



BlueCross BlueShield of New Mexico



SMALL GROUP 2-50 EMPLOYEES

## 2025 Small Group Plans

**More Value. More Choice.**

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

# 2025 Small Group Plans

The Blue Cross and Blue Shield of New Mexico Small Group Portfolio is available from January 1 until December 31, 2025. All our plans offer features and benefits designed with members' health and wellbeing in mind. **Here are the highlights:**

## Benefit Boost with Ancillary Plans

Robust, competitive benefits are essential for employers to attract and retain a talented workforce. We've combined medical coverage with some of the most popular ancillary benefits, including vision, accident and critical illness benefits, to complement new group quotes for medical, dental, life and short-term disability plans.

## 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 employees' resource for cancer care navigation. The Hub will house all of the employee's benefits information, cancer program details and additional resources.

## Gene Therapy Solutions

Gene therapy is a new generation of drug therapies, offering transformational clinical benefits to members with rare, genetic illnesses. As this drug class continues to grow, more of your employees may benefit from the treatments. Gene Therapy Solutions— included as part of your 2025 benefit plan—offers your employees access to high-value gene therapy providers and caring, holistic support from our case management team to optimize their care journey.

## Complementary Programs Empowering Members to Take Control of Their Health

Putting the power of wellness in members' hands helps them save money and prevent some types of health conditions, while saving employers money by reducing doctor visits and hospitalizations.

Complementary programs include **Blue365**<sup>®</sup>. Employees save money on health and wellness products and services from top retailers not covered by insurance. There are no claims to file and no referrals or preauthorizations. Members sign up and weekly deals are emailed to them from retailers such as EyeMed, TruHearing<sup>®</sup>, Nutrisystem<sup>®</sup>, Reebok, Fitbit<sup>®</sup> and more.

Complementary programs also include **Wondr**<sup>™</sup>, an online, digital weight-management program that teaches members science-based skills that help them lose weight, sleep better, manage stress and more.

## Wellbeing Management

This complete wellness solution delivers member-centered wellness tools and care management programs, including:

- **Health Advisor:** Addresses the mental, physical and emotional aspects of health issues for the most costly and complex cases.
- **Behavioral Health:** Multidisciplinary teams engage members through Digital Mental Health, utilization management and personal support for adjusting to life events.
- **Well onTarget**<sup>®</sup>: This member wellness portal offers personalized wellness action plans, digital self-management programs and fitness and nutrition device integration.
- **Fitness Program:** This program offers a flexible gym network to fit members' lifestyles and budgets.
- **Blue Points**<sup>SM</sup>: Members earn and redeem points for participating in wellness activities.

## Virtual Visits and Telemedicine

Providing access to virtual care is more important than ever as members seek convenience and cost-savings when addressing non-emergency needs. Virtual Visits and Telemedicine consultations with members' primary care physicians are conducted by phone, online video or mobile app.

## 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, 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.

## 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.

## Member and Employer Savings with Member Rewards

When members choose quality lower-cost, reward-eligible options, they will receive cash rewards and save on health care costs. Included with PPO plans and administered by Zelis, Member Rewards includes maintenance medications and helps members:

- Compare costs and quality of providers and maintenance medications
- Save on out-of-pocket costs
- Earn cash rewards

## \$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 injectible/nasal spray)
- Nitrates (e.g., nitroglycerin sublingual)

