



## BlueCross BlueShield of New Mexico

### **Subject: Important Benefit Plan Changes Upon Renewal**

Dear Group Administrator:

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

Included with this letter is a list of those Blue Cross and Blue Shield of New Mexico group plans that have benefit changes. If your plan(s) are not listed, there are no changes to them. See your Benefit Booklet for any additional changes due to federal or state mandates.

#### **Your next steps:**

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

If you would like to keep your current plan(s) at renewal, nothing else is needed. Your plan(s) will continue with no interruption. If you would like to make a change, contact your broker or call us with questions. A Benefit Program Application Amendment must be completed and returned to us for any changes to your group’s coverage.

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

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

For HMO, POS, and EPO, currently a referral is required for all out-patient behavioral health services. Beginning July 1st, 2025, a referral is no longer required for in-network out-patient behavioral health services.

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueNet EPO \$500/80%; MNBNB05004**

- Your Plan ID will change to MNBNB05005 from MNBNB05004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$2,800 from \$2,500
- Your in-network family Out-of-Pocket Maximum will change to \$8,400 from \$5,000
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$35
- Your Emergency Room Services copayment will change to \$170 from \$120
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

### **BlueNet EPO \$500/70%; MNBNC05004**

- Your Plan ID will change to MNBNC05005 from MNBNC05004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$2,800 from \$2,500
- Your in-network family Out-of-Pocket Maximum will change to \$8,400 from \$5,000
- Your Primary Care Provider office visit copayment will change to \$30 from \$25
- Your Specialist Office Visit copayment will change to \$55 from \$40
- Your Emergency Room Services copayment will change to \$290 from \$240
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$200/\$300 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$200/\$300 from \$10/\$20/\$70/\$120/\$150/\$250

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueNet EPO \$750/80%; MNBNB07504**

- Your Plan ID will change to MNBNB07505 from MNBNB07504 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,050 from \$2,750
- Your in-network family Out-of-Pocket Maximum will change to \$9,150 from \$5,500
- Your Primary Care Provider office visit copayment will change to \$30 from \$25
- Your Specialist Office Visit copayment will change to \$55 from \$40
- Your Emergency Room Services copayment will change to \$170 from \$120
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

### **BlueNet EPO \$1000/80%; MNBNB10004**

- Your Plan ID will change to MNBNB10005 from MNBNB10004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,300 from \$3,000
- Your in-network family Out-of-Pocket Maximum will change to \$9,900 from \$6,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$200 from \$150
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueNet EPO \$1000/70%; MNBNC10004**

- Your Plan ID will change to MNBNC10005 from MNBNC10004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,300 from \$3,000
- Your in-network family Out-of-Pocket Maximum will change to \$9,900 from \$6,000
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$70 from \$55
- Your Emergency Room Services copayment will change to \$350 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$200/\$300 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$200/\$300 from \$10/\$20/\$70/\$120/\$150/\$250

### **BlueNet EPO \$1500/70%; MNBNC15004**

- Your Plan ID will change to MNBNC15005 from MNBNC15004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,800 from \$3,500
- Your in-network family Out-of-Pocket Maximum will change to \$11,400 from \$7,000
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$70 from \$55
- Your Emergency Room Services copayment will change to \$350 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$200/\$300 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$200/\$300 from \$10/\$20/\$70/\$120/\$150/\$250

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueNet EPO \$2000/80%; MNB NB20004**

- Your Plan ID will change to MNB NB20005 from MNB NB20004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,300 from \$4,000
- Your in-network family Out-of-Pocket Maximum will change to \$12,900 from \$8,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$200 from \$150
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

### **BlueNet EPO \$2000/70%; MNB NC20004**

- Your Plan ID will change to MNB NC20005 from MNB NC20004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,300 from \$4,000
- Your in-network family Out-of-Pocket Maximum will change to \$12,900 from \$8,000
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$70 from \$55
- Your Emergency Room Services copayment will change to \$350 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350 from \$10/\$20/\$70/\$120/\$200/\$300

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueNet EPO \$2500/80%; MNBNB25004**

