

Blue Medicare PPOSM

Summary of Benefits

January 1, 2008 – December 31, 2008



**BlueCross BlueShield
of New Mexico**



**BlueCross BlueShield
of New Mexico**

Blue Medicare PPO

Summary of Benefits

Section I

Introduction to Summary of Benefits

Thank you for your interest in **Blue Medicare PPO**. Our plan is offered by **HCSC Insurance Services Company**, a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call **Blue Medicare PPO** and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Blue Medicare PPO. You may have other options, too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Blue Medicare PPO at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Blue Medicare PPO and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS BLUE MEDICARE PPO AVAILABLE?

The service area for this plan includes: **New Mexico**. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN BLUE MEDICARE PPO?

You can join Blue Medicare PPO if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Blue Medicare PPO unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

Blue Medicare PPO has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list or visit us at www.bcbsnm.com. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Blue Medicare PPO does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Blue Medicare PPO has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List or visit us at www.bcbsnm.com. Our customer service number is listed at the end of this introduction.

HISC-Blue Cross and Blue Shield of New Mexico has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Blue Medicare PPO uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <https://qa.myrxassistant.com/MyRxAssistant/formulary/HISC/NM/MAPD>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Blue Medicare PPO, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Blue Medicare PPO, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Blue Medicare PPO for more details.



**BlueCross BlueShield
of New Mexico**

PLEASE CALL

**HISC - Blue Cross and Blue Shield of New Mexico
for more information about this plan.**

Visit us at www.bcbsnm.com or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Mountain.

Current members should call (800) 718-2031 for questions related to the Medicare Advantage program (TTY/TDD (888) 844-5530).

Prospective members should call (866) 308-4781 for questions related to the Medicare Advantage program (TTY/TDD (800) 538-0380).

Current members should call (888) 277-5507 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800) 693-3816).

Prospective members should call (888) 285-2254 for questions related to the Medicare Part D Prescription Drug program (TTY/TDD (888) 844-3757).

FOR MORE INFORMATION ABOUT MEDICARE,

please call Medicare at **1-800-MEDICARE** (1-800-633-4227).

TTY users should call 1-877-486-2048.

You can call 24 hours a day, 7 days a week. **Or**, visit www.medicare.gov on the web. If you have special needs, this document may be available in other formats.

Summary of Benefits — Section II

If you have any questions about this plan's benefits or costs, please contact HISC - Blue Cross and Blue Shield of New Mexico.

Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<p>IMPORTANT INFORMATION</p> <p>1. Premium and Other Important Information</p>	<p>This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008. Social Security will notify you of the new 2008 Medicare Part B premium, deductible and Part A cost sharing amounts prior to January 1, 2008.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>You pay \$0.00 each month for your plan benefits including your Medicare Part D prescription benefits in addition to your monthly Medicare Part B premium.</p> <p>\$2700 out-of-pocket limit. Contact the plan for services that apply.</p>	<p>You pay \$0.00 each month for your plan benefits including your Medicare Part D prescription benefits in addition to your monthly Medicare Part B premium.</p> <p>\$500 yearly deductible. Contact the plan for services that apply.</p> <p>\$5000 out-of-pocket limit. Contact the plan for services that apply.</p> <p>Unless otherwise noted, out-of-network services not covered.</p>	<p>You pay \$37.40 each month for your plan benefits including your Medicare Part D prescription benefits in addition to your monthly Medicare Part B premium.</p> <p>\$2700 out-of-pocket limit. Contact the plan for services that apply.</p>	<p>You pay \$37.40 each month for your plan benefits including your Medicare Part D prescription benefits in addition to your monthly Medicare Part B premium.</p> <p>\$500 yearly deductible. Contact the plan for services that apply.</p> <p>\$5000 out-of-pocket limit. Contact the plan for services that apply.</p> <p>Unless otherwise noted, out-of-network services not covered.</p>	<p>You pay \$67.90 each month for your plan benefits including your Medicare Part D prescription benefits in addition to your monthly Medicare Part B premium.</p> <p>\$2700 out-of-pocket limit. Contact the plan for services that apply.</p>	<p>You pay \$67.90 each month for your plan benefits including your Medicare Part D prescription benefits in addition to your monthly Medicare Part B premium.</p> <p>\$500 yearly deductible. Contact the plan for services that apply.</p> <p>\$5000 out-of-pocket limit. Contact the plan for services that apply.</p> <p>Unless otherwise noted, out-of-network services not covered.</p>

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact HISC - Blue Cross and Blue Shield of New Mexico.

Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<p>2. Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care -#16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>No referral required for network doctors, specialists, and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>		<p>No referral required for network doctors, specialists, and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>		<p>No referral required for network doctors, specialists, and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>	
<p>SUMMARY OF BENEFITS INPATIENT CARE</p> <p>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>For each benefit period:⁽³⁾ Days 1 - 60: \$992 deductible Days 61 - 90: \$248 per day Days 91 - 150: \$496 per lifetime reserve day⁽⁴⁾</p> <p>This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.</p>	<p>For Medicare-covered hospital stays:</p> <p>Days 1 – 5: \$275 copay per day Days 6 – 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p>	<p>30% of the cost for each hospital stay.</p>	<p>\$275 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p>	<p>\$550 copay for each hospital stay.</p>	<p>\$100 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p>	<p>\$200 copay for each hospital stay.</p>

Summary of Benefits

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Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<p>Inpatient Hospital Care (cont'd)</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. ⁽⁴⁾</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>		<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>		<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>		

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Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
4. Inpatient Mental Health Care	Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). 190 day limit in a Psychiatric Hospital.	For hospital stays: Days 1 – 5: \$275 copay per day Days 6 – 90: \$0 copay per day You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	30% of the cost for each hospital stay.	For hospital stays: Days 1 – 7: \$100 copay per day Days 8 – 90: \$0 copay per day You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	For hospital stays: Days 1 – 7: \$200 copay per day Days 8 and beyond: \$0 copay per day	For hospital stays: Days 1 – 7: \$100 copay per day Days 8 – 90: \$0 copay per day You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	For hospital stays: Days 1 – 7: \$200 copay per day Days 8 and beyond: \$0 copay per day
5. Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	For each benefit period ⁽³⁾ after at least a 3-day covered hospital stay: Days 1 – 20: \$0 per day Days 21 – 100: \$124 per day 100 days for each benefit period. ⁽³⁾	Prior authorization is required. For SNF stays: Days 1 – 100: \$50 copay per day 100 days covered for each benefit period No prior hospital stay is required.	Prior authorization is required. 30% of the cost for SNF benefits.	Prior authorization is required. For SNF Stays: Days 1 – 100: \$20 copay per day 100 days covered for each benefit period No prior hospital stay is required.	Prior authorization is required. 20% of the cost for SNF benefits.	Prior authorization is required. For SNF stays: Days 1 – 100: \$20 copay per day 100 days covered for each benefit period No prior hospital stay is required.	Prior authorization is required. 20% of the cost for SNF benefits.

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Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<p>Skilled Nursing Facility (cont'd)</p> <p>This Summary of Benefits includes the 2007 Medicare cost sharing amounts and will change effective January 1, 2008.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. <i>(See page 8)</i></p>							

Summary of Benefits

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Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	Authorization rules may apply. \$40 copay for each Medicare-covered home health visit.	Authorization rules may apply. 30% for home health visits.	Authorization rules may apply. \$10 copay for each Medicare-covered home health visit.	Authorization rules may apply. \$20 copay for home health visits.	Authorization rules may apply. \$10 copay for each Medicare-covered home health visit.	Authorization rules may apply. \$20 copay for home health visits.
7. Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	You must get care from a Medicare-certified hospice.		You must get care from a Medicare-certified hospice.		You must get care from a Medicare-certified hospice.	
OUTPATIENT CARE 8. Doctor Office Visits	20% coinsurance. ⁽¹⁾⁽²⁾	See "Routine Physical Exams," for more information. \$10 copay for each primary care doctor visit for	See "Routine Physical Exams," for more information. 30% for each primary care doctor visit.	See "Routine Physical Exams," for more information. \$10 copay for each primary care doctor visit for	See "Routine Physical Exams," for more information. \$20 copay for each primary care doctor visit.	See "Routine Physical Exams," for more information. \$0 copay for each primary care doctor visit for	See "Routine Physical Exams," for more information. \$20 copay for each primary care doctor visit.

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Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Doctor Office Visits (cont'd)		Medicare-covered benefits. \$40 copay for each specialist visit for Medicare-covered benefits.	30% for each specialist visit.	Medicare-covered benefits. \$30 copay for each specialist visit for Medicare-covered benefits.	\$60 copay for each specialist visit.	Medicare-covered benefits \$20 copay for each specialist visit for Medicare-covered benefits.	\$40 copay for each specialist visit.
9. Chiropractic Services	20% coinsurance ⁽¹⁾⁽²⁾ Routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation if you get it from a chiropractor or other qualified provider.	\$40 copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.	30% of the cost for chiropractic benefits.	\$30 copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.	20% of the cost for the chiropractic benefits.	\$30 copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.	20% of the cost for chiropractic benefits.
10. Podiatry Services	20% coinsurance ⁽¹⁾⁽²⁾ Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	\$40 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.	30% of the cost for podiatry benefits.	\$30 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.	20% of the cost for podiatry benefits.	\$30 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.	20% of the cost for podiatry benefits.

