



WELCOME

New Mexico State University Retirees

Effective January 1, 2024

Medical, Voluntary Dental and Vision



NMSU PPO and Medicare Plan G with BlueRxSM



NMSU Retirees



Two Medical and Prescription Plans are Available

- NMSU Preferred Provider Option PPO Plan
 - Non-Medicare-Eligible Retirees
- NMSU Medicare Plan G
 - Medicare-Eligible Retirees





NUMBER 1 brand in health care



OVER 112 MILLION members



OVER 1.7 MILLION unique, in-network providers



97% of claims paid at in-network rates

PPO — How It Works

In-Network Providers

ADVANTAGES

- Receive the highest level of benefits and potentially pay less for care
- Protection from billing over the allowed amounts (balance billing)
- No claim forms (provider files claim)
- No referrals required
- No requirement to select a PCP
- Access to a national PPO network

Out-of-Network Providers DRAWBACKS

You do have coverage, but

- You pay a greater share of the costs
- You may receive fewer benefits out-of-network
- You may need to file your own claims
- You may be billed for charges over the allowed amount (balance billing)

Your Benefits – PPO

Panafita DDO	Member Pays	
Benefits – PPO	In-Network	Out-of-Network
Deductible	\$1,250 – Individual \$3,750 – Family	\$5,000 – Individual \$10,000 – Family
Out-of-Pocket Max (includes coinsurance only, not deductible or copayments)	\$4,500 – Individual \$10,800 – Family	\$15,000 – Individual \$30,000 – Family
Primary Provider Office Visit	\$35 (deductible waived)	40%*
Specialist Visit	\$55 (deductible waived)	40%*
Preventive Care/Well Visits	No Charge	40%*
Inpatient Admission	\$300 copay per Admission then 30%*	40%*
Emergency Room	\$250 copay then 30%*	
Urgent Care	30%*	40%*
Outpatient Facility/Physician	\$300 copay per procedure then 30%*	40%*

^{*}After deductible

Retail Pharmacy Program – PPO

	Coinsurance, if the coinsurance is between the minimum and maximum copay	Minimum Copayment	Maximum Copayment
Generic Drug on Drug List	\$15	\$15	\$15
Brand-Name on Drug List	30%	\$30	\$50
Brand-Name not on Drug List	40%	\$50	\$85
Specialty Drug	25%	\$130	\$275

Mail-order copay is 2 times the monthly cost



Save time
with self-service
support tools
and health and
wellness
resources
available through
a convenient and
secure website

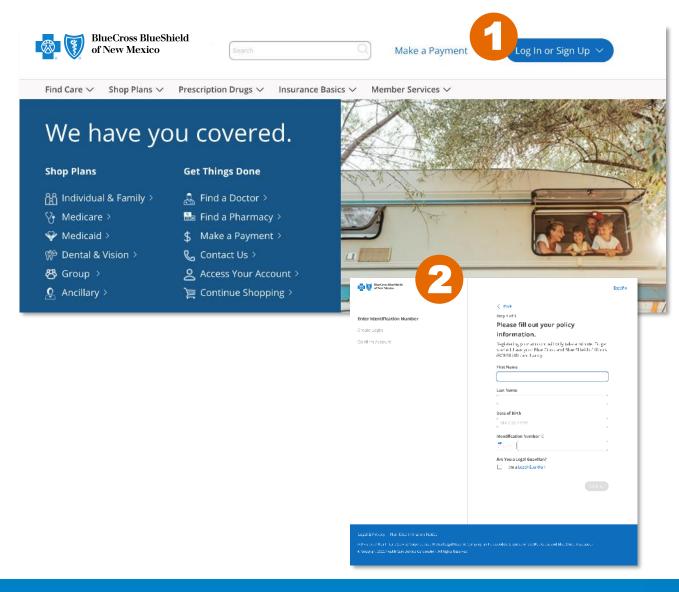
Blue Access for MembersSM

- Check claims and claims history
- View, save or print Explanation of Benefits (EOBs)
- Sign up for electronic EOBs, and save paper
- View benefits and covered dependents
- Check coverage details and Rx benefit information
- Manage mobile and texting preferences
- Request new ID cards or print temporary ID cards
- Access health and wellness information and guides
- Get details on wellness, discounts, 24/7 Nurseline
- Use Provider Finder® to find in-network doctors and hospitals

Log in and perform protected transactions 24 hours a day, 7 days a week*

^{*}Claim Statements/EOBs are not available from 3 – 6 a.m.

