

# BeWell, New Mexico's Health Insurance Marketplace

PY25 Kickoff Meeting

October 2, 2024



# Meeting Agenda



Time	Topic	Presenter
7:30 - 8:10am	Light Breakfast and Networking	All
8:15 - 8:35am	<u>BeWell</u> Welcome Partnering to serve New Mexicans	Tonya Bruno, <u>BeWell</u> Director of Outreach & Partnerships
8:35-8:55am	New Mexico Health Care Authority—Health Care Affordability Program	Jess Rosenthal, Program Coordinator Cynthia Cisneros, Public Outreach Coordinator
8:55- 9:15am	New Mexico Health insurance Pool	Elizabeth Quirante, Sr. <u>Program Manager</u> Sylvie Waffelaert, Clinical Manager
9:15 – 9:40am	Blue Cross Blue Shield New Mexico	Debra Gassoway, Producer Sales Consultant
9:40-10:05am	Presbyterian Health Plan, Inc.	Mandie Gonzales, Individual & Family Plan Account Executive
10:05 -10:20am	Break	All
10:20-10:45am	United Health Care, Inc.	Timothy Patterson, Market and Sales Manager
10:45 – 11:10am	Molina Healthcare	Fabian Guardarrama, Director of Sales and Distribution
11:10 – 11:30am	Questions	All
11:30 - noon	Networking	All

# Welcome



- Meeting logistics
  - Restrooms
  - Snacks
  - Laughter
- BeWell staff introductions
  - Nathan Garduno
  - Victoria Hernandez
  - Martha Jurado de Romero
  - Miranda Tso

# BeWell History and Organization Basics

# BeWell History



- Created by state statute in 2013.
- A nonprofit public corporation.
- Is not a state agency but subject to several of the same laws as state agencies (e.g., Open Meetings Act, Inspection of Public Records Act).
- Governed by a 13-member Board of Directors (“the Board”).
  - Members of the Board are appointed by the Governor and members of the New Mexico legislature
  - The Superintendent of Insurance and the Secretary of the Human Services Department (or their designee(s)) also serve on the Board.

# BeWell Basics



- Website: [beWellnm.com](https://beWellnm.com);
- Customer Engagement Center (CEC) is open Monday-Friday, 7am-7pm and 9am-2pm on Saturdays during Open Enrollment.
  - 1-833-ToBeWell: 1-833-862-3935 (TTY: 711);
- Helps connect New Mexicans with free education and enrollment assistance from agents, brokers, and enrollment counselors, collectively referred to herein as “assisters”.

# BeWell Basics (Continued)



- The only place where advanced payments of the premium tax credit (APTC) and other state subsidies can be applied to reduce monthly premiums:
- Provides form 1095-A to consumers as a tax record of their coverage and any federal financial assistance (e.g., APTC) they may have received toward their premium; and
- BeWell works with carriers daily by transferring enrollment and premium payment information.

# BeWell Does Not



- Negotiate rates between carriers and providers.
- Oversee, regulate, or manage carriers.
- Operate as a state agency or regulatory body.
- Regulate or set insurance laws.
- Regulate agents and brokers.
- Administer or oversee Medicaid.
- Pay or negotiate commissions.
- Create, print, or provide health insurance ID cards.
- Determine provider networks or plan pricing.



# Partners

# The Centers for Medicare and Medicaid Services (CMS)



- Is the federal agency overseeing Medicare, Medicaid, Children's Health Insurance Programs (CHIP), and the Federally-Facilitated Marketplace (FFM).
- CMS's Center for Consumer Information and Insurance Oversight (CCIIO) is responsible for the oversight and monitoring of SBMs.
- SBMs must conduct a defined set of oversight activities to track and monitor how its meeting Patient Protection and Affordable Care Act (referred to as PPACA or ACA) requirements.
  - SBMs are required to comply with exchange-related policy and operational requirements set forth in statute, regulations, and federal guidance.

# New Mexico Office of Superintendent of Insurance



- The New Mexico Office of Superintendent of Insurance (OSI) is the oversight and regulatory agency for insurance products in New Mexico. OSI:
  - oversees agents and brokers who sell insurance in New Mexico;
  - approves and certifies the health plans that are offered on BeWell;
  - advocates for policy changes to improve consumer protections;
  - helps process consumer complaints and grievances;
  - investigates inquiries against insurance producers and entities, and takes enforcement action if there is a violation of insurance code.
  - combats insurance fraud by investigating insurance issues and reporting criminal behavior; and
  - does not oversee BeWell.
- See [www.osi.state.nm.us](http://www.osi.state.nm.us) for more information.