Blue Cross and Blue Shield of New Mexico 2025 Small Group Plan Portfolio																			
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Cost Share								Pharmacy Benefits		Pediatric Dental	
Network	Plan Name	Plan ID	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 Visit MDLIVE <sup>®</sup> Copay <sup>3</sup>	Specialist/ Telemedicine <sup>2</sup>	Urgent Care	Lab, X-ray & Other Diagnostic	Advanced Imaging (MRI, CT, & PET)	ER Facility	Inpatient	Outpatient Surgery	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
PPO	Blue PPO Platinum <sup>SM</sup> 111	P811PPO	\$350 / \$700	\$1,050 / \$2,100	\$3,700 / \$7,400	\$11,100 / \$22,200	90% / 70%	\$10	\$0	\$40	\$75	DC	DC	\$550	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 50%
	Blue PPO Platinum <sup>SM</sup> 110 <sup>4</sup>	P810PPO	\$600 / \$1,200	\$1,800 / \$3,600	\$1,700 / \$3,400	\$5,100 / \$10,200	80% / 60%	\$25	\$0	\$55	\$75	\$30 Lab / \$30 X-ray	DC	\$450	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 50%
	Blue PPO Platinum <sup>SM</sup> 301 <sup>4</sup>	P730PPO	\$850 / \$1,700	\$2,550 / \$5,100	\$2,700 / \$8,100	\$8,100 / \$24,300	80% / 60%	\$25	\$0	\$55	\$75	\$30 Lab / \$30 X-ray	DC	\$400	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 50%
	Blue PPO Gold <sup>SM</sup> 104	G822PPO	\$1,100 / \$2,200	\$2,200 / \$4,400	\$8,900 / \$26,700	\$17,800 / \$53,400	80% / 60%	\$50	\$0	\$80	\$75	DC	DC	\$700	DC	DC	\$10/\$20/\$70/\$120/\$250/\$350	\$20/\$30/\$90/\$140/\$250/\$350	70% / 50%
	Blue PPO Gold <sup>SM</sup> 114 <sup>4</sup>	G7E1PPO	\$1,350 / \$3,200	\$4,050 / \$9,600	\$8,100 / \$16,200	\$16,200 / \$32,400	80% / 50%	\$40	\$0	\$65	\$75	\$35 Lab / \$60 X-ray	DC	DC	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%
	Blue PPO Gold <sup>SM</sup> 102	G820PPO	\$1,600 / \$3,200	\$4,800 / \$9,600	\$7,100 / \$21,300	\$14,200 / \$42,600	70% / 50%	\$40	\$0	\$70	\$75	DC	DC	\$650	DC	DC	\$10/\$20/\$70/\$120/\$250/\$350	\$20/\$30/\$90/\$140/\$250/\$350	70% / 50%
	Blue PPO Gold <sup>SM</sup> 103	G821PPO	\$1,850 / \$3,700	\$5,550 / \$11,100	\$8,200 / \$24,600	\$16,400 / \$49,200	80% / 60%	\$40	\$0	\$75	\$75	DC	DC	\$700	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%
	Blue PPO Gold <sup>SM</sup> 107 <sup>4</sup>	G823PPO	\$2,100 / \$4,200	\$6,300 / \$12,600	\$5,700 / \$11,400	\$17,100 / \$34,200	80% / 60%	\$45	\$0	\$85	\$75	\$40 Lab / \$60 X-ray	DC	DC	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%
