

2017 Medical & Prescription Plan Changes

The New Mexico Risk Management Division (RMD), the state office that administers the medical, prescription and dental benefit plans, has confirmed there will be changes to the plans as of January 1, 2017 as follows:

Medical Deductible/Copay Changes for 2017:

	PRESBYTERIAN – HMO 2016 PLAN YEAR	PRESBYTERIAN – HMO CHANGES EFFECTIVE 1/1/17	BLUE CROSS BLUE SHIELD – HMO 2016 PLAN YEAR	BLUE CROSS BLUE SHIELD - HMO CHANGES EFFECTIVE 1/1/17
Deductibles	\$325 / \$650 / \$975	\$350/\$675/\$1,000	\$325 / \$650 / \$975	\$350/\$675/\$1,000
Specialist Provider	\$40 (deductible waived)	\$45 (deductible waived)	\$40 (deductible waived)	\$45 (deductible waived)
Emergency Room Visit	\$175	\$225	\$175	\$225
Chiropractic, Acupuncture	\$40 (deductible waived) (up to 25 combined visits per plan year)	\$45 (deductible waived) (up to 25 combined visits per plan year)	\$40 (deductible waived) (up to 25 combined visits per plan year)	\$45 (deductible waived) (up to 25 combined visits per plan year)
Home Health Care	\$40 Physician (deductible waived), no copay for nursing services	\$45 Physician (deductible waived), no copay for nursing services	\$40 Physician (deductible waived), no copay for nursing services	\$45 Physician (deductible waived) no copay for nursing services
Physical, Occupational, & Speech Therapy	\$40 (deductible waived)	\$45 (deductible waived)	\$40 (deductible waived)	\$45 (deductible waived)

	BLUE CROSS BLUE SHIELD NM – PPO 2016 PLAN YEAR		BLUE CROSS BLUE SHIELD NM – PPO CHANGES EFFECTIVE 1/1/17	
	PREFERRED PROVIDER	NONPREFERRED PROVIDER	PREFERRED PROVIDER	NONPREFERRED PROVIDER
Specialist Provider	\$50 (deductible waived)	50%	\$55 (deductible waived)	NO CHANGE
Emergency Room Visit	\$175	\$175	\$225	\$225
Chiropractic, Acupuncture	\$50 (deductible waived) (up to 25 visits combined per plan year)	50% (up to 25 visits combined per plan year)	\$55 (deductible waived) (up to 25 visits combined per plan year)	NO CHANGE
Home Health Care	\$50 (deductible waived)	50%	\$55 (deductible waived)	NO CHANGE
Physical, Occupational, & Speech Therapy	\$50 (deductible waived)	50%	\$55 (deductible waived)	NO CHANGE

Prescription Plan Changes for 2017:

	2016 Retail (30-day Supply)	2017 Retail (30-day Supply)	2016 Mail Order (90-day Supply)	2017 Mail Order (90-day Supply)
Generic	\$5.00	\$6.00	\$15	\$17.00
Brand (Preferred)	30% (\$30 min/\$90 max)	30% (\$35 min/\$95 max)	\$95	\$120.00
Brand (Non-Preferred)	40% (\$55 min/\$125 max)	40% (\$60 min/\$130 max)	\$125	\$155.00

	2016	2017
Refills allowed on maintenance prescriptions before copay increases to the mail order copay (for a 30-day Supply)	4 Refills	3 Refills