BlueCross BlueShield of New Mexico

New Mexico Retiree Health Care Authority Summary of Benefits

Blue Cross Medicare Advantage (HMO)SM

January 1, 2019 – December 31, 2019

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

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INTRODUCTION TO SUMMARY OF BENEFITS

January 1, 2019 - December 31, 2019

	Blue Cross Medicare Advantage (HMO) Plan I	Blue Cross Medicare Advantage (HMO) Plan II
You have choices about how to get your Medicare benefits	• One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government. • Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Blue Cross Medicare Advantage (HMO) Plan I.**	• One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government. • Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Blue Cross Medicare Advantage (HMO) Plan II.**
Tips for comparing your Medicare choices	This Summary of Benefits booklet gives you a summary of what **Blue Cross Medicare Advantage (HMO) Plan I** covers and what you pay. • If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.	This Summary of Benefits booklet gives you a summary of what **Blue Cross Medicare Advantage (HMO) Plan II** covers and what you pay. • If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
Sections in this booklet	• Things to Know About **Blue Cross Medicare Advantage (HMO) Plan I** • Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services • Covered Medical and Hospital Benefits • Prescription Drug Benefits	• Things to Know About **Blue Cross Medicare Advantage (HMO) Plan II** • Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services • Covered Medical and Hospital Benefits • Prescription Drug Benefits
	This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-877-299-1008 (TTY/ TDD users should call 711). Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-877-299-1008 (los usuarios de TTY/ TDD deben llamar al 711).	This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-877-299-1008 (TTY/ TDD users should call 711). Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-877-299-1008 (los usuarios de TTY/ TDD deben llamar al 711).

	Blue Cross Medicare Advantage (HMO) Plan I	Blue Cross Medicare Advantage (HMO) Plan II
Hours of Operation	Things to Know About **Blue Cross Medicare Advantage (HMO) Plan I** • From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Mountain time. • From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Mountain time.	Things to Know About **Blue Cross Medicare Advantage (HMO) Plan II** • From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Mountain time. • FromApril 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Mountain time.
Phone Numbers	Call toll-free 1-877-299-1008 (TTY/TDD users should call 711).	Call toll-free 1-877-299-1008 (TTY/TDD users should call 711).
Who can join?	To join **Blue Cross Medicare Advantage (HMO) Plan I**, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and be an employee of the New Mexico Retiree Health Care Authority.	To join **Blue Cross Medicare Advantage (HMO) Plan II**, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and be an employee of the New Mexico Retiree Health Care Authority.
Which doctors, hospitals, and pharmacies can I use?	**Blue Cross Medicare Advantage (HMO) Plan I** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's provider and pharmacy directory. Call us and we will send you a copy of the provider and pharmacy directories.	**Blue Cross Medicare Advantage (HMO) Plan II** has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's provider and pharmacy directory. Call us and we will send you a copy of the provider and pharmacy directories.

	Blue Cross Medicare Advantage (HMO) Plan I	Blue Cross Medicare Advantage (HMO) Plan II
Which do we cover?	Like all Medicare health plans, we cover everything that Original Medicare covers - and *more.* **Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less. **Our plan members also get more than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet. We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions. Call us and we will send you a copy of the formulary.	Like all Medicare health plans, we cover everything that Original Medicare covers - and *more.* **Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less. **Our plan members also get more than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet. We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions. Call us and we will send you a copy of the formulary.
How will I determine my drug costs?	Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.	Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

SUMMARY OF BENEFITS

January 1, 2019 - December 31, 2019

	Blue Cross Medicare Advantage (HMO) Plan I	Blue Cross Medicare Advantage (HMO) Plan II
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES		
How much is the monthly premium?	For information concerning the actual premiums you will pay, please contact your employer or your employer group benefits plan administrator.	For information concerning the actual premiums you will pay, please contact your employer or your employer group benefits plan administrator.
How much is the deductible?	This plan does not have a deductible.	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: $5,000 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: $6,700 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	No. There are no limits on how much our plan will pay.	No. There are no limits on how much our plan will pay.