	Blue PPO Gold <sup>SM</sup> 115 <sup>4</sup>	G7E3PPO	\$2,600 / \$5,200	\$7,800 / \$15,600	\$7,050 / \$14,100	\$14,100 / \$28,200	80% / 50%	\$35	\$0	\$70	\$75	\$35 Lab / \$60 X-ray	DC	\$650	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%
	Blue PPO Gold <sup>SM</sup> 302 <sup>4</sup>	G730PPO	\$3,100 / \$6,200	\$9,300 / \$18,600	\$8,200 / \$16,400	\$16,400 / \$32,800	70% / 50%	\$50	\$0	\$75	\$75	\$45 Lab / \$60 X-ray	DC	\$500	DC	DC	\$10/\$20/\$70/\$120/\$250/\$350	\$20/\$30/\$90/\$140/\$250/\$350	70% / 50%
	Blue PPO Silver <sup>SM</sup> 106 <sup>7</sup>	S831PPO	\$4,250 / \$8,500	\$12,750 / \$25,500	\$9,050 / \$27,150	\$18,100 / \$54,300	60% / 50%	\$55	\$0	\$85	\$75	DC	DC	DC	DC	DC	\$10/\$20/\$70/\$120/\$250/\$350	\$20/\$30/\$90/\$140/\$250/\$350	70% / 50%
	Blue PPO Silver <sup>SM</sup> 117	S7E7PPO	\$6,300 / \$12,600	\$12,600 / \$25,200	\$9,200 / \$27,600	\$18,400 / \$55,200	70% / 50%	\$70	\$0	\$100	DC	DC	DC	DC	DC	DC	\$10/\$20/\$70/\$120/\$250/\$350	\$20/\$30/\$90/\$140/\$250/\$350	70% / 50%
	Blue PPO Silver <sup>SM</sup> 108 <sup>4</sup>	S833PPO	\$6,800 / \$13,600	\$13,600 / \$27,200	\$9,200 / \$18,400	\$18,400 / \$55,200	80% / 60%	\$65	\$0	\$100	\$75	\$75 Lab / \$150 X-ray	DC	DC	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%
	Blue PPO Bronze <sup>SM</sup> 303	B730PPO	\$9,100 / \$18,200	\$18,200 / \$36,400	\$9,100 / \$18,200	\$18,200 / \$36,400	100% / 100%	\$45	\$0	DC	DC	DC	DC	DC	DC	DC	100%	100%	100% / 100%
	Blue PPO Silver <sup>SM</sup> 105 <sup>6</sup>	S830PPO	\$3,300 / \$6,600	\$9,900 / \$19,800	\$6,350 / \$12,700	\$12,700 / \$25,400	60% / 50%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70% / 50%
	Blue PPO Silver <sup>SM</sup> 116 <sup>6</sup>	S7E4PPO	\$3,600 / \$7,200	\$10,800 / \$21,600	\$6,850 / \$13,700	\$13,700 / \$27,400	80% / 50%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70% / 50%
	Blue PPO Silver <sup>SM</sup> 101 <sup>6</sup>	S751PPO	\$5,100 / \$10,200	\$10,200 / \$20,400	\$5,100 / \$10,200	\$10,200 / \$20,400	100% / 100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100% / 100%
	Blue PPO Bronze <sup>SM</sup> 134 <sup>6</sup>	B832PPO	\$7,300 / \$14,600	\$14,600 / \$29,200	\$7,300 / \$14,600	\$14,600 / \$29,200	100% / 100%	DC	DC	DC	DC	DC	DC	DC	\$800 <sup>5</sup>	DC	DC	100%	100%