# OSI Support



- Form and Rate Review (Plan Management)
  - OSI performs plan management functions for BeWell, including but not limited to reviewing forms, rates, network adequacy, utilization and formularies.
- Managed Health Care Consumer Assistance
  - Consumer complaints/grievances – when a consumer has a concern about an adverse or administrative complain/grievance against a carrier.
  - Provider complaints/grievances – when a provider has a complaint/grievance against a carrier.
  - Managed Health Care Compliant Form – <https://www.osi.state.nm.us/pages/misc/complaints>
- Producer Licensing
  - Licensing

# OSI Contact



- Margaret 'Kika' Peña – Consumer Services Division Director, [margaret.pena@osi.nm.gov](mailto:margaret.pena@osi.nm.gov)
- Mickey Singh – Manage Health Care Bureau Chief, [gurrattanpal.singh@osi.nm.gov](mailto:gurrattanpal.singh@osi.nm.gov)
- Lou Macias – Civil Investigations Bureau Chief, [elouisa.macias@osi.nm.gov](mailto:elouisa.macias@osi.nm.gov)
- Victoria Baca – Licensing Director, [VictoriaA.Baca@osi.nm.gov](mailto:VictoriaA.Baca@osi.nm.gov)
- Vanessa De Jesus – Producer Licensing Bureau Chief [VanessaADeJesus@osi.nm.gov](mailto:VanessaADeJesus@osi.nm.gov)
- Lillian Baros – Producer Licensing Supervisor [Lillian.Baros@osi.nm.gov](mailto:Lillian.Baros@osi.nm.gov)
- Brenda Newel – MHC Compliance Supervisor, [brenda.newell@osi.nm.gov](mailto:brenda.newell@osi.nm.gov)
- Tim Lopez – Health Policy and Compliance Bureau Chief, [tim.lopez@osi.nm.gov](mailto:tim.lopez@osi.nm.gov)
- Viara Ianakieva – Life and Health Division Director, [viara.ianakieva@osi.nm.gov](mailto:viara.ianakieva@osi.nm.gov)

# Carriers



- A carrier, or issuer, is an entity licensed by the Office of Superintendent of Insurance (OSI) as an insurance provider.
- Carriers on BeWell offer one or more Qualified Health Plans (QHPs) and/or Stand-Alone Dental Plans (SADP).
- BeWell works with carriers daily on enrollment and premium payment information.
- Participating carriers for the 2025 plan year include:
  - BlueCross BlueShield of New Mexico
  - Molina Healthcare of New Mexico, Inc.
  - Presbyterian Health Plan, Inc.
  - United Healthcare

# New Mexico Health Care Authority



Is a new agency charged with administering Medicaid programs, as well as the integrated eligibility system (ASPEN) used to determine eligibility for those programs. This was previously managed by the Human Services Department (HSD).