- Your Plan ID will change to MNBNB25005 from MNBNB25004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,800 from \$5,500
- Your in-network family Out-of-Pocket Maximum will change to \$17,400 from \$11,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$200 from \$150
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

### **BlueNet EPO \$2500/70%; MNBNC25004**

- Your Plan ID will change to MNBNC25005 from MNBNC25004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,800 from \$5,500
- Your in-network family Out-of-Pocket Maximum will change to \$17,400 from \$11,000
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$70 from \$55
- Your Emergency Room Services copayment will change to \$350 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350 from \$10/\$20/\$70/\$120/\$200/\$300

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueNet EPO \$3000/70%; MNBNC30004**

- Your Plan ID will change to MNBNC30005 from MNBNC30004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,300 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$15,900 from \$10,000
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$70 from \$55
- Your Emergency Room Services copayment will change to \$350 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$200/\$300 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$200/\$300 from \$10/\$20/\$70/\$120/\$150/\$250

### **BlueNet EPO \$4000/80%; MNB40004**

- Your Plan ID will change to MNB40005 from MNB40004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,300 from \$6,000
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$12,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$200 from \$150
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueNet EPO \$4000/70%; MNBNC40004**

- Your Plan ID will change to MNBNC40005 from MNBNC40004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,300 from \$6,000
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$12,000
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$70 from \$55
- Your Emergency Room Services copayment will change to \$350 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$200/\$300 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$200/\$300 from \$10/\$20/\$70/\$120/\$150/\$250

### **BlueNet EPO \$5000/80%; MNB50004**

- Your Plan ID will change to MNB50005 from MNB50004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,450 from \$6,150
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$12,300
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$200 from \$150
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

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## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueNet EPO \$5000/70%; MNBNC50004**

- Your Plan ID will change to MNBNC50005 from MNBNC50004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,450 from \$6,150
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$12,300
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$70 from \$55
- Your Emergency Room Services copayment will change to \$350 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350 from \$10/\$20/\$70/\$120/\$200/\$300

### **BlueNet EPO \$6000/80%; MNBNB60004**

- Your Plan ID will change to MNBNB60005 from MNBNB60004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,650 from \$7,350
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$200 from \$150
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueNet EPO \$6000/70%; MNBNC60004**

- Your Plan ID will change to MNBNC60005 from MNBNC60004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,650 from \$7,350
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$70 from \$55
- Your Emergency Room Services copayment will change to \$350 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350 from \$10/\$20/\$70/\$120/\$200/\$300

### **BlueNet EPO \$7000/80%; MNBNB70004**

- Your Plan ID will change to MNBNB70005 from MNBNB70004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,850 from \$8,550
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$17,100
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$200 from \$150
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueNet EPO \$7000/70%; MNBNC70004**

- Your Plan ID will change to MNBNC70005 from MNBNC70004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,850 from \$8,550
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$17,100
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$70 from \$55
- Your Emergency Room Services copayment will change to \$350 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350 from \$10/\$20/\$70/\$120/\$200/\$300

### **BlueNet H EPO \$0/100% A; MNBH000A4**

- Your Plan ID will change to MNBH000A5 from MNBH000A4 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$2,800 from \$2,500
- Your in-network family Out-of-Pocket Maximum will change to \$8,400 from \$7,500
- Your Primary Care Provider office visit copayment will change to \$20 from \$15
- Your Specialist Office Visit copayment will change to \$45 from \$30
- Your Emergency Room Services copayment will change to \$150 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

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## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueNet H EPO \$0/100% B; MNBH000B4**

- Your Plan ID will change to MNBH000B5 from MNBH000B4 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$2,800 from \$2,500
- Your in-network family Out-of-Pocket Maximum will change to \$8,400 from \$7,500
- Your Primary Care Provider office visit copayment will change to \$30 from \$25
- Your Specialist Office Visit copayment will change to \$55 from \$40
- Your Emergency Room Services copayment will change to \$200 from \$150
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

