Medicare Eligible / Over 65 Only	Blue Cross / Blue Shield of New Mexico HMO*	
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Plan Changes are in Orange	**2025 In-Network**	**2025 Comments**
General Information		
Lifetime Maximum Benefit	Not Applicable	
Annual Maximum Benefit	Not Applicable	
Coinsurance Percentage	Not Applicable	
Precertification Requirements	PET scans, MRI, MRA, Hospital admissions(non-emergency), Home Healthcare, Surgery, Outpatient Rehabilitation, DME, Safety Devices, Allergy care, including tests and serums, Blepharoplasty, Botox injections, Chemotherapy and Radiation Therapy, Dental Care, Fixed wing air ambulance, Implantable devices, Nutritional Counseling	
Precertification Penalty	Services may not be covered	
Health Savings Account (HSA)	Not Applicable	
Health Reimbursement Account (HRA)	Not Applicable	
R & C	Not Applicable	
Deductibles		
Individual Annual Deductible	Not Applicable	
Family Annual Deductible	Not Applicable	
Applies to Out-of-Pocket Maximum	Not Applicable	
Prescription benefits are covered under medical deductible	Not covered	
Out-of-Pocket Mx per Plan Year		
Individual Out-of-Pocket Maximum Per Year	$2,500.00	
Family Out-of-Pocket Maximum Per Year	Not Applicable	
Outpatient Services		
Primary Care Physician Visits	$5 copay per visit	
Specialist Visit	$20 copay per visit	
Lab tests and X-ray	Covered at 100%	
Specialized Imaging	$50 copay	
Outpatient Surgery	$50 copay	
Allergy Injections	Covered under office visit copay	
OP Blood Services *Coverage begins with the first Pint of Blood*	$0 copay	
Preventive Care		
Well Child Care Office Visit	Not applicable	
Well Child Age limit	Not applicable	
Adult Routine Physical Exams	$0 copay	
Adult Immunizations	Part B vaccines covered at 100%; Part D vaccines vary based on tier	
Routine Mammogram	Covered at 100%	
Pap Smear	Covered at 100%	
Prostate Screening (PSA)	Covered at 100%	
Colon Cancer Screenings	Covered at 100%	
Cardiovascular screenings	Covered at 100%	
Hearing Evaluations	$20 copay - diagnostic hearing exam $30 copay - 1 routine hearing exam every year	
Inpatient Hospital		
Deductible per Confinement	Not applicable	
Deductible per Day	Not applicable	
Hospital Services	$200 copay per admission	
Physicians and Surgeons' Services	Covered under admission copayment	
Emergency Services		
Emergency Room Treatment	$50 copay. Worldwide coverage. Cost share waived if admitted within 3 days of the same condition	CMS language clarification; no benefit change
Non-emergency or non-urgent use of ER	$50 copay	
Ambulance	$75 copay	
Urgent Care Facility Services	$20 copay for Medicare-covered urgently-needed-care visits Worldwide coverage. ($10 copay Virtual Visits)	Virtual Visits solution has been added to support urgent issues 24/7.
Physician Office Visit	$5 copay for PCP, $20 copay for specialist	
After Hours	$5 copay for PCP, $20 copay for specialist	
Maternity Care		
Physician Office Visit	$5 copay per visit	
Maternity Care - Inpatient Delivery	Not applicable	
Midwife delivery services	Not applicable	
Mental Health		
Deductible per Confinement	Not applicable	
Deductible per Day	Not applicable	
Mental Health Inpatient	$200 copay per admission	
Mental Health-Inpatient Plan Maximums	Limited to 190 lifetime days	CMS standard