	Blue Cross Medicare Advantage (HMO) Plan I	Blue Cross Medicare Advantage (HMO) Plan II
COVERED MEDICAL AND HOSPITAL BENEFITS		
INPATIENT CARE		
Inpatient Hospital Care	Inpatient Hospital- Acute: $1,250 out-of-pocket limit every year $250/day (days 1-5) $0/day (days 6-90)	Inpatient Hospital- Acute: $500 copay for each Medicare-covered hospital stay
OUTPATIENT CARE AND SERVICES		
Outpatient Surgery	Ambulatory Surgical Center (ASC) Services: $200 copay Outpatient Hospital Services: $200 copay	Ambulatory Surgical Center (ASC) Services: $350 copay Outpatient Hospital Services: $350 copay
Doctor's Office Visits	Primary Care Physician Services: $10 copay Physician Specialist Services Excluding Psychiatric Services (exclude Radiology): $35 copay	Primary Care Physician Services: $10 copay Physician Specialist Services Excluding Psychiatric Services (exclude Radiology): $40 copay

	Blue Cross Medicare Advantage (HMO) Plan I	Blue Cross Medicare Advantage (HMO) Plan II
Medicare-covered Preventive Services	$0 copay Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings • Depression screening • Diabetes screenings • HIV screening • Lung cancer screening (Low dose computed tomography) • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit Any additional preventive services approved by Medicare during the contract year will be covered.	$0 copay Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings • Depression screening • Diabetes screenings • HIV screening • Lung cancer screening (Low dose computed tomography) • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	$65 copay for Medicare-covered emergency room visits. Worldwide coverage. Admitted within 24-hour(s) for the same condition, $0 copay for emergency room visit.	$65 copay for Medicare-covered emergency room visits. Worldwide coverage. Admitted within 24-hour(s) for the same condition, $0 copay for emergency room visit.
Urgent Care Facility	$40 to $65 copay for Medicare-covered urgently-needed-care visits. Worldwide coverage.	$50 to $65 copay for Medicare-covered urgently-needed-care visits. Worldwide coverage.

	Blue Cross Medicare Advantage (HMO) Plan I	Blue Cross Medicare Advantage (HMO) Plan II
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Lab Services : $0 copay Diagnostic Procedures: $0 copay Diagnostic Radiology Services / X-Ray: $0 copay Therapueutic Radiology: $0 copay Advanced Imaging (MRI, MRA, CT Scan, PET): $150 copay	Lab Services : $0 copay Diagnostic Procedures $0 copay Diagnostic Radiology Services / X-Ray: $0 copay Therapueutic Radiology: 20% of the total cost Advanced Imaging (MRI, MRA, CT Scan, PET): 20% of the total cost
Hearing Services	$20 copay - diagnostic hearing exam $30 copay - 1 supplemental routine hearing exam every year Hearing Aids: $300 limit every year	$20 copay - diagnostic hearing exam $30 copay - 1 supplemental routine hearing exam every year Hearing Aids: $300 limit every year
Dental Services	Preventive Dental: Not covered Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): • $20 copay Medicare-covered	Preventive Dental: Not covered Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): • $20 copay Medicare-covered
Vision Services	Eye exams: $35 copay Medicare-covered $10 copay supplemental - 1 routine eye exam every calendar year Eyewear: $0 copay - 1 pair of eyeglasses (lenses and frames), contact lenses after cataract surgery $150 limit for supplemental eyewear every year	Eye exams: $35 copay Medicare-covered $10 copay supplemental - 1 routine eye exam every calendar year Eyewear: $0 copay - 1 pair of eyeglasses (lenses and frames), contact lenses after cataract surgery $150 limit for supplemental eyewear every year
Mental Health Care	Mental Health Specialty Services - Non-Physician: $40 copay Psychiatric Services: $40 copay Inpatient Hospital - Psychiatric: $1,250 out-of-pocket limit every year $250/day (days 1-5) $0/day (days 6-90)	Mental Health Specialty Services - Non-Physician: 20% of the total cost Psychiatric Services: 20% of the total cost Inpatient Hospital - Psychiatric: $500 copay for each Medicare-covered hospital stay
Skilled Nursing Facility (SNF)	100 days each benefit period $0/day (days 1-20) $95/day (days 21-100)	100 days each benefit period 20% of the total cost Medicare-covered visit

