



BlueCross BlueShield of New Mexico



SMALL GROUP 1-50 EMPLOYEES

2023 Small Group Plans

More Value. More Choice.

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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2023 Small Group Plans

The 2023 Blue Cross and Blue Shield of New Mexico (BCBSNM) Small Group Portfolio is available from January 1 until December 31, 2023. All our plans offer features and benefits designed with members’ health and wellbeing in mind. **Here are the highlights of our 2023 Small Group portfolio.**

New in 2023

Members and Employers Save Big with Member Rewards*

Our Member Rewards program, administered by Sapphire Digital, uses Provider Finder® to help members:

- Compare health care costs and quality
- Estimate out-of-pocket costs
- Make treatment decisions with their doctors

When members choose low-cost, reward-eligible options for procedures and services, they earn cash rewards and save on their – and their employers’ – health care costs.

*Member Rewards is only included with PPO plans.

Now It’s Even Easier to Boost Benefits With Ancillary Plans

Robust, competitive benefits are essential for employers to attract and retain a talented workforce. That’s why we’ve combined our medical coverage with some of the most popular ancillary benefits. And now you can use eSales Tools to add **vision, accident and critical illness benefits** to complement your 2023 new group quotes for medical, dental, life and short-term disability plans. So, go ahead. Boost your groups’ benefits with ancillary options.

Complimentary Programs Help Members Take Control of Their Health

We’re empowering members to take control of their health through complimentary programs that can help them save money and prevent certain types of health conditions. Putting the power of wellness in members’ hands can also help employers lower costs by reducing doctor visits and hospitalizations. Here are a few of the advantages your clients have – just for being BCBSNM members:

Blue365®

Because Health is a Big Deal®

With Blue365, employees save money on health and wellness products and services from top retailers not covered by insurance. There are no claims to file and no referrals or preauthorizations. All they need to do is sign up to have weekly featured deals emailed to them by retailers like EyeMed, TruHearing®, Nutrisystem®, Reebok, Fitbit® and more.

Wondr™

Wondr is an online, digital weight-management program that teaches members science-based skills that help them lose weight, sleep better, manage stress and more.

Mental Health

We are deeply committed to our members’ overall wellbeing, and mental health is an important part of our approach. Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the mental health benefits (called behavioral health) that come standard with every small group plan. All plans include the state-mandated \$0 member cost-share for in-network behavioral health benefits. (For HSA plans, the \$0 member cost-share applies after the deductible has been met.)

Wellbeing Management

Wellbeing Management is a complete wellness solution for a healthier workforce, delivering member-centered wellness tools and care management programs including:

- **Health Advisor** – A care team addresses the mental, physical and emotional aspects of health issues for the most costly and complex cases.
- **Behavioral Health** – Multi-disciplinary teams engage members through Digital Mental Health, utilization management and personal support for members adjusting to life events.
- **Well onTarget® Member Wellness Portal** – Personalized wellness action plans, digital self-management programs and fitness and nutrition device integration jump start each employee’s journey toward wellbeing.
- **The Fitness Program** – Supports fitness for life by offering a flexible gym network to fit members’ lifestyles and budgets.
- **Blue PointsSM Program** – Members can earn and redeem Blue Points for participating in wellness activities.

Virtual Visits and Telemedicine

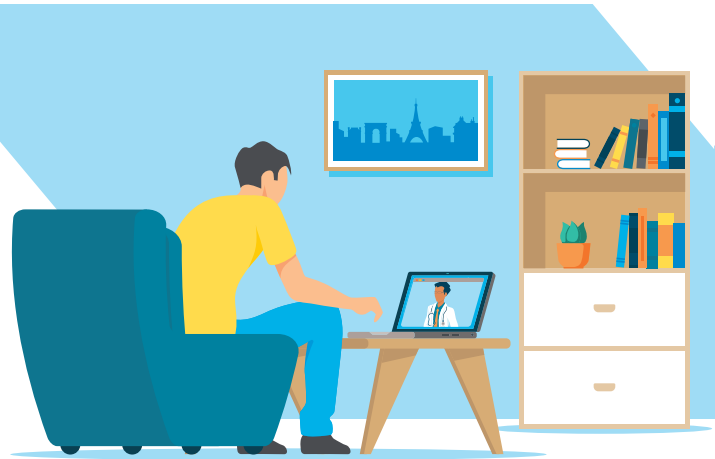
Providing access to virtual care is more important than ever as members seek convenience and potential cost-savings when addressing their non-emergency needs. Virtual Visits, and Telemedicine consultations through members’ primary care physicians are conducted by phone, online video or mobile app.

What’s Telemedicine?

Telemedicine is a kind of health care delivery that lets members consult with their own doctors by telephone or secure video. Their in-network BCBSNM doctor can evaluate, diagnose and treat them remotely without the need to travel to the doctor’s office. Doctors can even send an e-prescription to the member’s pharmacy of choice.

What are Virtual Visits?

Virtual Visits, powered by MDLIVE® and provided by Blue Cross and Blue Shield of New Mexico, provide 24/7 access to consultations with board-certified doctors from virtually anywhere. This is helpful when the member’s BCBSNM provider is closed, or when the member is traveling.



Encourage members to make sure their doctors can provide consultations by phone or secure video.

Blue Cross and Blue Shield of New Mexico 2023 Small Group Plan Portfolio																			
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Cost Share									Pharmacy Benefits		Pediatric Dental
Network	Plan Name	Plan ID	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance ¹ In/Out	PCP/ Telemedicine ²	Virtual Visit MDLIVE® Copay ³	Specialist/ Telemedicine ²	Urgent Care	Lab, X-ray & Other Diagnostic	Advanced Imaging (MRI, CT, & PET)	ER Facility	Inpatient	Outpatient Surgery	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
PPO	Blue PPO Platinum SM 111	P811PPO	\$250/\$500	\$750/\$1,500	\$3,500/\$7,000	\$9,000/\$18,000	90%/70%	\$5	\$0	\$25	\$75	DC	DC	\$400	DC	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/50%
	Blue PPO Platinum SM 110 ⁴	P810PPO	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$3,000	\$4,500/\$9,000	80%/60%	\$20	\$0	\$40	\$75	\$30 Lab/\$30 X-ray	DC	\$300	DC	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/50%
	Blue PPO Platinum SM 301 ⁴	P730PPO	\$750/\$1,500	\$2,250/\$4,500	\$3,000/\$6,000	\$9,000/\$18,000	80%/60%	\$20	\$0	\$45	\$75	\$30 Lab/\$30 X-ray	DC	\$250	DC	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/50%
	Blue PPO Gold SM 104	G822PPO	\$1,000/\$2,000	\$2,000/\$4,000	\$8,700/\$26,100	\$17,400/\$52,200	80%/60%	\$45	\$0	\$65	\$75	DC	DC	\$550	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/50%
	Blue PPO Gold SM 114 ⁴	G7E1PPO	\$1,250/\$3,000	\$3,750/\$9,000	\$7,900/\$15,000	\$15,800/\$32,600	80%/50%	\$35	\$0	\$55	\$75	\$35 Lab/\$60 X-ray	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%
	Blue PPO Gold SM 102	G820PPO	\$1,500/\$3,000	\$4,500/\$9,000	\$6,900/\$20,700	\$13,800/\$41,400	70%/50%	\$35	\$0	\$55	\$75	DC	DC	\$500	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/50%
	Blue PPO Gold SM 103	G821PPO	\$1,750/\$3,500	\$5,250/\$10,500	\$8,000/\$24,000	\$16,000/\$48,000	80%/60%	\$35	\$0	\$60	\$75	DC	DC	\$550	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%
	Blue PPO Gold SM 107 ⁴	G823PPO	\$2,000/\$4,000	\$6,000/\$12,000	\$5,500/\$11,000	\$16,500/\$22,000	80%/60%	\$40	\$0	\$70	\$75	\$40 Lab/\$60 X-ray	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%
	Blue PPO Gold SM 115 ⁴	G7E3PPO	\$2,500/\$5,000	\$7,500/\$15,000	\$6,850/\$13,700	\$16,300/\$32,600	80%/50%	\$30	\$0	\$55	\$75	\$35 Lab/\$60 X-ray	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%
	Blue PPO Gold SM 302 ⁴	G730PPO	\$3,000/\$6,000	\$9,000/\$18,000	\$8,700/\$17,400	\$17,400/\$34,800	70%/50%	\$45	\$0	\$65	\$75	\$45 Lab/\$60 X-ray	DC	\$400	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/50%
	Blue PPO Silver SM 106 ⁷	S831PPO	\$4,000/\$4,000	\$12,000/\$24,000	\$8,700/\$26,100	\$17,400/\$52,200	60%/50%	\$45	\$0	\$65	\$75	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/50%
	Blue PPO Silver SM 117	S7E7PPO	\$6,000/\$12,000	\$12,000/\$27,000	\$9,000/\$26,100	\$18,000/\$52,200	70%/50%	\$50	\$0	\$70	DC	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/50%
	Blue PPO Silver SM 108 ⁴	S833PPO	\$6,500/\$14,000	\$13,000/\$24,000	\$8,700/\$17,400	\$17,400/\$34,800	80%/60%	\$45	\$0	\$75	\$75	\$60 Lab/\$125 X-ray	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%
	Blue PPO Bronze SM 303	B730PPO	\$8,700/\$17,400	\$17,400/\$34,800	\$8,700/\$17,400	\$17,400/\$34,800	100%/100%	\$40	\$0	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
	Blue PPO Silver SM 105 HSA ⁶	S830PPO	\$3,000/\$6,000	\$9,000/\$18,000	\$6,000/\$12,000	\$12,000/\$24,000	60%/50%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/50%
	Blue PPO Silver SM 116 HSA ⁶	S7E4PPO	\$3,500/\$7,000	\$10,500/\$21,000	\$6,650/\$13,300	\$13,300/\$26,600	80%/50%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/50%
	Blue PPO Bronze SM 134 HSA ⁶	B832PPO	\$6,900/\$13,800	\$13,800/\$27,600	\$6,900/\$13,800	\$13,800/\$27,600	100%/100%	DC	DC	DC	DC	DC	DC	DC	\$650	DC	DC	100%	100%