All footnotes appear on the next page.

**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. Members can find a preferred pharmacy at myprime.com. Preferred pharmacies include Walgreens, Walmart, Sams, Albertsons (including Osco Drug), Access Health (group of independent pharmacies), and Leader (group of independent pharmacies).
- d. The Imaging column refers to high-dollar imaging services, such as MRIs, CT scans and PET scans.
- e. All plans include prescription drug benefits. The benefit plan is based on the BCBSNM drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.
- f. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPO<sup>SM</sup> providers.
- h. HMO and EPO plans do not offer out-of-network coverage. EPO offers BlueCard coverage for out-of-state travel. HMO offers Emergent and Urgent Care only out of state.
- i. Emergency room facility charges are subject to a copay (when specified) after which the plan pays 100 percent. Emergency room physician charges are subject to the plan deductible and coinsurance.
- j. 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.
- k. 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.

**Footnotes:**

- 1. Coinsurance applies after the medical deductible is met, where applicable.
- 2. Telemedicine is a feature of all New Mexico Small Group plans. Telemedicine services by participating providers are available at the corresponding office visit cost share.
- 3. Virtual Visits is another available feature offered to New Mexico Small Group plans. Members will pay a \$0 copayment for a virtual visit, so long as the member uses MDLIVE providers. HSA plans require deductible/coinsurance.
- 4. Copay applies to basic lab and X-ray services. There will be no additional charge to members. However, out-of-pocket costs are subject to the terms of the member's certificate of coverage, including benefits, limitations, exclusions, coinsurance, copays and deductibles.
- 5. Per occurrence deductible applies. Annual deductible and coinsurance will apply after the per occurrence deductible.
- 6. HSA plans: Blue PPO Silver 105, Blue PPO Silver 116, Blue PPO Silver 101, Blue PPO Bronze 134, Blue Preferred Gold EPO 137, Blue Preferred Silver EPO 135, Blue Preferred Bronze EPO 134 have a \$0 employer contribution.
- 7. Limited Office Visit Accumulations: Each category has its own 5 visit accumulation limit at listed copay before converting to deductible/coinsurance: PCP & PCP Telemedicine combined; SPC & SPC Telemedicine combined; MH/SU & MH/SU Telemedicine combined; Virtual Visits (MDLIVE); PT/ST/OT combined. Then deductible/coinsurance apply to any additional visits for the remainder of the year.

