



**BlueCross BlueShield of New Mexico**

# Individual Plan Comparison Charts

All Blue Cross and Blue Shield of New Mexico plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits and Coverage or visit [bcbsnm.com](https://www.bcbsnm.com) for more specific information.



# Individual Plan Comparison Chart

## Participating Provider Coverage Shown<sup>1</sup>

All Blue Cross and Blue Shield of New Mexico (BCBSNM) plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits and Coverage or visit [bcbsnm.com](http://bcbsnm.com) for more specific information.

| Bronze  | Blue Community Bronze HMO <sup>SM</sup>  |   |   |   |
|---|--|---|---|---|
|   | 201  | 202   | 302*  | 502*  |
| <b>Individual Deductible<sup>2</sup></b>  | \$6,000  | \$4,500   | \$6,350   | \$5,000   |
| <b>Coinsurance</b>  | Member pays 50%  | Member pays 40%   | Member pays 40%   | Member pays 50%   |
| <b>Out-of-Pocket Maximum (includes deductible)<sup>2</sup></b>                  | \$8,550  | \$6,900   | \$6,900   | \$6,900   |
| <b>Primary Care Office Visit</b>  | \$45 copay   | Member pays 40%   | Member pays 40%   | Member pays 50%   |
| <b>Virtual Visits<sup>3</sup></b>   | \$0  | Member pays 40%   | Member pays 40%   | Member pays 50%   |
| <b>Specialist Office Visit</b>  | Member pays 50%  | Member pays 40%   | Member pays 40%   | Member pays 50%   |
| <b>Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit</b> | Member pays 40%  | Member pays 40%   | Member pays 40%   | Member pays 50%   |
| <b>Emergency Room</b>   | \$750 per occurrence deductible, then member pays 50%  | \$1,000 per occurrence deductible, then member pays 40% | \$1,000 per occurrence deductible, then member pays 40% | \$1,000 per occurrence deductible, then member pays 50% |
| <b>Urgent Care</b>  | \$60 copay   | Member pays 40%   | Member pays 40%   | Member pays 50%   |
| <b>Inpatient Hospital Services<sup>4</sup></b>                                  | \$850 per occurrence deductible, then member pays 50%  | \$850 per occurrence deductible, then member pays 40%   | \$850 per occurrence deductible, then member pays 40%   | \$850 per occurrence deductible, then member pays 50%   |
| <b>Outpatient Surgery<sup>4</sup></b>   | \$600 per occurrence deductible, then member pays 50%  | \$600 per occurrence deductible, then member pays 40%   | \$600 per occurrence deductible, then member pays 40%   | \$600 per occurrence deductible, then member pays 50%   |
| <b>Outpatient X-Rays and Diagnostic Imaging<sup>4</sup></b>                     | \$250 copay in hospital  | Member pays 40% in hospital                             | Member pays 40% in hospital                             | Member pays 50% in hospital                             |
| <b>Outpatient Imaging (CT/PET Scans/MRIs)<sup>4</sup></b>                       | Member pays 50% in hospital  | Member pays 40% in hospital                             | Member pays 40% in hospital                             | Member pays 50% in hospital                             |
| <b>Network</b>  | Blue Community HMO Network <sup>SM</sup>   | Blue Community HMO Network <sup>SM</sup>                | Blue Community HMO Network <sup>SM</sup>                | Blue Community HMO Network <sup>SM</sup>                |
| <b>HSA Eligible<sup>5</sup></b>   | No   | Yes   | Yes   | Yes   |
| <b>Outpatient Prescription Drugs - Preferred Pharmacy<sup>6,7</sup></b>         | \$10 / \$20 / 30% / 35% / 45% / 50%  | 20% / 25% / 30% / 35% / 45% / 50%                       | 20% / 25% / 30% / 35% / 45% / 50%                       | 20% / 25% / 30% / 35% / 45% / 50%                       |
| <b>Outpatient Prescription Drugs - Non-Preferred Pharmacy<sup>6,7</sup></b>     | \$20 / \$30 / 35% / 40% / 45% / 50%  | 25% / 30% / 35% / 40% / 45% / 50%                       | 25% / 30% / 35% / 40% / 45% / 50%                       | 25% / 30% / 35% / 40% / 45% / 50%                       |
| <b>Prescription Drug Benefit Utilization Management Programs<sup>8</sup></b>    | <p><b>Specialty Pharmacy Program:</b> To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.</p> <p><b>Member Pay the Difference:</b> When you choose a brand name drug over an available generic equivalent, you pay your usual share for the brand plus the difference in cost.</p> <p><b>Prior Authorization/Step Therapy Requirements:</b> Before you receive coverage for some medications, your doctor may need to obtain authorization from BCBSNM. You may need to meet certain criteria or try more cost-effective drugs first.</p> <p><b>90-Day Supply:</b> You may receive up to a 90-day supply of covered prescription drugs through home delivery or at select retail pharmacies, depending on your prescription drug benefit.</p> |   |   |   |