### **BlueNet H EPO \$500/100%; MNBH05004**

- Your Plan ID will change to MNBH05005 from MNBH05004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,300 from \$2,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,900 from \$7,500
- Your Primary Care Provider office visit copayment will change to \$40 from \$25
- Your Specialist Office Visit copayment will change to \$65 from \$40
- Your Urgent Care Office Visit copayment will change to \$60 from \$55
- Your Emergency Room Services copayment will change to \$300 from \$150
- Your in-network In-patient copayment will change to \$2,000 from \$750
- Your in-network Out-patient Facility Surgery copayment will change to \$500 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueNet H EPO \$0/100% C; MNBH000C4**

- Your Plan ID will change to MNBH000C5 from MNBH000C4 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,300 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$15,900 from \$10,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

### **BlueNet H EPO \$0/100% D; MNBH000D4**

- Your Plan ID will change to MNBH000D5 from MNBH000D4 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,300 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$15,900 from \$10,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$300 from \$250
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

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## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueNet H EPO \$1000/100%; MNBH10004**

- Your Plan ID will change to MNBH10005 from MNBH10004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,300 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$15,900 from \$10,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$300 from \$250
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

### **BlueEdge HCA \$1000/70% PPO D; MNHCD10004**

- Your Plan ID will change to MNHCD10005 from MNHCD10004 and your plan name will change to "BlueEdge HCA PPO \$1000/70% D"
- Your in-network individual Out-of-Pocket Maximum will change to \$3,800 from \$3,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$7,600 from \$10,500
- Your in-network family Out-of-Pocket Maximum will change to \$11,400 from \$7,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$22,800 from \$21,000
- Your Primary Care Provider office visit copayment will change to \$30 from \$25
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueEdge HCA \$1000/70% PPO S; MNHCS10004**

- Your Plan ID will change to MNHCS10005 from MNHCS10004 and your plan name will change to "BlueEdge HCA PPO \$1000/70% S"
- Your in-network individual Out-of-Pocket Maximum will change to \$3,800 from \$3,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$7,600 from \$10,500
- Your in-network family Out-of-Pocket Maximum will change to \$11,400 from \$7,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$22,800 from \$21,000
- Your Primary Care Provider office visit copayment will change to \$30 from \$25
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

### **BlueEdge HCA \$2500/80% PPO D; MNHCD25004**

- Your Plan ID will change to MNHCD25005 from MNHCD25004 and your plan name will change to "BlueEdge HCA PPO \$2500/80% D"
- Your in-network individual Out-of-Pocket Maximum will change to \$4,800 from \$4,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$9,600 from \$13,500
- Your in-network family Out-of-Pocket Maximum will change to \$14,400 from \$9,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$28,800 from \$27,000
- Your Primary Care Provider office visit copayment will change to \$30 from \$25
- Your Specialist Office Visit copayment will change to \$60 from \$45
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueEdge HCA \$2500/80% PPO S; MNHCS25004**

- Your Plan ID will change to MNHCS25005 from MNHCS25004 and your plan name will change to "BlueEdge HCA PPO \$2500/80% S"
- Your in-network individual Out-of-Pocket Maximum will change to \$4,800 from \$4,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$9,600 from \$13,500
- Your in-network family Out-of-Pocket Maximum will change to \$14,400 from \$9,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$28,800 from \$27,000
- Your Primary Care Provider office visit copayment will change to \$30 from \$25
- Your Specialist Office Visit copayment will change to \$60 from \$45
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

### **BlueEdge HCA \$5000/70% PPO D; MNHCD50004**

- Your Plan ID will change to MNHCD50005 from MNHCD50004 and your plan name will change to "BlueEdge HCA PPO \$5000/70% D"
- Your in-network individual Out-of-Pocket Maximum will change to \$6,150 from \$5,850
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,300 from \$17,550
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$11,700
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,800 from \$35,100
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueEdge HCA \$5000/70% PPO S; MNHCS50004**

- Your Plan ID will change to MNHCS50005 from MNHCS50004 and your plan name will change to "BlueEdge HCA PPO \$5000/70% S"
- Your in-network individual Out-of-Pocket Maximum will change to \$6,150 from \$5,850
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,300 from \$17,550
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$11,700
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,800 from \$35,100
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