Summary of Benefits

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Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
11. Outpatient Mental Health Care	50% coinsurance for most outpatient mental health services. ⁽¹⁾⁽²⁾	Authorization required. \$40 copay for each Medicare-covered individual or group therapy visit. Facility co-pays may apply.	Authorization required. 30% of the cost for Mental Health benefits. 30% of the cost for Mental Health benefits with a psychiatrist. Facility co-pays may apply.	Authorization required. \$30 copay for each Medicare-covered individual or group therapy visit. Facility co-pays may apply.	Authorization required. \$60 copay for Mental Health benefits. \$60 copay for Mental Health benefits with a psychiatrist. Facility co-pays may apply.	Authorization required. \$20 copay for each Medicare-covered individual or group therapy visit. Facility co-pays may apply.	Authorization required. \$40 copay for Mental Health benefits. \$40 copay for Mental Health benefits with a psychiatrist. Facility co-pays may apply.
12. Outpatient Substance Abuse Care	20% coinsurance ⁽¹⁾⁽²⁾	Authorization rules may apply. \$40 copay for Medicare-covered individual or group visits. Additional facility charges may apply.	Authorization rules may apply. 30% of the cost for outpatient substance abuse benefits.	Authorization rules may apply. \$30 copay for Medicare-covered individual or group visits. Additional facility charges may apply.	Authorization rules may apply. \$60 to \$100 copay for outpatient substance abuse benefits.	Authorization rules may apply. \$20 copay for Medicare-covered individual or group visits. Additional facility charges may apply.	Authorization rules may apply. \$40 to \$100 copay for outpatient substance abuse benefits.
13. Outpatient Services / Surgery	20% coinsurance for the doctor ⁽¹⁾⁽²⁾ 20% of outpatient facility ⁽¹⁾⁽²⁾	\$100 copay for each Medicare-covered ambulatory surgical center visit. \$100 copay for each Medicare-covered outpatient hospital facility visit.	30% of the cost for ambulatory surgical center benefits. 30% of the cost for outpatient hospital facility benefits.	\$50 copay for each Medicare-covered ambulatory surgical center visit. \$50 copay for each Medicare-covered outpatient hospital facility visit.	20% of the cost for ambulatory surgical center benefits. 20% of the cost for outpatient hospital facility benefits.	\$50 copay for each Medicare-covered ambulatory surgical center visit. \$50 copay for each Medicare-covered outpatient hospital facility visit.	20% of the cost for ambulatory surgical center benefits. 20% of the cost for outpatient hospital facility benefits.

Summary of Benefits

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Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
14. Ambulance Services (medically necessary ambulance services)	20% coinsurance ⁽¹⁾⁽²⁾	\$150 copay for Medicare-covered ambulance benefits.	\$150 copay for ambulance benefits.	\$100 copay for Medicare-covered ambulance benefits.	\$100 copay for ambulance benefits.	\$100 copay for Medicare-covered ambulance benefits.	\$100 copay for ambulance benefits.
15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor ⁽¹⁾⁽²⁾ 20% of facility charge, or a set copay per emergency room visit ⁽¹⁾⁽²⁾ You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	\$50 for Medicare-covered emergency room visits. If you are admitted to the hospital within 3-days for the same condition, you pay \$0 for the emergency room visit.	\$50 for Medicare-covered emergency room visits. Not covered outside the U.S. except under limited circumstances. Contact the plan for more details. If you are admitted to the hospital within 3-days for the same condition, you pay \$0 for the emergency room visit.	\$50 for Medicare-covered emergency room visits. If you are admitted to the hospital within 3-days for the same condition, you pay \$0 for the emergency room visit.	\$50 for Medicare-covered emergency room visits. Not covered outside the U.S. except under limited circumstances. Contact the plan for more details. If you are admitted to the hospital within 3-days for the same condition, you pay \$0 for the emergency room visit.	\$50 for Medicare-covered emergency room visits. If you are admitted to the hospital within 3-days for the same condition, you pay \$0 for the emergency room visit.	\$50 for Medicare-covered emergency room visits. Worldwide coverage If you are admitted to the hospital within 3-days for the same condition, you pay \$0 for the emergency room visit.

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Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay ⁽¹⁾⁽²⁾ NOT covered outside the U.S. except under limited circumstances.	\$30 for Medicare-covered urgently needed care visits.	\$30 for Medicare-covered urgently needed care visits.	\$30 for Medicare-covered urgently needed care visits.	\$30 for Medicare-covered urgently needed care visits.	\$20 for Medicare-covered urgently needed care visits.	\$20 for Medicare-covered urgently needed care visits.
17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance ⁽¹⁾⁽²⁾	\$40 copay for Medicare-covered Occupational Therapy visits. \$40 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. Additional facility charges may apply.	30% of the cost for Occupational Therapy benefits. 30% of the cost for Physical and/or Speech/Language Therapy visits.	\$30 copay for Medicare-covered Occupational Therapy visits. \$30 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. Additional facility charges may apply.	20% of the cost for Occupational Therapy benefits. 20% of the cost for Physical and/or Speech/Language Therapy visits.	\$20 copay for Medicare-covered Occupational Therapy visits. \$20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. Additional facility charges may apply.	20% of the cost for Occupational Therapy benefits. 20% of the cost for Physical and/or Speech/Language Therapy visits.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES							
18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance ⁽¹⁾⁽²⁾	Authorization rules may apply. 20% of the cost for Medicare-covered items.	Authorization rules may apply. 30% of the cost for durable medical equipment.	Authorization rules may apply. 10% of the cost for Medicare-covered items.	Authorization rules may apply. 20% of the cost for durable medical equipment.	Authorization rules may apply. 10% of the cost for Medicare-covered items.	Authorization rules may apply. 20% of the cost for durable medical equipment

