



# Blue Balance Funded<sup>SM</sup>

## The Level-Funded Solution

GROUPS WITH 10 - 150 EMPLOYEES

Jan. 1 through Dec. 31, 2025

Blue Cross and Blue Shield of New Mexico offers Blue Balance Funded, an administrative and stop loss coverage suite of services that includes consistent monthly payments for employers.

## New in 2025!

### Cancer Services and Support

Offered as a solution to bridge the cancer care gap and support healthier outcomes, the Cancer Services and Support Hub is your employee's resource for cancer care navigation. The Hub will house all of the employee's benefits information, cancer program details and additional resources.

### Behavioral Health Enhancements: Mental Health Hub, Increased Access and Crisis Support

Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the Behavioral Health benefits standard with every small group plan. Enhancements designed to increase member access to specialty behavioral health providers, improve the member experience and offer proactive clinical outreach include:

- **Mental Health Hub:** Digital one-stop-shop for mental health resources, including optional self-assessment to help members navigate recommended solutions and access behavioral health providers treating substance use disorders, pediatric mental illness, eating disorders, obsessive-compulsive disorders and more.
- **Risk Identification and Outreach:** New, predictive analytics model designed to identify members who may be at-risk, and providing clinician outreach with the goal of preventing suicide and self-harm events.
- **Mental Health Response Course:** Online self-paced training to help members develop the skills to respond to the signs and symptoms of mental illness and substance use.
- **Workplace Crisis Intervention:** Clinical support should a tragedy affecting an employee occur.

### \$0 Emergency Use Medications

Upon renewal, cost barriers to select acute medication typically used for emergency use or life-saving situations will be removed, which will help improve clinical outcomes, increase member satisfaction and overall benefit experience. Members will have access to the \$0 cost share when using any in-network pharmacy for the following drug categories:

- Severe allergic reactions (e.g., epinephrine auto-injector)
- Hypoglycemia (e.g., glucagon injection kit)
- Opioid overdoses (e.g., naloxone injectable/nasal spray)
- Nitrates (e.g., nitroglycerin sublingual)

### Twin Health Metabolic Health Management

Eligible members have access to a diabetes reversal program that creates a digital representation of their unique metabolism to empower them to improve blood sugar, safely reduce or eliminate medications and reverse type 2 diabetes—all offered as a covered benefit and at no cost.

### Blue Balance Funded features:

#### Predictable Monthly Payments<sup>1</sup>

The Blue Balance Funded monthly invoice includes the employer's cost for claims funding, administrative fees and stop loss premiums. For added convenience, BCBSNM manages all three with an online billing system available through Blue Access for Employers<sup>SM</sup>.

#### Stop Loss Coverage

Stop loss insurance provides protection for covered claims costs resulting from individual and aggregate claims exceeding the predetermined stop loss levels.

#### Possible Credit

After the yearly settlement, if the actual claims cost is less than the claims funding, groups may be eligible for a credit toward future monthly payments.

#### Availability

Blue Balance Funded is available to employers with 10-150 enrolled employees.

### Blue Balance Funded provides a wide array of services and resources including:

- Claims adjudication
- Customer service for members
- Access to a network of contracting health care providers
- Pharmacy benefit management
- Virtual Visits by MDLIVE<sup>®</sup>
- Telemedicine
- The BlueCard<sup>®</sup> program, which provides access to a nationwide network of providers
- Wellbeing Management integrated medical and behavioral health management programs
- Well onTarget<sup>®</sup> wellness tools and resources (including health assessments, self-directed courses and a rewards program that reinforces positive lifestyle changes) to help promote good health
- Blue Insight<sup>SM</sup> reporting, an online analysis and reporting system which allows employers to identify claims costs and utilization trends using a wide variety of standard reports and profiles, providing opportunities to manage your benefits

The decision to self-insure is an important one and involves certain responsibilities on the employer's part.

To learn if Blue Balance Funded might be right for your groups, talk with your BCBSNM sales executive or account manager. Groups should also consult with their legal and tax advisers.