### **BlueEdge HSA \$3200/80%; MNBE832004**

- Your Plan ID will change to MNBE833005 from MNBE832004 and your plan name will change to "BlueEdge HSA \$3300/80%"
- Your in-network individual Deductible will change to \$3,300 from \$3,200
- Your out-of-network individual Deductible will change to \$3,300 from \$3,200
- Your in-network family Deductible will change to \$6,600 from \$6,400
- Your out-of-network family Deductible will change to \$6,600 from \$6,400
- Your out-of-network individual Out-of-Pocket Maximum will change to \$8,000 from \$12,000
- Your in-network family Out-of-Pocket Maximum will change to \$12,000 from \$8,000

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueEdge HSA \$3300/80%; MNBE833005**

- Your Plan ID will change to MNBE835005 from MNBE833005 and your plan name will change to "BlueEdge HSA \$3500/80%"
- Your in-network individual Deductible will change to \$3,500 from \$3,300
- Your out-of-network individual Deductible will change to \$3,500 from \$3,300
- Your in-network family Deductible will change to \$7,000 from \$6,600
- Your out-of-network family Deductible will change to \$7,000 from \$6,600
- Your in-network individual Out-of-Pocket Maximum will change to \$5,000 from \$4,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,000 from \$8,000
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$12,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$30,000 from \$24,000

### **BlueEdge HSA \$3500/80%; MNBE835002**

- Your Plan ID will change to MNBE835005 from MNBE835002 and your plan name will not change.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,000 from \$15,000
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$10,000

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueEdge HSA \$5000/80%; MNBE850002**

- Your Plan ID will change to MNBE850005 from MNBE850002 and your plan name will not change.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$13,800 from \$20,700
- Your in-network family Out-of-Pocket Maximum will change to \$16,600 from \$13,800
- Your out-of-network family Out-of-Pocket Maximum will change to \$33,200 from \$41,400

### **BlueEdge HSA 100 \$3200/100%; MNBE132004**

- Your Plan ID will change to MNBE133005 from MNBE132004 and your plan name will change to "BlueEdge HSA 100 \$3300/100%"
- Your in-network individual Deductible will change to \$3,300 from \$3,200
- Your out-of-network individual Deductible will change to \$6,600 from \$6,400
- Your in-network family Deductible will change to \$6,600 from \$6,400
- Your out-of-network family Deductible will change to \$13,200 from \$12,800
- Your in-network individual Out-of-Pocket Maximum will change to \$3,300 from \$3,200
- Your out-of-network individual Out-of-Pocket Maximum will change to \$9,900 from \$9,600
- Your in-network family Out-of-Pocket Maximum will change to \$6,600 from \$6,400
- Your out-of-network family Out-of-Pocket Maximum will change to \$19,800 from \$19,200

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **BlueEdge HSA 100 \$3300/100%; MNBE133005**

- Your Plan ID will change to MNBE135002 from MNBE133005 and your plan name will change to "BlueEdge HSA 100 \$3500/100%"
- Your in-network individual Deductible will change to \$3,500 from \$3,300
- Your out-of-network individual Deductible will change to \$7,000 from \$6,600
- Your in-network family Deductible will change to \$7,000 from \$6,600
- Your out-of-network family Deductible will change to \$14,000 from \$13,200
- Your in-network individual Out-of-Pocket Maximum will change to \$3,500 from \$3,300
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,500 from \$9,900
- Your in-network family Out-of-Pocket Maximum will change to \$7,000 from \$6,600
- Your out-of-network family Out-of-Pocket Maximum will change to \$21,000 from \$19,800

### **BluePPO Evolution \$500/90%; MNEVO05004**

- Your Plan ID will change to MNEVO05005 from MNEVO05004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$2,800 from \$2,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$5,600 from \$7,500
- Your in-network family Out-of-Pocket Maximum will change to \$8,400 from \$5,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$16,800 from \$15,000
- Your Plan coinsurance will change to 80% from 90%
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$35
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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 \$750/80%; MNEVO07504**

- Your Plan ID will change to MNEVO07505 from MNEVO07504 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,300 from \$3,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$6,600 from \$9,000
- Your in-network family Out-of-Pocket Maximum will change to \$9,900 from \$6,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$19,800 from \$18,000
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$35
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