Summary of Benefits

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Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance ⁽¹⁾⁽²⁾	Authorization rules may apply. 20% of the cost for Medicare-covered items.	Authorization rules may apply. 30% of the cost for prosthetic devices.	Authorization rules may apply. 10% of the cost for Medicare-covered items.	Authorization rules may apply. 20% of the cost for prosthetic devices.	Authorization rules may apply. 10% of the cost for Medicare-covered items.	Authorization rules may apply. 20% of the cost for prosthetic devices.
20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance ⁽¹⁾⁽²⁾	20% of the cost for Diabetes self-monitoring training. \$40 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.	20% of the cost for Diabetes self-monitoring training. 30% of the cost for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.	10% of the cost for Diabetes self-monitoring training. \$30 copay for Nutrition Therapy for Diabetes. 10% of the cost for Diabetes supplies.	10% of the cost for Diabetes self-monitoring training. 20% of the cost for Nutrition Therapy for Diabetes. 10% of the cost for Diabetes supplies.	10% of the cost for Diabetes self-monitoring training. \$20 copay for Nutrition Therapy for Diabetes. 10% of the cost for Diabetes supplies.	10% of the cost for Diabetes self-monitoring training. 20% of the cost for Nutrition Therapy for Diabetes. 10% of the cost for Diabetes supplies.
21. Diagnostic Tests, X-Rays, and Lab Services	20% coinsurance for diagnostic tests and x-rays ⁽¹⁾⁽²⁾ \$0 copay for Medicare-covered lab services Lab Services: Medicare covers medically necessary	Authorization rules may apply. \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests 20% of the cost for Medicare-covered X-rays.	Authorization rules may apply. 30% of the cost for diagnostic procedures, tests, and lab services.	Authorization rules may apply. \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests 10% of the cost for Medicare-covered X-rays.	Authorization rules may apply. 20% of the cost for diagnostic procedures, tests, and lab services.	Authorization rules may apply. \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests 10% of the cost for Medicare-covered X-rays.	Authorization rules may apply. 20% of the cost for diagnostic procedures, tests, and lab services.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact HISC - Blue Cross and Blue Shield of New Mexico.

Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
21. Diagnostic Tests, X-Rays, and Lab Services (cont'd)	diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	20% of the cost for Medicare-covered diagnostic radiology services.	30% of the cost for diagnostic radiology services.	10% of the cost for Medicare-covered diagnostic radiology services.	20% of the cost for diagnostic radiology services.	10% of the cost for Medicare-covered diagnostic radiology services.	20% of the cost for diagnostic radiology services.
		20% of the cost for Medicare-covered therapeutic radiology services.	30% of the cost for therapeutic radiology services.	10% of the cost for Medicare-covered therapeutic radiology services.	20% of the cost for therapeutic radiology services.	10% of the cost for Medicare-covered therapeutic radiology services.	20% of the cost for therapeutic radiology services.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact HISC - Blue Cross and Blue Shield of New Mexico.

Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
PREVENTIVE SERVICES							
22. Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance ⁽¹⁾⁽²⁾ Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	\$0 copay for Medicare-covered bone mass measurement.	30% of the cost.	\$0 copay for Medicare-covered bone mass measurement.	20% of the cost.	\$0 copay for Medicare-covered bone mass measurement.	20% of the cost.
23. Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance ⁽¹⁾⁽²⁾ Covered when you are high risk or when you are age 50 and older.	\$0 copay for Medicare-covered colorectal screenings.	30% of the cost for colorectal screenings.	\$0 copay for Medicare-covered colorectal screenings.	20% of the cost for colorectal screenings.	\$0 copay for Medicare-covered colorectal screenings.	20% of the cost for colorectal screenings.
24. Immunizations (Flu vaccine, Hepatitis B vaccine—for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine ⁽¹⁾⁽²⁾ You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	\$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines. Office copay may apply.	30% of the cost for immunizations. Office copay may apply.	\$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines. Office copay may apply.	20% of the cost for immunizations. Office copay may apply.	\$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines. Office copay may apply.	20% of the cost for immunizations. Office copay may apply.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact HISC - Blue Cross and Blue Shield of New Mexico.

Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
25. Mammograms (Annual Screening) (for women with Medicare age 40 and older)	20% coinsurance ⁽²⁾ No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	\$0 copay for Medicare-covered screening mammograms.	30% of the cost for screening mammograms.	\$0 copay for Medicare-covered screening mammograms.	20% of the cost for screening mammograms.	\$0 copay for Medicare-covered screening mammograms.	20% of the cost for screening mammograms.
26. Pap Smears and Pelvic Exams (for women with Medicare)	\$0 copay for Pap smears ⁽²⁾ Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams ⁽²⁾	\$0 copay for Medicare-covered pap smears and pelvic exams.	30% of the cost for pap smears and pelvic exams.	\$0 copay for Medicare-covered pap smears and pelvic exams.	20% of the cost for pap smears and pelvic exams.	\$0 copay for Medicare-covered pap smears and pelvic exams.	20% of the cost for pap smears and pelvic exams.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact HISC - Blue Cross and Blue Shield of New Mexico.

Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
27. Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. ⁽¹⁾⁽²⁾ Covered once a year for all men with Medicare over age 50.	\$0 copay for Medicare-covered prostate cancer screening.	30% of the cost for prostate cancer screening.	\$0 copay for Medicare-covered prostate cancer screening.	20% of the cost for prostate cancer screening.	\$0 copay for Medicare-covered prostate cancer screening.	20% of the cost for prostate cancer screening.
28. ESRD	20% coinsurance for dialysis.	\$100 copay for in and out-of-area dialysis. \$40 copay for Nutrition Therapy for Renal Disease.	30% of the cost for Renal Disease. 30% of the cost for Nutrition Therapy.	\$50 copay for in and out-of-area dialysis. \$30 copay for Nutrition Therapy for Renal Disease.	20% of the cost for Renal Disease. 20% of the cost for Nutrition Therapy.	\$50 copay for in and out-of-area dialysis. \$20 copay for Nutrition Therapy for Renal Disease.	20% of the cost for Renal Disease. 20% of the cost for Nutrition Therapy.
29. Prescription Drugs Drugs covered under Medicare Part B	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)	20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs). 20% of the cost for Part B-covered chemotherapy drugs.	20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs). 20% of the cost for Part B-covered chemotherapy drugs.	10% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs). 10% of the cost for Part B-covered chemotherapy drugs.	10% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs). 10% of the cost for Part B-covered chemotherapy drugs.	10% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs). 10% of the cost for Part B-covered chemotherapy drugs.	10% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs). 10% of the cost for Part B-covered chemotherapy drugs.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact HISC - Blue Cross and Blue Shield of New Mexico.

Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<p>Prescription Drugs (cont'd) Drugs Covered under Medicare Part D</p>		<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://qa.myrxassistant.com/MyRxAssistant/formulary/HISC/NM/MAPD on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage. This means that you</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://qa.myrxassistant.com/MyRxAssistant/formulary/HISC/NM/MAPD on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage. This means that you</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://qa.myrxassistant.com/MyRxAssistant/formulary/HISC/NM/MAPD on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage. This means that you</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://qa.myrxassistant.com/MyRxAssistant/formulary/HISC/NM/MAPD on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage. This means that you</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://qa.myrxassistant.com/MyRxAssistant/formulary/HISC/NM/MAPD on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage. This means that you</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://qa.myrxassistant.com/MyRxAssistant/formulary/HISC/NM/MAPD on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage. This means that you</p>

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact HISC - Blue Cross and Blue Shield of New Mexico.

Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<p>Prescription Drugs (cont'd) Drugs Covered under Medicare Part D</p>		<p>will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Medicare PPO - Value for certain drugs.</p>	<p>will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Medicare PPO - Value for certain drugs.</p>	<p>will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Medicare PPO-Advantage for certain drugs.</p>	<p>will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Medicare PPO-Advantage for certain drugs.</p>	<p>will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Medicare PPO-Premier for certain drugs.</p>	<p>will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Medicare PPO-Premier for certain drugs.</p>

Summary of Benefits

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Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<p>Prescription Drugs (cont'd) Drugs Covered under Medicare Part D (cont'd)</p>		<p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p> <p>\$50 deductible</p>	<p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the</p>	<p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p> <p>\$50 deductible</p>	<p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the</p>	<p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p> <p>\$0 deductible</p>	<p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the</p>

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact HISC - Blue Cross and Blue Shield of New Mexico.

Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<p>Prescription Drugs (cont'd) Drugs Covered under Medicare Part D</p> <p>Initial Coverage</p> <p>Retail Pharmacy</p>		<p>You pay the following until total yearly drug costs reach \$2510:</p> <p>Generic</p> <ul style="list-style-type: none"> - \$9 copay for a one-month (30-day) supply of drugs from a preferred pharmacy - \$22.50 copay for a three-month (90-day) supply of drugs from a preferred pharmacy - \$9 copay for a one-month (30-day) supply of drugs from a non-preferred pharmacy 	<p>plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.</p> <p>You pay the following until total yearly drug costs reach \$2510:</p> <p>Generic</p> <ul style="list-style-type: none"> - \$9 copay for a one-month (30-day) supply of drugs 	<p>You pay the following until total yearly drug costs reach \$2510:</p> <p>Generic</p> <ul style="list-style-type: none"> - \$9 copay for a one-month (30-day) supply of drugs from a preferred pharmacy - \$22.50 copay for a three-month (90-day) supply of drugs from a preferred pharmacy - \$9 copay for a one-month (30-day) supply of drugs from a non-preferred pharmacy 	<p>plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.</p> <p>You pay the following until total yearly drug costs reach \$2510:</p> <p>Generic</p> <ul style="list-style-type: none"> - \$9 copay for a one-month (30-day) supply of drugs 	<p>You pay the following until total yearly drug costs reach \$2510:</p> <p>Generic</p> <ul style="list-style-type: none"> - \$5 copay for a one-month (30-day) supply of drugs from a preferred pharmacy - \$12.50 copay for a three-month (90-day) supply of drugs from a preferred pharmacy - \$5 copay for a one-month (30-day) supply of drugs from a non-preferred pharmacy 	<p>plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.</p> <p>You pay the following until total yearly drug costs reach \$2510:</p> <p>Generic</p> <ul style="list-style-type: none"> - \$5 copay for a one-month (30-day) supply of drugs

Summary of Benefits

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Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drugs (cont'd) Drugs Covered under Medicare Part D Initial Coverage Retail Pharmacy (cont'd)		- \$27 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy Preferred Brand - \$45 copay for a one-month (30-day) supply of drugs from a preferred pharmacy - \$112.50 copay for a three-month (90-day) supply of drugs from a preferred pharmacy - \$45 copay for a one-month (30-day) supply of drugs from a non-preferred pharmacy - \$135 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy	Preferred Brand - \$45 copay for a one-month (30-day) supply of drugs	Preferred Brand - \$27 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy Preferred Brand - \$45 copay for a one-month (30-day) supply of drugs from a preferred pharmacy - \$112.50 copay for a three-month (90-day) supply of drugs from a preferred pharmacy - \$45 copay for a one-month (30-day) supply of drugs from a non-preferred pharmacy - \$135 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy	Preferred Brand - \$45 copay for a one-month (30-day) supply of drugs	Preferred Brand - \$15 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy Preferred Brand - \$38 copay for a one-month (30-day) supply of drugs from a preferred pharmacy - \$95 copay for a three-month (90-day) supply of drugs from a preferred pharmacy - \$38 copay for a one-month (30-day) supply of drugs from a non-preferred pharmacy - \$114 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy	Preferred Brand - \$38 copay for a one-month (30-day) supply of drugs

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact HISC - Blue Cross and Blue Shield of New Mexico.

Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail Pharmacy (cont'd)		<p>Brand</p> <ul style="list-style-type: none"> - \$74 copay for a one-month (30-day) supply of drugs from a preferred pharmacy - \$185 copay for a three-month (90-day) supply of drugs from a preferred pharmacy - \$74 copay for a one-month (30-day) supply of drugs from a non-preferred pharmacy - \$222 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy <p>Specialty</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (30-day) supply of drugs from a preferred pharmacy 	<p>Brand</p> <ul style="list-style-type: none"> - \$74 copay for a one-month (30-day) supply of drugs <p>Specialty</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (30-day) supply of drugs 	<p>Brand</p> <ul style="list-style-type: none"> - \$74 copay for a one-month (30-day) supply of drugs from a preferred pharmacy - \$185 copay for a three-month (90-day) supply of drugs from a preferred pharmacy - \$74 copay for a one-month (30-day) supply of drugs from a non-preferred pharmacy - \$222 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy <p>Specialty</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (30-day) supply of drugs from a preferred pharmacy 	<p>Brand</p> <ul style="list-style-type: none"> - \$74 copay for a one-month (30-day) supply of drugs <p>Specialty</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (30-day) supply of drugs 	<p>Brand</p> <ul style="list-style-type: none"> - \$60 copay for a one-month (30-day) supply of drugs from a preferred pharmacy - \$150 copay for a three-month (90-day) supply of drugs from a preferred pharmacy - \$60 copay for a one-month (30-day) supply of drugs from a non-preferred pharmacy - \$180 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy <p>Specialty</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (30-day) supply of drugs from a preferred pharmacy 	<p>Brand</p> <ul style="list-style-type: none"> - \$60 copay for a one-month (30-day) supply of drugs <p>Specialty</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (30-day) supply of drugs

