

# 2024-25 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.

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

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## 2024-25 Mid-Market/Large Group Plans

The Blue Cross and Blue Shield of New Mexico Mid-Market/Large Group Portfolio is available from July 1, 2024, through June 30, 2025. 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 2024-25 Mid-Market/Large Group portfolio:

## 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>™</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.

## Members and Employers Save Big with Member Rewards\*\*

Our Member Rewards program, administered by Zelis, is now expanding to include maintenance medications. The program helps members:

- Compare costs and quality of providers and maintenance medications.
- Save on out-of-pocket costs.
- Earn Cash Rewards.

When members choose quality, lower-cost, reward-eligible options, they will receive cash rewards and save on their and their employers' - health care costs.

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

## **Metabolic Health Management - Diabetes Reversal**

Eligible members will now have access to a 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 type 2 diabetes – all offered as a covered benefit and at no cost.

## **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 BCBSNM representative to find out how you can boost your groups' medical benefits with any of these ancillary options:

• BlueCare Dental<sup>s</sup>

• Life Insurance

- Vision
- Short- and/or Long-Term Disability

## **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<sup>®</sup>, and Telemedicine consultations through members' primary care physicians are conducted by phone, online video or mobile app.

## Well onTarget<sup>®</sup>

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

• Enhance employee engagement Reduce costs

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

### Blue365<sup>®</sup>

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.

Accident and Critical Illness

• Promote good health

continued



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## Highlights of our 2024-25 Mid-Market/Large Group portfolio continued:

## 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.

## Wondr Health<sup>™</sup>

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.

## **Behavioral Health**

Mental health is an important part of our approach to 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>™</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.



BCBSN	M 2024-2	5 Mid-Marke	t/Large Grou	ip Plan Poi	rtfolio														
			Deductible Type		ar Year ctibles	Medical Out-of-Pock		Coinsurance	Cost Share			Inpatient 8	Outpatient	Pharmac	y Benefits				
Plan F	Plan Name	Plan ID	Aggregate/ Embedded	Individual (In/Out)	Family (ln/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 (ln/Out)	Preferred Pharmacy Network⁴	Non-Preferred Pharmacy Network⁴
	lueNet EPO \$500/80%	MNBNB05004	Embedded	\$500/NC	\$1,500/NC	\$2,500/NC	\$5,000/NC	80%/NC	\$20	\$0	\$35	\$120	\$35	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