Blue Cross and Blue Shield of New Mexico 2025 Small Group Plan Portfolio																				
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Cost Share								Pharmacy Benefits		Pediatric Dental		
Network	Plan Name	Plan ID	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 Visit MDLIVE <sup>®</sup> Copay <sup>3</sup>	Specialist/ Telemedicine <sup>2</sup>	Urgent Care	Lab, X-ray & Other Diagnostic	Advanced Imaging (MRI, CT, & PET)	ER Facility	Inpatient	Outpatient Surgery	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out	
Blue Preferred EPO <sup>SM</sup>	Blue Preferred Platinum EPO <sup>SM</sup> 128 <sup>4</sup>	P821PFR	\$0 / NC	\$0 / NC	\$2,700 / NC	\$8,100 / NC	100% / NC	\$15	\$0	\$45	\$75	\$15 Lab / \$15 X-ray	\$100	\$350	\$750	\$350	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	100% / 100%	
	Blue Preferred Platinum EPO <sup>SM</sup> 127 <sup>4</sup>	P820PFR	\$600 / NC	\$1,800 / NC	\$1,700 / NC	\$5,100 / NC	80% / NC	\$25	\$0	\$55	\$75	\$30 Lab / \$30 X-ray	DC	\$450	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 50%	
	Blue Preferred Platinum EPO <sup>SM</sup> 301 <sup>4</sup>	P730PFR	\$850 / NC	\$2,550 / NC	\$2,700 / NC	\$8,100 / NC	80% / NC	\$25	\$0	\$55	\$75	\$30 Lab / \$30 X-ray	DC	\$400	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 50%	
	Blue Preferred Gold EPO <sup>SM</sup> 122 <sup>4</sup>	G832PFR	\$850 / NC	\$2,550 / NC	\$8,900 / NC	\$17,800 / NC	80% / NC	\$40	\$0	\$70	\$75	\$55 Lab / \$100 X-ray	DC	\$700	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%	
	Blue Preferred Gold EPO <sup>SM</sup> 123	G833PFR	\$1,100 / NC	\$2,200 / NC	\$8,900 / NC	\$17,800 / NC	80% / NC	\$50	\$0	\$80	\$75	DC	DC	\$700	DC	DC	\$10/\$20/\$70/\$120/\$250/\$350	\$20/\$30/\$90/\$140/\$250/\$350	70% / 50%	
	Blue Preferred Gold EPO <sup>SM</sup> 129 <sup>4</sup>	G835PFR	\$1,600 / NC	\$4,800 / NC	\$5,700 / NC	\$17,100 / NC	70% / NC	\$50	\$0	\$80	\$75	\$40 Lab / \$60 X-ray	\$250	DC	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%	
	Blue Preferred Gold EPO <sup>SM</sup> 103	G821PFR	\$1,850 / NC	\$5,550 / NC	\$8,200 / NC	\$16,400 / NC	80% / NC	\$40	\$0	\$75	\$75	DC	DC	\$700	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%	
	Blue Preferred Gold EPO <sup>SM</sup> 130 <sup>4</sup>	G836PFR	\$2,100 / NC	\$6,300 / NC	\$6,950 / NC	\$13,900 / NC	80% / NC	\$40	\$0	\$75	\$75	\$40 Lab / \$60 X-ray	\$250	\$700	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%	
	Blue Preferred Gold EPO <sup>SM</sup> 208 <sup>4</sup>	G801PFR	\$2,600 / NC	\$7,800 / NC	\$7,050 / NC	\$14,100 / NC	80% / NC	\$35	\$0	\$70	\$75	\$35 Lab / \$60 X-ray	DC	\$650	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%	
	Blue Preferred Gold EPO <sup>SM</sup> 302 <sup>4</sup>	G730PFR	\$3,100 / NC	\$9,300 / NC	\$8,200 / NC	\$16,400 / NC	70% / NC	\$50	\$0	\$75	\$75	\$45 Lab / \$60 X-ray	DC	\$500	DC	DC	\$10/\$20/\$70/\$120/\$250/\$350	\$20/\$30/\$90/\$140/\$250/\$350	70% / 50%	
	Blue Preferred Silver EPO <sup>SM</sup> 131	S842PFR	\$5,900 / NC	\$11,800 / NC	\$9,150 / NC	\$18,300 / NC	60% / NC	\$65	\$0	\$100	\$75	DC	DC	DC	DC	DC	DC	\$10/\$20/\$70/\$120/\$250/\$350	\$20/\$30/\$90/\$140/\$250/\$350	70% / 50%
	Blue Preferred Silver EPO <sup>SM</sup> 136	S7E5PFR	\$6,300 / NC	\$12,600 / NC	\$9,200 / NC	\$18,400 / NC	70% / NC	\$70	\$0	\$100	DC	DC	DC	DC	DC	DC	DC	\$10/\$20/\$70/\$120/\$250/\$350	\$20/\$30/\$90/\$140/\$250/\$350	70% / 50%
	Blue Preferred Silver EPO <sup>SM</sup> 125 <sup>4</sup>	S840PFR	\$7,500 / NC	\$15,000 / NC	\$9,200 / NC	\$18,400 / NC	80% / NC	\$75	\$0	\$100	\$75	\$75 Lab / \$100 X-ray	DC	DC	DC	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%
	Blue Preferred Bronze EPO <sup>SM</sup> 135	B7K1PFR	\$9,200 / NC	\$18,400 / NC	\$9,200 / NC	\$18,400 / NC	100% / NC	\$45	\$0	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100% / 100%
	Blue Preferred Gold EPO <sup>SM</sup> 137 <sup>6</sup>	G7E1PFR	\$3,300 / NC	\$9,900 / NC	\$3,300 / NC	\$9,900 / NC	100% / NC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100% / 100%
	Blue Preferred Silver EPO <sup>SM</sup> 135 <sup>6</sup>	S7E1PFR	\$3,600 / NC	\$10,800 / NC	\$6,950 / NC	\$13,900 / NC	80% / NC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70% / 50%
Blue Preferred Bronze EPO <sup>SM</sup> 134 <sup>6</sup>	B832PFR	\$7,300 / NC	\$14,600 / NC	\$7,300 / NC	\$14,600 / NC	100% / NC	DC	DC	DC	DC	DC	DC	DC	\$800 <sup>5</sup>	DC	DC	100%	100%	100% / 100%	