Summary of Benefits

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Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<p>Prescription Drugs (cont'd) Drugs Covered under Medicare Part D Initial Coverage Retail Pharmacy (cont'd)</p> <p>Long Term Care Pharmacy</p>		<ul style="list-style-type: none"> - 30% coinsurance for a three-month (90-day) supply of drugs from a preferred pharmacy - 30% coinsurance for a one-month (30-day) supply of drugs from a non-preferred pharmacy - 30% coinsurance for a three-month (90-day) supply of drugs from a non-preferred pharmacy <p>Generic</p> <ul style="list-style-type: none"> - \$9 copay for a one-month (31-day) supply of drugs <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (31-day) supply of drugs 		<ul style="list-style-type: none"> - 30% coinsurance for a three-month (90-day) supply of drugs from a preferred pharmacy - 30% coinsurance for a one-month (30-day) supply of drugs from a non-preferred pharmacy - 30% coinsurance for a three-month (90-day) supply of drugs from a non-preferred pharmacy <p>Generic</p> <ul style="list-style-type: none"> - \$9 copay for a one-month (31-day) supply of drugs <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (31-day) supply of drugs 		<ul style="list-style-type: none"> - 30% coinsurance for a three-month (90-day) supply of drugs from a preferred pharmacy - 30% coinsurance for a one-month (30-day) supply of drugs from a non-preferred pharmacy - 30% coinsurance for a three-month (90-day) supply of drugs from a non-preferred pharmacy <p>Generic</p> <ul style="list-style-type: none"> - \$5 copay for a one-month (31-day) supply of drugs <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$38 copay for a one-month (31-day) supply of drugs 	

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact HISC - Blue Cross and Blue Shield of New Mexico.

Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<p>Long Term Care Pharmacy (cont'd)</p> <p>Mail Order</p>		<p>Brand</p> <ul style="list-style-type: none"> - \$74 copay for a one month (31-day) supply of drugs <p>Speciality</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (31-day) supply of drugs <p>Generic</p> <ul style="list-style-type: none"> - \$22.50 copay for a three-month (90-day) supply of drugs <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$112.50 copay for a three-month (90-day) supply of drugs <p>Brand</p> <ul style="list-style-type: none"> - \$185 copay for a three-month (90-day) supply of drugs 		<p>Brand</p> <ul style="list-style-type: none"> - \$74 copay for a one month (31-day) supply of drugs <p>Speciality</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (31-day) supply of drugs <p>Generic</p> <ul style="list-style-type: none"> - \$22.50 copay for a three-month (90-day) supply of drugs <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$112.50 copay for a three-month (90-day) supply of drugs <p>Brand</p> <ul style="list-style-type: none"> - \$185 copay for a three-month (90-day) supply of drugs 		<p>Brand</p> <ul style="list-style-type: none"> - \$60 copay for a one month (31-day) supply of drugs <p>Speciality</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (31-day) supply of drugs <p>Generic</p> <ul style="list-style-type: none"> - \$12.50 copay for a three-month (90-day) supply of drugs <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$95 copay for a three-month (90-day) supply of drugs <p>Brand</p> <ul style="list-style-type: none"> - \$150 copay for a three-month (90-day) supply of drugs 	

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact HISC - Blue Cross and Blue Shield of New Mexico.

Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<p>Prescription Drugs (cont'd) Drugs Covered under Medicare Part D Coverage Gap</p>		<p>After your total yearly drug costs reach \$2510, you pay 100% until your yearly out-of-pocket drug costs reach \$4050.</p>		<p>After your total yearly drug costs reach \$2510, you pay 100% until your yearly out-of-pocket drug costs reach \$4050.</p>		<p>You pay the following: The plan covers all generics through the gap.</p> <p>Retail Pharmacy Generic</p> <ul style="list-style-type: none"> - \$5 copay for a one-month (30-day) supply of drugs you get at a preferred pharmacy - \$12.50 copay for a three-month (90-day) supply of drugs you get at a preferred pharmacy - \$5 copay for a one-month (30-day) supply of drugs you get at a non-preferred pharmacy - \$15 copay for a three-month (90-day) supply of drugs you get at a non-preferred pharmacy 	<p>You pay the following:</p> <p>Generic</p> <ul style="list-style-type: none"> - \$5 copay for a one-month (30-day) supply of drugs

Summary of Benefits

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Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Coverage Gap (cont'd)						Long Term Care Pharmacy Generic - \$5 copay for a one-month (31-day) supply of drugs Mail Order Generic - \$12.50 copay for a three-month (90-day) supply of drugs For all other covered drugs, after your total yearly drug costs reach \$2510, you pay 100% until your yearly out-of-pocket drug costs reach \$4050.	
Catastrophic Coverage		After your yearly out-of-pocket drug costs reach \$4050, you pay the greater of: - \$2.25 copay for generic	After your yearly out-of-pocket drug costs reach \$4050, you pay the greater of: - \$2.25 copay for generic	After your yearly out-of-pocket drug costs reach \$4050, you pay the greater of: - \$2.25 copay for generic	After your yearly out-of-pocket drug costs reach \$4050, you pay the greater of: - \$2.25 copay for generic	After your yearly out-of-pocket drug costs reach \$4050, you pay the greater of: - \$2.25 copay for generic	After your yearly out-of-pocket drug costs reach \$4050, you pay the greater of: - \$2.25 copay for generic