1. The amount of the monthly payment may fluctuate depending on the number of enrolled employees. It is recalculated each year and is subject to change. Employers are solely responsible for taxes, fees, and obtaining and paying for their own accounting and legal services.

**Blue Balance Funded--Effective Jan. 1, 2025** Plans are subject to change.

| Plan Name           | Plan ID  | Calendar Year Deductibles |               | Medical and Rx Out-of-Pocket Expense |                   | Coinsurance                     | Cost Share                     |                                    |                                       |          |             |                               | Inpatient & Outpatient               |           | Pharmacy Benefits |   |   |
|---------------------|----------|---------------------------|---------------|--------------------------------------|-------------------|---------------------------------|--------------------------------|------------------------------------|---------------------------------------|----------|-------------|-------------------------------|--------------------------------------|-----------|-------------------|---|---|
|                     |          | Individual In/Out         | Family In/Out | Individual OPX In/Out                | Family OPX In/Out | Coinsurance <sup>1</sup> In/Out | PCP/ Telemedicine <sup>2</sup> | Virtual Visits MDLIVE <sup>3</sup> | Specialist/ Telemedicine <sup>2</sup> | ER Visit | Urgent Care | Lab, X-ray & Other Diagnostic | Advanced Imaging MRI, CT & PET (INN) | Inpatient | Outpatient        | Preferred Pharmacy Network <sup>4</sup> | Non-Preferred Pharmacy Network <sup>4</sup> |
| <b>Network: PPO</b> |          |                           |               |                                      |                   |                                 |                                |                                    |                                       |          |             |                               |                                      |           |                   |   |   |
| BlueNet EPO A503 B  | ANBNB503 | \$500 / NC                | \$1,500 / NC  | \$4,500 / NC                         | \$9,000 / NC      | 80% / NC                        | \$20                           | \$0                                | \$35                                  | \$120    | \$35        | Coins no Ded                  | Coins no Ded                         | DC        | DC                | \$0/\$10/\$35/\$75/\$150/\$250          | \$10/\$20/\$55/\$95/\$150/\$250             |
| BlueNet EPO A501 B  | ANBNB501 | \$1,000 / NC              | \$3,000 / NC  | \$5,000 / NC                         | \$10,000 / NC     | 80% / NC                        | \$35                           | \$0                                | \$50                                  | \$150    | \$50        | Coins no Ded                  | Coins no Ded                         | DC        | DC                | \$0/\$10/\$35/\$75/\$150/\$250          | \$10/\$20/\$55/\$95/\$150/\$250             |
| BlueNet EPO A505 C  | ANBNC505 | \$1,500 / NC              | \$4,500 / NC  | \$3,500 / NC                         | \$7,000 / NC      | 70% / NC                        | \$40                           | \$0                                | \$55                                  | \$300    | \$100       | Coins no Ded                  | Coins no Ded                         | DC        | DC                | \$0/\$10/\$50/\$100/\$150/\$250         | \$10/\$20/\$70/\$120/\$150/\$250            |
| BlueNet EPO A502 B  | ANBNB502 | \$2,000 / NC              | \$6,000 / NC  | \$4,000 / NC                         | \$8,000 / NC      | 80% / NC                        | \$35                           | \$0                                | \$50                                  | \$150    | \$50        | Coins no Ded                  | Coins no Ded                         | DC        | DC                | \$0/\$10/\$35/\$75/\$150/\$250          | \$10/\$20/\$55/\$95/\$150/\$250             |
| BlueNet EPO A501 C  | ANBNC501 | \$2,000 / NC              | \$6,000 / NC  | \$5,500 / NC                         | \$11,000 / NC     | 70% / NC                        | \$40                           | \$0                                | \$55                                  | \$300    | \$100       | Coins no Ded                  | Coins no Ded                         | DC        | DC                | \$0/\$10/\$50/\$100/\$150/\$250         | \$10/\$20/\$70/\$120/\$150/\$250            |
| BlueNet EPO A504 B  | ANBNB504 | \$2,500 / NC              | \$7,500 / NC  | \$5,500 / NC                         | \$11,000 / NC     | 80% / NC                        | \$35                           | \$0                                | \$50                                  | \$150    | \$50        | Coins no Ded                  | Coins no Ded                         | DC        | DC                | \$0/\$10/\$35/\$75/\$150/\$250          | \$10/\$20/\$55/\$95/\$150/\$250             |
| BlueNet EPO A506 C  | ANBNC506 | \$2,500 / NC              | \$7,500 / NC  | \$5,500 / NC                         | \$11,000 / NC     | 70% / NC                        | \$40                           | \$0                                | \$55                                  | \$300    | \$100       | Coins no Ded                  | Coins no Ded                         | DC        | DC                | \$0/\$10/\$50/\$100/\$150/\$250         | \$10/\$20/\$70/\$120/\$150/\$250            |
| BlueNet EPO A502 C  | ANBNC502 | \$3,000 / NC              | \$9,000 / NC  | \$6,000 / NC                         | \$12,000 / NC     | 70% / NC                        | \$40                           | \$0                                | \$55                                  | \$300    | \$100       | Coins no Ded                  | Coins no Ded                         | DC        | DC                | \$0/\$10/\$50/\$100/\$150/\$250         | \$10/\$20/\$70/\$120/\$150/\$250            |
| BlueNet EPO A503 C  | ANBNC503 | \$5,000 / NC              | \$10,000 / NC | \$6,150 / NC                         | \$12,300 / NC     | 70% / NC                        | \$40                           | \$0                                | \$55                                  | \$300    | \$100       | Coins no Ded                  | Coins no Ded                         | DC        | DC                | \$0/\$10/\$50/\$100/\$150/\$250         | \$10/\$20/\$70/\$120/\$150/\$250            |
| BlueNet EPO A507 C  | ANBNC507 | \$6,000 / NC              | \$12,000 / NC | \$7,350 / NC                         | \$14,700 / NC     | 70% / NC                        | \$40                           | \$0                                | \$55                                  | \$300    | \$100       | Coins no Ded                  | Coins no Ded                         | DC        | DC                | \$0/\$10/\$50/\$100/\$150/\$250         | \$10/\$20/\$70/\$120/\$150/\$250            |
| BlueNet EPO A504 C  | ANBNC504 | \$7,000 / NC              | \$14,000 / NC | \$8,550 / NC                         | \$17,100 / NC     | 70% / NC                        | \$40                           | \$0                                | \$55                                  | \$300    | \$100       | Coins no Ded                  | Coins no Ded                         | DC        | DC                | \$0/\$10/\$50/\$100/\$150/\$250         | \$10/\$20/\$70/\$120/\$150/\$250            |

**General Notes:**

- a. NC = Not Covered; DC = Deductible and Coinsurance; In = In-Network; Out = Out-of-Network
- b. All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.
- c. When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-preferred pharmacy.
- d. Certain PT/ST/OT services are covered at the same cost share as a Primary Care Physician (PCP) copay where applicable: 1) PT/ST/OT professional (office/outpatient) services, when provided by a physical therapist, occupational therapist, or speech therapist; this includes therapy assistants; (2) PT/ST/OT services when billed by any provider billing within their scope of practice for the services; 3) Separate copays may apply if other services are billed. Example: Both an office visit copay and a physical therapy (PT) copay would apply when both services are billed together.
- e. Mental Health / Substance Abuse cost share amounts will reflect state law requirements for elimination of cost sharing for Behavioral Health Services and will be implemented in accordance with applicable law -- no member cost share for eligible services. HSA plans require deductible to be met.
- f. EPO plans do not offer out-of-network coverage. EPO offers BlueCard coverage for out-of-state travel.

**Footnotes:**

- 1. Coinsurance applies after the medical deductible is met.
- 2. Telemedicine services by Participating Providers are available at the corresponding office visit cost share.
- 3. Virtual visits, powered by MDLIVE, is another available feature. Members will pay a \$0 copayment for a virtual visit, so long as the member uses MDLIVE providers. HSA plans require deductible/coinsurance.
- 4. Prescription Drug plan payments apply to the medical plan out-of-pocket maximum.
- 5. BlueEdge HSA and BlueEdge HSA 100: Pharmacy Drug Plan payments are subject to the medical deductible and apply to the out-of-pocket maximum.

