



**BlueCross BlueShield  
of New Mexico**

**Subject: 2023-2024 Benefit Plan Changes**

Dear Group Administrator:

On your plan renewal date, there may be some changes to the benefits offered in your current plan(s).

Included with this letter is a list of those Blue Cross and Blue Shield of New Mexico group plans that have benefit changes. If your plan(s) are not listed, there are no changes to them. See your Benefit Booklet for any additional changes due to federal or state mandates.

**Your next steps:**

- Find the ten-digit plan ID for your current plan(s) in the “Current Health Plans” section of your renewal exhibit
- Use the ten-digit plan ID to find your group’s benefit changes in the “Plan Changes” document

If you would like to keep your current plan(s) at renewal, nothing else is needed. Your plan(s) will continue with no interruption. If you would like to make a change, contact your broker or call us with questions. A Benefit Program Application Amendment must be completed and returned to us for any changes to your group’s coverage.

Our goal is to serve your health care coverage needs through all of life’s changes. If you have any questions, our team stands ready to help.

Sincerely,

Blue Cross and Blue Shield of New Mexico

# Blue Cross and Blue Shield of New Mexico

## 2023-2024 Standard Plans (51+)

---

To find your renewal group's 2023-2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **BluePPO Evolution \$1000/80%; Plan ID MNEVO10002**

- Your plan ID will change to MNEVO10003 and your plan name will stay BluePPO Evolution \$1000/80%.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,000 from \$3,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your in-network family Out-of-Pocket Maximum will change to \$8,000 from \$6,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your out-of-network family Out-of-Pocket Maximum will change to \$24,000 from \$18,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,000 from \$9,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

**BlueEdge HCA \$1000/70% PPO S; Plan ID MNHCS10002**

- Your HCA Funding will change to \$250 from \$500.

## BlueEdge HSA \$2900/80%; Plan ID MNBE829002

### If your group renews between July through December 2023, the following changes apply:

- Your plan ID will change to MNBE831003 and your plan name will change to BlueEdge HSA \$3100/80%.
- Your in-network individual Deductible will change to \$3,100 from \$2,900. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your in-network family Deductible will change to \$6,200 from \$5,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your out-of-network individual Deductible will change to \$3,100 from \$2,900. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your out-of-network family Deductible will change to \$6,200 from \$5,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

### If your group renews between January through June 2024, the following changes apply:

- Your plan ID will change to MNBE832004 and your plan name will change to BlueEdge HSA \$3200/80%.
- Your in-network individual Deductible will change to \$3,200 from \$3,100. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your in-network family Deductible will change to \$6,400 from \$6,200. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your out-of-network individual Deductible will change to \$3,200 from \$3,100. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your out-of-network family Deductible will change to \$6,400 from \$6,200. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

## BlueEdge HSA 100 \$2900/100%; Plan ID MNBE129002

### If your group renews between July through December 2023, the following changes apply:

- Your plan ID will change to MNBE131003 and your plan name will change to BlueEdge HSA 100 \$3100/100%.
- Your in-network individual Deductible will change to \$3,100 from \$2,900. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your in-network family Deductible will change to \$6,200 from \$5,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,100 from \$2,900. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your in-network family Out-of-Pocket Maximum will change to \$6,200 from \$5,800. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your out-of-network individual Deductible will change to \$6,200 from \$5,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your out-of-network family Deductible will change to \$12,400 from \$11,600. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$9,200 from \$8,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your out-of-network family Out-of-Pocket Maximum will change to \$18,600 from \$17,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

## BlueEdge HSA 100 \$2900/100%; Plan ID MNBE129002 (continued)

### If your group renews between January through June 2024, the following changes apply:

- Your plan ID will change to MNBE132004 and your plan name will change to BlueEdge HSA 100 \$3200/100%.
- Your in-network individual Deductible will change to \$3,200 from \$3,100. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your in-network family Deductible will change to \$6,400 from \$6,200. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,200 from \$3,100. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your in-network family Out-of-Pocket Maximum will change to \$6,400 from \$6,200. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your out-of-network individual Deductible will change to \$6,400 from \$6,200. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your out-of-network family Deductible will change to \$12,800 from \$12,400. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$9,600 from \$9,200. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your out-of-network family Out-of-Pocket Maximum will change to \$19,200 from \$18,600. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

## Blue Preferred EPO HSA 100 \$2900/100%; Plan ID MNBP129002

### If your group renews between July through December 2023, the following changes apply:

- Your plan ID will change to MNBP131003 and your plan name will change to Blue Preferred EPO HSA 100 \$3100/100%.
- Your in-network individual Deductible will change to \$3,100 from \$2,900. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your in-network family Deductible will change to \$6,200 from \$5,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,100 from \$2,900. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your in-network family Out-of-Pocket Maximum will change to \$6,200 from \$5,800. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

### If your group renews between January through June 2024, the following changes apply:

- Your plan ID will change to MNBP132004 and your plan name will change to Blue Preferred EPO HSA 100 \$3200/100%.
- Your in-network individual Deductible will change to \$3,200 from \$3,100. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your in-network family Deductible will change to \$6,400 from \$6,200. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,200 from \$3,100. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- Your in-network family Out-of-Pocket Maximum will change to \$6,400 from \$6,200. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.