Summary of Benefits

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Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drugs (cont'd) Catastrophic Coverage		(including brand drugs treated as generic) and \$5.60 copay for all other drugs, or - 5% coinsurance.	(including brand drugs treated as generic) and \$5.60 copay for all other drugs, or - 5% coinsurance.	(including brand drugs treated as generic) and \$5.60 copay for all other drugs, or - 5% coinsurance.	(including brand drugs treated as generic) and \$5.60 copay for all other drugs, or - 5% coinsurance.	(including brand drugs treated as generic) and \$5.60 copay for all other drugs, or - 5% coinsurance.	(including brand drugs treated as generic) and \$5.60 copay for all other drugs, or - 5% coinsurance.
30. Dental Services	Preventive dental services (such as cleaning) not covered.	\$0 copay for Medicare-covered dental benefits In general, preventive dental benefits (such as cleaning) not covered.		\$0 copay for Medicare-covered dental benefits In general, preventive dental benefits (such as cleaning) not covered.		\$0 copay for Medicare-covered dental benefits In general, preventive dental benefits (such as cleaning) not covered.	
31. Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams. ⁽¹⁾⁽²⁾	\$40 copay for diagnostic hearing exams. \$40 copay for up to 1 routine hearing test(s) every year. Hearing aids not covered.	\$50 copay for hearing exams.	\$0 copay for hearing aids. \$30 copay for diagnostic hearing exams. \$30 copay for up to 1 routine hearing test(s) every year. \$500 limit for routine hearing aids every three years.	\$50 copay for hearing exams. \$500 limit for routine hearing aids every three years.	\$0 copay for hearing aids. \$20 copay for diagnostic hearing exams. \$20 copay for up to 1 routine hearing test(s) every year. \$500 limit for routine hearing aids every three years.	\$50 copay for hearing exams. \$500 limit for routine hearing aids every three years.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact HISC - Blue Cross and Blue Shield of New Mexico.

Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
32. Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.⁽¹⁾⁽²⁾</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eye-glasses or contact lenses after cataract surgery.⁽¹⁾⁽²⁾</p> <p>Annual glaucoma screenings covered for people at risk.⁽¹⁾⁽²⁾</p>	<p>\$0 copay for one pair of eyeglasses or contact lenses after each cataract surgery.</p> <p>\$40 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$40 copay for up to 1 routine eye exam every two years.</p>	<p>\$50 copay for eye exams.</p>	<p>\$0 copay for one pair of eyeglasses or contact lenses after each cataract surgery.</p> <p>\$30 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$30 copay for up to 1 routine eye exam every two years.</p> <p>\$100 limit for eye wear every two years.</p>	<p>\$50 copay for eye exams.</p> <p>\$100 limit for eye wear every two years.</p>	<p>\$0 copay for one pair of eyeglasses or contact lenses after each cataract surgery.</p> <p>\$20 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$20 copay for up to 1 routine eye exam every two years.</p> <p>\$100 limit for eye wear every two years.</p>	<p>\$50 copay for eye exams.</p> <p>\$100 limit for eye wear every two years.</p>
33. Physical Exams	<p>20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage.⁽¹⁾⁽²⁾</p>	<p>\$10 copay for routine exams.</p> <p>Limited to 1 exam every year.</p> <p>\$10 copay for Medicare-covered benefits.</p>	<p>30% of the cost for routine exams.</p>	<p>\$10 copay for routine exams.</p> <p>Limited to 1 exam every year.</p> <p>\$10 copay for Medicare-covered benefits.</p>	<p>\$20 to \$60 copay for routine exams.</p>	<p>\$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p>	<p>\$20 to \$40 copay for routine exams.</p>

Summary of Benefits

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Benefit	Original Medicare	Blue Medicare PPO - Value		Blue Medicare PPO - Advantage		Blue Medicare PPO - Premier	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
33. Physical Exams (cont'd)	When you get Medicare Part B, you can get a one time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests.						
Health/Wellness Education	Not covered.	This plan covers health/wellness education benefits. - Written health education materials, including Newsletters		This plan covers health/wellness education benefits. - Written health education materials, including Newsletters		This plan covers health/wellness education benefits. - Written health education materials, including Newsletters	

⁽¹⁾ Each year, you pay a total of one \$135 deductible.

⁽²⁾ If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

⁽³⁾ A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

⁽⁴⁾ Lifetime reserve days can only be used once.

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**BlueCross BlueShield
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