# QUESTIONS?



# New Mexico Health Care Authority Health Care Affordability Programs



HEALTH CARE  
AUTHORITY

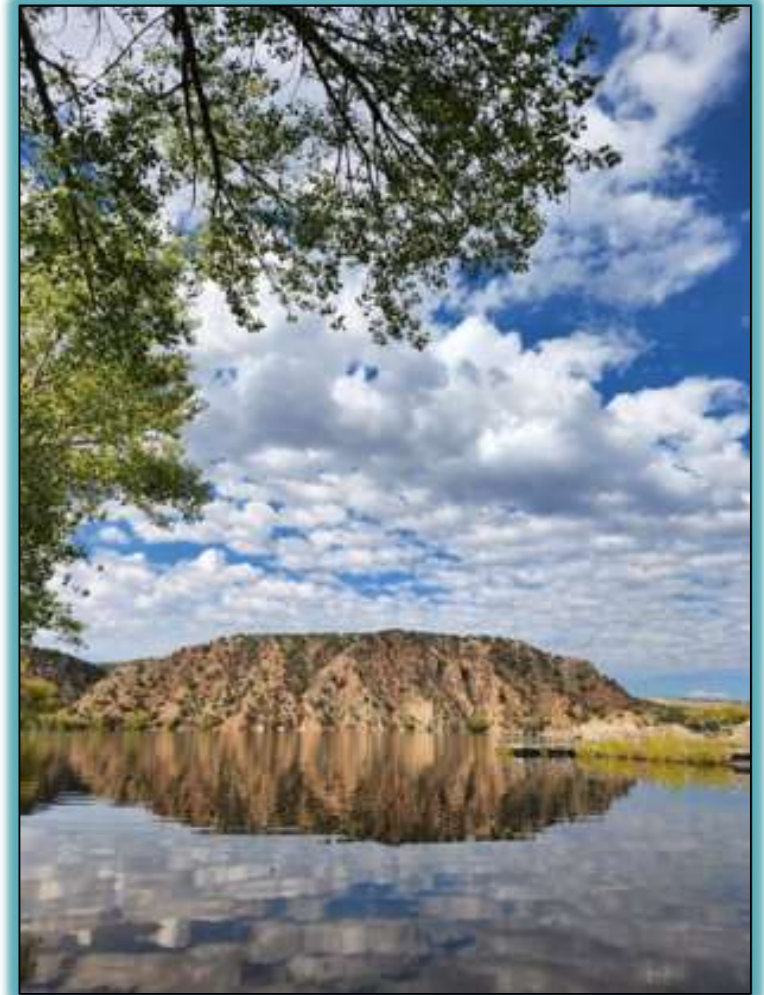
## HEALTH CARE AFFORDABILITY FUND

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

## BEFORE WE START...

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people, and the communities that contribute to what today is known as the State of New Mexico.



*A cloudy morning looking over Santa Cruz Lake.*  
Photo taken by HCA employee Jessica Gomez



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*

## MISSION

*We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.*



## VISION

*Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.*

## GOALS



**LEVERAGE** purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



**BUILD** the best team in state government by supporting employees' continuous growth and wellness.



**ACHIEVE** health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



**IMPLEMENT** innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

## DISCLAIMER:

---

The intent of the information provided is to be a general summary and does not take the place of written guidelines, laws, or regulations.

---



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*

# INTRODUCTION

This presentation will provide you with an overview of the Health Care Affordability Fund (HCAF) and the Marketplace Affordability Program (MAP).

If you have questions, reach out to:

- Jess Rosenthal, Health Care Affordability Program Coordinator, at (505) 231-9968 or [jessica.rosenthal@hca.nm.gov](mailto:jessica.rosenthal@hca.nm.gov).
- Cynthia C. Cisneros, Health Care Affordability Public Outreach Coordinator, at (505) 627-0941 or [cynthia.cisneros@hca.nm.gov](mailto:cynthia.cisneros@hca.nm.gov).



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*

# MAIN TOPICS

- Overview of the Health Care Affordability Fund
- Overview of the Health Insurance Marketplace Affordability Program
- Clear Cost Plans
- Medicaid Transition Premium Relief
- Small Business Health Insurance Premium Relief Initiative
- The Future



# OVERVIEW OF THE HEALTH CARE AFFORDABILITY FUND



## WHAT IS THE HEALTH CARE AFFORDABILITY FUND (HCAF)?

- Originally passed and signed into state law in 2021, the Health Care Affordability Fund was established to create programs that reduce health insurance costs for individuals, families, and small businesses.
  - These programs are subject to annual legislative appropriation.
- The programs are overseen by the Health Care Affordability Division which, as of July 1, 2024, is now part of the New Mexico Health Care Authority (HCA).
- This presentation discusses HCAF program benefits that will apply to Plan Year 2025, unless otherwise noted.



## WHAT IS HCAF? (CONTINUED)

Programs include:

- The Health Insurance Marketplace Affordability Program
- Medicaid Transition Premium Relief
- The Small Business Premium Relief Initiative



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*

# OVERVIEW OF THE HEALTH INSURANCE MARKETPLACE AFFORDABILITY PROGRAM

## WHAT IS THE HEALTH INSURANCE MARKETPLACE AFFORDABILITY PROGRAM (MAP)?

The statute directs HCA to reduce both premiums and out-of-pocket costs for individuals and families who qualify for federal financial assistance through BeWell.

- Funds from the HCAF were used to create MAP.
- MAP only applies to plans sold on BeWell's individual market platform and will not be available to consumers who enroll in coverage off-exchange.



# WHAT TYPES OF COSTS DO NEW MEXICO'S MARKETPLACE AFFORDABILITY PROGRAMS COVER?

## Monthly premiums

- New Mexico Premium Assistance (NMPA)
- Native American Premium Assistance (NAPA) (the premium buy-down program for Native Americans)

## Annual out-of-pocket costs

- State Out-of-Pocket Assistance (SOPA) or Turquoise Plans



# NEW MEXICO PREMIUM ASSISTANCE

Who is eligible?

- Individuals and families with income levels up to 400% FPL.
- Those who qualify for the federal Premium Tax Credit through BeWell.

What does NMPA do?

- Provides no-cost monthly premium options up to 200% FPL.
  - **\*NEW for 2025\*** For those **under 200% FPL**, the second lowest cost Silver plan (SLCSP) premium amount is increased by 10% when determining their NMPA amount so that these consumers are eligible for additional benefits.
- Reduces premiums for those between 200-400% FPL.



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*

## NATIVE AMERICAN PREMIUM ASSISTANCE

State-funded premium assistance will be enhanced for registered members of federally-recognized tribes.

- Those under 300% FPL will be offered a \$0 premium for the lowest cost plan from each issuer due to the NAPA program.
- The state pays what would otherwise be owed for the plan after accounting for the federal APTC and NMPA.
- Non-essential health benefits (EHB), such as adult vision, can be included in the NAPA amount to bring the consumer responsibility to \$0.