Sign Up for Blue Access for Members



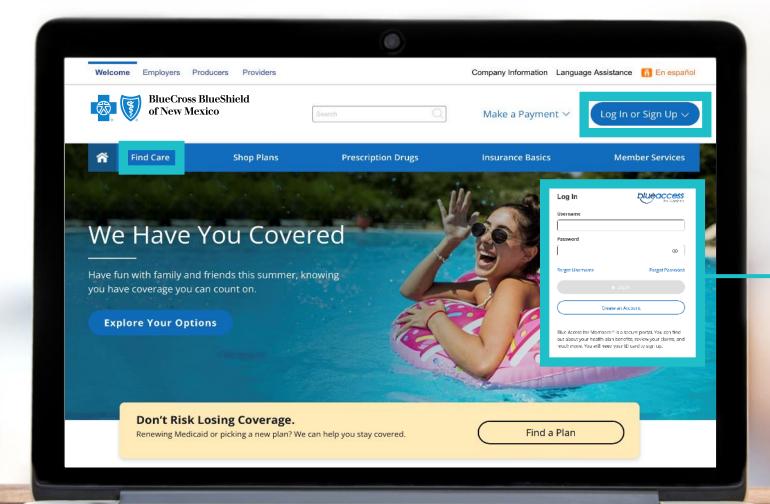
Go to **bcbsnm.com** and log in to Blue Access for Members via web or mobile

If you are a new user, click Register Now to sign up

To register you will need your identification number on the front of your ID card OR you can call the Customer Service number on the back of the card.

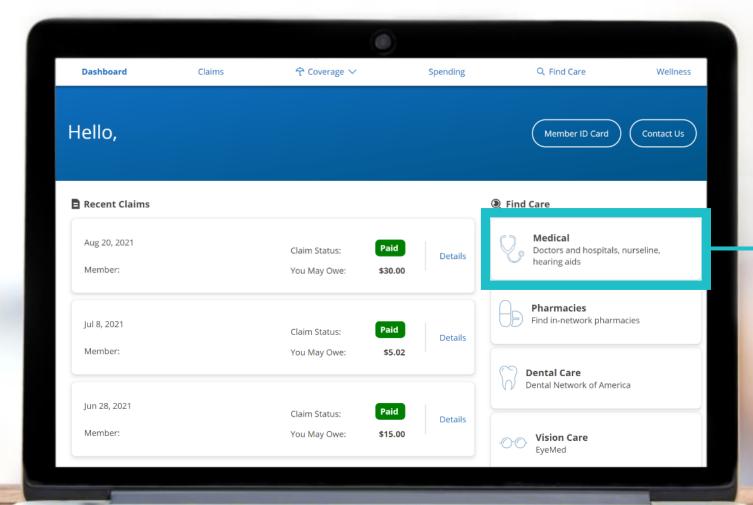
Screen images are for illustrative purposes only.

How to Access Provider Finder®



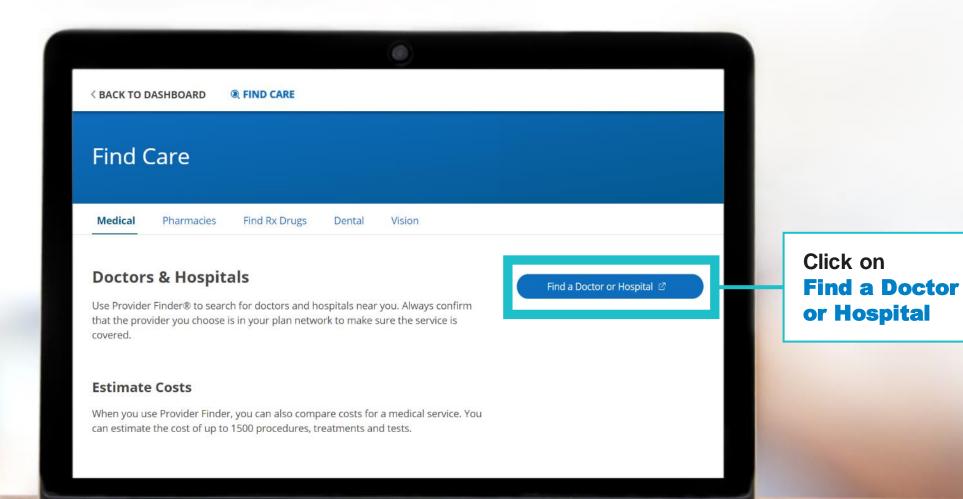
Go to **bcbsnm.com** and log in or sign up for Blue Access for Members[™] (BAM[™]), then see **Find Care**