В	lueNet EPO \$500/70%	MNBNC05004	Embedded	\$500/NC	\$1,500/NC	\$2,500/NC	\$5,000/NC	70%/NC	\$25	\$0	\$40	\$240	\$70	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	lueNet EPO \$750/80%	MNBNB07504	Embedded	\$750/NC	\$2,250/NC	\$2,750/NC	\$5,500/NC	80%/NC	\$25	\$0	\$40	\$120	\$40	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	lueNet EPO \$1000/80%	MNBNB10004	Embedded	\$1,000/NC	\$3,000/NC	\$3,000/NC	\$6,000/NC	80%/NC	\$35	\$0	\$50	\$150	\$50	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	lueNet EPO \$1000/70%	MNBNC10004	Embedded	\$1,000/NC	\$3,000/NC	\$3,000/NC	\$6,000/NC	70%/NC	\$40	\$0	\$55	\$300	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	lueNet EPO \$1500/70%	MNBNC15004	Embedded	\$1,500/NC	\$4,500/NC	\$3,500/NC	\$7,000/NC	70%/NC	\$40	\$0	\$55	\$300	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
B	lueNet EPO \$2000/80%	MNBNB20004	Embedded	\$2,000/NC	\$6,000/NC	\$4,000/NC	\$8,000/NC	80%/NC	\$35	\$0	\$50	\$150	\$50	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$200/\$300	\$10/\$20/\$55/\$95/\$200/\$300
	lueNet EPO \$2000/70%	MNBNC20004	Embedded	\$2,000/NC	\$6,000/NC	\$4,000/NC	\$8,000/NC	70%/NC	\$40	\$0	\$55	\$300	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
5	lueNet EPO \$2500/80%	MNBNB25004	Embedded	\$2,500/NC	\$7,500/NC	\$5,500/NC	\$11,000/NC	80%/NC	\$35	\$0	\$50	\$150	\$50	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$200/\$300	\$10/\$20/\$55/\$95/\$200/\$300
	lueNet EPO \$2500/70%	MNBNC25004	Embedded	\$2,500/NC	\$7,500/NC	\$5,500/NC	\$11,000/NC	70%/NC	\$40	\$0	\$55	\$300	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
Blue	lueNet EPO \$3000/70%	MNBNC30004	Embedded	\$3,000/NC	\$9,000/NC	\$5,000/NC	\$10,000/NC	70%/NC	\$40	\$0	\$55	\$300	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	lueNet EPO \$4000/80%	MNBNB40004	Embedded	\$4,000/NC	\$8,000/NC	\$6,000/NC	\$12,000/NC	80%/NC	\$35	\$0	\$50	\$150	\$50	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	lueNet EPO \$4000/70%	MNBNC40004	Embedded	\$4,000/NC	\$8,000/NC	\$6,000/NC	\$12,000/NC	70%/NC	\$40	\$0	\$55	\$300	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	lueNet EPO \$5000/80%	MNBNB50004	Embedded	\$5,000/NC	\$10,000/NC	\$6,150/NC	\$12,300/NC	80%/NC	\$35	\$0	\$50	\$150	\$50	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$200/\$300	\$10/\$20/\$55/\$95/\$200/\$300
	lueNet EPO \$5000/70%	MNBNC50004	Embedded	\$5,000/NC	\$10,000/NC	\$6,150/NC	\$12,300/NC	70%/NC	\$40	\$0	\$55	\$300	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
B	lueNet EPO \$6000/80%	MNBNB60004	Embedded	\$6,000/NC	\$12,000/NC	\$7,350/NC	\$14,700/NC	80%/NC	\$35	\$0	\$50	\$150	\$50	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$200/\$300	\$10/\$20/\$55/\$95/\$200/\$300
B	lueNet EPO \$6000/70%	MNBNC60004	Embedded	\$6,000/NC	\$12,000/NC	\$7,350/NC	\$14,700/NC	70%/NC	\$40	\$0	\$55	\$300	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
B	lueNet EPO \$7000/80%	MNBNB70004	Embedded	\$7,000/NC	\$14,000/NC	\$8,550/NC	\$17,100/NC	80%/NC	\$35	\$0	\$50	\$150	\$50	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$200/\$300	\$10/\$20/\$55/\$95/\$200/\$300
В		MNBNC70004	Embedded	\$7,000/NC	\$14,000/NC	\$8,550/NC	\$17,100/NC	70%/NC	\$40	\$0	\$55	\$300	\$100	Coins no Ded/NC	Coins no Ded	DC/NC	DC/NC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300

