- Out-of-network individual Out-of-Pocket Maximum will change from $10,600 to $11,600.
- Out-of-network family Out-of-Pocket Maximum will change from $21,200 to $23,200.

Blue Cross and Blue Shield of New Mexico

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue PPO Silver 106 - Off Exchange; S831PPO

- In-network individual Deductible will change from $4,250 to $4,500.
- In-network family Deductible will change from $12,750 to $13,500.
- In-network individual Out-of-Pocket Maximum will change from $9,050 to $9,750.
- In-network family Out-of-Pocket Maximum will change from $18,100 to $19,500.
- Out-of-network individual Deductible will change from $8,500 to $9,000.
- Out-of-network family Deductible will change from $25,500 to $27,000.
- Out-of-network individual Out-of-Pocket Maximum will change from $27,150 to $29,250.
- Out-of-network family Out-of-Pocket Maximum will change from $54,300 to $58,500.

Blue PPO Bronze 134 - Off Exchange HSA; B832PPO

- In-network individual Deductible will change from $7,300 to $7,800.
- In-network family Deductible will change from $14,600 to $15,600.
- In-network individual Out-of-Pocket Maximum will change from $7,300 to $7,800.
- In-network family Out-of-Pocket Maximum will change from $14,600 to $15,600.
- Out-of-network individual Deductible will change from $14,600 to $15,600.
- Out-of-network family Deductible will change from $29,200 to $31,200.
- Out-of-network individual Out-of-Pocket Maximum will change from $14,600 to $15,600.
- Out-of-network family Out-of-Pocket Maximum will change from $29,200 to $31,200.

Blue Preferred Platinum EPO 128 - Off Exchange; P821PFR

- In-network individual Out-of-Pocket Maximum will change from $2,700 to $3,300.
- In-network family Out-of-Pocket Maximum will change from $8,100 to $9,900.
- Emergency Room Services copayment will change from $350 to $550.
- In-network Facility Surgery copayment will change from $350 to $450.
- In-network Facility Lab services copayment will change from $15 to $45.
- In-network Facility X-ray services copayment will change from $15 to $45.

Blue PPO Bronze 303 - Off Exchange; B730PPO

- In-network individual Deductible will change from $9,100 to $9,700.
- In-network family Deductible will change from $18,200 to $19,400.
- In-network individual Out-of-Pocket Maximum will change from $9,100 to $9,700.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $19,400.
- Out-of-network individual Deductible will change from $18,200 to $19,400.
- Out-of-network family Deductible will change from $36,400 to $38,800.
- Out-of-network individual Out-of-Pocket Maximum will change from $18,200 to $19,400.
- Out-of-network family Out-of-Pocket Maximum will change from $36,400 to $38,800.

Blue Preferred Platinum EPO 601 - Off Exchange; P7AAPFR

- In-network individual Out-of-Pocket Maximum will change from $5,000 to $5,250.
- In-network family Out-of-Pocket Maximum will change from $15,000 to $15,750.
- Emergency Room Services copayment will change from $350 to $550.
- In-network Facility Surgery copayment will change from $350 to $450.

Blue Preferred Platinum EPO 301 - Off Exchange; P730PFR

- In-network individual Out-of-Pocket Maximum will change from $2,700 to $2,850.
- In-network family Out-of-Pocket Maximum will change from $8,100 to $8,550.
- Emergency Room Services copayment will change from $400 to $650.
- In-network Facility Lab services copayment will change from $30 to $40.
- In-network Facility X-ray services copayment will change from $30 to $50.

Blue Preferred Gold EPO 129 - Off Exchange; G835PFR

- In-network individual Out-of-Pocket Maximum will change from $5,700 to $5,750.
- In-network family Out-of-Pocket Maximum will change from $17,100 to $17,250.
- In-network Facility Lab services copayment will change from $40 to $50.
- In-network Facility X-ray services copayment will change from $60 to $70.

Blue Cross and Blue Shield of New Mexico

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Preferred Platinum EPO 127 - Off Exchange; P820PFR

- In-network individual Out-of-Pocket Maximum will change from $1,700 to $2,700.
- In-network family Out-of-Pocket Maximum will change from $5,100 to $8,100.
- Specialist Office Visit copayment will change from $55 to $75.
- Emergency Room Services copayment will change from $450 to $650.
- In-network Facility Lab services copayment will change from $30 to $40.
- In-network Facility X-ray services copayment will change from $30 to $50.

Blue Preferred Platinum EPO 602 - Off Exchange; P7ABPFR

- In-network individual Out-of-Pocket Maximum will change from $1,500 to $3,300.
- In-network family Out-of-Pocket Maximum will change from $4,500 to $9,900.
- Plan coinsurance will change from 100% to 90%.
- Imaging Services coinsurance will change from 100% to 90%.
- In-network Facility Surgery coinsurance will change from 100% to 90%.
- Facility lab services coinsurance will change from 100% to 90%.
- Facility X-ray services coinsurance will change from 100% to 90%.

