






# Plan Year 2024 Individual & Family Markets Products

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

## Plan Comparison Charts

Comparison Chart	Links to Charts
BCBSNM Plan Comparison Charts Combined	<a href="#">English</a> • <a href="#">Spanish</a>
BCBSNM Gold Plan Comparison Chart	<a href="#">English</a> • <a href="#">Spanish</a>
BCBSNM Silver Plan Comparison Chart	<a href="#">English</a> • <a href="#">Spanish</a>
BCBSNM Bronze Plan Comparison Chart	<a href="#">English</a> • <a href="#">Spanish</a>

### Key

-  Off-exchange plans
-  On-exchange “base” plans with no cost-sharing reductions (CSRs)
-  On-exchange plans with CSRs:  
Zero and LCS plans are available to eligible Native Americans. Plans with an actuarial value (AV) of 73% and state-funded out-of-pocket assistance (SOPA) plans with an AV of 85%, 90%, 95% and 99% are available to eligible consumers meeting household income requirements.

## Gold Plans

Plan Name	Plan Variance Description	Link to SBC Document
Blue Community HMO <sup>SM</sup> 205 - Turquoise 3 with EXTRA SAVINGS	On-exchange 90% AV SOPA Plan	<a href="#">Summary of Benefits</a>
Blue Community HMO <sup>SM</sup> 705 - Turquoise 3 with EXTRA SAVINGS	On-exchange 90% AV SOPA Plan	<a href="#">Summary of Benefits</a>
Clear Cost Turquoise 3 Plan - with EXTRA SAVINGS	On-exchange 90% AV SOPA Plan	<a href="#">Summary of Benefits</a>
Blue Community Gold HMO <sup>SM</sup> 206 - Off Exchange	Off-exchange	<a href="#">Summary of Benefits</a>
Blue Community Gold HMO <sup>SM</sup> 205 - Off Exchange	Off-exchange	<a href="#">Summary of Benefits</a>
Blue Community Gold HMO <sup>SM</sup> 705 - Off Exchange	Off-exchange	<a href="#">Summary of Benefits</a>
Clear Cost Gold Plan - Off Exchange	Off-exchange	<a href="#">Summary of Benefits</a>

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## Gold Plans (continued)

Plan Name	Plan Variance Description	Link to SBC Document
Blue Community Gold HMO <sup>SM</sup> 205 - On Exchange	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>
Blue Community Gold HMO <sup>SM</sup> 705 - On Exchange	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>
Clear Cost Gold Plan - On Exchange	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>
Native American Blue Community Gold HMO <sup>SM</sup> 205 - Zero	On-exchange Native American Zero Plan	<a href="#">Summary of Benefits</a>
Native American Blue Community Gold HMO <sup>SM</sup> 705 - Zero	On-exchange Native American Zero Plan	<a href="#">Summary of Benefits</a>
Clear Cost Gold Plan - Native American Zero	On-exchange Native American Zero Plan	<a href="#">Summary of Benefits</a>
Native American Blue Community Gold HMO <sup>SM</sup> 205 - LCS	On-exchange Native American Zero Plan	<a href="#">Summary of Benefits</a>
Native American Blue Community Gold HMO <sup>SM</sup> 705 - LCS	On-exchange Native American Zero Plan	<a href="#">Summary of Benefits</a>
Clear Cost Gold Plan - Native American Limited	On-exchange Native American Zero Plan	<a href="#">Summary of Benefits</a>

## Silver Plans

Plan Name	Plan Variance Description	Link to SBC Document
Blue Community HMO <sup>SM</sup> 203 - Turquoise 1 with EXTRA SAVINGS	On-exchange 99% AV SOPA Plan	<a href="#">Summary of Benefits</a>
Blue Community HMO <sup>SM</sup> 308 - Turquoise 1 with EXTRA SAVINGS	On-exchange 99% AV SOPA Plan	<a href="#">Summary of Benefits</a>
Clear Cost Turquoise 1 Plan - with EXTRA SAVINGS	On-exchange 99% AV SOPA Plan	<a href="#">Summary of Benefits</a>
Blue Community HMO <sup>SM</sup> 203 - Turquoise 2 with EXTRA SAVINGS	On-exchange 95% AV SOPA Plan	<a href="#">Summary of Benefits</a>
Blue Community HMO <sup>SM</sup> 308 - Turquoise 2 with EXTRA SAVINGS	On-exchange 95% AV SOPA Plan	<a href="#">Summary of Benefits</a>
Clear Cost Turquoise 2 Plan - with EXTRA SAVINGS	On-exchange 95% AV SOPA Plan	<a href="#">Summary of Benefits</a>
Blue Community Silver HMO <sup>SM</sup> 204 - Off Exchange	Off-exchange Plan	<a href="#">Summary of Benefits</a>
Blue Community Silver HMO <sup>SM</sup> 203 - Off Exchange	Off-exchange Plan	<a href="#">Summary of Benefits</a>
Blue Community Silver HMO <sup>SM</sup> 306 - Off Exchange	Off-exchange Plan	<a href="#">Summary of Benefits</a>
Blue Community Silver HMO <sup>SM</sup> 308 - Off Exchange	Off-exchange Plan	<a href="#">Summary of Benefits</a>
Clear Cost Silver Plan - Off Exchange	Off-exchange Plan	<a href="#">Summary of Benefits</a>
Blue Community Silver HMO <sup>SM</sup> 203 - On Exchange	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>