## NAPA (CONTINUED)

Registered members of federally-recognized tribes between 300-400% FPL will:

- Have a consumer responsibility of between 1-8.5% of household income for the SLCSP.



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*



# NAPA MARKER IN BEWELL SHOPPING SCREENS

Look for the **Max Savings** flag

The screenshot displays a health plan selection interface. On the left, a premium of **\$0.00** is shown. Below it, an orange arrow-shaped flag labeled **Max Saving** is highlighted with a red border. The plan name is **Ind HMO Silver 4** with the category **HMO/SILVER**. To the right, the costs are listed: **Individual \$1,200.00** and **Family \$2,400.00**. A large orange button on the right says **Calculate Out-of-Pocket Cost**. A text box below the plan name explains the Max Savings benefit: **If you pick a "Max Savings" health plan, you will not owe monthly payments or out-of-pocket costs when you use covered services. New Mexico provides extra savings on these plans for Native Americans under a certain income level. BeWellnm will include these savings when we show you health plans.** Below this text box, the text **Not Available** is visible.



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*

## RECONCILIATION

Consumers do not need to reconcile any state premium assistance (NMPA or NAPA) as they do the federal Premium Tax Credit.



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*

# STATE OUT-OF-POCKET ASSISTANCE (SOPA)

Who is eligible?

- **\*NEW for 2025\*** Individuals and families up to 400% FPL\* who qualify for the federal Premium Tax Credit through BeWell.

What does it do?

- Directly reduces deductibles, maximum out-of-pocket limits, copayments, and coinsurance for certain plans.

**To benefit from SOPA, consumers must select a Turquoise Plan through BeWell.**

\* **2024:** 300% FPL eligibility limit; **2025:** 400% FPL eligibility limit



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*

## TURQUOISE PLANS

- Turquoise Plans are plans that have extra savings on out-of-pocket costs that are provided by the State of New Mexico.
- When consumers shop for plans, they will see a “Turquoise Plan” marker to let them know which plans qualify for extra savings.
- **IMPORTANT:** If a consumer is between 200.01 – 250% FPL and qualifies to purchase a Turquoise plan but chooses to purchase a Silver plan, they will only be getting an AV of 73% instead of an AV of 90%.



# TURQUOISE PLANS AND NATIVE AMERICANS

**\*NEW for 2025\*** Be eligible for a Turquoise plan that will have an actuarial value (AV) of 90%.



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*

## TURQUOISE LEVELS

Turquoise Plans are enhancements of Silver plans for consumers under 200% FPL or Gold plans for consumers between 200-400% FPL. Consumers should choose a Turquoise Plan to get the appropriate benefits. Plans were renamed to “Turquoise” for ease of reference for the consumer.

Plan Number	Turquoise 1	Turquoise 2	Turquoise 3
<b>FPL Range</b>	Up to 150%	150-200%	200-400%
<b>Actuarial Value</b>	99% AV	95% AV	90% AV
<b>Underlying Metal Level</b>	Silver	Silver	Gold

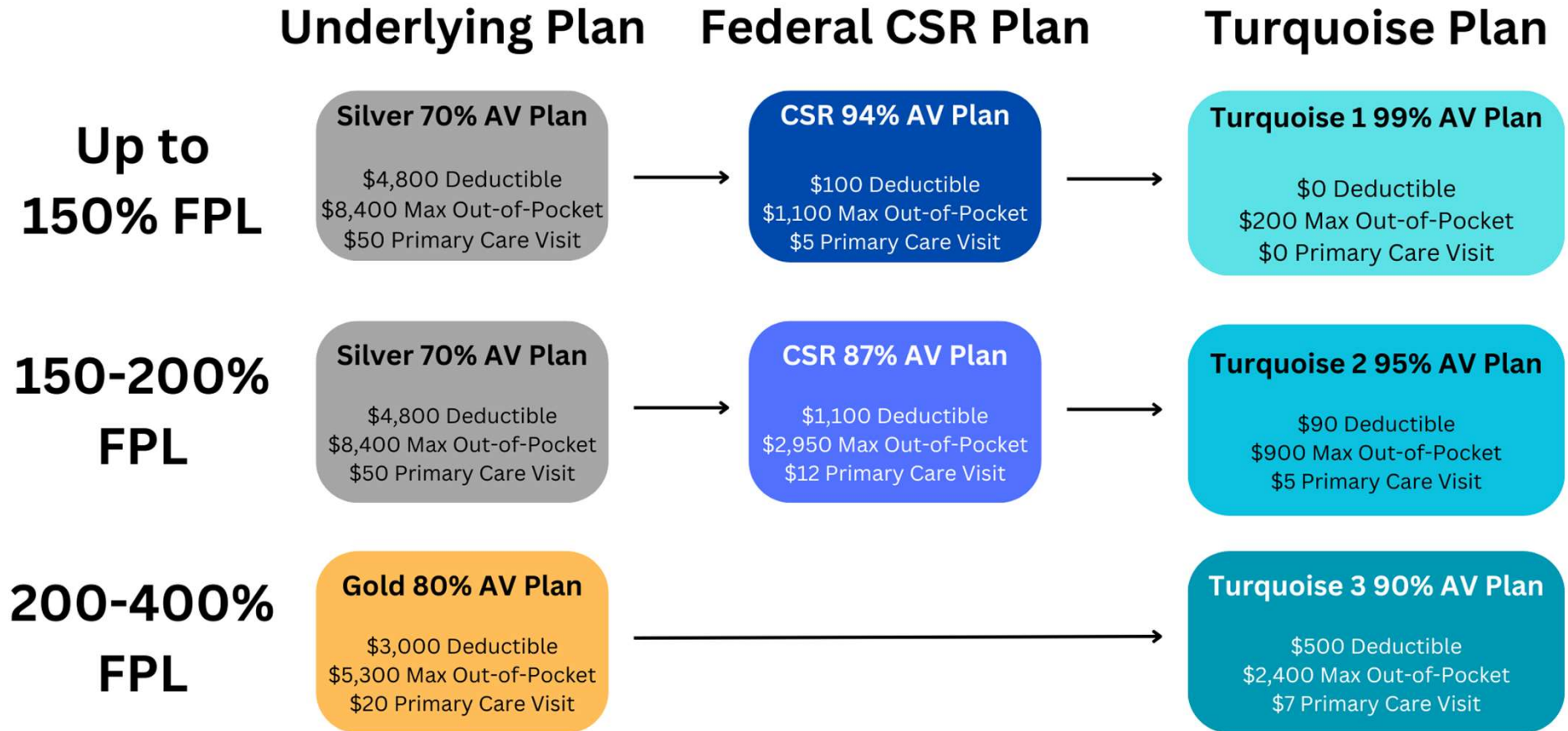
\* **2024:** 300% FPL eligibility limit; **2025:** 400% FPL eligibility limit



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*

# EXAMPLES OF TURQUOISE OUT-OF-POCKET COST REDUCTIONS



# TURQUOISE PLAN MARKER

The screenshot displays a health plan selection interface. On the left, a price of **\$60.<sup>78</sup>** is shown. Below it, a teal banner with a white arrow pointing right contains the text **Turquoise Plan**, which is highlighted by an orange rectangular box. To the right of the price, a grey box contains a redacted name. Below the name, the plan is identified as **Ind HMO Silver 4** and **HMO/TURQUOISE**. Further right, the costs are listed: **Individual \$1,200.00** and **Family \$2,400.00**. On the far right, there is a large orange button with the text **Calculate Out-of-Pocket Cost**. Below the plan name and cost information, a text box explains: **Turquoise Plans lower your out-of-pocket costs. That means you get discounts for things like doctor and hospital visits or filling prescriptions. Turquoise Plans usually have lower deductibles and maximum out-of-pocket limits.**





## MORE INFORMATION ON MAP

- Visit this webpage to learn more about MAP for PY2025:  
<http://bit.ly/4dWiFpS>



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*

## NOTE ON SCREENSHOT LANGUAGE

- The NMPA program is referred to as “New Mexico premium assistance amount” or “state subsidy amount” in the BeWell screens.
- The NAPA program is referred to as “Native American premium assistance” in the BeWell screens.



## SPECIAL ENROLLMENT PERIOD TO CHANGE PLANS

- Turquoise plans have an underlying metal level of Silver or Gold.
- When a consumer has a change in circumstances that would move them between a Turquoise plan with an underlying Silver level plan and a Turquoise plan with an underlying Gold level plan, the consumer should be allowed a Special Enrollment Period (SEP) so they can continue to get the benefits of a Turquoise plan. This may require the consumer to contact the BeWell Customer Engagement Center (1-833-862-3935, TTY: 711).



# CLEAR COST PLANS

## CLEAR COST PLANS: WHAT ARE THEY?

- In 2020, Governor Lujan Grisham advanced HB 100 to create “standardized health plans” on the Marketplace.
- “Standardized health plans” are plans offered by each issuer that have the same out-of-pocket cost design.
- BeWell calls these plans “Clear Cost Plans” which let consumers do “apples-to-apples” plan comparisons.
- The plans were designed with cost predictability in mind, minimizing the number of services subject to a deductible and only using copayments instead of coinsurance.