Blue Preferred Platinum EPO 603 - Off Exchange; P7ACPFR

- In-network individual Deductible will change from $2,000 to $2,500.
- In-network family Deductible will change from $6,000 to $7,500.
- In-network individual Out-of-Pocket Maximum will change from $2,000 to $2,500.
- In-network family Out-of-Pocket Maximum will change from $6,000 to $7,500.
- Primary Care Provider office visit copayment will change from $20 to $40.
- Specialist Office Visit copayment will change from $50 to $75.
- Emergency Room Services copayment will change from $450 to $750.

Blue Preferred Gold EPO 130 - Off Exchange; G836PFR

- In-network individual Out-of-Pocket Maximum will change from $6,950 to $7,150.
- In-network family Out-of-Pocket Maximum will change from $13,900 to $14,300.
- In-network Facility Lab services copayment will change from $40 to $60.
- In-network Facility X-ray services copayment will change from $60 to $70.

Blue Preferred Gold EPO 137 - Off Exchange HSA; G7E1PFR

- In-network individual Deductible will change from $3,400 to $3,500.
- In-network family Deductible will change from $10,200 to $10,500.
- In-network individual Out-of-Pocket Maximum will change from $3,400 to $3,500.
- In-network family Out-of-Pocket Maximum will change from $10,200 to $10,500.

Blue Preferred Silver EPO 131 - Off Exchange; S842PFR

- In-network individual Out-of-Pocket Maximum will change from $9,150 to $10,250.
- In-network family Out-of-Pocket Maximum will change from $18,300 to $20,500.
- Primary Care Provider office visit copayment will change from $65 to $75.
- Specialist Office Visit copayment will change from $100 to $110.

Blue Preferred Silver EPO 125 - Off Exchange; S840PFR

- In-network individual Out-of-Pocket Maximum will change from $9,600 to $11,000.
- In-network family Out-of-Pocket Maximum will change from $19,200 to $22,000.

Blue Preferred Bronze EPO 135 - Off Exchange; B7K1PFR

- In-network individual Deductible will change from $9,200 to $9,800.
- In-network family Deductible will change from $18,400 to $19,600.
- In-network individual Out-of-Pocket Maximum will change from $9,200 to $9,800.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $19,600.

Blue Cross and Blue Shield of New Mexico

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

The following updates apply at renewal:

Blue Preferred Gold EPO 208 - Off Exchange; G801PFR

- In-network individual Out-of-Pocket Maximum will change from $7,050 to $7,250.
- In-network family Out-of-Pocket Maximum will change from $14,100 to $14,500.
- Emergency Room Services copayment will change from $650 to $750.
- In-network Facility Lab services copayment will change from $35 to $45.

Blue Preferred Silver EPO 135 - Off Exchange HSA; S7E1PFR

- In-network individual Deductible will change from $3,600 to $3,800.
- In-network family Deductible will change from $10,800 to $11,400.
- In-network individual Out-of-Pocket Maximum will change from $6,950 to $7,650.
- In-network family Out-of-Pocket Maximum will change from $13,900 to $15,300.

Blue Preferred Silver EPO 136 - Off Exchange; S7E5PFR

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,750.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $21,500.

Blue Preferred Bronze EPO 134 - Off Exchange HSA; B832PFR

- In-network individual Deductible will change from $7,300 to $7,800.
- In-network family Deductible will change from $14,600 to $15,600.
- In-network individual Out-of-Pocket Maximum will change from $7,300 to $7,800.
- In-network family Out-of-Pocket Maximum will change from $14,600 to $15,600.

Blue Advantage Platinum HMO 210 - Off Exchange; P7J4ADT

- In-network individual Out-of-Pocket Maximum will change from $3,700 to $4,200.
- In-network family Out-of-Pocket Maximum will change from $11,100 to $12,600.
- Specialist Office Visit copayment will change from $35 to $55.
- Emergency Room Services copayment will change from $550 to $750.

Blue Advantage Silver HMO 202 - Off Exchange; S710ADT

- In-network individual Out-of-Pocket Maximum will change from $9,500 to $10,650.
- In-network family Out-of-Pocket Maximum will change from $19,000 to $21,300.
- Specialist Office Visit copayment will change from $95 to $100.

Blue HMO Network Platinum 210 - Off Exchange; P7J4HMO

- In-network individual Out-of-Pocket Maximum will change from $3,700 to $4,200.
- In-network family Out-of-Pocket Maximum will change from $11,100 to $12,600.
- Specialist Office Visit copayment will change from $35 to $55.
- Emergency Room Services copayment will change from $550 to $750.

Blue HMO Network Silver 202 - Off Exchange; S810HMO

- In-network individual Out-of-Pocket Maximum will change from $9,500 to $10,650.
- In-network family Out-of-Pocket Maximum will change from $19,000 to $21,300.
- Specialist Office Visit copayment will change from $95 to $100.

Blue Advantage Silver HMO 208 - Off Exchange; S7E3ADT

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,300.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $20,600.
- Specialist Office Visit copayment will change from $100 to $110.