	Blue Cross Medicare Advantage (HMO) Plan I	Blue Cross Medicare Advantage (HMO) Plan II
Outpatient Rehabilitation	Cardiac and Pulmonary Rehabilitation Services: • $10 copay for Medicare-covered Cardiac Rehabilitation Services • $10 copay for Medicare-covered Intensive Cardiac Rehabilitation Services • $0 copay for Medicare-covered Pulmonary Rehabilitation Services • $10 copay for supplemental Cardiac Rehabilitation Services • $0 copay for supplemental Pulmonary Rehabilitation Services • No limit on the number of supplemental Cardiac Rehabilitation Services • No limit on the number of supplemental Pulmonary Rehabilitation Services Occupational Therapy Services: $10 copay Physical Therapy and Speech Language Pathology Services: $10 copay	Cardiac and Pulmonary Rehabilitation Services: • $10 copay for Medicare-covered Cardiac Rehabilitation Services • $10 copay for Medicare-covered Intensive Cardiac Rehabilitation Services • $0 copay for Medicare-covered Pulmonary Rehabilitation Services • $10 copay for supplemental Cardiac Rehabilitation Services • $0 copay for supplemental Pulmonary Rehabilitation Services • No limit on the number of supplemental Cardiac Rehabilitation Services • No limit on the number of supplemental Pulmonary Rehabilitation Services Occupational Therapy Services: 20% of the total cost Physical Therapy and Speech Language Pathology Services: 20% of the total cost
Ambulance	$110 copay	20% of the total cost
Transportation Services	$0 copay for up to 4 one-way trip(s) to plan-approved locations every year	$0 copay for up to 4 one-way trip(s) to plan-approved locations every year
Medicare Part B Rx Drugs	20% of the total cost	20% of the total cost
Acupuncture	$15 copay per visit up to 20 visit(s)for acupuncture and other alternative therapies every year	$15 copay per visit up to 20 visit(s)for acupuncture and other alternative therapies every year
Chiropractic Care	$20 copay for each Medicare-covered chiropractic visit $20 copay for up to 36 supplemental routine chiropractic visit(s) every year	20% of the total cost for each Medicare covered chiropractic visit 20% of the total cost for up to 36 supplemental routine chiropractic visit(s) every year

	Blue Cross Medicare Advantage (HMO) Plan I	Blue Cross Medicare Advantage (HMO) Plan II
Diabetes Supplies and Services	Diabetes Self-Management Training: $0 copay Diabetes Supplies and Services: $0 copay	Diabetes Self-Management Training: $0 copay Diabetes Supplies and Services: $0 copay
Durable Medical Equipment *(wheelchairs, oxygen, etc.)*	0% - 20% of the total cost (0% is for safety devices only)	0% - 20% of the total cost (0% is for safety devices only)
Foot Care *(podiatry services)*	$40 copay	20% of the total cost
Home Health Care	$0 copay	$0 copay
Outpatient Substance Abuse	$40 copay	20% of the total cost
Over-the-Counter Items	Not Covered	Not Covered
Prosthetic Devices *(braces, artificial limbs, etc.)*	20% of the total cost	20% of the total cost
Renal Dialysis	$0 copay	$0 copay
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

Blue Cross Medicare Advantage (HMO) Plan I				Blue Cross Medicare Advantage (HMO) Plan II		
PRESCRIPTION DRUG BENEFITS						
How much is the deductible?	This plan does not have a deductible.			$310 Deductible per year for Part D Prescription Drugs.		
Medicare Part D Rx Drugs Initial Coverage	You pay the following until your total yearly drug costs reach $3,820. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.			You pay the following until your total yearly drug costs reach $3,820. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.		
	Preferred Retail Cost-Sharing			**Preferred Retail Cost-Sharing**		
	Tier	**One-month supply**	**Three-month supply**	**Tier**	**One-month supply**	**Three-month supply**
	Tier 1 (Preferred Generic)	$0	$0	**Tier 1 (Preferred Generic)**	$0	$0
	Tier 2 (Generic)	$5	$15	**Tier 2 (Generic)**	$7	$21
	Tier 3 (Preferred Brand)	$40	$120	**Tier 3 (Preferred Brand)**	$40	$120
	Tier 4 (Non-Preferred Brand)	$90	$270	**Tier 4 (Non-Preferred Brand)**	$90	$270
	Tier 5 (Specialty Tier)	33%	33%	**Tier 5 (Specialty Tier)**	25%	25%

	Blue Cross Medicare Advantage (HMO) Plan I			Blue Cross Medicare Advantage (HMO) Plan II		
Medicare Part D Rx Drugs Initial Coverage (continued)	**Standard Retail Cost-Sharing**			**Standard Retail Cost-Sharing**		
	Tier	**One-month supply**	**Three-month supply**	**Tier**	**One-month supply**	**Three-month supply**
	Tier 1 (Preferred Generic)	$5	$15	**Tier 1 (Preferred Generic)**	$5	$15
	Tier 2 (Generic)	$10	$30	**Tier 2 (Generic)**	$12	$36
	Tier 3 (Preferred Brand)	$45	$135	**Tier 3 (Preferred Brand)**	$45	$135
	Tier 4 (Non-Preferred Brand)	$95	$285	**Tier 4 (Non-Preferred Brand)**	$95	$285
	Tier 5 (Specialty Tier)	33%	33%	**Tier 5 (Specialty Tier)**	25%	25%
	If you reside in a long-term care facility, you pay the same as at a retail pharmacy.					