**Blue Balance Funded--Effective Jan. 1, 2025** Plans are subject to change.

| Plan Name              | Plan ID  | Calendar Year Deductibles |                     | Medical and Rx Out-of-Pocket Expense |                     | Coinsurance                     | Cost Share                     |                                    |                                       |          |             |                               |                                      | Inpatient & Outpatient |            | Pharmacy Benefits                       |   |
|------------------------|----------|---------------------------|---------------------|--------------------------------------|---------------------|---------------------------------|--------------------------------|------------------------------------|---------------------------------------|----------|-------------|-------------------------------|--------------------------------------|------------------------|------------|---|---|
|                        |          | Individual In/Out         | Family In/Out       | Individual OPX In/Out                | Family OPX In/Out   | Coinsurance <sup>1</sup> In/Out | PCP/ Telemedicine <sup>2</sup> | Virtual Visits MDLIVE <sup>3</sup> | Specialist/ Telemedicine <sup>2</sup> | ER Visit | Urgent Care | Lab, X-ray & Other Diagnostic | Advanced Imaging MRI, CT & PET (INN) | Inpatient              | Outpatient | Preferred Pharmacy Network <sup>4</sup> | Non-Preferred Pharmacy Network <sup>4</sup> |
| <b>Network: PPO</b>    |          |                           |                     |                                      |                     |                                 |                                |                                    |                                       |          |             |                               |                                      |                        |            |   |   |
| BluePPO Evolution A501 | ANEVO501 | \$500 / \$1,000           | \$1,000 / \$2,000   | \$4,500 / \$13,500                   | \$9,000 / \$18,000  | 80% / 60%                       | \$20                           | \$0                                | \$35                                  | \$200    | \$45        | 100%                          | \$150                                | DC                     | DC         | \$0/\$10/\$35/\$75/\$150/\$250          | \$10/\$20/\$55/\$95/\$150/\$250             |
| BluePPO Evolution A504 | ANEVO504 | \$1,000 / \$2,000         | \$2,000 / \$4,000   | \$4,000 / \$12,000                   | \$8,000 / \$24,000  | 80% / 60%                       | \$20                           | \$0                                | \$35                                  | \$200    | \$45        | 100%                          | \$150                                | DC                     | DC         | \$0/\$10/\$35/\$75/\$150/\$250          | \$10/\$20/\$55/\$95/\$150/\$250             |
| BluePPO Evolution A503 | ANEVO503 | \$2,000 / \$4,000         | \$4,000 / \$8,000   | \$4,000 / \$12,000                   | \$8,000 / \$24,000  | 80% / 60%                       | \$20                           | \$0                                | \$35                                  | \$200    | \$45        | 100%                          | \$150                                | DC                     | DC         | \$0/\$10/\$50/\$100/\$150/\$250         | \$10/\$20/\$70/\$120/\$150/\$250            |
| BluePPO Evolution A505 | ANEVO505 | \$2,500 / \$5,000         | \$5,000 / \$10,000  | \$5,500 / \$16,500                   | \$11,000 / \$33,000 | 70% / 50%                       | \$25                           | \$0                                | \$40                                  | \$200    | \$45        | 100%                          | \$150                                | DC                     | DC         | \$0/\$10/\$50/\$100/\$150/\$250         | \$10/\$20/\$70/\$120/\$150/\$250            |
| BluePPO Evolution A502 | ANEVO502 | \$3,500 / \$7,000         | \$7,000 / \$14,000  | \$6,000 / \$18,000                   | \$12,000 / \$36,000 | 70% / 50%                       | \$25                           | \$0                                | \$40                                  | \$200    | \$45        | 100%                          | \$150                                | DC                     | DC         | \$0/\$10/\$50/\$100/\$150/\$250         | \$10/\$20/\$70/\$120/\$150/\$250            |