1 Benefits reduced when out-of-network providers are used. This is a summary of benefit highlights only.  
 2 The standard deductible and out-of-pocket maximum for this plan are shown. You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Deductibles do not apply to services for which only copays are charged.  
 3 See your benefit book for details. Not available with all plans.  
 4 Members may have lower out-of-pocket costs for some services provided by non-emergency freestanding outpatient facilities than the out-of-pocket costs for services provided in a hospital setting. See your Summary of Benefits and Coverage for additional details.  
 5 As a reminder, a Health Savings Account (HSA) has tax and legal ramifications. Blue Cross and Blue Shield of New Mexico does not provide legal or tax advice and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s)

or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax adviser regarding tax consequences of specific health insurance plans or products.  
 6 Prescription drug benefit coverage starts after annual medical deductible has been met, not counting copays. Retail stores in the Preferred Pharmacy Network offer members prescriptions with a lower possible member cost share amount.  
 7 Prescription drug payment level tiers: Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty  
 8 Home delivery is not available for Specialty tier drugs. Specialty tier drugs are limited to a 30-day supply. Coverage limitations may apply to certain medications.

\* This plan is not available on the New Mexico Health Insurance Exchange.



# Individual Plan Comparison Chart

## Participating Provider Coverage Shown<sup>1</sup>

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| Silver   | Blue Community Silver HMO <sup>SM</sup>  |   |   |  |
|--|--|---|---|--|
|  | 203  | 204   | 306*  | 308                                      |
| Individual Deductible <sup>2</sup>   | \$1,700  | \$1,600   | \$1,500   | \$8,550                                  |
| Coinsurance  | Member pays 40%  | Member pays 40%                                       | Member pays 50%   | No coinsurance after deductible is met   |
| Out-of-Pocket Maximum (includes deductible) <sup>2</sup>                     | \$8,550  | \$8,550   | \$8,550   | \$8,550                                  |
| Primary Care Office Visit  | Member pays 30%  | \$10 copay  | Member pays 40%   | \$20 copay                               |
| Virtual Visits <sup>3</sup>  | Member pays 30%  | \$0   | \$0   | \$0                                      |
| Specialist Office Visit  | Member pays 40%  | Member pays 40%                                       | Member pays 50%   | \$60 copay                               |
| Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit     | Member pays 40%  | Member pays 30%                                       | Member pays 40%   | \$20 copay                               |
| Emergency Room   | \$1,000 per occurrence deductible, then member pays 40%  | \$750 per occurrence deductible, then member pays 40% | \$1,000 per occurrence deductible, then member pays 50% | No coinsurance after deductible is met   |
| Urgent Care  | Member pays 40%  | \$15 copay  | Member pays 50%   | No coinsurance after deductible is met   |
| Inpatient Hospital Services <sup>4</sup>                                     | \$850 per occurrence deductible, then member pays 40%  | \$850 per occurrence deductible, then member pays 40% | \$850 per occurrence deductible, then member pays 50%   | No coinsurance after deductible is met   |
| Outpatient Surgery <sup>4</sup>  | \$600 per occurrence deductible, then member pays 40%  | \$600 per occurrence deductible, then member pays 40% | \$600 per occurrence deductible, then member pays 50%   | No coinsurance after deductible is met   |
| X-Rays and Diagnostic Imaging <sup>4</sup>                                   | Member pays 40% in hospital  | \$200 copay in hospital                               | Member pays 50% in hospital                             | No coinsurance after deductible is met   |
| Imaging (CT/PET Scans/MRIs) <sup>4</sup>                                     | Member pays 40% in hospital  | Member pays 40% in hospital                           | Member pays 50% in hospital                             | No coinsurance after deductible is met   |
| Network  | Blue Community HMO Network <sup>SM</sup>   | Blue Community HMO Network <sup>SM</sup>              | Blue Community HMO Network <sup>SM</sup>                | Blue Community HMO Network <sup>SM</sup> |
| HSA Eligible <sup>5</sup>  | No   | No  | No  | No                                       |
| Outpatient Prescription Drugs - Preferred Pharmacy <sup>6,7</sup>            | 20% / 25% / 30% / 35% / 45% / 50%  | \$0 / \$15 / 30% / 35% / 45% / 50%                    | 20% / 25% / 30% / 35% / 45% / 50%                       | \$0 / \$10 / \$50 / 0% / 0% / 0%         |
| Outpatient Prescription Drugs - Non-Preferred Pharmacy <sup>6,7</sup>        | 25% / 30% / 35% / 40% / 45% / 50%  | \$15 / \$25 / 35% / 40% / 45% / 50%                   | 25% / 30% / 35% / 40% / 45% / 50%                       | \$10 / \$20 / \$70 / 0% / 0% / 0%        |
| <b>Prescription Drug Benefit Utilization Management Programs<sup>8</sup></b> | <p><b>Specialty Pharmacy Program:</b> To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.</p> <p><b>Member Pay the Difference:</b> When you choose a brand name drug over an available generic equivalent, you pay your usual share for the brand plus the difference in cost.</p> <p><b>Prior Authorization/Step Therapy Requirements:</b> Before you receive coverage for some medications, your doctor may need to obtain authorization from BCBSNM. You may need to meet certain criteria or try more cost-effective drugs first.</p> <p><b>90-Day Supply:</b> You may receive up to a 90-day supply of covered prescription drugs through home delivery or at select retail pharmacies, depending on your prescription drug benefit.</p> |   |   |  |