	Blue Cross Medicare Advantage (HMO) Plan I			Blue Cross Medicare Advantage (HMO) Plan II		
Medicare Part D Rx Drugs Initial Coverage (continued)	**Standard Mail Order Cost-Sharing**			**Standard Mail Order Cost-Sharing**		
	Tier	**One-month supply**	**Three-month supply**	**Tier**	**One-month supply**	**Three-month supply**
	Tier 1 (Preferred Generic)	$5	$15	**Tier 1 (Preferred Generic)**	$5	$15
	Tier 2 (Generic)	$10	$30	**Tier 2 (Generic)**	$12	$36
	Tier 3 (Preferred Brand)	$45	$135	**Tier 3 (Preferred Brand)**	$45	$135
	Tier 4 (Non-Preferred Brand)	$95	$285	**Tier 4 (Non-Preferred Brand)**	$95	$285
	Tier 5 (Specialty Tier)	33%	33%	**Tier 5 (Specialty Tier)**	25%	25%

	Blue Cross Medicare Advantage (HMO) Plan I			Blue Cross Medicare Advantage (HMO) Plan II		
Medicare Part D Rx Drugs Initial Coverage (continued)	**Preferred Mail Order Cost-Sharing**			**Preferred Mail Order Cost-Sharing**		
	Tier	**One-month supply**	**Three-month supply**	**Tier**	**One-month supply**	**Three-month supply**
	Tier 1 (Preferred Generic)	$0	$0	**Tier 1 (Preferred Generic)**	$0	$0
	Tier 2 (Generic)	$5	$15	**Tier 2 (Generic)**	$7	$21
	Tier 3 (Preferred Brand)	$40	$120	**Tier 3 (Preferred Brand)**	$40	$120
	Tier 4 (Non-Preferred Brand)	$90	$270	**Tier 4 (Non-Preferred Brand)**	$90	$270
	Tier 5 (Specialty Tier)	33%	33%	**Tier 5 (Specialty Tier)**	25%	25%

	Blue Cross Medicare Advantage (HMO) Plan I			Blue Cross Medicare Advantage (HMO) Plan II		
Coverage Gap	Your plan provides additional coverage through the gap. You pay similar amounts as you did in the Initial Coverage stage. You stay in this stage until your total yearly drug costs reach $5,100. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.			Your plan provides additional coverage through the gap. You pay similar amounts as you did in the Initial Coverage stage. You stay in this stage until your total yearly drug costs reach $5,100. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.		
	Preferred Retail Cost-Sharing			**Preferred Retail Cost-Sharing**		
	Tier	**One-month supply**	**Three-month supply**	**Tier**	**One-month supply**	**Three-month supply**
	Tier 1 (Preferred Generic)	$0	$0	**Tier 1 (Preferred Generic)**	$0	$0
	Tier 2 (Generic)	$5	$15	**Tier 2 (Generic)**	$7	$21
	Tier 3 (Preferred Brand)	$40	$120	**Tier 3 (Preferred Brand)**	$40	$120
	Tier 4 (Non-Preferred Brand)	$90	$270	**Tier 4 (Non-Preferred Brand)**	$90	$270
	Tier 5 (Specialty Tier)	17%	17%	**Tier 5 (Specialty Tier)**	17%	17%

	Blue Cross Medicare Advantage (HMO) Plan I			Blue Cross Medicare Advantage (HMO) Plan II		
Coverage Gap	**Standard Retail Cost-Sharing**			**Standard Retail Cost-Sharing**		
	Tier	**One-month supply**	**Three-month supply**	**Tier**	**One-month supply**	**Three-month supply**
	Tier 1 (Preferred Generic)	$5	$15	**Tier 1 (Preferred Generic)**	$5	$15
	Tier 2 (Generic)	$10	$30	**Tier 2 (Generic)**	$12	$36
	Tier 3 (Preferred Brand)	$45	$135	**Tier 3 (Preferred Brand)**	$45	$135
	Tier 4 (Non-Preferred Brand)	$95	$285	**Tier 4 (Non-Preferred Brand)**	$95	$285
	Tier 5 (Specialty Tier)	17%	17%	**Tier 5 (Specialty Tier)**	17%	17%

