BlueCross BlueShield of New Mexico

Plan Year 2027 Individual & Family Markets Products

Links to Summaries of Benefits and Coverage and Plan Comparison Charts for Blue Cross and Blue Shield of New Mexico qualified health plans in the individual and family ACA market.

Comparison Charts and Medical Guide	Links to Charts
Plan Comparison Charts Combined	English • Spanish
Gold Plan Comparison Chart	English • Spanish
Silver Plan Comparison Chart	English • Spanish
Bronze Plan Comparison Chart	English • Spanish
Medical Plan Guide	English • Spanish

Key

- Off-exchange plans
- On-exchange "base" plans with no cost-sharing reductions (CSRs)
- On-exchange plans with CSRs:

AI/AN Zero and AI/AN Limited plans are available to eligible American Indians and Alaska Natives. Plans with actuarial values of 73%, 87% and 94% are available to eligible consumers meeting household income requirements.

Gold Plans

Plan Name	Plan Variance	Link to SBC Document
Blue Community Gold HMO℠ 206 - Off Exchange	Off-exchange Plan	Summary of Benefits
Blue Community Gold HMO℠ 205 - Off Exchange	Off-exchange Plan	Summary of Benefits
Blue Community Gold HMO℠ 205 - On Exchange	On-exchange "Base" Plan	Summary of Benefits
Native American Blue Community Gold HMO℠ 205 - Zero	On-exchange AI/AN Zero Plan	Summary of Benefits
Native American Blue Community Gold HMO℠ 205 - LCS	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Community HMO℠ 205 - Turquoise 3 Native American Limited with EXTRA SAVINGS	On-exchange Native American Zero Plan	Summary of Benefits
Blue Community HMO℠ 205 - Turquoise 3 with EXTRA SAVINGS	On-exchange 90% AV SOPA Plan	Summary of Benefits
Blue Community Gold HMO℠ 705 - Off Exchange	Off-exchange Plan	Summary of Benefits
Blue Community Gold HMO℠ 705 - On Exchange	On-exchange "Base" Plan	Summary of Benefits
Native American Blue Community Gold HMO℠ 705 - Zero	On-exchange AI/AN Zero Plan	Summary of Benefits
Native American Blue Community Gold HMO℠ 705 - LCS	On-exchange AI/AN Limited Plan	Summary of Benefits

Blue Community HMO℠ 705 - Turquoise 3 Native American Limited with EXTRA SAVINGS	On-exchange Native American Zero Plan	Summary of Benefits
Blue Community HMO℠ 705 - Turquoise 3 with EXTRA SAVINGS	On-exchange 90% AV SOPA Plan	Summary of Benefits
Blue Cross Blue Shield Clear Cost Gold Plan - Off Exchange	Off-exchange Plan	Summary of Benefits
Blue Cross Blue Shield Clear Cost Gold Plan - On Exchange	On-exchange "Base" Plan	Summary of Benefits
Blue Cross Blue Shield Clear Cost Gold Plan - Native American Zero	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Cross Blue Shield Clear Cost Gold Plan - Native American Limited	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Cross Blue Shield Clear Cost Turquoise 3 Native American Limited Plan with EXTRA SAVINGS℠	On-exchange Native American Zero Plan	Summary of Benefits
Blue Cross Blue Shield Clear Cost Turquoise 3 Plan - with EXTRA SAVINGS℠	On-exchange 90% AV SOPA Plan	Summary of Benefits

Silver Plans

Plan Name	Plan Variance	Link to SBC Document
Blue Community Silver HMO℠ 204 - Off Exchange	Off-exchange Plan	Summary of Benefits
Blue Community Silver HMO℠ 203 - Off Exchange	Off-exchange Plan	Summary of Benefits
Blue Community Silver HMO℠ 203 - On Exchange	On-exchange "Base" Plan	Summary of Benefits
Native American Blue Community Silver HMO℠ 203 - Zero	On-exchange AI/AN Zero Plan	Summary of Benefits
Native American Blue Community Silver HMO℠ 203 - LCS	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Community Silver HMO℠ 203 - On Exchange	On-exchange 73% AV CSR Plan	Summary of Benefits
Blue Community Silver HMO℠ 203	On-exchange 87% AV CSR Plan	Summary of Benefits
Blue Community Silver HMO℠ 203	On-exchange 94% AV CSR Plan	Summary of Benefits
Blue Community HMO℠ 203 - Turquoise 2 with EXTRA SAVINGS	On-exchange 95% AV SOPA Plan	Summary of Benefits
Blue Community HMO℠ 203 - Turquoise 1 with EXTRA SAVINGS	On-exchange 99% AV SOPA Plan	Summary of Benefits
Blue Community Silver HMO℠ 306 - Off Exchange	Off-exchange Plan	Summary of Benefits
Blue Community Silver HMO℠ 308 - Off Exchange	Off-exchange Plan	Summary of Benefits
Blue Community Silver HMO℠ 308 - On Exchange	On-exchange "Base" Plan	Summary of Benefits
Native American Blue Community Silver HMO℠ 308 - Zero	On-exchange AI/AN Zero Plan	Summary of Benefits
Native American Blue Community Silver HMO℠ 308 - LCS	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Community Silver HMO℠ 308 - On Exchange	On-exchange 73% AV CSR Plan	Summary of Benefits
Blue Community Silver HMO℠ 308	On-exchange 87% AV CSR Plan	Summary of Benefits
Blue Community Silver HMO℠ 308	On-exchange 94% AV CSR Plan	Summary of Benefits
Blue Community HMO℠ 308 - Turquoise 2 with EXTRA SAVINGS	On-exchange 95% AV SOPA Plan	Summary of Benefits
Blue Community HMO℠ 308 - Turquoise 1 with EXTRA SAVINGS	On-exchange 99% AV SOPA Plan	Summary of Benefits
Blue Cross Blue Shield Clear Cost Silver Plan℠ - Off Exchange	Off-exchange Plan	Summary of Benefits