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- 5. Per occurrence deductible applies. Annual deductible and coinsurance will apply after the per occurrence deductible.
- 6. HSA plans: Blue PPO Silver 105, Blue PPO Silver 116, Blue PPO Silver 101, Blue PPO Bronze 134, Blue Preferred Gold EPO 137, Blue Preferred Silver EPO 135, Blue Preferred Bronze EPO 134 have a \$0 employer contribution.
- 7. Limited Office Visit Accumulations: Each category has its own 5 visit accumulation limit at listed copay before converting to deductible/coinsurance: PCP & PCP Telemedicine combined; SPC & SPC Telemedicine combined; MH/SU & MH/SU Telemedicine combined; Virtual Visits (MDLive); PT/ST/OT combined. Then deductible/coinsurance apply to any additional visits for the remainder of the year.

Blue Cross and Blue Shield of New Mexico 2025 Small Group Plan Portfolio																			
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Cost Share								Pharmacy Benefits		Pediatric Dental	
Network	Plan Name	Plan ID	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 Visit MDLIVE <sup>®</sup> Copay <sup>3</sup>	Specialist/ Telemedicine <sup>2</sup>	Urgent Care	Lab, X-ray & Other Diagnostic	Advanced Imaging (MRI, CT, & PET)	ER Facility	Inpatient	Outpatient Surgery	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
HMO	Blue HMO Network Platinum <sup>SM</sup> 210	P7J4HMO	\$350 / NC	\$1,050 / NC	\$3,700 / NC	\$11,100 / NC	90% / NC	\$10	\$0	\$35	\$10	DC	DC	\$550	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%
	Blue HMO Network Gold <sup>SM</sup> 204 <sup>4</sup>	G7E1HMO	\$850 / NC	\$2,550 / NC	\$6,950 / NC	\$13,900 / NC	70% / NC	\$40	\$0	\$65	\$40	\$40 Lab / \$150 X-ray	DC	DC	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%
	Blue HMO Network Gold <sup>SM</sup> 205 <sup>4</sup>	G7E3HMO	\$1,600 / NC	\$4,800 / NC	\$7,200 / NC	\$14,400 / NC	80% / NC	\$35	\$0	\$70	\$35	\$30 Lab / \$100 X-ray	DC	DC	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%
	Blue HMO Network Gold <sup>SM</sup> 401 <sup>4</sup>	G7N1HMO	\$3,100 / NC	\$9,300 / NC	\$8,200 / NC	\$16,400 / NC	70% / NC	\$50	\$0	\$75	\$50	\$45 Lab / \$60 X-ray	DC	\$550	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%
	Blue HMO Network Silver <sup>SM</sup> 202 <sup>4</sup>	S810HMO	\$4,650 / NC	\$13,950 / NC	\$9,200 / NC	\$18,400 / NC	60% / NC	\$60	\$0	\$85	\$60	\$75 Lab / \$150 X-ray	DC	DC	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%
Blue Advantage HMO <sup>SM</sup>	Blue Advantage Platinum <sup>SM</sup> HMO 210	P7J4ADT	\$350 / NC	\$1,050 / NC	\$3,700 / NC	\$11,100 / NC	90% / NC	\$10	\$0	\$35	\$10	DC	DC	\$550	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%
	Blue Advantage Gold HMO <sup>SM</sup> 207 <sup>4</sup>	G7E1ADT	\$850 / NC	\$2,550 / NC	\$6,950 / NC	\$13,900 / NC	70% / NC	\$40	\$0	\$65	\$40	\$40 Lab / \$150 X-ray	DC	DC	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%
	Blue Advantage Gold HMO <sup>SM</sup> 209 <sup>4</sup>	G7J5ADT	\$1,600 / NC	\$4,800 / NC	\$6,700 / NC	\$13,400 / NC	80% / NC	\$30	\$0	\$85	\$30	\$40 Lab / \$125 X-ray	DC	\$650	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%
	Blue Advantage Gold HMO <sup>SM</sup> 401 <sup>4</sup>	G7N1ADT	\$3,100 / NC	\$9,300 / NC	\$8,200 / NC	\$16,400 / NC	70% / NC	\$50	\$0	\$75	\$50	\$45 Lab / \$60 X-ray	DC	\$550	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%
	Blue Advantage Gold HMO <sup>SM</sup> 202 <sup>4</sup>	S710ADT	\$4,650 / NC	\$13,950 / NC	\$9,200 / NC	\$18,400 / NC	60% / NC	\$60	\$0	\$85	\$60	\$75 Lab / \$150 X-ray	DC	DC	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%
	Blue Advantage Silver HMO <sup>SM</sup> 208 <sup>4</sup>	S7E3ADT	\$5,850 / NC	\$11,700 / NC	\$8,950 / NC	\$17,900 / NC	70% / NC	\$75	\$0	\$100	\$75	\$75 Lab / \$150 X-ray	DC	DC	DC	DC	\$0/\$10/\$70/\$120/\$250/\$350	\$10/\$20/\$90/\$140/\$250/\$350	70% / 50%

## Plan Pairings

Listed below we have available many plan options. Most plans' basic benefits are similar, but may have a different network of providers. For more information, reference the Benefit Plan Agreement.

Blue Cross and Blue Shield of New Mexico 2024 Small Group Parity Plans							
PPO	P810PPO	Blue Preferred <sup>SM</sup>	P820PFR	HMO	P7J4HMO	Blue Advantage <sup>SM</sup>	P7J4ADT
	P730PPO		P730PFR		G7E1HMO		G7E1ADT
	G822PPO		G833PFR		G7N1HMO		G7N1ADT
	G821PPO		G821PFR		S810HMO		S710ADT
	G7E3PPO		G801PFR				
	G730PPO		G730PFR				
	S7E7PPO		S7E5PFR				
	B832PPO		B832PFR				

### General Notes

NC = Not Covered; DC = Deductible and Coinsurance; In = In-Network; Out = Out-of-Network

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.

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. Members can find a preferred pharmacy at myprime.com. Preferred pharmacies include Walgreens, Walmart, Albertsons (including Osco Drug), Access Health (group of independent pharmacies), and Leader (group of independent pharmacies).