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.

All plans include prescription drug benefits. The benefit plan is based on the BCBSNM drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.

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. Members can find a preferred pharmacy at myprime.com.

The Imaging column refers to high-dollar imaging services, such as MRIs, CT scans and PET scans.

Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.

HMO and EPO plans do not offer out-of-network coverage. EPO offers BlueCard coverage for out-of-state travel. HMO offers Emergent and Urgent Care only out of state.

Emergency room facility charges are subject to a copay (when specified), after which the plan pays 100 percent. Emergency room physician charges are subject to the plan deductible and coinsurance.

Certain PT/ST/OT services are covered at the same cost share as a Primary Care Physician (PCP) copay where applicable: 1) PT/ST/OT professional (office/outpatient) services, when provided by a physical therapist, occupational therapist or speech therapist; this includes therapy assistants; 2) PT/ST/OT services when billed by providers billing within their scope of practice for the services; 3) Separate copays may apply if other services are billed. Example: Both an office visit copay and a physical therapy (PT) copay would apply when both services are billed together.

Mental Health/Substance Abuse 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.

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- Footnotes
- Coinsurance applies after the medical deductible is met.
 - Telemedicine is a feature of all New Mexico Small Group plans. Telemedicine services by participating providers are available at the corresponding office visit cost share.
 - Virtual Visits is another feature offered to New Mexico Small Group plans. Members will pay a \$0 copayment for a virtual visit, so long as the member uses MDLIVE providers. HSA plans require deductible/coinsurance.
 - Copay applies to basic lab and X-ray services. There will be no additional charge to members. However, out-of-pocket costs are subject to the terms of the member's certificate of coverage, including benefits, limitations, exclusions, coinsurance, copays and deductibles.
 - Per occurrence deductible applies. Annual deductible and coinsurance will apply after the per occurrence deductible.
 - HSA-eligible: Blue PPO Silver 105, Blue PPO Silver 116, Blue PPO Bronze 134, Blue Preferred Gold EPO 137, Blue Preferred Silver EPO 135, Blue Preferred Bronze EPO 134, and Blue HMO Network Gold 101 with \$0 employer funding.
 - Limited Office Visit Accumulations: Each category has its own 5 visit accumulation limit at listed copay before converting to deductible/coinsurance: PCP & PCP Telemedicine combined; SPC & SPC Telemedicine combined; MH/SU & MH/SU Telemedicine combined; Virtual Visits (MDLive); PT/ST/OT combined. Then deductible/coinsurance apply to any additional visits for the remainder of the year.
 - \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.

Blue Cross and Blue Shield of New Mexico 2023 Small Group Plan Portfolio																				