1 Benefits reduced when out-of-network providers are used. This is a summary of benefit highlights only.  
 2 The standard per person deductible and out-of-pocket maximum for this plan are shown. You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Deductibles do not apply to services for which only copays are charged. Based on your income and family status, you may qualify for one of three lower deductible levels. You will be able to see if you qualify and what your premium, deductible and out-of-pocket costs will be before you make a decision to enroll.  
 3 Not available with all plans. For details, see the plan Benefit Book included with your membership kit.  
 4 Members may have lower out-of-pocket costs for some services provided by non-emergency freestanding outpatient facilities than the out-of-pocket costs for services provided in a hospital setting. See your Summary of Benefits and Coverage for additional details.  
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 6 Prescription drug benefit coverage starts after annual medical deductible has been met, not counting copays. Retail stores in the Preferred Pharmacy Network offer members prescriptions with a lower possible member cost share amount.  
 7 Prescription drug payment level tiers: Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty.  
 8 Home delivery is not available for Specialty tier drugs. Specialty tier drugs are limited to a 30-day supply. Coverage limitations may apply to certain medications.

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| Gold  | Blue Community Gold HMO <sup>SM</sup>  |   |
|---|--|---|
|   | 205  | 206*  |
| <b>Individual Deductible<sup>2</sup></b>  | \$750  | \$750   |
| <b>Coinsurance</b>  | Member pays 30%  | Member pays 30%   |
| <b>Out-of-Pocket Maximum (includes deductible)<sup>2</sup></b>                  | \$8,550  | \$8,550   |
| <b>Primary Care Office Visit</b>  | \$30 copay   | \$15 copay  |
| <b>Virtual Visits<sup>3</sup></b>   | \$0  | \$0   |
| <b>Specialist Office Visit</b>  | Member pays 30%  | \$50 copay  |
| <b>Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit</b> | Member pays 20%  | \$15 copay  |
| <b>Emergency Room</b>   | \$500 per occurrence deductible, then member pays 30%  | \$1,000 per occurrence deductible, then member pays 30% |
| <b>Urgent Care</b>  | \$45 copay   | \$50 copay  |
| <b>Inpatient Hospital Services<sup>4</sup></b>                                  | \$850 per occurrence deductible, then member pays 30%  | \$850 per occurrence deductible, then member pays 30%   |
| <b>Outpatient Surgery<sup>4</sup></b>   | \$600 per occurrence deductible, then member pays 30%  | Member pays 30%   |
| <b>X-Rays and Diagnostic Imaging<sup>4</sup></b>                                | \$40 copay in hospital   | Member pays 30% in hospital                             |
| <b>Imaging (CT/PET Scans/MRIs)<sup>4</sup></b>                                  | Member pays 30% in hospital  | Member pays 30% in hospital                             |
| <b>Network</b>  | Blue Community HMO Network <sup>SM</sup>   | Blue Community HMO Network <sup>SM</sup>                |
| <b>HSA Eligible<sup>5</sup></b>   | No   | No  |
| <b>Outpatient Prescription Drugs - Preferred Pharmacy<sup>6,7</sup></b>         | \$0 / \$10 / 20% / 35% / 45% / 50%   | \$0 / \$10 / 20% / 35% / 45% / 50%                      |
| <b>Outpatient Prescription Drugs - Non-Preferred Pharmacy<sup>6,7</sup></b>     | \$10 / \$20 / 25% / 40% / 45% / 50%  | \$10 / \$20 / 30% / 40% / 45% / 50%                     |
| <b>Prescription Drug Benefit Utilization Management Programs<sup>8</sup></b>    | <p><b>Specialty Pharmacy Program:</b> To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.</p> <p><b>Member Pay the Difference:</b> When you choose a brand name drug over an available generic equivalent, you pay your usual share for the brand plus the difference in cost.</p> <p><b>Prior Authorization/Step Therapy Requirements:</b> Before you receive coverage for some medications, your doctor may need to obtain authorization from BCBSNM. You may need to meet certain criteria or try more cost-effective drugs first.</p> <p><b>90-Day Supply:</b> You may receive up to a 90-day supply of covered prescription drugs through home delivery or at select retail pharmacies, depending on your prescription drug benefit.</p> |   |

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