### **BluePPO Evolution \$1000/80%; MNEVO10004**

- Your Plan ID will change to MNEVO10005 from MNEVO10004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,300 from \$4,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$8,600 from \$12,000
- Your in-network family Out-of-Pocket Maximum will change to \$12,900 from \$8,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$25,800 from \$24,000
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$35
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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 \$2000/80%; MNEVO20004**

- Your Plan ID will change to MNEVO20005 from MNEVO20004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,300 from \$4,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$8,600 from \$12,000
- Your in-network family Out-of-Pocket Maximum will change to \$12,900 from \$8,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$25,800 from \$24,000
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$35
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350 from \$10/\$20/\$70/\$120/\$200/\$300

### **BluePPO Evolution \$3500/80%; MNEVO35004**

- Your Plan ID will change to MNEVO35005 from MNEVO35004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,300 from \$5,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,600 from \$15,000
- Your in-network family Out-of-Pocket Maximum will change to \$15,900 from \$10,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$31,800 from \$30,000
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$35
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350 from \$10/\$20/\$70/\$120/\$200/\$300

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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 \$5000/80%; MNEVO50004**

- Your Plan ID will change to MNEVO50005 from MNEVO50004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,300 from \$7,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,600 from \$21,000
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$14,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,800 from \$28,000
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$35
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350 from \$10/\$20/\$70/\$120/\$200/\$300

### **Blue Preferred EPO \$500/80%; MNBPE05004**

- Your Plan ID will change to MNBPE05005 from MNBPE05004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$2,800 from \$2,500
- Your in-network family Out-of-Pocket Maximum will change to \$8,400 from \$5,000
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$35
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

---

To find your renewal group's 2025 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.

### **Blue Preferred EPO \$1000/80%; MNBPE10004**

- Your Plan ID will change to MNBPE10005 from MNBPE10004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,300 from \$3,000
- Your in-network family Out-of-Pocket Maximum will change to \$9,900 from \$6,000
- Your Primary Care Provider office visit copayment will change to \$30 from \$25
- Your Specialist Office Visit copayment will change to \$60 from \$45
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

### **Blue Preferred EPO \$2000/80%; MNBPE20004**

- Your Plan ID will change to MNBPE20005 from MNBPE20004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,800 from \$3,500
- Your in-network family Out-of-Pocket Maximum will change to \$11,400 from \$7,000
- Your Primary Care Provider office visit copayment will change to \$30 from \$25
- Your Specialist Office Visit copayment will change to \$60 from \$45
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

---

To find your renewal group's 2025 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.

### **Blue Preferred EPO \$2500/70%; MNBPE25004**

- Your Plan ID will change to MNBPE25005 from MNBPE25004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,300 from \$4,000
- Your in-network family Out-of-Pocket Maximum will change to \$12,900 from \$8,000
- Your Primary Care Provider office visit copayment will change to \$30 from \$25
- Your Specialist Office Visit copayment will change to \$60 from \$45
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

### **Blue Preferred EPO \$4000/70%; MNBPE40004**

- Your Plan ID will change to MNBPE40005 from MNBPE40004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,800 from \$5,500
- Your in-network family Out-of-Pocket Maximum will change to \$17,400 from \$11,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **Blue Preferred EPO \$5000/70%; MNBPE50004**

- Your Plan ID will change to MNBPE50005 from MNBPE50004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,150 from \$5,850
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$11,700
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

### **Blue Preferred EPO \$6000/70%; MNBPE60004**

- Your Plan ID will change to MNBPE60005 from MNBPE60004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,800 from \$7,500
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$15,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **Blue Preferred EPO \$7000/70%; MNBPE70004**

- Your Plan ID will change to MNBPE70005 from MNBPE70004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,100
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,200
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

### **Blue Preferred EPO HSA 100 \$3200/100%; MNBP132004**

- Your Plan ID will change to MNBP133005 from MNBP132004 and your plan name will change to "Blue Preferred EPO HSA 100 \$3300/100%"
- Your in-network individual Deductible will change to \$3,300 from \$3,200
- Your in-network family Deductible will change to \$6,600 from \$6,400
- Your in-network individual Out-of-Pocket Maximum will change to \$3,300 from \$3,200
- Your in-network family Out-of-Pocket Maximum will change to \$6,600 from \$6,400

