



BlueCross BlueShield of New Mexico

Subject: 2023-2024 Benefit Plan Changes

Dear Broker / Group Administrator:

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

Included with this letter is a list of impacted Blue Cross and Blue Shield of New Mexico “standard” mid-market /large group plans and their benefit level changes.

Your next steps:

Mid-Market

- Find the nine-digit plan ID for your current plan(s) in the “Current Plan Rates” section of your renewal exhibit
- Use the nine-digit plan ID to find your group’s benefit changes in the “Plan Changes” document.

Large Group

- Find the plan description on the “Rate Development” tab of your renewal exhibit
- Use the plan description to find your group’s benefit changes in the “Plan Changes” document

Note: if you don’t see your plan listed, it means there won’t be any changes

A Benefit Program Application must be completed and returned to us. Contact your broker or call us with questions.

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

bcbsnm.com

Blue Cross and Blue Shield of New Mexico

2023-2024 Standard Plans (51+)

To find your renewal group's 2023-2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

BluePPO Evolution \$1000/80%; MNEVO10002

- Your plan ID will change to MNEVO10003 and your plan name will stay BluePPO Evolution \$1000/80%.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,000 from \$3,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,000 from \$9,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your in-network family Out-of-Pocket Maximum will change to \$8,000 from \$6,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your out-of-network family Out-of-Pocket Maximum will change to \$24,000 from \$18,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

BlueEdge HCA \$1000/70% PPO S; MNHCS10002

- Your HCA Funding will change to \$250 from \$500.

BlueEdge HSA \$2900/80%; MNBE829002

- Your plan ID will change to MNBE831003 and your plan name will change to BlueEdge HSA \$3100/80%.
- Your our in-network individual Deductible will change to \$3,100 from \$2,900. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your out-of-network individual Deductible will change to \$3,100 from \$2,900. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your in-network family Deductible will change to \$6,200 from \$5,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your out-of-network family Deductible will change to \$6,200 from \$5,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

BlueEdge HSA 100 \$2900/100%; MNBE129002

- Your plan ID will change to MNBE131003 and your plan name will change to BlueEdge HSA 100 \$3100/100%.
- Your in-network individual Deductible will change to \$3,100 from \$2,900. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your out-of-network individual Deductible will change to \$6,200 from \$5,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your in-network family Deductible will change to \$6,200 from \$5,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your out-of-network family Deductible will change to \$12,400 from \$11,600. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,100 from \$2,900. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$9,200 from \$8,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your in-network family Out-of-Pocket Maximum will change to \$6,200 from \$5,800. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your out-of-network family Out-of-Pocket Maximum will change to \$18,600 from \$17,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

Blue Preferred EPO HSA 100 \$2900/100%; MNBP129002

- Your plan ID will change to MNBP131003 and your plan name will change to Blue Preferred EPO HSA 100 \$3100/100%.
- Your in-network individual Deductible will change to \$3,100 from \$2,900. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your in-network family Deductible will change to \$6,200 from \$5,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,100 from \$2,900. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your in-network family Out-of-Pocket Maximum will change to \$6,200 from \$5,800. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.