## CLEAR COST PLANS

All Clear Cost Plans have the same out-of-pocket costs for covered benefits, like primary care and generic medication coverage. That means the consumer does not have to compare each benefit individually, and they can focus on what matters:

- Plan quality: The best benefits for the cost
- Network coverage: Which providers accept the consumer's insurance
- Monthly premium: The amount the consumer will pay each month to have insurance



# CLEAR COST PLANS MARKER

Clear Cost Plans will be clearly marked when consumers are reviewing their plan enrollment options through BeWell.

EST. MONTHLY PREMIUM ⓘ	CARRIER AND PLAN DETAILS ⓘ	ANNUAL DEDUCTIBLES ⓘ	ANNUAL OUT-OF-POCKET COST ⓘ
<p><b>\$0.00</b></p> <p>Turquoise Plan</p> <p><b>Clear Cost Plan</b></p> <p>Overall Rating Not Rated</p>	<p>Clear Cost Turquoise 3 Plan with EXTRA SAVINGS</p> <p>Primary Care Visit: \$7/NA</p> <p>Generic Drugs: \$5/NA</p> <p>Emergency Services: \$75.00/NA</p> <p>HMO/TURQUOISE</p> <p>See Plan Details</p>	<p>Individual <b>\$500.00</b></p> <p>Family <b>\$1,000.00</b></p>	<p>Calculate Out-of-Pocket Cost</p>



# MEDICAID TRANSITION PREMIUM RELIEF



## MEDICAID TRANSITION PREMIUM RELIEF

- Some people who no longer qualify for Medicaid may be eligible for help through New Mexico's Medicaid Transition Premium Relief (MTPR) Program.
- Through the MTPR Program, the first month's premium may be covered for qualifying individuals changing from Medicaid to a health plan on BeWell.
- The program is meant to minimize coverage disruptions and lock-in consumer protections, including access to a three-month grace period after the first premium payment is made, for qualifying individuals and families who need quality affordable coverage.
- This program is only available through BeWell.



# MEDICAID TRANSITION PREMIUM RELIEF ELIGIBILITY

- Any shopping group within a household with a qualifying individual is eligible for MTPR.
- A qualifying individual is a person who:
  - (1) is a resident of the state of New Mexico who is eligible to purchase a Qualified Health Plan (QHP) on the BeWell Marketplace;
  - (2) has been determined ineligible for minimum essential coverage Medicaid (“full Medicaid”) by the HCA or expects to become ineligible for full Medicaid coverage within 60 days of **submitting an application** to the BeWell Marketplace;
  - (3) is eligible for the federal Premium Tax Credit; and
  - (4) has an expected household income up to 400% FPL.



SMALL BUSINESS HEALTH INSURANCE  
PREMIUM RELIEF INITIATIVE

## SMALL BUSINESS INITIATIVE

Who is eligible?

- Small businesses with between 2 and 50 employees, or full-time equivalents, that purchase ACA-compliant small group plans.

Offered benefits?

- A 10% discount on premiums.

These benefits are no longer available through BeWell; however, they are available off-Exchange.

The issuers offering these benefits include Blue Cross Blue Shield of New Mexico, Presbyterian Health Plan, and United Healthcare.



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*

THE FUTURE

## THE FUTURE

- If the Inflation Reduction Act's federal Premium Tax Credit enhancements expire at the end of 2025, the Health Care Affordability Division is evaluating the possibility of using HCAF to continue the enhancements to the federal Premium Tax Credit, likely up to a set FPL.
- If the federal subsidies are extended, the Health Care Affordability Division is exploring additional affordability initiatives.



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*

# HCAF DEEP DIVE PRESENTATION

If you would like to hear more about the HCAF programs, please join us this afternoon from 1:30 – 2:30 p.m. either in-person in this room or virtually.

- Virtually (Teams): [\*\*Join the meeting now\*\*](#)
  - Meeting ID: 214 686 608 822
  - Passcode: G9MLtc
  
- Call-in: (888) 506-1357 United States (Toll-free)
  - Phone conference ID: 707 682 72#



HEALTH CARE  
AUTHORITY

*Investing for tomorrow, delivering today.*



THANK  
YOU!



HEALTH CARE  
AUTHORITY

JESS ROSENTHAL - (505) 231-9968 OR [JESSICA.ROSENTHAL@HCA.NM.GOV](mailto:JESSICA.ROSENTHAL@HCA.NM.GOV)

CYNTHIA C. CISNEROS - (505) 627-0941 OR [CYNTHIA.CISNEROS@HCA.NM.GOV](mailto:CYNTHIA.CISNEROS@HCA.NM.GOV)

*INVESTING FOR TOMORROW, DELIVERING TODAY.*



# QUESTIONS?



# New Mexico Health Insurance Pool

# **New Mexico Medical Insurance Pool**

## **2025 Open Enrollment Marketplace Kickoff Meeting**

**Presented By:**

Elizabeth Quirante, Senior Program Manager

Sylvie Waffelaert, Clinical Manager

# New Mexico Medical Insurance Pool (NMMIP)

- ▶ Legislatively created in 1987 as non-profit entity whose Purpose is:
  - ▶ “...to provide access to health insurance coverage to all residents of New Mexico who are denied adequate health insurance and are considered uninsurable.”