| BluePPO Evolution A506 | ANEVO506 | \$5,000 / \$10,000        | \$10,000 / \$20,000 | \$7,000 / \$21,000                   | \$14,000 / \$28,000 | 80% / 60%                       | \$20                           | \$0                                | \$35                                  | \$200    | \$45        | 100%                          | \$150                                | DC                     | DC         | \$0/\$10/\$50/\$100/\$150/\$250         | \$10/\$20/\$70/\$120/\$150/\$250            |
| BlueEdge HCA PPO A501  | ANHCD501 | \$2,500 / \$5,000         | \$5,000 / \$10,000  | \$4,500 / \$13,500                   | \$9,000 / \$27,000  | 80% / 60%                       | \$25                           | \$0                                | \$45                                  | \$200    | \$75        | Coins no Ded                  | \$250                                | DC                     | DC         | \$0/\$10/\$35/\$75/\$200/\$300          | \$10/\$20/\$55/\$95/\$200/\$300             |
| BlueEdge HCA PPO A502  | ANHCD502 | \$5,000 / \$10,000        | \$10,000 / \$20,000 | \$5,850 / \$17,550                   | \$11,700 / \$35,100 | 70% / 50%                       | \$30                           | \$0                                | \$50                                  | \$200    | \$75        | Coins no Ded                  | \$250                                | DC                     | DC         | \$0/\$10/\$35/\$75/\$200/\$300          | \$10/\$20/\$55/\$95/\$200/\$300             |
| BlueEdge HSA 100 A591  | ANBE1591 | \$3,300 / \$6,600         | \$6,600 / \$13,200  | \$3,300 / \$9,900                    | \$6,600 / \$19,800  | 100% / 60%                      | DC                             | DC                                 | DC                                    | DC       | DC          | DC                            | DC                                   | DC                     | DC         | 100% <sup>5</sup>                       | 100% <sup>5</sup>                           |
| BlueEdge HSA 100 A594  | ANBE1594 | \$5,000 / \$10,000        | \$10,000 / \$20,000 | \$5,000 / \$15,000                   | \$10,000 / \$30,000 | 100% / 60%                      | DC                             | DC                                 | DC                                    | DC       | DC          | DC                            | DC                                   | DC                     | DC         | 100% <sup>5</sup>                       | 100% <sup>5</sup>                           |
| BlueEdge HSA A492      | ANBE8492 | \$4,000 / \$4,000         | \$7,000 / \$7,000   | \$6,000 / \$18,000                   | \$12,000 / \$36,000 | 80% / 60%                       | DC                             | DC                                 | DC                                    | DC       | DC          | DC                            | DC                                   | DC                     | DC         | 90%/90%/80%/70%/60%/50% <sup>5</sup>    | 80%/80%/70%/60%/60%/50% <sup>5</sup>        |
| BlueEdge HSA A593      | ANBE8593 | \$5,000 / \$5,000         | \$10,000 / \$10,000 | \$6,900 / \$20,700                   | \$13,800 / \$41,400 | 80%/60%                         | DC                             | DC                                 | DC                                    | DC       | DC          | DC                            | DC                                   | DC                     | DC         | 90%/90%/80%/70%/60%/50% <sup>5</sup>    | 80%/80%/70%/60%/60%/50% <sup>5</sup>        |

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- d. Certain PT/ST/OT services are covered at the same cost share as a Primary Care Physician (PCP) copay where applicable: 1) PT/ST/OT professional (office/outpatient) services, when provided by a physical therapist, occupational therapist, or speech therapist; this includes therapy assistants; (2) PT/ST/OT services when billed by any provider billing within their scope of practice for the services; 3) Separate copays may apply if other services are billed. Example: Both an office visit copay and a physical therapy (PT) copay would apply when both services are billed together.
- e. Mental Health / Substance Abuse cost share amounts will reflect state law requirements for elimination of cost sharing for Behavioral Health Services and will be implemented in accordance with applicable law -- no member cost share for eligible services. HSA plans require deductible to be met.
- f. EPO plans do not offer out-of-network coverage. EPO offers BlueCard coverage for out-of-state travel.