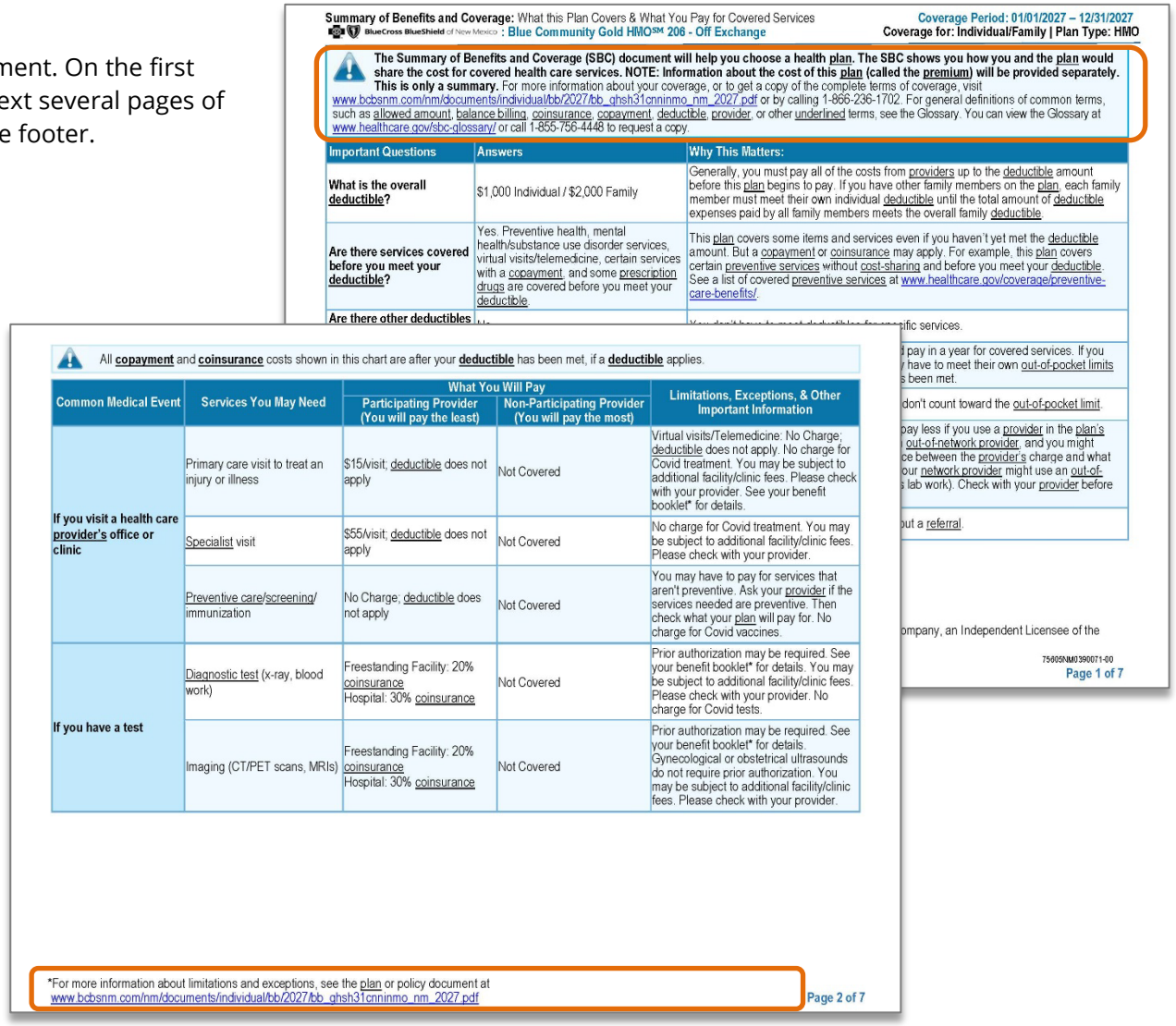
Blue Cross Blue Shield Clear Cost Silver Plan℠ - On Exchange	On-exchange “Base” Plan	Summary of Benefits
Blue Cross Blue Shield Clear Cost Silver Plan℠ - Native American Zero	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Cross Blue Shield Clear Cost Silver Plan℠ - Native American Limited	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Cross Blue Shield Clear Cost Silver Plan℠ - On Exchange	On-exchange 73% AV CSR Plan	Summary of Benefits
Blue Cross Blue Shield Clear Cost Silver Plan℠	On-exchange 87% AV CSR Plan	Summary of Benefits
Blue Cross Blue Shield Clear Cost Silver Plan℠	On-exchange 94% AV CSR Plan	Summary of Benefits
Blue Cross Blue Shield Clear Cost Turquoise 2 Plan - with EXTRA SAVINGS℠	On-exchange 95% AV SOPA Plan	Summary of Benefits
Blue Cross Blue Shield Clear Cost Turquoise 1 Plan - with EXTRA SAVINGS℠	On-exchange 99% AV SOPA Plan	Summary of Benefits