How to Access Provider Finder®



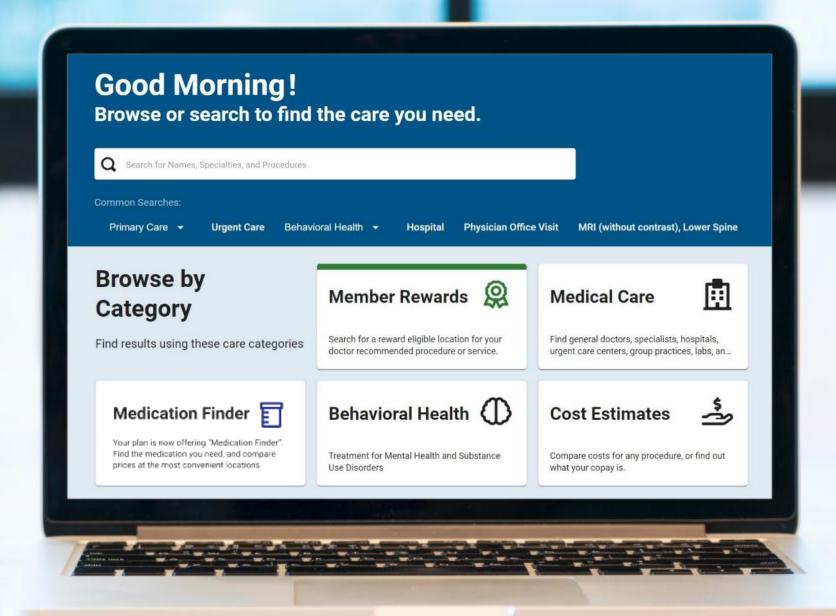
Click on the **Medical** tile



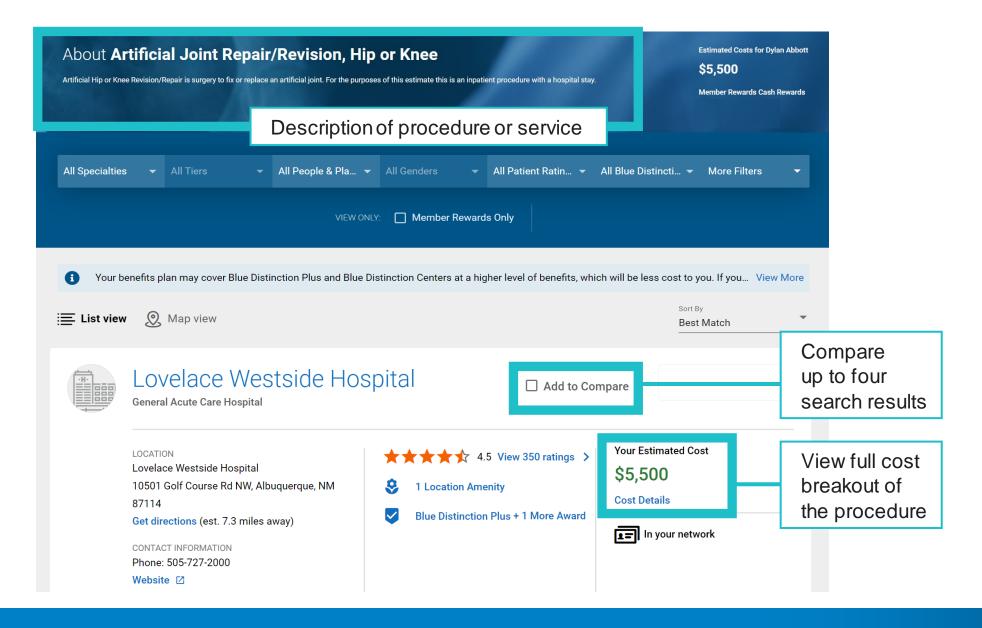


Provider Finder® HOMEPAGE

Interface allows for easy user navigation and a better member experience



Cost Estimate Search Results

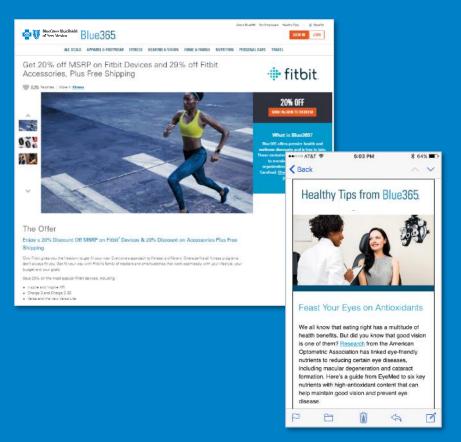


Did you know?