**Footnotes:**

- 1. Coinsurance applies after the medical deductible is met.
- 2. Telemedicine services by Participating Providers are available at the corresponding office visit cost share.
- 3. Virtual visits, powered by MDLIVE, is another available feature. Members will pay a \$0 copayment for a virtual visit, so long as the member uses MDLIVE providers. HSA plans require deductible/coinsurance.
- 4. Prescription Drug plan payments apply to the medical plan out-of-pocket maximum.
- 5. BlueEdge HSA and BlueEdge HSA 100: Pharmacy Drug Plan payments are subject to the medical deductible and apply to the out-of-pocket maximum.

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| Plan Name                                       | Plan ID  | Calendar Year Deductibles |               | Medical and Rx Out-of-Pocket Expense |                   | Coinsurance                     | Cost Share                     |                                    |                                       |          |             |                               |                                      | Inpatient & Outpatient |            | Pharmacy Benefits                       |   |
|---|----------|---------------------------|---------------|--------------------------------------|-------------------|---------------------------------|--------------------------------|------------------------------------|---------------------------------------|----------|-------------|-------------------------------|--------------------------------------|------------------------|------------|---|---|
|   |          | Individual In/Out         | Family In/Out | Individual OPX In/Out                | Family OPX In/Out | Coinsurance <sup>1</sup> In/Out | PCP/ Telemedicine <sup>2</sup> | Virtual Visits MDLIVE <sup>3</sup> | Specialist/ Telemedicine <sup>2</sup> | ER Visit | Urgent Care | Lab, X-ray & Other Diagnostic | Advanced Imaging MRI, CT & PET (INN) | Inpatient              | Outpatient | Preferred Pharmacy Network <sup>4</sup> | Non-Preferred Pharmacy Network <sup>4</sup> |
| <b>Network: Blue Preferred EPO<sup>SM</sup></b> |          |                           |               |                                      |                   |                                 |                                |                                    |                                       |          |             |                               |                                      |                        |            |   |   |
| Blue Preferred EPO A501                         | ANBPE501 | \$500 / NC                | \$1,000 / NC  | \$3,000 / NC                         | \$6,000 / NC      | 80% / NC                        | \$25                           | \$0                                | \$45                                  | \$200    | \$75        | Coins no Ded                  | \$250                                | DC                     | DC         | \$0/\$10/\$35/\$75/\$150/\$250          | \$10/\$20/\$55/\$95/\$150/\$250             |
| Blue Preferred EPO A502                         | ANBPE502 | \$1,000 / NC              | \$2,000 / NC  | \$4,000 / NC                         | \$8,000 / NC      | 80% / NC                        | \$30                           | \$0                                | \$50                                  | \$200    | \$75        | Coins no Ded                  | \$250                                | DC                     | DC         | \$0/\$10/\$35/\$75/\$150/\$250          | \$10/\$20/\$55/\$95/\$150/\$250             |
| Blue Preferred EPO A506                         | ANBPE506 | \$1,500 / NC              | \$3,000 / NC  | \$3,500 / NC                         | \$7,000 / NC      | 70% / NC                        | \$40                           | \$0                                | \$55                                  | \$200    | \$75        | Coins no Ded                  | \$250                                | DC                     | DC         | \$0/\$10/\$35/\$75/\$150/\$250          | \$10/\$20/\$55/\$95/\$150/\$250             |
| Blue Preferred EPO A503                         | ANBPE503 | \$2,000 / NC              | \$4,000 / NC  | \$5,000 / NC                         | \$10,000 / NC     | 80% / NC                        | \$30                           | \$0                                | \$50                                  | \$200    | \$75        | Coins no Ded                  | \$250                                | DC                     | DC         | \$0/\$10/\$35/\$75/\$150/\$250          | \$10/\$20/\$55/\$95/\$150/\$250             |
| Blue Preferred EPO A504                         | ANBPE504 | \$2,500 / NC              | \$5,000 / NC  | \$5,500 / NC                         | \$11,000 / NC     | 70% / NC                        | \$30                           | \$0                                | \$50                                  | \$200    | \$75        | Coins no Ded                  | \$250                                | DC                     | DC         | \$0/\$10/\$35/\$75/\$150/\$250          | \$10/\$20/\$55/\$95/\$150/\$250             |
| Blue Preferred EPO A507                         | ANBPE507 | \$3,000 / NC              | \$6,000 / NC  | \$5,000 / NC                         | \$10,000 / NC     | 70% / NC                        | \$40                           | \$0                                | \$55                                  | \$200    | \$75        | Coins no Ded                  | \$250                                | DC                     | DC         | \$0/\$10/\$35/\$75/\$150/\$250          | \$10/\$20/\$55/\$95/\$150/\$250             |
| Blue Preferred EPO A505                         | ANBPE505 | \$5,000 / NC              | \$10,000 / NC | \$6,500 / NC                         | \$13,000 / NC     | 70% / NC                        | \$35                           | \$0                                | \$55                                  | \$200    | \$75        | Coins no Ded                  | \$250                                | DC                     | DC         | \$0/\$10/\$35/\$75/\$150/\$250          | \$10/\$20/\$55/\$95/\$150/\$250             |
| Blue Preferred EPO A508                         | ANBPE508 | \$7,000 / NC              | \$14,000 / NC | \$9,100 / NC                         | \$18,200 / NC     | 70% / NC                        | \$30                           | \$0                                | \$50                                  | \$200    | \$75        | Coins no Ded                  | \$250                                | DC                     | DC         | \$0/\$10/\$35/\$75/\$150/\$250          | \$10/\$20/\$55/\$95/\$150/\$250             |