Bronze Plans

Plan Name	Plan Variance	Link to SBC Document
Blue Community Bronze HMO℠ 202 - Off Exchange HDHP HSA Eligible	Off-exchange Plan	Summary of Benefits
Blue Community Bronze HMO℠ 201 - Off Exchange HDHP HSA Eligible	Off-exchange Plan	Summary of Benefits
Blue Community Bronze HMO℠ 201 - On Exchange HDHP HSA Eligible	On-exchange “Base” Plan	Summary of Benefits
Native American Blue Community Bronze HMO℠ 201 - Zero HDHP HSA Eligible	On-exchange AI/AN Zero Plan	Summary of Benefits
Native American Blue Community Bronze HMO℠ 201 - LCS HDHP HSA Eligible	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Community Bronze HMO℠ 603 - Off Exchange HDHP HSA Eligible	Off-exchange Plan	Summary of Benefits
Blue Community Bronze HMO℠ 603 - On Exchange HDHP HSA Eligible	On-exchange “Base” Plan	Summary of Benefits
Native American Blue Community Bronze HMO℠ 603 - Zero HDHP HSA Eligible	On-exchange AI/AN Zero Plan	Summary of Benefits
Native American Blue Community Bronze HMO℠ 603 - LCS HDHP HSA Eligible	On-exchange AI/AN Limited Plan	Summary of Benefits

Accessing Policy Booklets

We link to a plan's policy booklet in every SBC document. On the first page of an SBC, it's the first link at the top. On the next several pages of an SBC, the link to the policy booklet is located in the footer.



Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
BlueCross BlueShield of New Mexico : **Blue Community Gold HMO℠ 206 - Off Exchange**
Coverage Period: 01/01/2027 – 12/31/2027
Coverage for: Individual/Family | Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsnm.com/nm/documents/individual/bb/2027/bb_ghsh31cnninmo_nm_2027.pdf or by calling 1-866-236-1702. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$1,000 Individual / $2,000 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive health, mental health/substance use disorder services, virtual visits/telemedicine, certain services with a copayment, and some prescription drugs are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles		ific services.
		pay in a year for covered services. If you have to meet their own out-of-pocket limits been met.
		don't count toward the out-of-pocket limit.
		pay less if you use a provider in the plan's out-of-network provider, and you might ce between the provider's charge and what our network provider might use an out-of- lab work). Check with your provider before
		ut a referral.

ompany, an Independent Licensee of the

75605NM0390071-00
Page 1 of 7

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay: Participating Provider (You will pay the least)	What You Will Pay: Non-Participating Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$15/visit; deductible does not apply	Not Covered	Virtual visits/Telemedicine: No Charge; deductible does not apply. No charge for Covid treatment. You may be subject to additional facility/clinic fees. Please check with your provider. See your benefit booklet* for details.
	Specialist visit	$55/visit; deductible does not apply	Not Covered	No charge for Covid treatment. You may be subject to additional facility/clinic fees. Please check with your provider.
	Preventive care/screening/ immunization	No Charge; deductible does not apply	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. No charge for Covid vaccines.
If you have a test	Diagnostic test (x-ray, blood work)	Freestanding Facility: 20% coinsurance Hospital: 30% coinsurance	Not Covered	Prior authorization may be required. See your benefit booklet* for details. You may be subject to additional facility/clinic fees. Please check with your provider. No charge for Covid tests.
	Imaging (CT/PET scans, MRIs)	Freestanding Facility: 20% coinsurance Hospital: 30% coinsurance	Not Covered	Prior authorization may be required. See your benefit booklet* for details. Gynecological or obstetrical ultrasounds do not require prior authorization. You may be subject to additional facility/clinic fees. Please check with your provider.

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsnm.com/nm/documents/individual/bb/2027/bb_ghsh31cnninmo_nm_2027.pdf

Page 2 of 7