The Imaging column refers to high-dollar imaging services, such as MRIs, CT scans and PET scans.

All plans include prescription drug benefits. The benefit plan is based on the BCBSNM drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.

Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPO<sup>SM</sup> providers.

HMO and EPO plans do not offer out-of-network coverage. EPO offers BlueCard coverage for out-of-state travel. HMO offers Emergent and Urgent Care only out of state.

Emergency room facility charges are subject to a copay (when specified) after which the plan pays 100 percent. Emergency room physician charges are subject to the plan deductible and coinsurance.

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.

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.

### Footnotes

1. Coinsurance applies after the medical deductible is met, where applicable.

2. Telemedicine is a feature of all New Mexico Small Group plans. Telemedicine services by participating providers are available at the corresponding office visit cost share.

3. Virtual Visits is another available feature offered to New Mexico Small Group plans. Members will pay a \$0 copayment for a virtual visit, so long as the member uses MDLIVE providers. HSA plans require deductible/coinsurance.

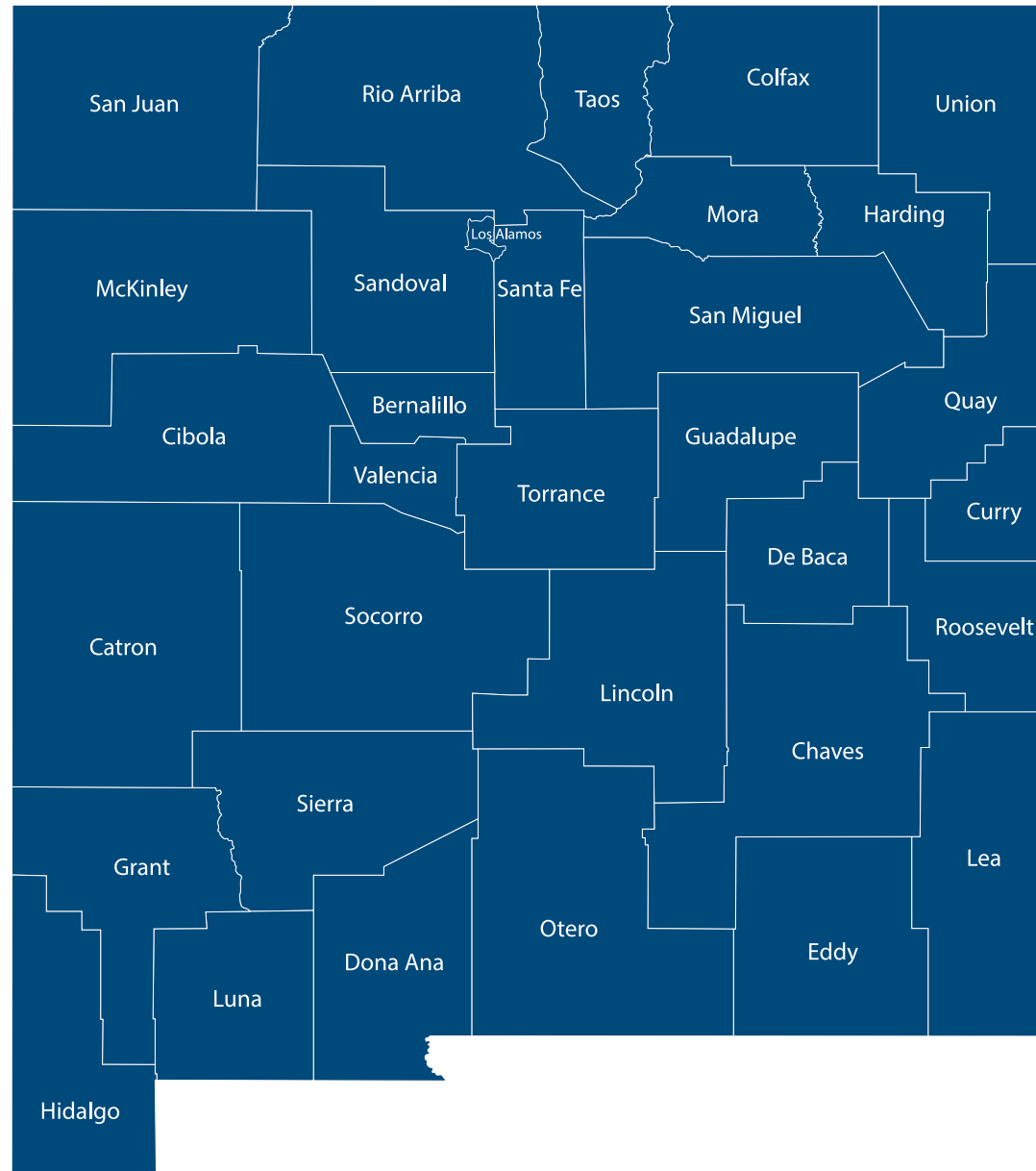
4. Copay applies to basic lab and X-ray services. There will be no additional charge to members. However, out-of-pocket costs are subject to the terms of the member's certificate of coverage, including benefits, limitations, exclusions, coinsurance, copays and deductibles.