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. 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:

- 1. Coinsurance applies after the medical deductible is met.
- 2. 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.
- MDLIVE providers, with the exception of HSA and Blue Preferred Plus Plans.
- 4. Prescription Drug plan payments apply to the medical plan out-of-pocket maximum.

- 6. 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.
- \$5,000 plan HCA funding = \$1,500/individual and \$3,000/two-party or family.
- 8. \$0 HSA Preventive Drugs: This benefit allows certain preventive drugs to be filled at zero cost to members who enroll on designated plans.

3. 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

5. 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.

7. BlueEdge HCA Standard Plan - \$1,000 plan HCA funding = \$250/individual and \$1,000/two-party or family; \$2,500 plan HCA funding = \$500/individual and \$1,000/two-party or family;

BCB	CBSNM 2024-25 Mid-Market/Large Group Plan Portfolio																		
			Deductible Type	Calend Deduc		Medical and Rx Out-of-Pocket Expense		Coinsurance				Cost Share	2			Inpatient &	Outpatient	Pharmac	y 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> (ln/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 Network⁴	Non-Preferred Pharmacy Network⁴
	Blue Preferred EPO \$500/80%	MNBPE05004	Embedded	\$500/NC	\$1,000/NC	\$2,500/NC	\$5,000/NC	80%/NC	\$20	\$0	\$35	\$200	\$75	Coins no Ded/NC	\$250	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Preferred EPO \$1000/80%	MNBPE10004	Embedded	\$1,000/NC	\$2,000/NC	\$3,000/NC	\$6,000/NC	80%/NC	\$25	\$0	\$45	\$200	\$75	Coins no Ded/NC	\$250	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
SM	Blue Preferred EPO \$2000/80%	MNBPE20004	Embedded	\$2,000/NC	\$4,000/NC	\$3,500/NC	\$7,000/NC	80%/NC	\$25	\$0	\$45	\$200	\$75	Coins no Ded/NC	\$250	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
rred EPO	Blue Preferred EPO \$2500/70%	MNBPE25004	Embedded	\$2,500/NC	\$5,000/NC	\$4,000/NC	\$8,000/NC	70%/NC	\$25	\$0	\$45	\$200	\$75	Coins no Ded/NC	\$250	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
lue Prefe	Blue Preferred EPO \$4000/70%	MNBPE40004	Embedded	\$4,000/NC	\$8,000/NC	\$5,500/NC	\$11,000/NC	70%/NC	\$30	\$0	\$50	\$200	\$75	Coins no Ded/NC	\$250	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Preferred EPO \$5000/70%	MNBPE50004	Embedded	\$5,000/NC	\$10,000/NC	\$5,850/NC	\$11,700/NC	70%/NC	\$30	\$0	\$50	\$200	\$75	Coins no Ded/NC	\$250	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Preferred EPO \$6000/70%	MNBPE60004	Embedded	\$6,000/NC	\$12,000/NC	\$7,500/NC	\$15,000/NC	70%/NC	\$30	\$0	\$50	\$200	\$75	Coins no Ded/NC	\$250	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Preferred EPO \$7000/70%	MNBPE70004	Embedded	\$7,000/NC	\$14,000/NC	\$9,100/NC	\$18,200/NC	70%/NC	\$30	\$0	\$50	\$200	\$75	Coins no Ded/NC	\$250	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BluePPO Evolution \$500/90%	MNEVO05004	Embedded	\$500/ \$1,000	\$1,000/ \$2,000	\$2,500/ \$7,500	\$5,000/ \$15,000	90%/60%	\$20	\$0	\$35	\$200	\$45	100%/DC	\$150	DC	DC	\$0/\$10/\$35/\$75/\$200/\$300	\$10/\$20/\$55/\$95/\$200/\$300
5	BluePPO Evolution \$750/80%	MNEVO07504	Embedded	\$750/ \$1,500	\$1,500/ \$3,000	\$3,000/ \$9,000	\$6,000/ \$18,000	80%/60%	\$20	\$0	\$35	\$200	\$45	100%/DC	\$150	DC	DC	\$0/\$10/\$35/\$75/\$200/\$300	\$10/\$20/\$55/\$95/\$200/\$300
volution <sup>s</sup>	BluePPO Evolution \$1000/80%	MNEVO10004	Embedded	\$1,000/ \$2,000	\$2,000/ \$4,000	\$4,000/ \$12,000	\$8,000/ \$24,000	80%/60%	\$20	\$0	\$35	\$200	\$45	100%/DC	\$150	DC	DC	\$0/\$10/\$35/\$75/\$200/\$300	\$10/\$20/\$55/\$95/\$200/\$300
luePPO E	BluePPO Evolution \$2000/80%	MNEVO20004	Embedded	\$2,000/ \$4,000	\$4,000/ \$8,000	\$4,000/ \$12,000	\$8,000/ \$24,000	80%/60%	\$20	\$0	\$35	\$200	\$45	100%/DC	\$150	DC	DC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
	BluePPO Evolution \$3500/80%	MNEVO35004	Embedded	\$3,500/ \$7,000	\$7,000/ \$14,000	\$5,000/ \$15,000	\$10,000/ \$30,000	80%/60%	\$20	\$0	\$35	\$200	\$45	100%/DC	\$150	DC	DC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300
	BluePPO Evolution \$5000/80%	MNEVO50004	Embedded	\$5,000/ \$10,000	\$10,000/ \$20,000	\$7,000/ \$21,000	\$14,000/ \$28,000	80%/60%	\$20	\$0	\$35	\$200	\$45	100%/DC	\$150	DC	DC	\$0/\$10/\$50/\$100/\$200/\$300	\$10/\$20/\$70/\$120/\$200/\$300