# GOVERNANCE and ADMINISTRATION

- ▶ Board of Directors (11 members)
  - ▶ Superintendent of Insurance (Chair), Insurance Reps, Physician, Statewide Health Planner, Consumers, and Community Members
- ▶ Association *By Contract through Procurement Process:*
  - ▶ Executive Office ~ Delta Management Group
  - ▶ Plan Administrator ~ 90 Degree Benefits

# NMMIP Board of Directors

## Executive Office

Kristina Leeper, Executive Director

## NMMIP Administrator

## NMMIP Utilization Management

## NMMIP Pharmacy Manager

## NMMIP Medical Case Management

- General Management
- Program planning and coordination
- Grievances/Appeals
- Clinical Care Team

- Eligibility/Enrollment
- Customer Service
- Premium Administration
- Claims processing
- Reporting

- Prior Authorizations
- Medical Review

- Manages pharmacy benefits and formulary for NMMIP Regular Plan
- Manages coordination with Part D for Medicare Carve Out Plan

- Integrated Case Management
- Population Health
- Transition of Care
- Clinical Support at home/ER Diversion
- Remote Patient Monitoring

## Demographics and Statistics

**Active Policyholders as of 7/31/2024: 3,665**

- ▶ Percentage enrolled in the Low-Income Premium Program: 75%
- ▶ Percentage sponsored by a Third Party: 15%

### **Enrollment by plan:**

- ▶ **NMMIP Plan – 3,468**
- ▶ **Medicare Carve Out – 197**

# Eligibility Requirements

- ▶ Resident of NM; and
- ▶ Been Rejected for Individual Comprehensive Coverage (*Rejection of coverage = ineligible for any other coverage*), or
- ▶ If an individual has lost their previous coverage, with no gap of greater than 95 days, they can enroll.

\*Individuals are not eligible if they can be covered under a Group Insurance Plan, Medicaid, or Medicare (if they are over 65).



## PREMIUM RATES

- ▶ Based on AGE, DEDUCTIBLE and REGION. Set by the Board annually.
- ▶ Low-Income Premium Program offers discounted premiums for those with incomes < 400% FPL

# LOW-INCOME PREMIUM PROGRAM

## Qualifying Income Guidelines - 2024

Household Size	0-199% of Poverty	200-299% of Poverty	300-399% of Poverty
	75% Premium Reduction	50% Premium Reduction	25% Premium Reduction
1	\$29,014	\$43,594	\$58,174
2	\$39,243	\$58,963	\$78,683
3	\$49,471	\$74,331	\$99,191
4	\$59,700	\$89,700	\$119,700
5	\$69,929	\$105,069	\$140,209

# FULL PREMIUM EXAMPLES 2024

## Bernalillo Co.

Age	500 Deductible	1000 Deductible	2000 Deductible	5000 Deductible
0-14	\$341	\$296	\$239	\$167
20	\$432	\$375	\$303	\$212
25	\$448	\$388	\$314	\$219
35	\$545	\$473	\$382	\$267
45	\$644	\$559	\$451	\$315
55	\$994	\$863	\$695	\$487
64	\$1,338	\$1161	\$937	\$655

# Medicare Carve Out Plan

- ▶ \$500 Deductible, \$3,300 Maximum Out of Pocket
- ▶ Available to individuals under the age of 65 who are enrolled in Medicare due to a disability.
- ▶ Medicare A and B are primary, the Medicare Carve Out plan is a secondary plan.
- ▶ Medicare Carve Out members are eligible to participate in the State Pharmaceutical Assistance Program (SPAP), but must enroll in a Part D plan and pay that monthly premium. NMMIP will pay the out-of-pocket costs for medications on the Part D formulary.

## NMMIP Benefit Designs/Network

- ▶ The current plan design is an EPO (Exclusive Provider Organization) that utilizes the Private HealthCare Systems Network (PHCS) and Zelis. This plan design allows access to contracted providers out of state, but only covers out-of-network claims in urgent, emergent or “surprise billing” circumstances.

The Benefit Plans are as follows:

- ▶ \$500 Deductible/\$5,000 Max OOP
- ▶ \$1,000 Deductible/\$5,000 Max OOP
- ▶ \$2,000 Deductible/\$6,000 Max OOP
- ▶ \$5,000 Deductible/\$7,350 Max OOP

## Broker Commission

- ▶ Brokers assisting a new applicant into the NMMIP are eligible to receive a one-time commission of \$300 after the policy has become effective.
- ▶ Brokers assisting a NMMIP member transitioning out of NMMIP into the Exchange or Medicaid are eligible to receive a \$300 fee.