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Cost Share								Pharmacy Benefits		Pediatric Dental		
Network	Plan Name	Plan ID	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance ¹ In/Out	PCP/ Telemedicine ²	Virtual Visit MDLIVE [®] Copay ³	Specialist/ Telemedicine ²	Urgent Care	Lab, X-ray & Other Diagnostic	Advanced Imaging (MRI, CT, & PET)	ER Facility	Inpatient	Outpatient Surgery	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out	
Blue Preferred EPO SM	Blue Preferred Platinum EPO SM 128 ⁴	P821PFR	\$0/NC	\$0/NC	\$2,500/NC	\$7,500/NC	100%/NC	\$10	\$0	\$30	\$75	\$10 Lab/ \$10 X-ray	\$100	\$200	\$750	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100%/100%	
	Blue Preferred Platinum EPO SM 127 ⁴	P820PFR	\$500/NC	\$1,500/NC	\$1,500/NC	\$4,500/NC	80%/NC	\$20	\$0	\$40	\$75	\$30 Lab/ \$30 X-ray	DC	\$300	DC	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/50%	
	Blue Preferred Gold EPO SM 122 ⁴	G832PFR	\$750/NC	\$2,250/NC	\$8,700/NC	\$17,400/NC	80%/NC	\$35	\$0	\$55	\$75	\$55 Lab/ \$100 X-ray	DC	\$550	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue Preferred Gold EPO SM 123	G833PFR	\$1,000/NC	\$2,000/NC	\$8,700/NC	\$17,400/NC	80%/NC	\$45	\$0	\$65	\$75	DC	DC	\$550	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/50%	
	Blue Preferred Gold EPO SM 129 ⁴	G835PFR	\$1,500/NC	\$4,500/NC	\$5,500/NC	\$16,500/NC	70%/NC	\$45	\$0	\$70	\$75	\$40 Lab/ \$60 X-ray	\$250	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue Preferred Gold EPO SM 130 ⁴	G836PFR	\$2,000/NC	\$6,000/NC	\$6,750/NC	\$13,500/NC	80%/NC	\$35	\$0	\$60	\$75	\$40 Lab/ \$60 X-ray	\$250	\$550	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue Preferred Gold EPO SM 208 ⁴	G801PFR	\$2,500/NC	\$7,500/NC	\$6,850/NC	\$16,300/NC	80%/NC	\$30	\$0	\$55	\$75	\$35 Lab/ \$60 X-ray	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue Preferred Gold EPO SM 302 ⁴	G730PFR	\$3,000/NC	\$9,000/NC	\$8,700/NC	\$17,400/NC	70%/NC	\$45	\$0	\$65	\$75	\$45 Lab/ \$60 X-ray	DC	\$400	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/50%	
	Blue Preferred Silver EPO SM 131	S842PFR	\$5,500/NC	\$11,000/NC	\$8,700/NC	\$17,400/NC	60%/NC	\$55	\$0	\$75	\$75	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/50%	
	Blue Preferred Silver EPO SM 136	S7E5PFR	\$6,000/NC	\$12,000/NC	\$9,000/NC	\$18,000/NC	70%/NC	\$50	\$0	\$70	DC	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/50%	
	Blue Preferred Silver EPO SM 125 ⁴	S840PFR	\$7,100/NC	\$15,200/NC	\$8,900/NC	\$17,800/NC	80%/NC	\$55	\$0	\$75	\$75	\$75 Lab/ \$100 X-ray	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%	
	Blue Preferred Bronze EPO SM 135	B7K1PFR	\$8,700/NC	\$17,400/NC	\$8,700/NC	\$17,400/NC	100%/NC	\$50	\$0	\$75	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
	Blue Preferred Gold EPO SM 137 HSA ⁶	G7E1PFR	\$3,000/NC	\$9,000/NC	\$3,000/NC	\$9,000/NC	100%/NC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
	Blue Preferred Silver EPO SM 135 HSA ⁶	S7E1PFR	\$3,250/NC	\$9,750/NC	\$6,500/NC	\$13,000/NC	80%/NC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/50%
	Blue Preferred Bronze EPO SM 134 HSA ⁶	B832PFR	\$6,900/NC	\$13,800/NC	\$6,900/NC	\$13,800/NC	100%/NC	DC	DC	DC	DC	DC	DC	DC	\$650 ⁵	DC	DC	100%	100%	100%/100%

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HMO	Blue HMO Network Gold SM 204 ⁴	G7E1HMO	\$750/NC	\$2,250/NC	\$6,750/NC	\$13,500/NC	70%/NC	\$35	DC	\$55	\$35	\$40 Lab/ \$150 X-ray	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%
	Blue HMO Network Gold SM 205 ⁴	G7E3HMO	\$1,500/NC	\$4,500/NC	\$7,000/NC	\$16,300/NC	80%/NC	\$30	DC	\$60	\$30	\$30 Lab/ \$100 X-ray	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%
	Blue HMO Network Silver SM 202 ⁴	S810HMO	\$4,500/NC	\$13,500/NC	\$8,900/NC	\$17,800/NC	60%/NC	\$50	DC	\$70	\$50	\$75 Lab/ \$150 X-ray	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%
	Blue HMO Network Gold SM 101 HSA ^{6,8}	G7J3HMO	\$3,000/NC	\$9,000/NC	\$3,500/NC	\$10,500/NC	90%/NC	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/50%
Blue Advantage HMO SM	Blue Advantage Platinum HMO SM 210	P7J4ADT	\$250/NC	\$750/NC	\$3,500/NC	\$9,000/NC	90%/NC	\$5	\$0	\$25	\$5	DC	DC	\$400	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%
	Blue Advantage Gold HMO SM 207 ⁴	G7E1ADT	\$750/NC	\$2,250/NC	\$6,750/NC	\$13,500/NC	70%/NC	\$35	\$0	\$55	\$35	\$40 Lab/ \$150 X-ray	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%
	Blue Advantage Gold HMO SM 209 ⁴	G7J5ADT	\$1,500/NC	\$4,500/NC	\$6,500/NC	\$13,000/NC	80%/NC	\$25	\$0	\$75	\$25	\$40 Lab/ \$125 X-ray	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%
	Blue Advantage Silver HMO SM 208 ⁴	S7E3ADT	\$5,500/NC	\$10,500/NC	\$8,500/NC	\$17,000/NC	70%/NC	\$55	\$0	\$75	\$55	\$75 Lab/ \$150 X-ray	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/50%

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.

All plans include prescription drug benefits. The benefit plan is based on the BCBSNM drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.

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.

Members can find a preferred pharmacy at myprime.com.

The Imaging column refers to high-dollar imaging services, such as MRIs, CT scans and PET scans.

Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.