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	Deductible Calendar Year Type Deductibles			Medical and Rx ut-of-Pocket Expense Coinsurance					Cost Share				Inpatient &	Outpatient	Pharmac	y 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 Network⁴	Non-Preferred Pharmacy Network⁴
	BlueNet H EPO \$0/100% A	MNBNH000A4	Embedded	\$0/NC	\$0/NC	\$2,500/NC	\$7,500/NC	100%/NC	\$15	\$0	\$30	\$100	\$45	100%/NC	\$50	\$500/NC	\$150/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BlueNet H EPO \$0/100% B	MNBNH000B4	Embedded	\$0/NC	\$0/NC	\$2,500/NC	\$7,500/NC	100%/NC	\$25	\$0	\$40	\$150	\$55	100%/NC	\$50	\$750/NC	\$200/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
H EPO <sup>sm</sup>	BlueNet H EPO \$0/100% C	MNBNH000C4	Embedded	\$0/NC	\$0/NC	\$5,000/NC	\$10,000/NC	100%/NC	\$35	\$0	\$50	\$200	\$60	100%/NC	\$50	\$1,000/NC	\$350/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
BlueNet H EPO	BlueNet H EPO \$0/100% D	MNBNH000D4	Embedded	\$0/NC	\$0/NC	\$5,000/NC	\$10,000/NC	100%/NC	\$35	\$0	\$50	\$250	\$60	100%/NC	\$50	\$2,000/NC	\$500/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BlueNet H EPO \$500/100%	MNBNH05004	Embedded	\$500/NC	\$1,000/NC	\$2,500/NC	\$7,500/NC	100%/NC	\$25	\$0	\$40	\$150	\$55	100%/NC	\$50	\$750/NC	\$200/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BlueNet H EPO \$1000/100%	MNBNH10004	Embedded	\$1,000/NC	\$2,000/NC	\$5,000/NC	\$10,000/NC	100%/NC	\$35	\$0	\$50	\$250	\$60	100%/NC	\$50	\$2,000/NC	\$500/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	HMO Blue \$0/100%	MNHMO00004	Embedded	\$0/NC	\$0/NC	\$5,000/NC	\$10,000/NC	100%/NC	\$40	\$0	\$60	\$150	\$75	100%/NC	\$50/MRI; 100%/CT & PET	\$1,000/NC	\$500/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
Blue <sup>sm</sup>	HMO Blue \$500/80%	MNHMO05004	Embedded	\$500/NC	\$1,500/NC	\$1,500/NC	\$4,500/NC	80%/NC	\$25	\$0	\$40	\$150	\$75	100%/NC	\$50/MRI; 100%/CT & PET	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
НМО	HMO Blue \$1000/80%	MNHMO10004	Embedded	\$1,000/NC	\$3,000/NC	\$3,000/NC	\$9,000/NC	80%/NC	\$30	\$0	\$45	\$150	\$75	100%/NC	\$50/MRI; 100%/CT & PET	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	HMO Blue \$2000/80%	MNHMO20004	Embedded	\$2,000/NC	\$6,000/NC	\$6,000/NC	\$16,300/NC	80%/NC	\$35	\$0	\$50	\$150	\$75	100%/NC	\$50/MRI; 100%/CT & PET	DC/NC	DC/NC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250