Cost Range for a Knee Replacement



Member discounts simply for being a BCBSNM member



Blue365[®] Member Discount Program

- Exclusive health and wellness deals from national and local retailers
- Save money on fitness gear, family activities, gym memberships, healthy eating, dental, vision, hearing aids and more from top national and local retailers
- Log in to Blue Access for Members[™] and click "Member Discount Program" in Quick Links to view your available discounts and to register for weekly emails

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. Employees should check their benefit booklet or call the Customer Service number on the back of their 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 only given through vendors that take part in this program and are 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.

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

Screen images are for illustrative purposes only.

24/7 Nurseline

Advice anytime. Advice isn't just needed from 9 to 5.

Round-the-clock health and wellness advice from licensed nurses

Plus, you can also listen to more than 1,000 health topics

800-973-6329



Livongo[®] A New Approach to Diabetes and Hypertension Management The following digital health programs are included in your Retiree PPO Plan

Livongo for Diabetes is a health benefit that combines advanced technology with coaching to support you with your diabetes.

Checking, tracking, and support

- Real-time, personalized tips with each blood glucose check
- Optional family alerts keep everyone in the loop
- Support when you're out of range
- Your meter can send data directly to your doctor
- Unlimited strip reordering right from your meter
- Automatic uploads means no more paper logbooks
- Livongo for hypertension gives you the technology, insights, and expert support to help you more easily manage high blood pressure.

Smart Tools for Better Health

- Monitor your numbers
- Get personalized tips after every check
- Make lifestyle changes with help from trained coaches
- Stay on track with reminders when to check
- Send data directly to your doctor
- Know how you're doing with customized reports

Wondr Health Program

The following digital health programs are included in your Retiree PPO Plan

Clinically-proven weight loss without counting calories. Now you can lose weight, gain energy, sleep better, and improve your mind and body – all while eating your favorite foods.

No points, plans, or counting calories. Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. Our behavioral science-based program was created by a team of doctors and clinicians and is clinically-proven for lasting results.

Your employer has partnered with Wondr Health to help you improve your overall health at no cost to you.

To learn more, go to wondrhealth.com/BCBSNM

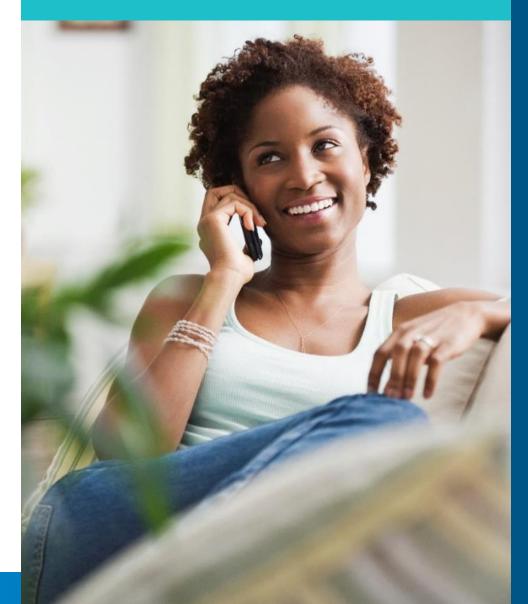


Customer Service

Call Customer Service for assistance and questions about:

- Claims
- Medical benefit coverage
- Finding network providers
- Membership and eligibility
- Navigating digital tools and resources
- ID card requests
- Health education and transfer to other health programs
- Transition of care

866-369-NMSU (6678)





NMSU Medicare Plan G

- ✓ No Part A Deductible
 - Part B Deductible may apply to outpatient services
- √ No coinsurance
- ✓ No copayments
- ✓ No referrals required

"Excellent Value for Your Premium Dollar"