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- c. When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-preferred pharmacy.
- d. Certain PT/ST/OT services are covered at the same cost share as a Primary Care Physician (PCP) copay where applicable: 1) PT/ST/OT professional (office/outpatient) services, when provided by a physical therapist, occupational therapist, or speech therapist; this includes therapy assistants; (2) PT/ST/OT services when billed by any provider billing within their scope of practice for the services; 3) Separate copays may apply if other services are billed. Example: Both an office visit copay and a physical therapy (PT) copay would apply when both services are billed together.
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- f. EPO plans do not offer out-of-network coverage. EPO offers BlueCard coverage for out-of-state travel.

**Footnotes:**

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- 2. Telemedicine services by Participating Providers are available at the corresponding office visit cost share.
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- 4. Prescription Drug plan payments apply to the medical plan out-of-pocket maximum.
- 5. BlueEdge HSA and BlueEdge HSA 100: Pharmacy Drug Plan payments are subject to the medical deductible and apply to the out-of-pocket maximum.

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

MDLIVE® is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of New Mexico and is solely responsible for its operations and for those of its contracted providers. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by BCBSNM to provide pharmacy benefit management and related other services. BCBSNM, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. MyPrime.com is an online resource offered by Prime Therapeutics LLC.

A "preferred" or "participating" pharmacy has a contract with BCBSNM or BCBSNM's pharmacy benefit manager (Prime) to provide pharmacy services at a negotiated rate. The terms "preferred" and "participating" should not be construed as a recommendation, referral or any other statement as to the ability or quality of such pharmacy.

BCBSNM makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Twin Health is an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide care and disease management for members with coverage through BCBSNM.