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BCB	BCBSNM 2024-25 Mid-Market/Large Group Plan Portfolio																		
			Deductible Type	Calend Deduc	ar Year tibles	Medical and Rx Out-of-Pocket Expense		Coinsurance				Cost Sha	re			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 Visits³	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 (ln/Out)	Preferred Pharmacy Network⁴	Non-Preferred Pharmacy Network <sup>4</sup>
	BlueEdge HCA PPO \$1000/70% D <sup>6</sup>	MNHCD10004	Embedded	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,500 / \$10,500	\$7,000 / \$21,000	70%/50%	\$25	\$0	\$50	\$200	\$75	Coins no Ded/DC	\$250	DC	DC	\$0/\$10/\$35/\$75/\$200/\$300	\$10/\$20/\$55/\$95/\$200/\$300
SM	BlueEdge HCA PPO \$1000/70% S <sup>7</sup>	MNHCS10004	Embedded	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,500 / \$10,500	\$7,000 / \$21,000	70%/50%	\$25	\$0	\$50	\$200	\$75	Coins no Ded/DC	\$250	DC	DC	\$0/\$10/\$35/\$75/\$200/\$300	\$10/\$20/\$55/\$95/\$200/\$300
CA PPO	BlueEdge HCA PPO \$2500/80% D <sup>6</sup>	MNHCD25004	Embedded	\$2,500 / \$5,000	\$5,000 / \$10,000	\$4,500 / \$13,500	\$9,000 / \$27,000	80%/60%	\$25	\$0	\$45	\$200	\$75	Coins no Ded/DC	\$250	DC	DC	\$0/\$10/\$35/\$75/\$200/\$300	\$10/\$20/\$55/\$95/\$200/\$300
BlueEdge HCA PPO⁵	BlueEdge HCA PPO \$2500/80% S <sup>7</sup>	MNHCS25004	Embedded	\$2,500 / \$5,000	\$5,000 / \$10,000	\$4,500 / \$13,500	\$9,000 / \$27,000	80%/60%	\$25	\$0	\$45	\$200	\$75	Coins no Ded/DC	\$250	DC	DC	\$0/\$10/\$35/\$75/\$200/\$300	\$10/\$20/\$55/\$95/\$200/\$300
Blue	BlueEdge HCA PPO \$5000/70% D <sup>6</sup>	MNHCD50004	Embedded	\$5,000 / \$10,000	\$10,000 / \$20,000	\$5,850 / \$17,550	\$11,700 / \$35,100	70%/50%	\$30	\$0	\$50	\$200	\$75	Coins no Ded/DC	\$250	DC	DC	\$0/\$10/\$35/\$75/\$200/\$300	\$10/\$20/\$55/\$95/\$200/\$300
	BlueEdge HCA PPO \$5000/70% S <sup>7</sup>	MNHCS50004	Embedded	\$5,000 / \$10,000	\$10,000 / \$20,000	\$5,850 / \$17,550	\$11,700 / \$35,100	70%/50%	\$30	\$0	\$50	\$200	\$75	Coins no Ded/DC	\$250	DC	DC	\$0/\$10/\$35/\$75/\$200/\$300	\$10/\$20/\$55/\$95/\$200/\$300
	BlueEdge HSA \$3200/80% (Eff. through 12/31/24)	MNBE832004	Embedded	\$3,200 / \$3,200	\$6,400 / \$6,400	\$4,000 / \$12,000	\$8,000 / \$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 \$3300/80% (Eff. 01/01/25)	MNBE833005	Embedded	\$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%	MNBE835002	Embedded	\$3,500 / \$3,500	\$7,000 / \$7,000	\$5,000 / \$15,000	\$10,000 / \$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>
<b>HSA<sup>SM</sup></b>	BlueEdge HSA \$5000/80%	MNBE850002	Embedded	\$5,000 / \$5,000	\$10,000 / \$10,000	\$6,900 / \$20,700	\$13,800 / \$41,400	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 HSA⁵	BlueEdge HSA 100 \$3200/100% (Eff. through 12/31/24)	MNBE132004	Embedded	\$3,200 / \$6,400	\$6,400 / \$12,800	\$3,200 / \$9,600	\$6,400 / \$19,200	100% / 60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	<b>100%</b> <sup>5,8</sup>	100% <sup>5,8</sup>
	BlueEdge HSA 100 \$3300/100% (Eff. 01/01/25)	MNBE133005	Embedded	\$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	\$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	<b>100%</b> <sup>5</sup>	100%5
	BlueEdge HSA 100 \$5000/100%	MNBE150002	Embedded	\$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	<b>100%</b> <sup>5</sup>	100%5

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вс	BSNM 2024-25 Mid-Marke	t/Large Gro	up Plan Port	folio												
			Deductible Type		lar Year ctibles	Medical Out-of-Pock		Coinsurance				Cost Sh	are			Inp
Pla	n 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 Visits³	Specialist Office Visits <sup>2</sup>	ER Visits	Urgent Care	Lab, X-ray & Other Diagnostic (In/Out)	Advanced Imaging (MRI, CT, & PET) (IN)	Inp (In
red	Blue Preferred EPO HSA 100 \$3200/100% (Eff. through 12/31/24)	MNBP132004	Embedded	\$3,200 / NC	\$6,400 / NC	\$3,200 / NC	\$6,400 / NC	100% / NC	DC	DC	DC	DC	DC	DC / NC	DC	D
Blue Preferred	Blue Preferred EPO HSA 100 \$3300/100% (Eff. 01/01/25)	MNBP133005	Embedded	\$3,300 / NC	\$6,600 / NC	\$3,300 / NC	\$6,600 / NC	100% / NC	DC	DC	DC	DC	DC	DC / NC	DC	D
	Blue Preferred EPO HSA 100 \$5000/100%	MNBP150002	Embedded	\$5,000/NC	\$10,000/NC	\$5,000/NC	\$10,000/NC	100%/NC	DC	DC	DC	DC	DC	DC/NC	DC	D