5. Per occurrence deductible applies. Annual deductible and coinsurance will apply after the per occurrence deductible.

6. HSA plans: Blue PPO Silver 105, Blue PPO Silver 116, Blue PPO Silver 101, Blue PPO Bronze 134, Blue Preferred Gold EPO 137, Blue Preferred Silver EPO 135, Blue Preferred Bronze EPO 134 have a \$0 employer contribution.

7. Limited Office Visit Accumulations: Each category has its own 5 visit accumulation limit at listed copay before converting to deductible/coinsurance: PCP & PCP Telemedicine combined; SPC & SPC Telemedicine combined; MH/SU & MH/SU Telemedicine combined; Virtual Visits (MDLive); PT/ST/OT combined. Then deductible/coinsurance apply to any additional visits for the remainder of the year.

# New Mexico Small Group (2-50) Provider Networks by County



**Network Names**  
 ● PPO, HMO, Blue Preferred and Blue Advantage HMO

# New Mexico Small Group Network Offerings Comparison

Plan Name	Blue PPO <sup>SM</sup>	Blue HMO <sup>SM</sup>	Blue Preferred EPO <sup>SM</sup>	Blue Advantage HMO <sup>SM</sup>
Network/Network Name	Participating Provider Option	Health Maintenance Organization	Blue Preferred (NLP)	Blue Advantage HMO (BAV)
Network Type	Broad	Broad	Smart	Smart
Availability	2-50	2-50	2-50	2-50
Coverage	Nationwide	Statewide	Nationwide	Statewide
Must Live/Work in Network Service Area	No	Yes	No	Yes
PCP Selection Required	No	Yes	Yes	Yes
Referral Required	No	No	No	No
OON Coverage	Yes	No	No	No
BlueCard <sup>®</sup>	Yes	Urgent/Emergency Services Only	Yes	Urgent/Emergency Services Only
Away From Home Care <sup>®</sup>	NA	Yes	NA	No
Blue Access for Members <sup>SM</sup>	Yes	Yes	Yes	Yes
Provider Finder <sup>®</sup>	Yes	Yes	Yes	Yes
Member Liability Estimator	Yes	No	No	No

Blue365 is a discount program only for Blue Cross and Blue Shield of New Mexico members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSNM does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSNM reserves the right to stop or change this program at any time without notice.

MDX Medical, LLC, a Zelis company, is an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to administer the Member Rewards program for members with coverage through BCBSNM. Reward-eligible options and reward amounts are subject to change. Eligibility for rewards is subject to terms and conditions of the Member Rewards program. Amounts received through Member Rewards may be taxable. BCBSNM does not provide tax advice. Members that have primary coverage with Medicaid or Medicare are not eligible to receive incentive rewards under the Member Rewards program.

Wondr is an independent company contracted with Blue Cross and Blue Shield of New Mexico to provide chronic disease prevention and management solutions for members with coverage through BCBSNM.

NovaWell is an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide member health platform and tools, mental health administration network and health information content for members with coverage through BCBSNM.

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.

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

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Medical, Pharmacy, and Dental products are offered by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

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. MDLIVE 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 permission.

Blue365 is a discount program only for BCBSNM members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSNM does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSNM reserves the right to stop or change this program at any time without notice. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

Life, Disability, Critical Illness, Accident, and Vision products are issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of New Mexico is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association.

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