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## Silver Plans (continued)

Plan Name	Plan Variance Description	Link to SBC Document
Blue Community Silver HMO <sup>SM</sup> 308 - On Exchange	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>
Clear Cost Silver Plan - On Exchange	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>
Native American Blue Community Silver HMO <sup>SM</sup> 203 - Zero	On-exchange Native American Zero Plan	<a href="#">Summary of Benefits</a>
Native American Blue Community Silver HMO <sup>SM</sup> 308 - Zero	On-exchange Native American Zero Plan	<a href="#">Summary of Benefits</a>
Clear Cost Silver Plan - Native American Zero	On-exchange Native American Zero Plan	<a href="#">Summary of Benefits</a>
Native American Blue Community Silver HMO <sup>SM</sup> 203 - LCS	On-exchange Native American Zero Plan	<a href="#">Summary of Benefits</a>
Native American Blue Community Silver HMO <sup>SM</sup> 308 - LCS	On-exchange Native American Zero Plan	<a href="#">Summary of Benefits</a>
Clear Cost Silver Plan - Native American Limited	On-exchange Native American Zero Plan	<a href="#">Summary of Benefits</a>
Blue Community Silver HMO <sup>SM</sup> 203 - On Exchange	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>
Blue Community Silver HMO <sup>SM</sup> 308 - On Exchange	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>
Clear Cost Silver Plan - On Exchange	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>
Blue Community Silver HMO <sup>SM</sup> 203	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>
Blue Community Silver HMO <sup>SM</sup> 308	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>
Clear Cost Silver Plan	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>
Blue Community Silver HMO <sup>SM</sup> 203	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>
Blue Community Silver HMO <sup>SM</sup> 308	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>
Clear Cost Silver Plan	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>

## Bronze Plans

Plan Name	Plan Variance Description	Link to SBC Document
Blue Community Bronze HMO <sup>SM</sup> 202 - Off Exchange HDHP HSA Eligible	Off-exchange Plan	<a href="#">Summary of Benefits</a>
Blue Community Bronze HMO <sup>SM</sup> 201 - Off Exchange	Off-exchange Plan	<a href="#">Summary of Benefits</a>
Blue Community Bronze HMO <sup>SM</sup> 603 - Off Exchange	Off-exchange Plan	<a href="#">Summary of Benefits</a>

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# 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** Coverage Period: 01/01/2024 – 12/31/2024

**Blue Cross Blue Shield of New Mexico** : Blue Community HMO<sup>SM</sup> 205 Coverage for: Individual/Family | Plan Type: HMO  
**Turquoise 3 with EXTRA SAVINGS**

**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/bb/ind/tb\\_ghib09cnninmp\\_nm\\_2024.pdf](http://www.bcbsnm.com/bb/ind/tb_ghib09cnninmp_nm_2024.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/](http://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?	\$500 Individual / \$1,000 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 services, 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 <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .

**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		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$35/visit; deductible does not apply	Not Covered	Virtual visits: No Charge; deductible does not apply. No charge for Covid treatment. See your benefit booklet* for details.
	Specialist visit	\$50/visit; deductible does not apply	Not Covered	No charge for Covid treatment.
	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: \$10/lab, \$20/x-ray Hospital: \$20/lab, \$20/x-ray; deductible does not apply	Not Covered	Prior authorization may be required; see your benefit booklet* for details. No charge for Covid tests.
	Imaging (CT/PET scans, MRIs)	30% coinsurance	Not Covered	Prior authorization may be required; see your benefit booklet* for details. Gynecological or obstetrical ultrasounds do not require prior authorization.
If you need drugs to treat your illness or condition  More information about prescription drug coverage is available at <a href="http://www.bcbsnm.com/rx24/6T">www.bcbsnm.com/rx24/6T</a>	Generic drugs (Preferred) (Tier 1)	Retail: Preferred - No Charge Participating - No Charge Mail: No Charge; deductible does not apply	Not Covered	Limited to a 30-day supply at retail (or a 90-day supply at a network of select retail pharmacies). Up to a 90-day supply at mail order. Specialty drugs are limited to a 30-day supply except for certain FDA-designated dosing regimens.
	Generic drugs (Non-Preferred) (Tier 2)	Retail: Preferred - \$10/prescription Participating - \$10/prescription Mail: \$30/prescription; deductible does not apply	Not Covered	Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available.
	Brand drugs (Preferred) (Tier 3)	Preferred - 20% coinsurance Participating - 25% coinsurance	Not Covered	Your cost share for a covered insulin

\*For more information about limitations and exceptions, see the plan or policy document at [www.bcbsnm.com/bb/ind/tb\\_ghib09cnninmp\\_nm\\_2024.pdf](http://www.bcbsnm.com/bb/ind/tb_ghib09cnninmp_nm_2024.pdf). Page 2 of 7

fic services.  
 pay in a year for covered services. If you have to meet their own out-of-pocket limits until the st.  
 don't count toward the out-of-pocket limit.  
 pay less if you use a provider in the plan's network, network provider, and you might receive a bill from a tier's charge and what your plan pays (balance) it use an out-of-network provider for some provider before you get services.  
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 Page 1 of 7