NMSU Medicare Plan G

- You choose your hospitals and physicians <u>anywhere</u> within the U.S.
- Coverage when traveling outside of the U.S.
- Low or no out-of-pocket costs
- Affordable and easy to use
- Complements your Medicare coverage
- No referrals required
- No claims to file



NMSU Medicare Plan G

For Medicare-Covered Services

- The plan covers the annual Part A deductible of \$1,632
- You are responsible to meet the Part B annual deductible of \$240 per calendar year
- Once the Part B deductible has been met, you have no out-of-pocket costs when you choose a physician that accepts Medicare assignment for Medicare-covered services

When provider does **NOT** accept Medicare assignment

NMSU Medigap Plan G

Example: Dr. Smith does not accept Medicare assignment but says that he will see you and <u>may</u> file the claim on your behalf to Medicare.

- He charges \$100 and Medicare allows \$80.
- He may only charge you 15% (\$12) above the \$80 allowable charge and BCBSNM will pay this excess at 100%. You will need to contact Customer Service for assistance in reimbursement.

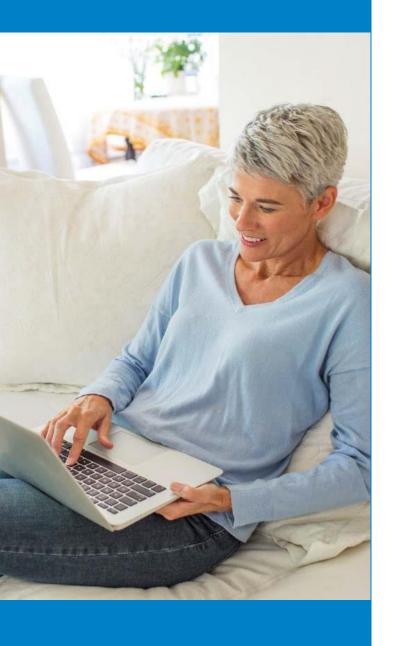
Summary of Benefits

Services	Medicare Pays	Plan Pays	Member Pays
Medical Expenses: First \$240 of Medicare-approved amounts	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Hospitalization: First 60 days	All but \$1,632	\$1,632 (Part A Deductible)	\$0
61st through 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% Medicare-Eligible Expenses	\$0
Medicare-Covered Preventive Care	80% - 100%	20%	\$0

Medicare BlueRxSM

(Medicare Part D Prescription Drug Plan)





Eligibility – Medicare

- NMSU eligible retiree/spouse or dependent
- Enrollment in the NMSU Medicare Plan G is required upon reaching Medicare eligibility to continue coverage through NMSU
- Upon reaching Medicare eligibility, usually age 65
- Not enrolled in any other Medicare Prescription Drug Plan (PDP)
- If the retiree/spouse/dependent is eligible for Medicare prior to reaching age 65, the retiree/spouse must contact NMSU Benefit Services and provide a copy of the Medicare A and B card

Non-Medicare Retirees – Aging into Medicare

- The NMSU Medigap Plan includes a Medicare Part D prescription plan
- NMSU will mail you a packet containing the Medicare Part D information at least forty-five days prior to your birthday month
- NMSU will automatically enroll you in Blue MedicareRx and NMSU Medigap Plan program once they have received confirmation of Medicare Part A and Medicare Part B enrollment from you
- NMSU must have proof of Medicare Part A and B enrollment prior to the effective date of Medicare

Medicare BlueRx — 5-Tier (Medicare Part D Prescription Drug Plan) – No Coverage Gap

Benefit	Enhanced Plus Plan	
Individual Deductible	\$0	
	Preferred Pharmacies – Albertsons, Walgreens, Walmart	Non-Preferred Pharmacies – Target, Costco
Tier 1 – Preferred Generic	\$0 copay	\$5 copay
Tier 2 – Non-Preferred Generic	\$2 copay	\$7 copay
Tier 3 – Preferred Brand	\$25 copay	\$30 copay
Tier 4 - Non-Preferred Brand	\$55 copay	\$60 copay
Tier 5 – Specialty	33%	33%
After your total out-of-pocket costs exceed \$8,000 you pay:	You will pay \$0 for all prescriptions	

Copayments shown are per 30-day supply at an in-network pharmacy. For more detailed information on this benefit plan, please refer to your Summary of Benefits. A 90-day supply at retail is 3 times copay.