	Blue Cross Medicare Advantage (HMO) Plan I			Blue Cross Medicare Advantage (HMO) Plan II		
	Standard Mail Order Cost-Sharing			Standard Mail Order Cost-Sharing		
Coverage Gap (continued)	**Tier**	**One-month supply**	**Three-month supply**	**Tier**	**One-month supply**	**Three-month supply**
	Tier 1 (Preferred Generic)	$5	$15	**Tier 1 (Preferred Generic)**	$5	$15
	Tier 2 (Generic)	$10	$30	**Tier 2 (Generic)**	$12	$36
	Tier 3 (Preferred Brand)	$45	$135	**Tier 3 (Preferred Brand)**	$45	$135
	Tier 4 (Non-Preferred Brand)	$95	$285	**Tier 4 (Non-Preferred Brand)**	$95	$285
	Tier 5 (Specialty Tier)	17%	17%	**Tier 5 (Specialty Tier)**	17%	17%

	Blue Cross Medicare Advantage (HMO) Plan I			Blue Cross Medicare Advantage (HMO) Plan II		
	Preferred Mail Order Cost-Sharing			Preferred Mail Order Cost-Sharing		
Coverage Gap (continued)	**Tier**	**One-month supply**	**Three-month supply**	**Tier**	**One-month supply**	**Three-month supply**
	Tier 1 (Preferred Generic)	$0	$0	**Tier 1 (Preferred Generic)**	$0	$0
	Tier 2 (Generic)	$5	$15	**Tier 2 (Generic)**	$7	$21
	Tier 3 (Preferred Brand)	$40	$120	**Tier 3 (Preferred Brand)**	$40	$120
	Tier 4 (Non-Preferred Brand)	$90	$270	**Tier 4 (Non-Preferred Brand)**	$90	$270
	Tier 5 (Specialty Tier)	17%	17%	**Tier 5 (Specialty Tier)**	17%	17%

	Blue Cross Medicare Advantage (HMO) Plan I	Blue Cross Medicare Advantage (HMO) Plan II
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $5,100, you pay the greater of: • 5% of the cost, or • $3.40 copay for generic (including brand drugs treated as generic) and an $8.50 copayment for all other drugs.	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $5,100, you pay the greater of: • 5% of the cost, or • $3.40 copay for generic (including brand drugs treated as generic) and an $8.50 copayment for all other drugs.

ADDITIONAL INFORMATION ABOUT Blue Cross Medicare Advantage (HMO)

Benefit	Blue Cross Medicare Advantage (HMO) Plan I	Blue Cross Medicare Advantage (HMO) Plan II
SilverSneakers®† Fitness Program SilverSneakers is the nation's leading exercise program designed exclusively for Medicare beneficiaries. Eligible members receive a standard fitness center membership where they can enjoy specialized low-impact SilverSneakers classes focusing on improving and increasing muscular strength and endurance, mobility, flexibility, range of motion, balance, agility and coordination.	Included	Included

† SilverSneakers® is a wellness program owned and operated by Tivity Health, Inc., an independent company

Tivity Health and SilverSneakers® are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

BlueCross BlueShield of New Mexico

Blue Cross and Blue Shield of New Mexico complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of New Mexico does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of New Mexico:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of New Mexico has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-299-1008 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-299-1008 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-877-299-1008 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-299-1008 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-299-1008 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-299-1008 (TTY: 711) 。

ملحوظ: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل رقم 1-877-299-1008 (رقم هاتف الصم والبكم: 711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-299-1008 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-299-1008 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-299-1008 (TTY: 711) まで、お電話にてご連絡ください。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-299-1008 (ATS: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-299-1008 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-299-1008 (телетайп: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-299-1008 (TTY: 711) पर कॉल करें।

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی به صورت رایگان برای شما فراهم می باشد. با 1-877-299-1008 (TTY: 711) تماس بگیرید.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-299-1008 (TTY: 711).

BlueCross BlueShield of New Mexico

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-299-1008 (TTY: 711). We are open 8:00 a.m. – 8:00 p.m., local time, 7 days a week.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-299-1008 (TTY: 771). Nuestro horario es de 8:00 a.m. a 8:00 p.m., hora local, los 7 días de la semana.

This information is not a complete description of benefits. Call 1-877-299-1008 (TTY:711) for more information.

HMO plans provided by Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal.