

Blue Cross and Blue Shield of New Mexico
NMRHCA Medicare Supplement Plan – 01/01/2025



Medicare (Part A) Hospital Services — Per Benefit Period*

| SERVICES | MEDICARE PAYS | THIS PLAN PAYS | YOU PAY** |
|---|---|--|-----------|
| Hospitalization* | | | |
| Semiprivate room and board, general nursing, and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,676 | \$1,676 (Part A deductible) | \$0 |
| 61st through 90th day | All but \$419 a day | \$419 a day | \$0 |
| 91st day and after: | | | |
| While using 60 lifetime reserve days | All but \$838 a day | \$838 a day | \$0 |
| Once lifetime reserve days are used: | | | |
| Additional 365 days | \$0 | 100% of Medicare eligible expenses | \$0 |
| Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care* | | | |
| You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital | | | |
| First 20 days | All approved amounts | \$0 | \$0 |
| 21st through 100th day | All but \$209.50 a day | Up to \$209.50 a day | \$0 |
| 101st day and after | \$0 | \$0 | All costs |
| Blood | | | |
| First 3 pints | \$0 | 3 pints (100%) | \$0 |
| Additional amounts | 100% | \$0 | \$0 |
| Hospice Care | | | |
| Available as long as your doctor certifies you are terminally ill, and you elect to receive these services | <ul style="list-style-type: none"> • 100% for hospice care • All but \$5 for Rx • 95% for inpatient (all but very limited coinsurance for outpatient drugs and inpatient respite care) | <ul style="list-style-type: none"> • \$0 • \$0 • 5% for inpatient | \$0 |

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

| Medicare (Parts A and B) | | | |
|--|--|--|---------------------------|
| SERVICES | MEDICARE PAYS | THIS PLAN PAYS | YOU PAY** |
| Home Health Care | | | |
| Medicare-approved services | | | |
| Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable Medical Equipment | \$0 until you meet \$257 Part B deductible | \$0 until you meet \$257 Part B deductible | \$257 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Outpatient Psychiatric Care | | | |
| Medicare-approved services | \$0 until you meet \$257 Part B deductible | \$0 until you meet \$257 Part B deductible | \$257 (Part B deductible) |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |

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

Medicare (Part B) Medical Services — Per Calendar Year*

| SERVICES | MEDICARE PAYS | THIS PLAN PAYS | YOU PAY** |
|--|--|--|-------------------------------|
| Medical Expenses | | | |
| In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First \$257 of Medicare-approved amounts* | \$0 until you meet \$257 Part B deductible | \$0 until you meet \$257 Part B deductible | \$257 (Part B deductible) |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B excess charges (above Medicare-approved amounts) | \$0 | 80% | 20% |
| Blood | | | |
| First 3 pints | \$0 | 100% | \$0 |
| Next \$257 of Medicare-approved amounts* | \$0 until you meet \$257 Part B deductible | \$0 until you meet \$257 Part B deductible | \$257 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services | | | |
| Blood tests for diagnostic services | 100% | \$0 | \$0 |
| Home Health Care – At Home Recovery (Not Covered by Medicare) | | | |
| Each visit (additional visits to assist you with activities of daily living during recovery from an illness, injury, or surgery) | \$0 | Up to \$40 per visit | All costs over \$40 per visit |
| Annual Maximum – At Home Recovery | \$0 | \$1,600 | N/A |
| Medicare-covered Preventive Care | | | |
| Routine checkups and screening tests | 80% | 20% | \$0 |

Other Benefits – Not Covered by Medicare

| SERVICES | MEDICARE PAYS | THIS PLAN PAYS | YOU PAY** |
|--|---------------|---|--|
| Preventive Care – Not Covered by Medicare | | | |
| Routine checkups and screening tests | \$0 | 100% allowable charges | \$0 |
| Acupuncture and Rolfig – Not Covered by Medicare | | | |
| Combined Max. \$1,500 per year | \$0 | 80% allowable charges | 20% allowable charges |
| Foreign Travel – Not Covered by Medicare | | | |
| Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA: | | | |
| First \$250 each calendar year | \$0 | \$0 | \$250 |
| Remainder of charges | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

**Once you have been billed \$257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

NOTE: Prescription drug coverage is offered through Express Scripts under the New Mexico Retiree Health Care Authority.

This is a summary only – please refer to the Benefit Booklet for more details.