Mentally or Physically Impaired Dependents – Medicare

- If your dependent child loses Medicaid eligibility as secondary coverage (dependent has Medicare as the primary coverage) you may add them to the NMSU's Medical and Blue MedicareRx plan within 31 days of the loss of coverage.
- You must provide proof of loss to NMSU's Benefits Office

Termination – Medicare

- You can terminate your coverage during the annual Medicare Open Enrollment or terminate by enrolling under another medical plan or Part D plan outside of NMSU and providing that proof of enrollment
 - Open enrollment cancellations take place October through December but are not effective until January 1 and do not require proof of other enrollment
- If you pick up another Medicare Part D prescription plan outside of NMSU, you will be disenrolled from the NMSU Medicare Plan G and Blue MedicareRx plan automatically, per CMS requirements
 - Any claims paid after the other coverage begins will be reversed and you will be responsible for payment
 - Any premiums taken for non-covered periods will be refunded unless notification of other coverage is more than 90 days after coverage begins
- Once you have been disenrolled from the NMSU plans, either voluntarily or involuntarily, you will not be
 eligible to re-enroll at a later date

Which pharmacy can I use?

Pharmacy – Medicare

For a complete list of our retail, network and preferred network pharmacies call Medicare BlueRx customer service

- 877-838-3833, 7 days a week, 7 a.m. 7 p.m. CST
- or visit bcbsnm.com

Resources

Medicare BlueRx Customer Service

- Call 877-838-3833, 7 days a week, 7 a.m. 7 p.m. CST
- Visit bcbsnm.com

Medicare

- Call 800-MEDICARE (800-633-4227) 24-hours a day
- TTY/TDD Users: 877-486-2048, 24-hours a day
- Visit medicare.gov

Social Security

- Call 877-772-1213, 7 a.m. 7 p.m. Monday-Friday
- TTY/TDD Users: 800-325-0778, 7 a.m. 7 p.m. Monday-Friday
- Visit socialsecurity.gov



NMSU Voluntary Dental and Vision Plans

- Effective 1/1/2024
- Paid by the retiree
- Retirees may only enroll or disenroll during the annual Open Enrollment period, unless a change in status qualifies for a Special Enrollment (marriage, birth of child, divorce)
- If someone disenrolls from either Dental or Vision, they must wait 4 years before they can enroll again
- ID cards will be issued for Dental and Vision



Monthly Voluntary Dental Rates

NMSU Voluntary Monthly Dental Plan Rates:		
Single	\$35.54	
Single + Spouse	\$71.08	
Single + Child(ren)	\$74.64	
Family	\$136.84	

Three Reasons Why

BlueCare Dental[™] is the right choice







- One of the largest national dental networks with over 148,00 unique providers*
- 1,185 New Mexico unique Providers

- Search for a provider in New Mexico or nationally at: www.bcbsnm.com and use the Provider Finder[®] tool by clicking on "Find a Doctor or Hospital" and then on "Find a Dentist" on the left side of the page
- U.S.-based, dental-only customer service and claims units

BCBSNM BlueCare Dental Plan

Contracted Dental Providers

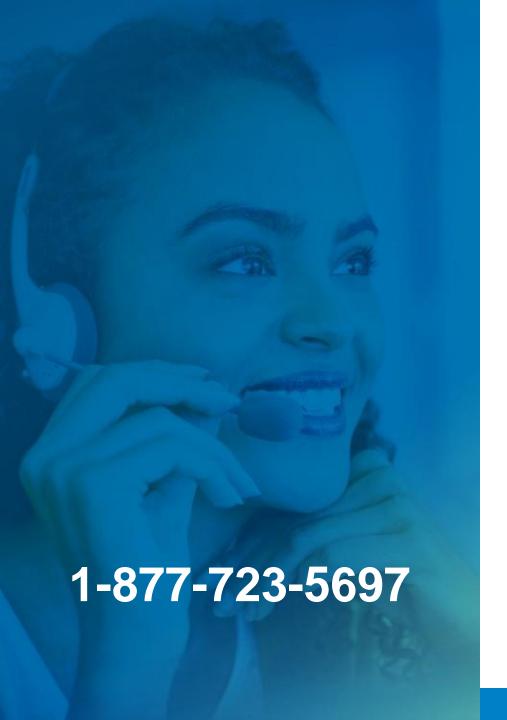
- Member's out-of-pocket costs will generally be the least amount because these providers have contracted with BCBSNM to accept a discounted rate
- Member is not required to file claims
- Member will not be balanced-billed over the allowable discounted rate

