BCBSNM Medicare Supplement Plan – 01/01/2027

BlueCross BlueShield of New Mexico

Medicare (Part A) Hospital Services — Per Benefit Period*

SERVICES	MEDICARE PAYS	THIS PLAN PAYS	YOU PAY**
Hospitalization*			
Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but $1,736	$1,736 (Part A deductible)	$0
61st through 90th day	All but $434 a day	$434 a day	$0
91st day and after:			
While using 60 lifetime reserve days	All but $868 a day	$868 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare eligible expenses	$0
Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $217 a day	Up to $217 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints (100%)	$0
Additional amounts	100%	$0	$0
Hospice Care			
Available as long as your doctor certifies you are terminally ill, and you elect to receive these services	• 100% for hospice care • All but $5 for Rx • 95% for inpatient (all but very limited coinsurance for outpatient drugs and inpatient respite care)	• $0 • $0 • 5% for inpatient	$0

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Medicare (Parts A and B)			
SERVICES	**MEDICARE PAYS**	**THIS PLAN PAYS**	**YOU PAY****
Home Health Care			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment	$0 until you meet $283 Part B deductible	$0 until you meet $283 Part B deductible	$283 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Outpatient Psychiatric Care			
Medicare-approved services	$0 until you meet $283 Part B deductible	$0 until you meet $283 Part B deductible	$283 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Medicare (Part B) Medical Services — Per Calendar Year*

SERVICES	MEDICARE PAYS	THIS PLAN PAYS	YOU PAY**
Medical Expenses			
In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $283 of Medicare-approved amounts*	$0 until you meet $283 Part B deductible	$0 until you meet $283 Part B deductible	$283 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare-approved amounts)	$0	80%	20%
Blood			
First 3 pints	$0	100%	$0
Next $283 of Medicare-approved amounts*	$0 until you meet $283 Part B deductible	$0 until you meet $283 Part B deductible	$283 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services			
Blood tests for diagnostic services	100%	$0	$0
Home Health Care – At Home Recovery (Not Covered by Medicare)			
Each visit (additional visits to assist you with activities of daily living during recovery from an illness, injury, or surgery)	$0	Up to $40 per visit	All costs over $40 per visit
Annual Maximum – At Home Recovery	$0	$1,600	N/A
Medicare-covered Preventive Care			
Routine checkups and screening tests	80%	20%	$0

Other Benefits – Not Covered by Medicare

SERVICES	MEDICARE PAYS	THIS PLAN PAYS	YOU PAY**
Preventive Care – Not Covered by Medicare			
Routine checkups and screening tests	$0	100% allowable charges	$0
Acupuncture and Rolfing – Not Covered by Medicare			
Combined Max. $1,500 per year	$0	80% allowable charges	20% allowable charges
Foreign Travel – Not Covered by Medicare			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

**Once you have been billed $257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

NOTE: Prescription drug coverage is offered through Express Scripts under the New Mexico Retiree Health Care Authority.

**Part A and Part B Medicare deductibles are subject to change for 2027 when updated by CMS (Centers for Medicare and Medicaid).

This is a summary only – please refer to the Benefit Booklet for more details.