HMO and EPO plans do not offer out-of-network coverage. EPO offers BlueCard coverage for out-of-state travel. HMO offers Emergent and Urgent Care only out of state.

Emergency room facility charges are subject to a copay (when specified), after which the plan pays 100 percent. Emergency room physician charges are subject to the plan deductible and coinsurance.

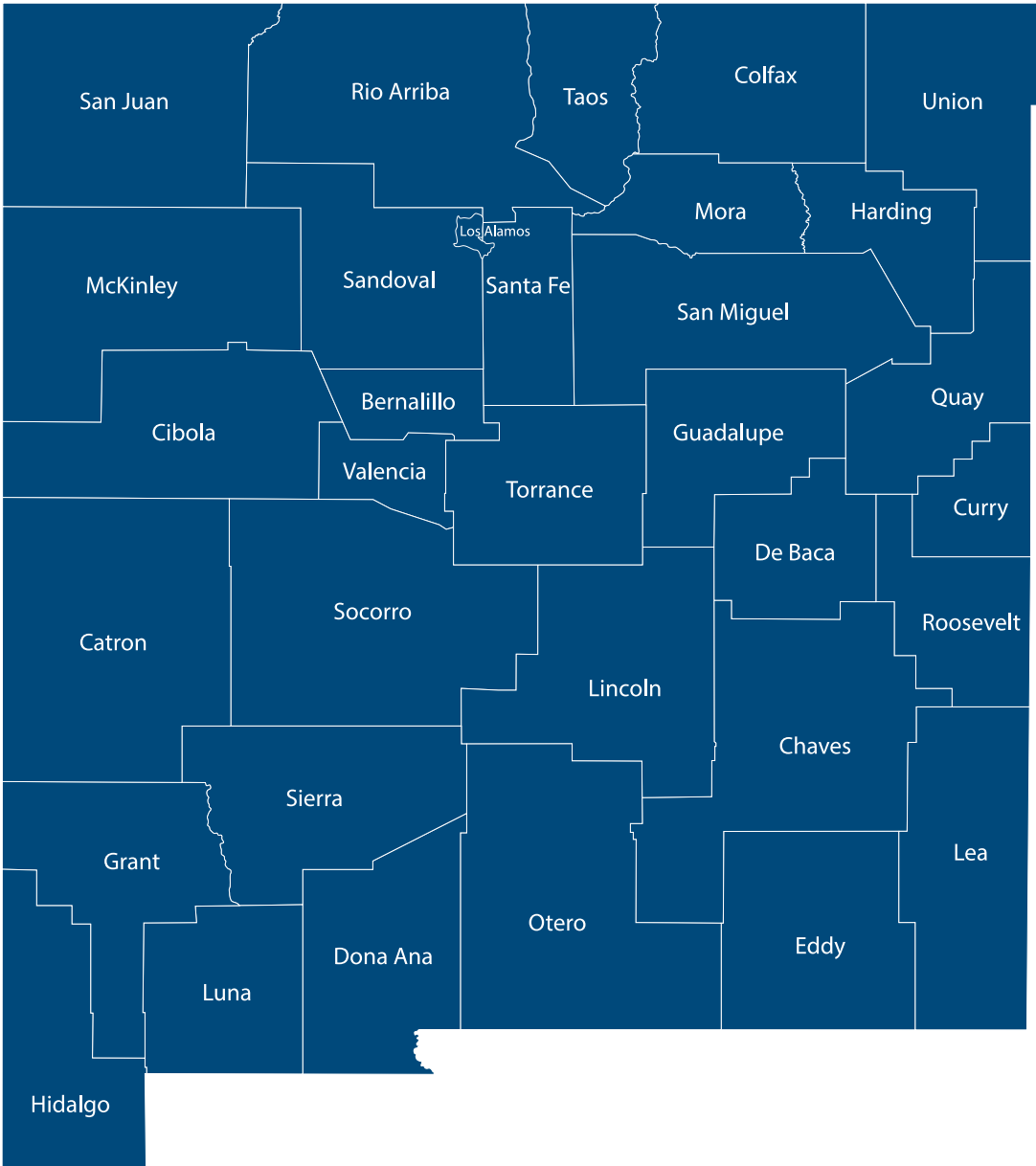
Certain PT/ST/OT services are covered at the same cost share as a Primary Care Physician (PCP) copay where applicable: 1) PT/ST/OT professional (office/outpatient) services, when provided by a physical therapist, occupational therapist or speech therapist; this includes therapy assistants; 2) PT/ST/OT services when billed by providers billing within their scope of practice for the services; 3) Separate copays may apply if other services are billed. Example: Both an office visit copay and a physical therapy (PT) copay would apply when both services are billed together.