Non-Contracted Dental Providers

- Member's out-of-pocket costs may be greater because non-contracted providers have not entered into a contract with BCBSNM to accept a discounted rate
- Member may have to file claims
- Members may be balance-billed for costs exceeding the 90th percentile

BCBSNM BlueCare Dental Plan

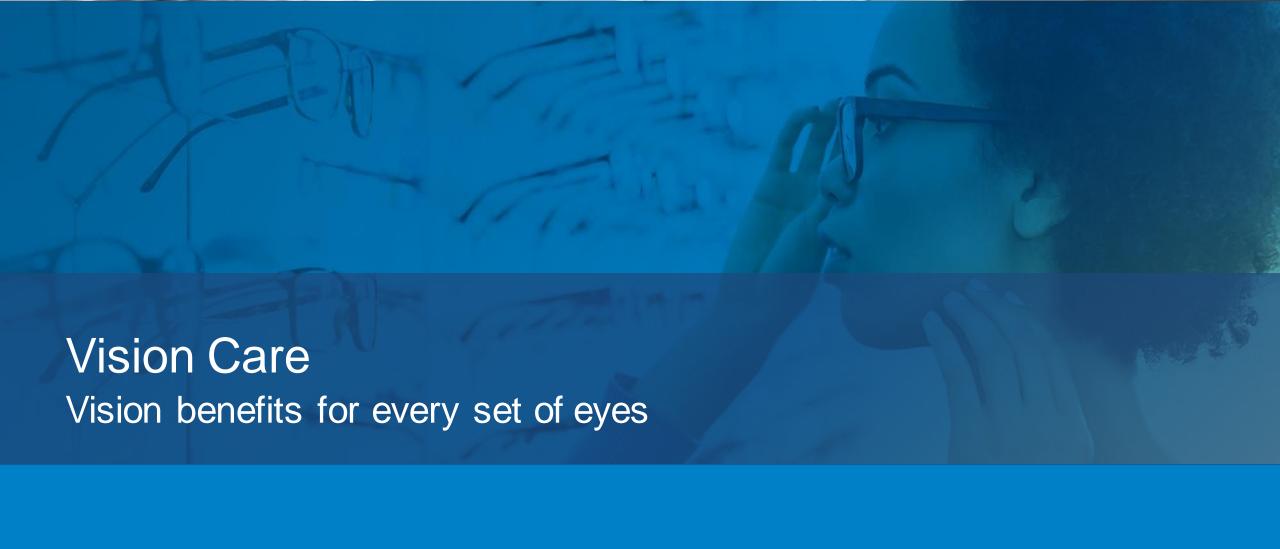
Benefits	In-Network	Out-of-Network*
Annual Maximum Per Calendar Year	\$1,000	
Deductible	\$50 (3x family)	\$50 (3x family)
Diagnostic Evaluations (deductible waived)	100%	100%*
Preventive (deductible waived)	100%	100%*
Basic Restorative Dental Services	80%	80%*
Periodontal Services	50%	50%*
Major Restorative Services (crowns, bridgework)	50%	50%*
*Printed Ont Percentile	Not Covered	Not Covered



Service That Takes You Out of the Middle

Call your BCBSNM Dental Customer Service Team for:

- Claim questions or status
- Dental benefit coverage questions
- Help with finding network providers
- Membership and eligibility
- Help with navigating online tools
- ID card requests
- Health education information



Monthly Voluntary Vision Rates

NMSU Voluntary Monthly Vision Plan Rates:		
Retiree Only	\$6.66	
Retiree +1	\$12.65	
Retiree and Family	\$18.58	

Vision Care – In-Network Options

EyeMed's Select Network

Provider Access Points

385

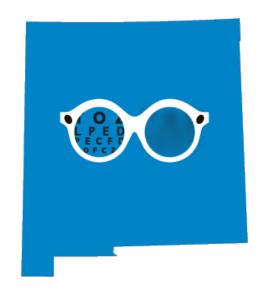
Retail Provider Locations

37

Independent Provider Locations

55

Total Locations 92



In-Network Options Nationwide

Plus, you can visit top retail providers such as LensCrafters®, Pearle Vision^{sм} and Target Optical^{sм}