BCB	3CBSNM 2024-25 Mid-Market/Large Group Plan Portfolio																		
			Deductible Calendar Year Type 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)	Coinsurance <sup>1</sup> (NLP/PPO/ OON)	Primary Care Office Visits <sup>2</sup> (NLP/PPO)	Virtual Visits <sup>3</sup> (NLP/PPO)	Specialist Office Visits <sup>2</sup> (NLP/PPO)		Urgent Care (NLP/PPO/ OON)	Lab, X-ray & Other Diagnostic (NLP/PPO/ OON)	Advanced Imaging (MRI, CT, & PET) (NLP/PPO)		Outpatient (NLP/PPO/ OON)	Preferred Pharmacy Network⁴	Non-Preferred Pharmacy Network⁴
eferred s <sup>sm</sup>	Blue Preferred Plus \$1000/\$2000 90%/60%	MNBPP10002	Embedded	\$1,000/ \$2,000/ \$3,000	\$2,000/ \$4,000/ \$6,000	\$4,000/ \$5,000/ \$12,000	\$8,000/ \$10,000/ \$24,000	90%/60%/50%	\$20/\$30	\$20	\$40/\$50	\$200	\$75	100%/ 100%/ DC	\$150/\$300	DC	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
Blue Prefer Plus <sup>sm</sup>	Blue Preferred Plus \$2500/\$3500 90%/60%	MNBPP25002	Embedded	\$2,500/ \$3,500/ \$4,500	\$4,500/ \$5,500/ \$6,500	\$4,500/ \$5,500/ \$13,500	\$9,000/ \$11,000/ \$27,000	90%/60%/50%	\$20/\$30	\$20	\$40/\$50	\$200	\$75	100%/ 100%/ DC	\$150/\$300	DC	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250

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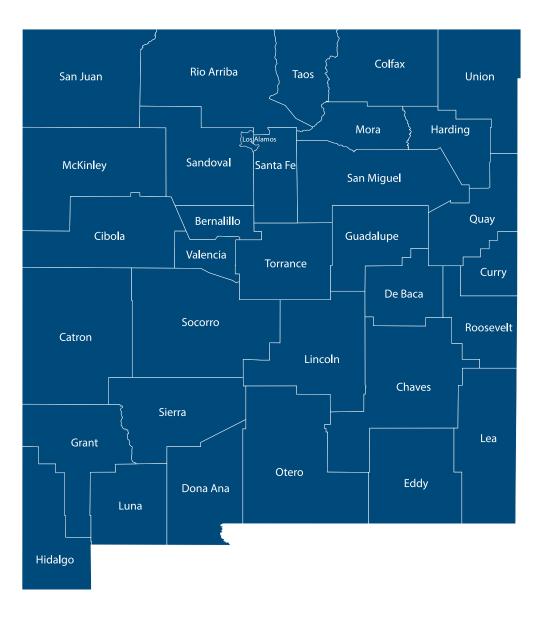
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npatient &	Outpatient	Pharmacy Benefits							
npatient (In/Out)	Outpatient (In/Out)	Preferred Pharmacy Network⁴	Non-Preferred Pharmacy Network <sup>4</sup>						
DC / NC	DC / NC	100% <sup>5,8</sup>	100% <sup>5,8</sup>						
DC / NC	DC / NC	100% <sup>5,8</sup>	<b>100%</b> <sup>5,8</sup>						
DC/NC	DC/NC	<b>100%</b> <sup>5</sup>	100%5						

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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

### Producer information only. Not for distribution.

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 Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. MyPrime.com is an online resource offered by Prime Therapeutics LLC. A "preferred" or "participating" pharmacy has a contract with BCBSNM or BCBSNM's pharmacy benefit manager (Prime) to provide pharmacy services at a negotiated rate. The terms "preferred" and "participating" should not be construed as a recommendation, referral or any other statement as to the ability or quality of such pharmacy. Virtual Visits, powered by MDLIVE<sup>®</sup>, 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 Plus and Blue Preferred EPO HSA plans.

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Wondr Health is an independent company that contracted with Blue Cross and Blue Shield of New Mexico to administer programs for members with coverage through BCBSNM.

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