Mental Health/Substance Abuse 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 of all New Mexico Small Group plans. Telemedicine services by participating providers are available at the corresponding office visit cost share.
- Virtual Visits is another feature offered to New Mexico Small Group plans. Members will pay a \$0 copayment for a virtual visit, so long as the member uses MDLIVE providers. HSA plans require deductible/coinsurance.
- Copay applies to basic lab and X-ray services. There will be no additional charge to members. However, out-of-pocket costs are subject to the terms of the member’s certificate of coverage, including benefits, limitations, exclusions, coinsurance, copays and deductibles.
- Per occurrence deductible applies. Annual deductible and coinsurance will apply after the per occurrence deductible.
- HSA-eligible: Blue PPO Silver 105, Blue PPO Silver 116, Blue PPO Bronze 134, Blue Preferred Gold EPO 137, Blue Preferred Silver EPO 135, Blue Preferred Bronze EPO 134, and Blue HMO Network Gold 101 with \$0 employer funding.
- Limited Office Visit Accumulations: Each category has its own 5 visit accumulation limit at listed copay before converting to deductible/coinsurance: PCP & PCP Telemedicine combined; SPC & SPC Telemedicine combined; MH/SU & MH/SU Telemedicine combined; Virtual Visits (MDLive); PT/ST/OT combined. Then deductible/coinsurance apply to any additional visits for the remainder of the year.
- \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.

2023 New Mexico Small Group (1-50) Provider Networks by County



Network Names
● PPO, HMO, Blue Preferred and Blue Advantage HMO

New Mexico Small Group Network Offerings Comparison

Plan Name	Blue PPO	Blue HMO	Blue Preferred EPO	Blue Advantage HMO
Network/Network Name	Participating Provider Option (PPO)	Health Maintenance Organization (HMO)	Blue Preferred (NLP)	Blue Advantage HMO (BAV)
Network Type	Broad	Broad	Smart	Smart
Availability	1-50	1-50	1-50	1-50
Coverage	Nationwide	Statewide	Statewide	Statewide
Must Live/Work in Network Service Area	Yes	Yes	Yes	Yes
PCP Selection Required	No	Yes	Yes	Yes
Referral Required	No	No	No	No
OON Coverage	Yes	No	No	No
BlueCard®	Yes	Urgent/Emergency Services Only	Yes	Urgent/Emergency Services Only
Away From Home Care® (AFHC)	NA	Yes	NA	No
Blue Access for Members SM	Yes	Yes	Yes	Yes
Provider Finder	Yes	Yes	Yes	Yes
Member Liability Estimator	Yes	No	No	No

Sapphire Digital is an independent company that has contracted with Blue Cross and Blue Shield of New Mexico (BCBSNM) to administer the Member Rewards program for members with coverage through BCBSNM. Reward-eligible options and reward amounts are subject to change. Eligibility for rewards is subject to terms and conditions of the Member Rewards program. Amounts received through Member Rewards may be taxable. BCBSNM does not provide tax advice. Members that have primary coverage with Medicaid or Medicare are not eligible to receive incentive rewards under the Member Rewards program. BCBSNM makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation. MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of New Mexico. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

Blue365 is a discount program only for BCBSNM members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSNM does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSNM reserves the right to stop or change this program at any time without notice.

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

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