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Mental Health Outpatient	$20 copay ($20 copay Virtual Visits)	Virtual Visits solution has been added to support behavioral health. No change for any other applicable provisions. Clarification only
Mental Health - Group Therapy	$20 copay	
Mental Health-Outpatient Plan Maximums	Not applicable	
Severe Mental Illness	$0 copay for partial hospitalization; $20 copay for outpatient therapy; $200 copay per inpatient admission	
Substance Abuse		
Deductible per Confinement	Not applicable	
Deductible per Day	Not applicable	
Detoxification	$200 copay for inpatient admission; $20 copay for group/individual outpatient therapy; $0 copay for opioid treatment services	Opioid coverage has been mandated by CMS for 2021. No other changes
Substance Abuse - Inpatient Treatment	$200 copay per admission	
Substance Abuse-Inpatient Plan Maximums	Not applicable	
Substance Abuse-Outpatient	$20 copay for Group/Individual Therapy; $0 for Opioid Treatment Services	Opioid coverage has been mandated by CMS for 2021. No other changes
Substance Abuse-Outpatient Plan Maximums	Not applicable	
Rehabilitation Therapy		
Inpatient Rehabilitation	For SNF, it is $0 copay per day for days 1-100.	
Outpatient Physical, Occupational, and Speech Therapy	$10 copay for Medicare-covered occupational therapy visits, physical and speech therapy	
Alternative Care		
Chiropractic Care	$20 copay for Medicare-covered and for up to 36 routine chiropractic visit(s) every year	
Acupuncture	$0 copay Medicare-covered (chronic low back pain. Up to 12 visits in 90 days)	Acupuncture is a CMS mandated benefit beginning in 2021
Acupressure	Not covered	
Massage Therapy	Not covered	
Other Services		
Private-Duty Nursing Care	Not covered	
Durable Medical Equipment	$0 copay	
Prosthetic and Orthotic Appliances	$0 copay	
Smoking Cessation	$0 copay	
Weight control program	Weight management programs	
Bariatric surgery	Medicare covered only	
TMJ	if Medicare covered only	
Podiatry Services	$5 copay	Based on overall plan design, CMS allowable copay cannot exceed new level
Home Health Care	$0 copay	
Skilled Nursing Facility Care	$0 copay days 1-100.	
Hospice Care	Member must get care from a Medicare-certified hospice. Member must consult with plan before selecting hospice.	
Rewards and Incentives	$25 for up to 4 times a year	
Hearing Aids	$900 allowance on hearing aids every 3 years	
Family Planning		
Tubal ligation	Not covered	
Vasectomy	Not covered	
Contraceptive Drugs	Not covered	
Contraceptive Devices	Not covered	
Infertility Testing	Not covered	
Infertility Treatments - Office Visit	Not covered	
Infertility Treatments - Surgery	Not covered	
In Vitro Fertilization	Not covered	
Infertility Treatments - Lifetime Maximum	Not covered	
Vision Care		
Eye Examination	$20 copay medicare covered; $0 copay for routine eye exam, limited to 1 exam every calendar year	
Lenses	$0 copay Medicare covered 1 pair of eyeglasses (lenses and frames) contact lenses after cataract surgery $150 allowance on eyewear every year.	
Frames	$0 copay Medicare covered 1 pair of eyeglasses (lenses and frames) contact lenses after cataract surgery $150 allowance on eyewear every year.	

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Contact lenses- necessary	$0 copay Medicare covered 1 pair of eyeglasses (lenses and frames) contact lenses after cataract surgery $150 allowance on eyewear every year.	
Contact lenses-elective	$0 copay Medicare covered 1 pair of eyeglasses (lenses and frames) contact lenses after cataract surgery $150 allowance on eyewear every year.	
Lasik Eye Surgery	Not covered	
Organ and Tissue Transplants		
Organ Transplant -Inpatient	$200 copay per admission	
Organs covered	Yes, covered	
Transplant Travel	Yes, covered	
Transplant donor expenses	Yes, covered	
Lifetime Maximum	Not applicable	
Prescription Drug Coverage		
Annual Prescription Deductible - Family	Not applicable	
Annual Prescription Deductible - Individual	Not applicable	
Out-of-Pocket Maximums - Individual	**$2,000**	**CMS mandated change**
Out-of-Pocket Maximums - Family	Not applicable	
Annual Maximum Benefit	Not applicable	
Lifetime Maximum Benefit	Not applicable	
Generic Substitution	Not required	
Retail Refill Penalty	Not applicable	
Prescription Drug Retail		
Tier 1- Retail - Preferred Generic	$0 Preferred Pharmacy $5 Non-Preferred Pharmacy	
Tier 2- Retail Non Preferred Generic	$5 Preferred Pharmacy $10 Non-Preferred Pharmacy	
Tier 3 -Retail - Preferred Brand	$30 Preferred Pharmacy $35 Non-Preferred Pharmacy	
Tier 4 - Retail -Non Preferred Brand	$50 Preferred Pharmacy $55 Non-Preferred Pharmacy	
Tier 5 - Specialty	10% coinsurance to max of $150	
Injectable Medications	Depends on where it falls in the formulary list	

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Prescription Drug Mail Order		
Tier 1- Retail - Preferred Generic	$0 Preferred Pharmacy $15 Non-Preferred Pharmacy	
Tier 2- Retail Non Preferred Generic	$15 Preferred Pharmacy $30 Non-Preferred Pharmacy	
Tier 3 -Retail - Preferred Brand	$90 Preferred Pharmacy $105 Non-Preferred Pharmacy	
Tier 4 - Retail -Non Preferred Brand	$150 Preferred Pharmacy $165 Non-Preferred Pharmacy	
Tier 5 - Specialty	$450 copay	
Injectable Medications	Depends on where it falls in the formulary list	
Day Supply	90 day supply	
Other Services - Prescription Drugs		
Over the Counter	Not covered	
Prenatal Vitamins	Not covered	
Diabetic Supplies	0-20% coinsurance for diabetic supplies and services	No change from 2021: 0%-20% 0% cost sharing limited to diabetic testing supplies (meters, strips and lancets) obtained through the pharmacy for a LifeScan branded product (OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio, OneTouch Ultra Mini and OneTouch Ultra 2). 20% cost sharing for plan approved non-preferred diabetic testing supplies (meters, strips and lancets). 20% cost sharing for all other diabetic supplies in this category. All test strips will also be subject to a quantity limit of 204 per 30 days. Continuous Glucose Monitoring (CGM) products obtained through the pharmacy will be subject to Prior Authorization
Lifestyle Drugs	Not covered	
Contraceptives - Injectable	See formulary listing	
Fertility Drugs	Not covered	
Smoking Cessation	See formulary listing	
Cosmetic Medications	Not covered	
Nutritional Supplements	Not covered	