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **Blue Preferred EPO HSA 100 \$3300/100%; MNBP133005**

- Your Plan ID will change to MNBP135006 from MNBP133005 and your plan name will change to "Blue Preferred EPO HSA 100 \$3500/100%"
- Your in-network individual Deductible will change to \$3,500 from \$3,300
- Your in-network family Deductible will change to \$7,000 from \$6,600
- Your in-network individual Out-of-Pocket Maximum will change to \$3,500 from \$3,300
- Your in-network family Out-of-Pocket Maximum will change to \$7,000 from \$6,600

### **Blue Preferred Plus \$1000/\$2000 90%/60%; MNBPP10002**

- Your Plan ID will change to MNBPP10005 from MNBPP10002 and your plan name will not change.
- Your Tier 1 in-network individual Out-of-Pocket Maximum will change to \$4,300 from \$4,000
- Your Tier 2 in-network individual Out-of-Pocket Maximum will change to \$5,300 from \$5,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,600 from \$12,000
- Your Tier 1 in-network family Out-of-Pocket Maximum will change to \$12,900 from \$8,000
- Your Tier 2 in-network family Out-of-Pocket Maximum will change to \$15,900 from \$10,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$31,800 from \$24,000
- Your Tier 1 Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Tier 2 Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Tier 1 Specialist Office Visit copayment will change to \$55 from \$40
- Your Tier 2 Specialist Office Visit copayment will change to \$65 from \$50
- Your Virtual Visit copayment will change to \$25 PCP / \$0 MH/SA from \$20 PCP / \$0 MH/SA
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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

- **Blue Preferred Plus \$2500/\$3500 90%/60%; MNBPP25002**

- Your Plan ID will change to MNBPP25005 from MNBPP25002 and your plan name will not change.
- Your Tier 1 in-network individual Out-of-Pocket Maximum will change to \$4,800 from \$4,500
- Your Tier 2 in-network individual Out-of-Pocket Maximum will change to \$5,800 from \$5,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$11,600 from \$13,500
- Your Tier 1 in-network family Out-of-Pocket Maximum will change to \$14,400 from \$9,000
- Your Tier 2 in-network family Out-of-Pocket Maximum will change to \$17,400 from \$11,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$34,800 from \$27,000
- Your Tier 1 Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Tier 2 Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Tier 1 Specialist Office Visit copayment will change to \$55 from \$40
- Your Tier 2 Specialist Office Visit copayment will change to \$65 from \$50
- Your Virtual Visit copayment will change to \$25 PCP / \$0 MH/SA from \$20 PCP / \$0 MH/SA
- Your Emergency Room Services copayment will change to \$250 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

- **HMO Blue \$0/100%; MNHMO00004**

- Your Plan ID will change to MNHMO00005 from MNHMO00004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,300 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$15,900 from \$10,000
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$75 from \$60
- Your Emergency Room Services copayment will change to \$200 from \$150
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **HMO Blue \$0/100%; MNHMO00004**

- Your Plan ID will change to MNHMO00005 from MNHMO00004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,300 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$15,900 from \$10,000
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$75 from \$60
- Your Emergency Room Services copayment will change to \$200 from \$150
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to 10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

### **HMO Blue \$500/80%; MNHMO05004**

- Your Plan ID will change to MNHMO05005 from MNHMO05004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,800 from \$1,500
- Your in-network family Out-of-Pocket Maximum will change to \$5,400 from \$4,500
- Your Primary Care Provider office visit copayment will change to \$30 from \$25
- Your Specialist Office Visit copayment will change to \$55 from \$40
- Your Emergency Room Services copayment will change to \$200 from \$150
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250

# Blue Cross and Blue Shield of New Mexico

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 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.

### **HMO Blue \$1000/80%; MNHMO10004**

- Your Plan ID will change to MNHMO10005 from MNHMO10004 and your plan name will not change.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,300 from \$3,000
- Your in-network family Out-of-Pocket Maximum will change to \$9,900 from \$9,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$45
- Your Emergency Room Services copayment will change to \$200 from \$150
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250