Provider Access Points 102,678

Retail Provider Locations 6,224

Independent Provider Locations 18,355

Total Locations 24,579

Your Vision Benefits at a Glance

Comprehensive eye exam every 12 months, covered with your copay – **PLUS**…



\$130 frame allowance every 24 months



\$10 lens copay plus fixed pricing on options, every 12 months



\$130 contact lens allowance, with coverage for fit and follow-up every 12 months

Discounts Available with Our Vision Plans



20% off balance over frame allowance





15% off balance over conventional contacts



40% off second pair of prescription glasses



20% off a pair of non-prescription glasses

A Few More Basic Benefits

Your frequency is based on: Date of Service

So, if you receive an exam today, you are eligible again 12 months from today's date of service.

Contacts are in lieu of lenses only

That means you are entitled to a full pair of glasses (frame and lenses) OR contacts and frames (you would then receive a 20% discount on lenses).



MAXIMIZE YOUR CONTACTS BENEFIT

Benefit Overview

With your vision benefit, you're eligible for either contacts or spectacle lenses within the defined benefit frequency. *If you use your benefit for contacts, you're still eligible to use your frame benefit, too.*

Sample Vision Plan



Sample Member Transaction

- You buy contacts (apply \$130 contacts allowance)
- You buy a pair of glasses (apply \$130 frame allowance and 20% off any amount over, plus receive 20% off spectacle lenses)

Additional Discounts

- 40% off unlimited complete pairs of prescription eyewear (once benefit has been used)
- 20% off partial eyewear purchases and non-covered items
- 15% off conventional contacts

You've Got Choices

Your vision network is powered by EyeMed's Select network, which means you have access to:

More than 33,319 providers at 22,749 locations, including:









Plus, your local retailers

And online options:

Choose from hundreds of brand-name frames and contacts.
Instantly apply your in-network benefits at checkout.
Enjoy free shipping and returns.











Vision Benefit Information and Resources

Finding a provider and scheduling an appointment is as easy as...

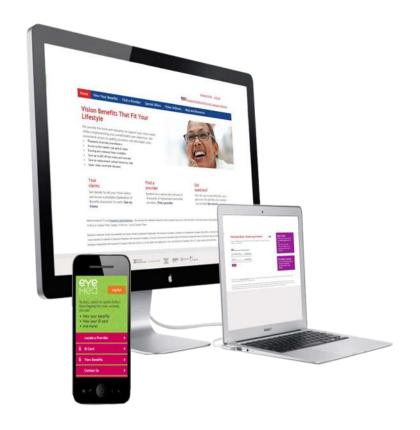
1. Register and log in to the member portal at eyemedvisioncare.com/bcbsnmvis

2. Review your vision benefit information.

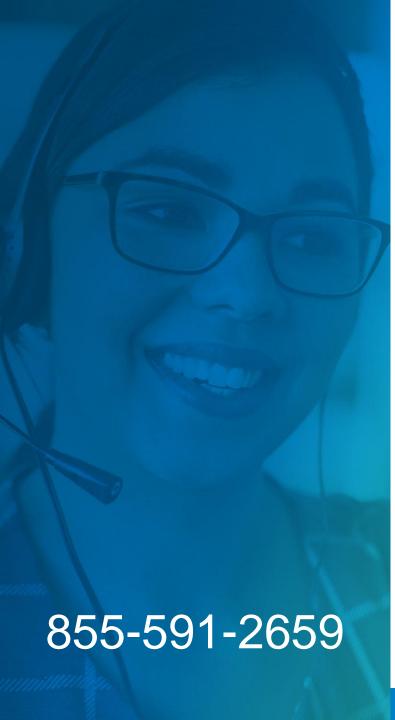
Our member portal gives you access to benefit details, claims, provider locations and more. And since many providers offer extended evening and weekend hours, you can get care when it works for you.

3. Find a provider near you:

Log in to eyemedvisioncare.com/bcbsnmvis, and then select "Click here to find a provider." Enter your zip code and choose "Select" network. Or go to bcbsnm.com and choose "Find Care" On the top left corner. Choose "Select" network.



eyemedvisioncare.com/bcbsnmvis



Service That Takes You Out of the Middle

Call your BCBSNM Vision Customer Care team:

- Claim questions or status
- Vision benefit coverage questions
- Help with finding network providers
- Membership and eligibility
- Help with navigating online tools
- ID card requests