



MID-MARKET/LARGE GROUP (51+ EMPLOYEES)

## 2025-26 Mid-Market/Large Group Plans

**Blue Cross and Blue Shield of New Mexico offers health care plans with the choice, flexibility and affordable options that growing companies want.**

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# 2025-26 Mid-Market/Large Group Plans

The Mid-Market/Large Group Portfolio is available from July 1, 2025, through June 30, 2026. All our plans offer features and benefits designed with members’ health and wellbeing in mind. We’re making access to care even easier with more digital options for medical visits and wellness programs.

## Here are the highlights of our 2025-26 Mid-Market/Large Group Portfolio:

### Airrosti Flex

Airrosti Flex is a solution for members seeking evidence-based, minimally invasive treatment for acute MSK pain in the comfort of their home with health coaches and self directed care plans. This solutions aims to improve care pathway for MSK pain, reduce spend on unnecessary surgery & provide nation-wide access for members needing this type of care (myofascial release).

### Cancer Services and Support

Offered as a solution to bridge the cancer care gap and support healthier outcomes, the Cancer Services and Support Hub is employees’ resource for cancer care navigation. The Hub will house all of the employee’s benefits information, cancer program details and additional resources.

### Gene Therapy Solutions

Gene therapy is a new generation of drug therapies, offering transformational clinical benefits to members with rare, genetic illnesses. As this drug class continues to grow, more of your employees may benefit from the treatments. Gene Therapy Solutions – included as part of your 2025 benefit plan – offers your employees access to high-value gene therapy providers and caring, holistic support from our case management team to optimize their care journey.

### Behavioral Health Enhancements: Mental Health Hub, Increased Access and Crisis Support

Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the Behavioral Health benefits standard with every group plan. Enhancements designed to increase member access to specialty behavioral health providers, improve the member experience and offer proactive clinical outreach include:

- **Mental Health Hub:** Digital one-stop-shop for mental health resources, including optional self-assessment to help members navigate recommended solutions and access behavioral health providers treating substance use disorders, pediatric mental illness, eating disorders, obsessive-compulsive disorders and more.
- **Risk Identification and Outreach:** New, predictive analytics model designed to identify members who may be at-risk, providing clinician outreach with the goal of preventing suicide and self-harm events.
- **Mental Health Response Course:** Online self-paced training to help members develop the skills to respond to the signs and symptoms of mental illness and substance use.
- **Workplace Crisis Intervention:** Clinical support should a tragedy affecting an employee occur.

### \$0 Emergency Use Medications

Upon renewal, cost barriers to select acute medication typically used for emergency use or life-saving situations will be removed, which will help improve clinical outcomes, increase member satisfaction and overall benefit experience. Members will have access to the \$0 cost share when using any in-network pharmacy for the following drug categories:

- Severe allergic reactions (e.g., epinephrine auto-injector)
  - Hypoglycemia (e.g., glucagon injection kit)
- Opioid overdoses (e.g., naloxone injectible/nasal spray)
  - Nitrates (e.g., nitroglycerin sublingual)

### Prescription Discount Benefit with MedsYourWay®

MedsYourWay, administered by Prime Therapeutics, is a new drug discount savings program that lowers costs for members on eligible medicines. It automatically compares prices from participating drug discount cards to a member’s pharmacy benefit plan cost-share amount at select in-network retail pharmacies. The member pays the lower available price. To access MedsYourWay, the member should:

- Fill their prescriptions at a participating in-network retail pharmacy.
- Show their member ID to the pharmacists.
- Pay the lower available price. Members will have all covered purchases count towards their yearly plan deductibles and/or out-of-pocket expenses.

MedsYourWay is currently available for most fully insured group plans in New Mexico with Prime as their pharmacy benefit manager.

### Promote Consumerism and Enhance Your and Employees’ Cost-Savings

Consumer Driven Health Plans are benefit plans that help employers contain health care costs by encouraging employees to become better consumers. When you choose one of our preferred vendors to administer your company’s HSA, FSA or HRA, you and your employees will have the value-added benefits of our integrated services:

- **Preferred Pricing:** You get deep discounts on vendor administration fees, and standard member education materials are automatically included in your pricing.
- **Daily Claims and Eligibility Feeds\*:** We share secure, daily claims and eligibility feeds for hassle-free membership updates, expense reimbursement and claim substantiation.
- **Integrated Web Services\*:** Members have access to balance and transactional details on Blue Access for Members<sup>SM</sup> via real-time web feed, and can also access vendor portals via single sign-on.

\*Integration features vary by vendor. Talk with your sales or account executive for details.

### Member and Employer Savings with Member Rewards\*\*

When members choose quality lower-cost, reward-eligible options, they will receive cash rewards and save on health care costs. Included with PPO plans and administered by Zelis, Member Rewards helps members:

- Compare costs and quality of providers.
- Save on out-of-pocket costs.
- Earn cash rewards.

\*\*Member Rewards is only included with PPO plans.

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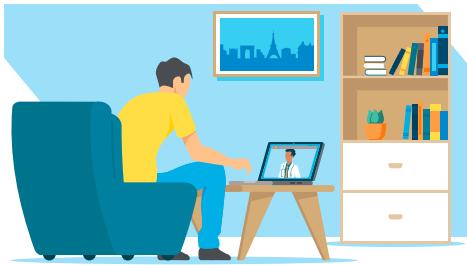
# 2025-26 Mid-Market/Large Group Plans

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## Highlights of our 2025-26 Mid-Market/Large Group Portfolio continued:

### Virtual Visits and Telemedicine

Providing access to virtual care is more important than ever as members seek convenience and cost-savings when addressing their non-emergency needs. Virtual Visits, powered by MDLIVE®, and telemedicine consultations through members’ primary care physicians are conducted by phone, online video or mobile app.



### Twin Health

A metabolic health program that includes both type 2 diabetes reversal and weight management interventions. Your secure, easy-to-use mobile app is built from data gathered daily from a continuous glucose monitor and other wearable sensors and identifies your unique cause of metabolic problems.

### Metabolic Health Management – Diabetes Reversal

Eligible members will now have access to a type 2 diabetes reversal program that creates a digital representation of their unique metabolism to help empower them to improve blood sugar, safely reduce or eliminate medications and reverse diabetes – all offered as a covered benefit and at no cost.

### Well onTarget®

Well onTarget is a complete wellness solution that includes innovative tools that support members’ lifelong journey of healthy living. Well onTarget is designed to:

- Enhance employee engagement
- Reduce costs
- Promote good health

Well onTarget offers cost-effective and low-risk solutions to help employers increase productivity, encourage engagement and enhance a culture of wellness in the workplace.

### Wondr Health™

Wondr Health is an online metabolic syndrome coaching program designed to teach members behavior modification to help them lose weight and reduce their risk of metabolic syndrome. In addition to losing weight, this can help members to sleep better, manage stress and more.

### Blue365®

Members and covered dependents can save money on value-added health and wellness products and services not covered by a medical benefit plan with Blue365. Members can save on fitness gear, family activities, gym memberships, healthy eating, dental, vision, hearing aids and more from top local and national retailers – all with no claims to file and no referrals or preauthorizations. Once members sign up for Blue365, weekly Featured Deals are emailed to them, offering special savings for a limited time.

### Wellbeing Management

Wellbeing Management delivers member-centered care management. A care team, led by a health advisor, addresses the mental, physical and emotional aspects of health issues for the most costly and complex member cases. Members can interact with their health advisor through email, secure messaging, phone and/or text.

Automated touch points triggered by missed appointments, tests and prescription refills help engage members. Personalized reminders emphasize the importance of annual visits, preventive screenings and immunizations, while educational messages encourage members with chronic conditions, such as diabetes and asthma, to take actions to improve their health.

### Behavioral Health

Mental health is an important part of our commitment to our members. Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the mental health benefits that come standard with every group plan.

Members can use BAM<sup>SM</sup> to easily access private, online programs to help keep their mental health on track with the features highlighted below:

- An online assessment supports and helps members pinpoint helpful programs.
- Quick, easy online lessons give members access to proven therapy-based techniques.
- Expert coaches guide and inspire members to reach their goals.
- Personal results, programs and messages are always private.

### Boost Benefits with Ancillary Programs

Competitive benefits are essential for employers to attract and retain a talented workforce. Offering ancillary benefits alongside medical coverage can help employers protect their employees’ physical and financial wellbeing while providing them with peace of mind. Talk with your representative to find out how you can boost your groups’ medical benefits with any of these ancillary options:

- |                                      |                                 |
|--------------------------------------|---------------------------------|
| • BlueCare Dental <sup>SM</sup>      | • Accident and Critical Illness |
| • Life Insurance                     | • Vision                        |
| • Short- and/or Long-Term Disability |                                 |

2025-26 Mid-Market/Large Group Plan Portfolio																			
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Cost Share							Inpatient & Outpatient		Pharmacy Benefits	
Plan	Plan Name	Plan ID	Aggregate/Embedded	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance <sup>1</sup> (In/Out)	Primary Care Office Visits <sup>2</sup>	Virtual Visits <sup>3</sup>	Specialist Office Visits <sup>2</sup>	ER Visits	Urgent Care	Lab, X-ray & Other Diagnostic (In/Out)	Advanced Imaging (MRI, CT, & PET) (In)	Inpatient (In/Out)	Outpatient (In/Out)	Preferred Pharmacy Network <sup>4</sup>	Non-Preferred Pharmacy Network <sup>4</sup>
BlueNet EPO <sup>SM</sup>	BlueNet EPO \$500/80%	MNBNB05005	Embedded	\$500/NC	\$1,500/NC	\$2,800/NC	\$8,400/NC	80%/NC	\$25	\$0	\$50	\$170	\$35	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BlueNet EPO \$500/70%	MNBNC05005	Embedded	\$500/NC	\$1,500/NC	\$2,800/NC	\$8,400/NC	70%/NC	\$30	\$0	\$55	\$290	\$70	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$70/\$120/\$200/\$300	\$10/\$20/\$90/\$140/\$200/\$300
	BlueNet EPO \$750/80%	MNBNB07505	Embedded	\$750/NC	\$2,250/NC	\$3,050/NC	\$9,150/NC	80%/NC	\$30	\$0	\$55	\$170	\$40	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BlueNet EPO \$1000/80%	MNBNB10005	Embedded	\$1,000/NC	\$3,000/NC	\$3,300/NC	\$9,900/NC	80%/NC	\$40	\$0	\$65	\$200	\$50	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BlueNet EPO \$1000/70%	MNBNC10005	Embedded	\$1,000/NC	\$3,000/NC	\$3,300/NC	\$9,900/NC	70%/NC	\$45	\$0	\$70	\$350	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$70/\$120/\$200/\$300	\$10/\$20/\$90/\$140/\$200/\$300
	BlueNet EPO \$1500/70%	MNBNC15005	Embedded	\$1,500/NC	\$4,500/NC	\$3,800/NC	\$11,400/NC	70%/NC	\$45	\$0	\$70	\$350	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$70/\$120/\$200/\$300	\$10/\$20/\$90/\$140/\$200/\$300
	BlueNet EPO \$2000/80%	MNBNB20005	Embedded	\$2,000/NC	\$6,000/NC	\$4,300/NC	\$12,900/NC	80%/NC	\$40	\$0	\$65	\$200	\$50	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
	BlueNet EPO \$2000/70%	MNBNC20005	Embedded	\$2,000/NC	\$6,000/NC	\$4,300/NC	\$12,900/NC	70%/NC	\$45	\$0	\$70	\$350	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350
	BlueNet EPO \$2500/80%	MNBNB25005	Embedded	\$2,500/NC	\$7,500/NC	\$5,800/NC	\$17,400/NC	80%/NC	\$40	\$0	\$65	\$200	\$50	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
	BlueNet EPO \$2500/70%	MNBNC25005	Embedded	\$2,500/NC	\$7,500/NC	\$5,800/NC	\$17,400/NC	70%/NC	\$45	\$0	\$70	\$350	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350
	BlueNet EPO \$3000/70%	MNBNC30005	Embedded	\$3,000/NC	\$9,000/NC	\$5,300/NC	\$15,900/NC	70%/NC	\$45	\$0	\$70	\$350	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$70/\$120/\$200/\$300	\$10/\$20/\$90/\$140/\$200/\$300
	BlueNet EPO \$4000/80%	MNBNB40005	Embedded	\$4,000/NC	\$8,000/NC	\$6,300/NC	\$18,400/NC	80%/NC	\$40	\$0	\$65	\$200	\$50	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BlueNet EPO \$4000/70%	MNBNC40005	Embedded	\$4,000/NC	\$8,000/NC	\$6,300/NC	\$18,400/NC	70%/NC	\$45	\$0	\$70	\$350	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$70/\$120/\$200/\$300	\$10/\$20/\$90/\$140/\$200/\$300
	BlueNet EPO \$5000/80%	MNBNB50005	Embedded	\$5,000/NC	\$10,000/NC	\$6,450/NC	\$18,400/NC	80%/NC	\$40	\$0	\$65	\$200	\$50	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
	BlueNet EPO \$5000/70%	MNBNC50005	Embedded	\$5,000/NC	\$10,000/NC	\$6,450/NC	\$18,400/NC	70%/NC	\$45	\$0	\$70	\$350	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350
	BlueNet EPO \$6000/80%	MNBNB60005	Embedded	\$6,000/NC	\$12,000/NC	\$7,650/NC	\$18,400/NC	80%/NC	\$40	\$0	\$65	\$200	\$50	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
	BlueNet EPO \$6000/70%	MNBNC60005	Embedded	\$6,000/NC	\$12,000/NC	\$7,650/NC	\$18,400/NC	70%/NC	\$45	\$0	\$70	\$350	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350
	BlueNet EPO \$7000/80%	MNBNB70005	Embedded	\$7,000/NC	\$14,000/NC	\$8,850/NC	\$18,400/NC	80%/NC	\$40	\$0	\$65	\$200	\$50	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
	BlueNet EPO \$7000/70%	MNBNC70005	Embedded	\$7,000/NC	\$14,000/NC	\$8,850/NC	\$18,400/NC	70%/NC	\$45	\$0	\$70	\$350	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350

**General Notes:**

NC = Not Covered; DC = Deductible and Coinsurance; In = In-Network; Out and OON = Out-of-Network

All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.

When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-preferred pharmacy.

They can also get covered 90-day supply prescriptions at pharmacies in the Preferred Pharmacy Network. Members can find a preferred pharmacy and other in-network pharmacies at [www.myprime.com](http://www.myprime.com). All plans include prescription drug benefits. The benefit plan is based on the BCBSNM Performance drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.

Certain PT/ST/OT services will be covered at the same copay as a Primary Care Physician where applicable: 1) PT/ST/OT only provided by a physical therapist, occupational therapist, or speech therapist and includes therapy assistants. Professional services only (office/outpatient). 2) Separate copay may apply if other services are billed in conjunction with the therapy. (Example: Office visit billed in conjunction with therapy, an office visit copay & PT copay would both apply).

Mental Health/Substance Usage cost share amounts will reflect state law requirements for elimination of cost sharing for Behavioral Health Services and will be implemented in accordance with applicable law – no member cost share for eligible services. HSA plans require deductible to be met.

**Footnotes:**

- Coinsurance applies after the medical deductible is met.
- Telemedicine is a feature offered to New Mexico Mid-Market/Large Group plans. Telemedicine services by Participating Providers are available at the corresponding office visit cost share.
- Virtual Visits, powered by MDLIVE, is another feature offered to New Mexico Mid-Market/Large Group plans. Members will pay a \$0 copayment for a Virtual Visit, so long as the member uses MDLIVE providers, with the exception of HSA, Blue Preferred EPO HSA and Blue Preferred Plus Plans.
- Prescription Drug plan payments apply to the medical plan out-of-pocket maximum.
- BlueEdge HSA, BlueEdge HSA 100, Blue Preferred EPO HSA 100 plans: Prescription Drug Plan payments are subject to the medical deductible and apply to the out-of-pocket maximum.
- BlueEdge HCA Direct Plan - \$1,000 plan HCA funding = \$500/individual and \$1,000/two-party or family; \$2,500 plan HCA funding = \$1,250/individual and \$2,500/two-party or family; \$5,000 plan HCA funding = \$2,500/individual and \$5,000/two-party or family.
- BlueEdge HCA Standard Plan - \$1,000 plan HCA funding = \$250/individual and \$500/two-party or family; \$2,500 plan HCA funding = \$500/individual and \$1,000/two-party or family; \$5,000 plan HCA funding = \$1,500/individual and \$3,000/two-party or family.
- \$0 HSA Preventive Drugs: This benefit allows certain preventive drugs to be filled at zero cost to members who enroll on designated plans.

2025-26 Mid-Market/Large Group Plan Portfolio																			
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Cost Share							Inpatient & Outpatient		Pharmacy Benefits	
Plan	Plan Name	Plan ID	Aggregate/Embedded	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance <sup>1</sup> (In/Out)	Primary Care Office Visits <sup>2</sup>	Virtual Visits <sup>3</sup>	Specialist Office Visits <sup>2</sup>	ER Visits	Urgent Care	Lab, X-ray & Other Diagnostic (In/Out)	Advanced Imaging (MRI, CT, & PET) (In)	Inpatient (In/Out)	Outpatient (In/Out)	Preferred Pharmacy Network <sup>4</sup>	Non-Preferred Pharmacy Network <sup>4</sup>
Blue Preferred EPO <sup>SM</sup>	Blue Preferred EPO \$500/80%	MNBPE05005	Embedded	\$500/NC	\$1,000/NC	\$2,800/NC	\$8,400/NC	80%/NC	\$25	\$0	\$50	\$250	\$75	Coins no Ded/NC	\$250	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred EPO \$1000/80%	MNBPE10005	Embedded	\$1,000/NC	\$2,000/NC	\$3,300/NC	\$9,900/NC	80%/NC	\$30	\$0	\$60	\$250	\$75	Coins no Ded/NC	\$250	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred EPO \$2000/80%	MNBPE20005	Embedded	\$2,000/NC	\$4,000/NC	\$3,800/NC	\$11,400/NC	80%/NC	\$30	\$0	\$60	\$250	\$75	Coins no Ded/NC	\$250	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred EPO \$2500/70%	MNBPE25005	Embedded	\$2,500/NC	\$5,000/NC	\$4,300/NC	\$12,900/NC	70%/NC	\$30	\$0	\$60	\$250	\$75	Coins no Ded/NC	\$250	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred EPO \$4000/70%	MNBPE40005	Embedded	\$4,000/NC	\$8,000/NC	\$5,800/NC	\$17,400/NC	70%/NC	\$35	\$0	\$65	\$250	\$75	Coins no Ded/NC	\$250	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred EPO \$5000/70%	MNBPE50005	Embedded	\$5,000/NC	\$10,000/NC	\$6,150/NC	\$18,400/NC	70%/NC	\$35	\$0	\$65	\$250	\$75	Coins no Ded/NC	\$250	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred EPO \$6000/70%	MNBPE60005	Embedded	\$6,000/NC	\$12,000/NC	\$7,800/NC	\$18,400/NC	70%/NC	\$35	\$0	\$65	\$250	\$75	Coins no Ded/NC	\$250	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred EPO \$7000/70%	MNBPE70005	Embedded	\$7,000/NC	\$14,000/NC	\$9,200/NC	\$18,400/NC	70%/NC	\$35	\$0	\$65	\$250	\$75	Coins no Ded/NC	\$250	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
BluePPO Evolution <sup>SM</sup>	BluePPO Evolution \$500/80%	MNEVO05005	Embedded	\$500/\$1,000	\$1,000/\$2,000	\$2,800/\$5,600	\$8,400/\$16,800	80%/60%	\$25	\$0	\$50	\$250	\$45	100%/DC	\$150	DC	DC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
	BluePPO Evolution \$750/80%	MNEVO07505	Embedded	\$750/\$1,500	\$1,500/\$3,000	\$3,300/\$6,600	\$9,900/\$19,800	80%/60%	\$25	\$0	\$50	\$250	\$45	100%/DC	\$150	DC	DC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
	BluePPO Evolution \$1000/80%	MNEVO10005	Embedded	\$1,000/\$2,000	\$2,000/\$4,000	\$4,300/\$8,600	\$12,900/\$25,800	80%/60%	\$25	\$0	\$50	\$250	\$45	100%/DC	\$150	DC	DC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
	BluePPO Evolution \$2000/80%	MNEVO20005	Embedded	\$2,000/\$4,000	\$4,000/\$8,000	\$4,300/\$8,600	\$12,900/\$25,800	80%/60%	\$25	\$0	\$50	\$250	\$45	100%/DC	\$150	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350
	BluePPO Evolution \$2500/80%	MNEVO25005	Embedded	\$2,500/\$5,000	\$5,000/\$10,000	\$4,800/\$9,600	\$14,400/\$28,800	80%/60%	\$25	\$0	\$50	\$250	\$45	100%/DC	\$150	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350
	BluePPO Evolution \$3500/80%	MNEVO35005	Embedded	\$3,500/\$7,000	\$7,000/\$14,000	\$5,300/\$10,600	\$15,900/\$31,800	80%/60%	\$25	\$0	\$50	\$250	\$45	100%/DC	\$150	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350
	BluePPO Evolution \$5000/80%	MNEVO50005	Embedded	\$5,000/\$10,000	\$10,000/\$20,000	\$7,300/\$14,600	\$18,400/\$36,800	80%/60%	\$25	\$0	\$50	\$250	\$45	100%/DC	\$150	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350

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- BlueEdge HCA Standard Plan - \$1,000 plan HCA funding = \$250/individual and \$500/two-party or family; \$2,500 plan HCA funding = \$500/individual and \$1,000/two-party or family; \$5,000 plan HCA funding = \$1,500/individual and \$3,000/two-party or family.
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			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Cost Share							Inpatient & Outpatient		Pharmacy Benefits	
Plan	Plan Name	Plan ID	Aggregate/Embedded	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance¹ (In/Out)	Primary Care Office Visits²	Virtual Visits³	Specialist Office Visits²	ER Visits	Urgent Care	Lab, X-ray & Other Diagnostic (In/Out)	Advanced Imaging (MRI, CT, & PET) (In)	Inpatient (In/Out)	Outpatient (In/Out)	Preferred Pharmacy Network⁴	Non-Preferred Pharmacy Network⁴
BlueNet H EPO <sup>SM</sup>	BlueNet H EPO \$0/100% A	MNBNH000A5	Embedded	\$0/NC	\$0/NC	\$2,800/NC	\$8,400/NC	100%/NC	\$20	\$0	\$45	\$150	\$45	100%/NC	\$50	\$500/NC	\$150/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BlueNet H EPO \$0/100% B	MNBNH000B5	Embedded	\$0/NC	\$0/NC	\$2,800/NC	\$8,400/NC	100%/NC	\$30	\$0	\$55	\$200	\$55	100%/NC	\$50	\$750/NC	\$200/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BlueNet H EPO \$0/100% C	MNBNH000C5	Embedded	\$0/NC	\$0/NC	\$5,300/NC	\$15,900/NC	100%/NC	\$40	\$0	\$65	\$250	\$60	100%/NC	\$50	\$1,000/NC	\$350/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BlueNet H EPO \$0/100% D	MNBNH000D5	Embedded	\$0/NC	\$0/NC	\$5,300/NC	\$15,900/NC	100%/NC	\$40	\$0	\$65	\$300	\$60	100%/NC	\$50	\$2,000/NC	\$500/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BlueNet H EPO \$500/100%	MNBNH05005	Embedded	\$500/NC	\$1,000/NC	\$5,300/NC	\$15,900/NC	100%/NC	\$40	\$0	\$65	\$300	\$60	100%/NC	\$50	\$2,000/NC	\$500/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BlueNet H EPO \$1000/100%	MNBNH10005	Embedded	\$1,000/NC	\$2,000/NC	\$5,300/NC	\$15,900/NC	100%/NC	\$40	\$0	\$65	\$300	\$60	100%/NC	\$50	\$2,000/NC	\$500/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
HMO Blue <sup>SM</sup>	HMO Blue \$0/100%	MNHMO00005	Embedded	\$0/NC	\$0/NC	\$5,300/NC	\$15,900/NC	100%/NC	\$45	\$0	\$75	\$200	\$75	100%/NC	\$50/MRI; 100%/CT & PET	\$1,000/NC	\$500/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	HMO Blue \$500/80%	MNHMO05005	Embedded	\$500/NC	\$1,500/NC	\$1,800/NC	\$5,400/NC	80%/NC	\$30	\$0	\$55	\$200	\$75	100%/NC	\$50/MRI; 100%/CT & PET	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	HMO Blue \$1000/80%	MNHMO10005	Embedded	\$1,000/NC	\$3,000/NC	\$3,300/NC	\$9,900/NC	80%/NC	\$35	\$0	\$60	\$200	\$75	100%/NC	\$50/MRI; 100%/CT & PET	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250

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Plan	Plan Name	Plan ID	Aggregate/Embedded	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance¹ (In/Out)	Primary Care Office Visits²	Virtual Visits³	Specialist Office Visits²	ER Visits	Urgent Care	Lab, X-ray & Other Diagnostic (In/Out)	Advanced Imaging (MRI, CT, & PET) (In)	Inpatient (In/Out)	Outpatient (In/Out)	Preferred Pharmacy Network⁴	Non-Preferred Pharmacy Network⁴
BlueEdge HCA PPO <sup>SM</sup>	BlueEdge HCA PPO \$1000/70% D⁶	MNHCD10005	Embedded	\$1,000/\$2,000	\$2,000/\$4,000	\$3,800/\$7,600	\$11,400/\$22,800	70%/50%	\$30	\$0	\$65	\$250	\$75	Coins no Ded/DC	\$250	DC	DC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
	BlueEdge HCA PPO \$1000/70% S⁷	MNHCS10005	Embedded	\$1,000/\$2,000	\$2,000/\$4,000	\$3,800/\$7,600	\$11,400/\$22,800	70%/50%	\$30	\$0	\$65	\$250	\$75	Coins no Ded/DC	\$250	DC	DC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
	BlueEdge HCA PPO \$2500/80% D⁶	MNHCD25005	Embedded	\$2,500/\$5,000	\$5,000/\$10,000	\$4,800/\$9,600	\$14,400/\$28,800	80%/60%	\$30	\$0	\$60	\$250	\$75	Coins no Ded/DC	\$250	DC	DC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
	BlueEdge HCA PPO \$2500/80% S⁷	MNHCS25005	Embedded	\$2,500/\$5,000	\$5,000/\$10,000	\$4,800/\$9,600	\$14,400/\$28,800	80%/60%	\$30	\$0	\$60	\$250	\$75	Coins no Ded/DC	\$250	DC	DC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
	BlueEdge HCA PPO \$5000/70% D⁶	MNHCD50005	Embedded	\$5,000/\$10,000	\$10,000/\$20,000	\$6,150/\$12,300	\$18,400/\$36,800	70%/50%	\$35	\$0	\$65	\$250	\$75	Coins no Ded/DC	\$250	DC	DC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
	BlueEdge HCA PPO \$5000/70% S⁷	MNHCS50005	Embedded	\$5,000/\$10,000	\$10,000/\$20,000	\$6,150/\$12,300	\$18,400/\$36,800	70%/50%	\$35	\$0	\$65	\$250	\$75	Coins no Ded/DC	\$250	DC	DC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
BlueEdge HSA <sup>SM</sup>	BlueEdge HSA \$3300/80%	MNBE833005	Embedded HSA	\$3,300/\$3,300	\$6,600/\$6,600	\$4,000/\$8,000	\$12,000/\$24,000	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% <sup>5,8</sup>	80%/80%/70%/60%/60%/50% <sup>5,8</sup>
	BlueEdge HSA \$3500/80%	MNBE835005	Embedded HSA	\$3,500/\$3,500	\$7,000/\$7,000	\$5,000/\$10,000	\$15,000/\$30,000	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% <sup>5,8</sup>	80%/80%/70%/60%/60%/50% <sup>5,8</sup>
	BlueEdge HSA \$4000/80%	MNBE840005	Embedded HSA	\$4,000/\$4,000	\$8,000/\$8,000	\$6,000/\$18,000	\$12,000/\$36,000	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% <sup>5,8</sup>	80%/80%/70%/60%/60%/50% <sup>5,8</sup>
	BlueEdge HSA \$5000/80%	MNBE850005	Embedded HSA	\$5,000/\$5,000	\$10,000/\$10,000	\$6,900/\$13,800	\$16,600/\$33,200	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50% <sup>5,8</sup>	80%/80%/70%/60%/60%/50% <sup>5,8</sup>
	BlueEdge HSA 100 \$3300/100%	MNBE133005	Embedded HSA	\$3,300/\$6,600	\$6,600/\$13,200	\$3,300/\$9,900	\$6,600/\$19,800	100%/60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	100% <sup>5,8</sup>	100% <sup>5,8</sup>
	BlueEdge HSA 100 \$3500/100%	MNBE135002	Embedded HSA	\$3,500/\$7,000	\$7,000/\$14,000	\$3,500/\$10,500	\$7,000/\$21,000	100%/60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	100% <sup>5</sup>	100% <sup>5</sup>
	BlueEdge HSA 100 \$4000/100%	MNBE140005	Embedded HSA	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$12,000	\$8,000/\$24,000	100%/60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	100% <sup>5,8</sup>	100% <sup>5,8</sup>
	BlueEdge HSA 100 \$5000/100%	MNBE150002	Embedded HSA	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$15,000	\$10,000/\$30,000	100%/60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	100% <sup>5</sup>	100% <sup>5</sup>

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			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Cost Share							Inpatient & Outpatient		Pharmacy Benefits	
Plan	Plan Name	Plan ID	Aggregate/Embedded	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance¹ (In/Out)	Primary Care Office Visits²	Virtual Visits³	Specialist Office Visits²	ER Visits	Urgent Care	Lab, X-ray & Other Diagnostic (In/Out)	Advanced Imaging (MRI, CT, & PET) (IN)	Inpatient (In/Out)	Outpatient (In/Out)	Preferred Pharmacy Network⁴	Non-Preferred Pharmacy Network⁴
Blue Preferred EPO HSA 100 <sup>SM</sup>	Blue Preferred EPO HSA 100 \$3300/100%	MNBP133005	Embedded HSA	\$3,300/NC	\$6,600/NC	\$3,300/NC	\$6,600/NC	100%/NC	DC	DC	DC	DC	DC	DC/NC	DC	DC/NC	DC/NC	100% <sup>5,8</sup>	100% <sup>5,8</sup>
	Blue Preferred EPO HSA 100 \$4000/100%	MNBP140005	Embedded HSA	\$4,000/NC	\$8,000/NC	\$4,000/NC	\$8,000/NC	100%/NC	DC	DC	DC	DC	DC	DC/NC	DC	DC/NC	DC/NC	100% <sup>5,8</sup>	100% <sup>5,8</sup>
	Blue Preferred EPO HSA 100 \$5000/100%	MNBP150002	Embedded HSA	\$5,000/NC	\$10,000/NC	\$5,000/NC	\$10,000/NC	100%/NC	DC	DC	DC	DC	DC	DC/NC	DC	DC/NC	DC/NC	100% <sup>5</sup>	100% <sup>5</sup>

2025-26 Mid-Market/Large Group Plan Portfolio																			
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Cost Share							Inpatient & Outpatient		Pharmacy Benefits	
Plan	Plan Name	Plan ID	Aggregate/Embedded	Individual (NLP/PPO/OON)	Family (NLP/PPO/OON)	Individual OPX (NLP/PPO/OON)	Family OPX (NLP/PPO/OON)	Coinsurance¹ (NLP/PPO/OON)	Primary Care Office Visits² (NLP/PPO)	Virtual Visits³ (NLP/PPO)	Specialist Office Visits² (NLP/PPO)	ER Visits (NLP/PPO/OON)	Urgent Care (NLP/PPO/OON)	Lab, X-ray & Other Diagnostic (NLP/PPO/OON)	Advanced Imaging (MRI, CT, & PET) (NLP/PPO)	Inpatient (NLP/PPO/OON)	Outpatient (NLP/PPO/OON)	Preferred Pharmacy Network⁴	Non-Preferred Pharmacy Network⁴
Blue Preferred Plus <sup>SM</sup>	Blue Preferred Plus \$1000/\$2000 90%/60%	MNBPP10005	Embedded	\$1,000/\$2,000/\$3,000	\$2,000/\$4,000/\$6,000	\$4,300/\$5,300/\$10,600	\$12,900/\$15,900/\$31,800	90%/60%/50%	\$25/\$35	\$25	\$55/\$65	\$250	\$75	100%/100%/DC	\$150/\$300	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred Plus \$2500/\$3500 90%/60%	MNBPP25005	Embedded	\$2,500/\$3,500/\$4,500	\$4,500/\$5,500/\$6,500	\$4,800/\$5,800/\$11,600	\$14,400/\$17,400/\$34,800	90%/60%/50%	\$25/\$35	\$25	\$55/\$65	\$250	\$75	100%/100%/DC	\$150/\$300	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250

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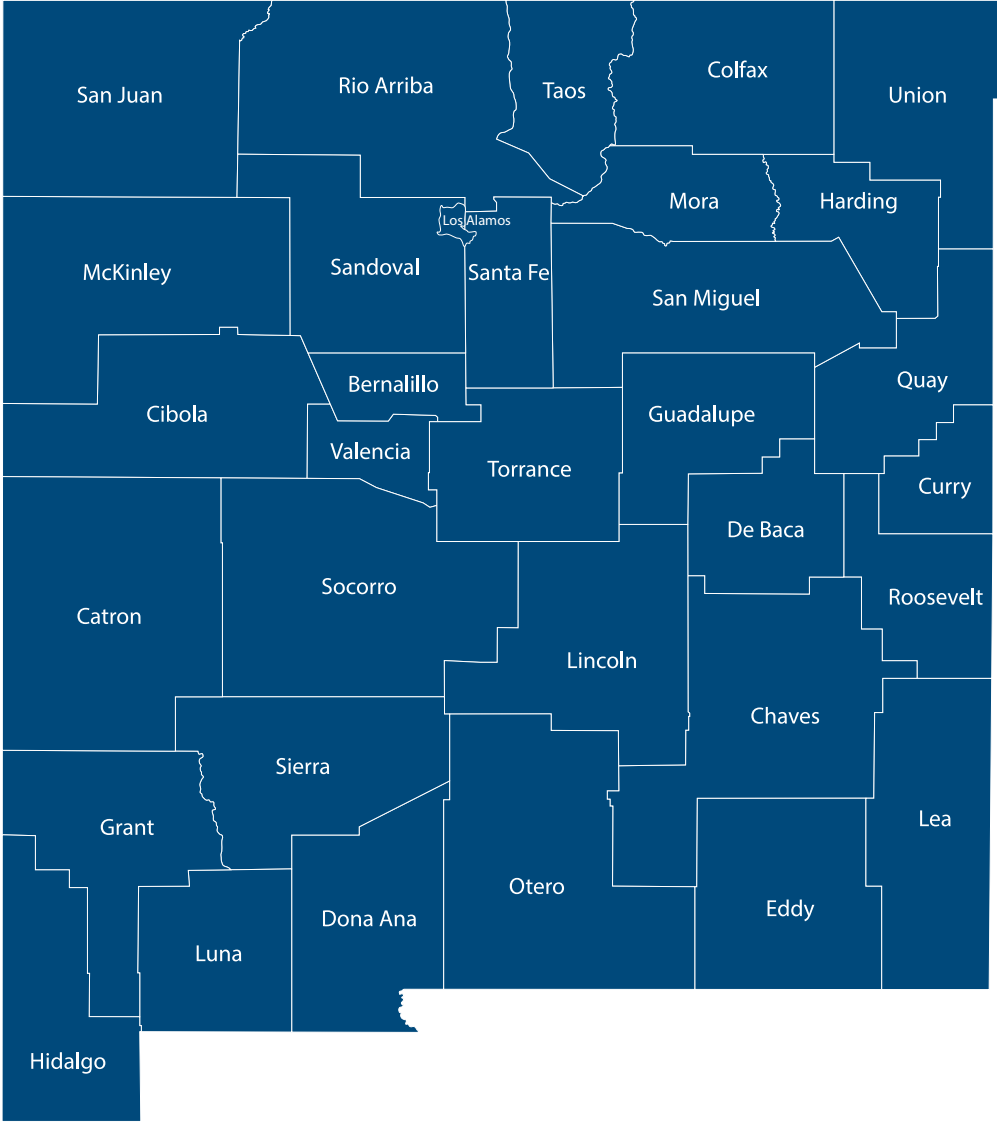
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# New Mexico Mid-Market/Large Group Provider Networks by County



**Network Names**  
● PPO, HMO, and Blue Preferred EPO

# Network Offerings Comparison

Plan Name	BluePPO Evolution	BlueNet EPO	BlueNet H EPO	Blue Preferred Plus	Blue Preferred EPO	HMO Blue
Network Name	Participating Provider Option (PPO)	Participating Provider Option (PPO)	Participating Provider Option (PPO)	Tier 1 - Blue Preferred EPO (NLP) Tier 2 - PPO Tier 3 - OON (OON) (Network ID Code is NBP)	Blue Preferred EPO (NLP)	Health Maintenance Organization (HMO)
Network Type	Broad	Broad	Broad	Broad	Smart	Broad
Availability	51+ Fully Insured Plans	51+ Fully Insured Plans	51+ Fully Insured Plans	51+ Fully Insured Plans	51+ Fully Insured Plans	51+ Fully Insured Plans
PCP Selection Required	No	No	No	Yes	Yes	Yes
Referral Required	No	No	No	No	No	No
OON Coverage	Yes	No	No	Yes	No	No
BlueCard®	Yes	Yes	Yes	Yes - Paid at Tier 2	Yes	Urgent/ Emergency Services
Away From Home Care® (AFHC)	N/A	N/A	N/A	N/A	N/A	Yes
Blue Access for Members	Yes	Yes	Yes	Yes	Yes	Yes
Provider Finder®	Yes	Yes	Yes	Yes	Yes	Yes
Member Liability Estimator	Yes	Yes	Yes	Yes	Yes	No

# Vision Insurance

## Access to Care Starts with the Right Network

Vision benefits from Blue Cross and Blue Shield of New Mexico provide the right mix of independent and retail providers – including popular national chains and regional favorites, as well as online options. With the Select network, members have access to care and services that offer more flexibility, choice and savings.

In fact, because our vision benefits network uses EyeMed’s Select network, you can look forward to more employees enrolling, 98% in-network provider utilization<sup>1</sup> and more members using their benefit.<sup>2</sup>

Additional benefits include:

- Ability to use contact lens and frame allowance in the same benefit period and still receive discount on spectacle lenses
- Online, in-network options at **ContactsDirect.com**, **Glasses.com**, **TargetOptical.com**, **Lenscrafters.com**, **Ray-Ban.com** and **Oakley.com**.

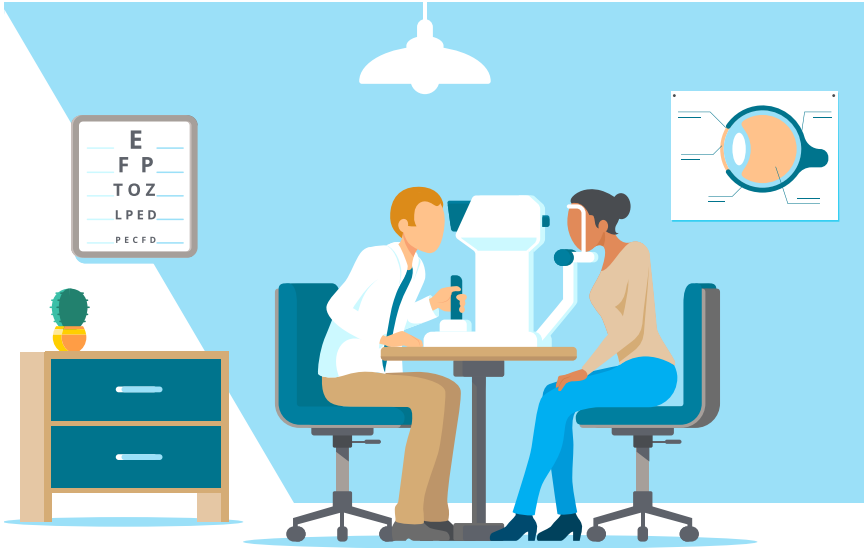
# of in-network provider access points (estimated) <sup>4</sup>	165,507
# of in-network provider locations	26,558
# of in-network independent provider locations <sup>5</sup>	19,225
# of in-network retail provider locations <sup>5</sup>	7,330
In-network, online options that allow benefits to be applied	Yes
Benefits	
Freedom to choose nearly any ophthalmic frame, lens or contact lens <sup>6</sup>	Yes
Discount on additional pairs of glasses	40%
Discounts on hearing exams, aids and services	Yes
Member Experience	
Ability to locate an in-network provider by multiple criteria, such as ZIP code, provider specialty office hours, services and/or frame brands	Yes
Mobile app for members with ID card, provider locator, benefit overview and driving directions	Yes
100 hours or more of live customer services, 7 days a week	Yes
Certified Center of Excellence call center <sup>7</sup>	Yes

1. Dearborn Life Insurance Company book of business data, 2019.  
2. EyeMed analysis of new business that transferred over from a prior benefits company, 2013-2014. EyeMed is an independent company that administers the vision benefits for Blue Cross and Blue Shield of New Mexico.  
3. Network data is based on the EyeMed Vision Care Select network.  
4. All network data as of December 2023. Competitive network figures from Netminder, rounded to the nearest 100.  
5. Retail chains must have at least 20 locations.  
6. May not be available on all plans. Confirm if your plan provides this option.  
7. EyeMed awarded Benchmark Portal Center of Excellence certification for 14 consecutive years. Benchmark Portal evaluates call centers from businesses across the country in multiple industries.  
For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

## Vision Plan Portfolio

	Frequency Eye Exams	Frequency Lenses	Frequency Frame	Exam Copay	Lens Copay	Allowance Frame	Contact Frame	Funded Fit & Follow-up	Funded Scratch Coating	Funded Kids Polycarb
Plan 1	12	12	24	\$10	\$25	\$100	\$100	No	No	No
Plan 2	12	12	24	\$10	\$10	\$130	\$130	No	Yes	Yes
Plan 3	12	12	24	\$10	\$10	\$130	\$130	Yes	Yes	Yes
Plan 4	12	12	12	\$10	\$10	\$130	\$130	No	Yes	Yes
Plan 5	12	12	24	\$10	\$10	\$150	\$150	No	Yes	Yes
Plan 6	12	12	12	\$10	\$10	\$150	\$150	No	Yes	Yes
Plan 7	12	12	12	\$10	\$10	\$150	\$150	No	Yes	Yes
Plan 8	12	12	24	\$10	\$25	\$130	\$130	No	Yes	Yes
Plan 9	12	12	24	\$10	\$25	\$150	\$150	No	Yes	Yes
Plan 10	12	12	12	\$10	\$25	\$150	\$150	No	Yes	Yes

Contact your Account Representative or ancillary sales executive for a proposal and complete details. Available for both contributory and non-contributory plans.





BlueCare Dental

Contributory Plans

Plan Options for Mid-Market/Large Group

	DNNHR30		DNNHR31		DNNHR32		DNNHR33		DNNHR34		DNNHR35		DNNLR36		DNNHM38		DNNHM40		DNNLM41		DNNHM42		DNNHR50		DNNLM51		DNNHM57		DNNLR58		DNNHR61		DNNLR62	
	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON		
Deductible (3x Family)	\$25		\$25		\$50		\$50		\$50	\$75	\$0		\$50		\$50		\$50		\$75		\$25	\$75	\$50		\$50		\$50		\$50		\$50		\$50	
Annual Maximum	\$5,000		\$3,000		\$2,000		\$1,500		\$1,500	\$1,000	\$2,000		\$1,000		\$1,000		\$1,500	\$1,000	\$1,000		\$750		\$1,500		\$1,000		\$1,500		\$1,000		\$2,000		\$1,500	
Ortho Lifetime Maximum	\$2,000		\$2,000		\$2,000		\$1,500		\$1,000		\$2,000		N/A		\$1,000		N/A		N/A		N/A		N/A		\$1,000		\$1,500		\$1,000		\$1,000		\$1,000	
Diagnostic and Preventive <sup>1</sup>	0%		0%		0%		0%		0%	20%	0%		0%		0%		0%	20%	10%	30%	0%		0%		0%		0%		0% <sup>3</sup>		0%		0%	
Misc. Preventive Services	0% <sup>1</sup>		0% <sup>1</sup>		0% <sup>1</sup>		0% <sup>1</sup>		0% <sup>1</sup>	20% <sup>1</sup>	0% <sup>1</sup>		20%		0% <sup>1</sup>		0% <sup>1</sup>	20% <sup>1</sup>	30%	50%	0% <sup>1</sup>		0% <sup>1</sup>		20%		0% <sup>1</sup>		20%		0% <sup>2</sup>		20%	
Basic Restorative	20%		20%		20%		20%		20%	40%	10%	20%	20%		20%		20%	40%	30%	50%	20% <sup>2</sup>		20%		20%		0%		20%		20%		20%	
Non-surgical Extractions, Non-surgical Periodontics, and Adjunctive Services	20%		20%		20%		20%		20%	40%	10%	20%	20%		20%		20%	40%	30%	50%	N/A		20%		20%		0%		20%		20%		20%	
Endodontics	20%		20%		20%		20%		20%	40%	10%	20%	50%		20%		20%	40%	50%	70%	N/A		20%		50%		0%		50%		20%		50%	
Oral Surgery	20%		20%		20%		20%		20%	40%	10%	20%	50%		20%		20%	40%	50%	70%	N/A		20%		50%		0%		50%		20%		50%	
Surgical Periodontics	20%		20%		20%		20%		20%	40%	10%	20%	50%		20%		20%	40%	50%	70%	N/A		20%		50%		0%		50%		20%		50%	
Major Restorative and Prosthodontics	50%		50%		50%		50%		50%		40%	50%	50%		50%		50%	60%	50%	70%	N/A		50%		50%		40%		50%		50%		50%	
Implants	50%		50%		50%		50%		50%		40%	50%	N/A		N/A		N/A		N/A		N/A		N/A		N/A		40%		N/A		N/A		N/A	
Orthodontics <sup>1</sup>	50%		50%		50%		50%		50%		50%		N/A		50%		N/A		N/A		N/A		N/A		50%		50%		50%		50%		50%	
OON Reimbursement	90th R&C		90th R&C		90th R&C		90th R&C		90th R&C		90th R&C		90th R&C		MAC		MAC		MAC		MAC		90th R&C		MAC		MAC		90th R&C		90th R&C		90th R&C	

Voluntary Plans

	DNNHR43		DNNHM44		DNNHR45		DNNHM46		DNNLR47		DNNLR48		DNNLM49		DNNHR53		DNNLR54		DNNLM55		DNNLM56		DNNHM59		DNNLR60	
	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON
Deductible (3x Family)	\$50		\$50		\$25	\$75	\$25	\$75	\$50		\$50		\$50		\$50		\$50		\$50		\$50	\$100	\$50		\$50	
Annual Maximum	\$1,500		\$1,500	\$1,000	\$2,000		\$750		\$1,500		\$1,500		\$1,000		\$1,500		\$1,000		\$1,000		\$750		\$1,500		\$1,000	
Ortho Lifetime Maximum	\$1,500		N/A		\$2,000		N/A		N/A		\$1,000		N/A		N/A		N/A		\$1,000		N/A		\$1,500		\$1,000	
Diagnostic and Preventive <sup>1</sup>	0%		0%	20%	0%		0%		0%		0%		0%		0%		0%		0%		0%		0%		0% <sup>3</sup>	
Misc. Preventive Services	0% <sup>1</sup>		0% <sup>1</sup>	20% <sup>1</sup>	0% <sup>1</sup>		0% <sup>1</sup>		20%		20%		20%		0% <sup>1</sup>		20%		20%		20%	50%	0% <sup>1</sup>		20%	
Basic Restorative	20%		20%	40%	10%	20%	20% <sup>2</sup>		20%		20%		20%		20%		20%		20%		20%	50%	0%		20%	
Non-surgical Extractions, Non-surgical Periodontics, and Adjunctive Services	20%		20%	40%	10%	20%	N/A		20%		20%		20%		20%		20%		20%		20%	50%	0%		20%	
Endodontics	20%		20%	40%	10%	20%	N/A		50%		50%		50%		20%		50%		50%		50%		0%		50%	
Oral Surgery	20%		20%	40%	10%	20%	N/A		50%		50%		50%		20%		50%		50%		50%		0%		50%	
Surgical Periodontics	20%		20%	40%	10%	20%	N/A		50%		50%		50%		20%		50%		50%		50%		0%		50%	
Major Restorative and Prosthodontics	50%		50%	60%	40%	50%	N/A		50%		50%		50%		50%		50%		50%		50%		40%		50%	
Implants	N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	
Orthodontics <sup>1</sup>	50%		N/A		50%		N/A		N/A		50%		N/A		N/A		N/A		50%		N/A		50%		50%	
OON Reimbursement	90th R&C		MAC		90th R&C		MAC		90th R&C		90th R&C		MAC		90th R&C		90th R&C		MAC		MAC		MAC		90th R&C	

1. Waived Deductible applies to this service.

2. Only Basic Restorative Services are covered.

3. Preventive services will not count toward maximum annual benefit.

For information on rates, contact your BCBSNM Account Representative.  
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This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For more information on these plans, please contact your BCBSNM Account Representative.

Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by BCBSNM to provide pharmacy benefit management and related other services. BCBSNM, as well as several independent