## Broker Commission

- ▶ Submit a copy of your W9 with your first completed application.
- ▶ Complete an ACH form to receive automatic commission payments.
- ▶ Complete the Agent Section of each application.

# NMMIP's Clinical Care Management

- ▶ Integrated Care Management started in 2021
  - ▶ Identifying Care Management Needs
  - ▶ Member Outreach
- ▶ Population Health
  - ▶ Member Education
  - ▶ Member Support



# NMMIP's Clinical Care Management

- ▶ Transition of Care
  - ▶ From Discharge to Home
  - ▶ Identifying Home Care Needs
  
- ▶ Remote Patient Monitoring
  - ▶ Vitals at Home
  - ▶ Monitoring Member Health Stability

# Contact Information

- ▶ **NMMIP Executive Office/Delta Management Group**

- ▶ (505) 424-7105 Office
- ▶ [info@nmmip.org](mailto:info@nmmip.org)
- ▶ [www.nmmip.org](http://www.nmmip.org)

- ▶ **Elizabeth Quirante, Senior Program Manager:**

(505) 424-7105

[equirante@nmmip.org](mailto:equirante@nmmip.org)

- ▶ **Sylvie Waffelaert, Clinical Manager**

505-336-0146, cell

[swaffelaert@nmmip.org](mailto:swaffelaert@nmmip.org)

- ▶ **90 Degree Benefits**

- ▶ PO BOX 780548 San Antonio, TX 78278
- ▶ 1-866-306-1882 Phone
- ▶ 1-210-239-8449 Fax
- ▶ [NMMIP\\_Eligibility@90degreebenefits.com](mailto:NMMIP_Eligibility@90degreebenefits.com)

# QUESTIONS?



# Blue Cross and Blue Shield of New Mexico

PY2025



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



# Before we get started...



- This presentation focuses on topics related to the individual market and on-exchange plans.
- This presentation, and the information contained within it, is current as of **August 26**. It is subject to change based on subsequent federal and state laws, regulations and guidance.
- This presentation, and the information contained within it, is being shared for informational purposes only. It does not constitute legal, compliance or tax advice. If brokers, agents, or enrollment counselors have questions, they should contact their legal, compliance or tax professionals.
- This information is preliminary in nature and is being shared for educational and training purposes only. It may not be used for any other purposes, including marketing.

This presentation is for educational and training purposes only. The policies mentioned contain exclusions, limitations, and terms under which they may be continued in force or discontinued. For costs and complete details of the coverage, please contact your broker or Blue Cross and Blue Shield of New Mexico.

# Who we are...



- Blue Cross and Blue Shield of New Mexico has been serving New Mexico communities for more than 80 years
- We offer statewide HMO plans
- We have 59 of New Mexico's hospitals in our HMO network

# We're not going anywhere and we're not standing still

- When it comes to change, Blue Cross and Blue Shield of New Mexico has the **infrastructure**, **expertise** and **personnel** to assess plan design, analyze the market and competition, meet consumer needs and implement regulations when needed.
- What guides Blue Cross and Blue Shield of New Mexico through change? Our **dedication** to expanding access to high quality, cost-effective health care and to equipping our members to make the best health care decisions for themselves and their families.
- Since Blue Cross and Blue Shield of New Mexico is **customer owned**, we can approach the critical issues affecting health care financing, access and delivery with a balanced, **long-term perspective**.

# New Mexico's Newest Neighbor



New Mexico opened the first **Blue Door Neighborhood Center<sup>SM</sup>** in Albuquerque's South Valley on August 26.

Why it matters: Over the past five years, three centers have successfully launched in Chicago to focus on engaging the surrounding communities to improve health equity and reduce social determinants of health risks.

The New Mexico Division team collected demographics, data and hosted listening sessions to design programming to meet the needs of our community and our members.

The newest BDNC<sup>SM</sup> will support our members' and the community's multilingual needs, especially our Spanish-speaking population.





# 2025 Highlights



- **ALL PLANS ARE RENEWING:**  
All of our existing QHP plans will be renewed
- **NEW PLANS:**  
Introduction of -13 Turquoise 2 Native American Limited Cost Sharing Variant

Turquoise variants are the OSI prescribed cost share reduction plans. For on-exchange gold plans, issuers must offer a CSR/Turquoise variant with an 90% AV. For on-exchange silver, issuers must offer a 95% and 99% to replace the 87% and 94% CSRs typically found on silver plans.

# Actuarial Expertise in the Market

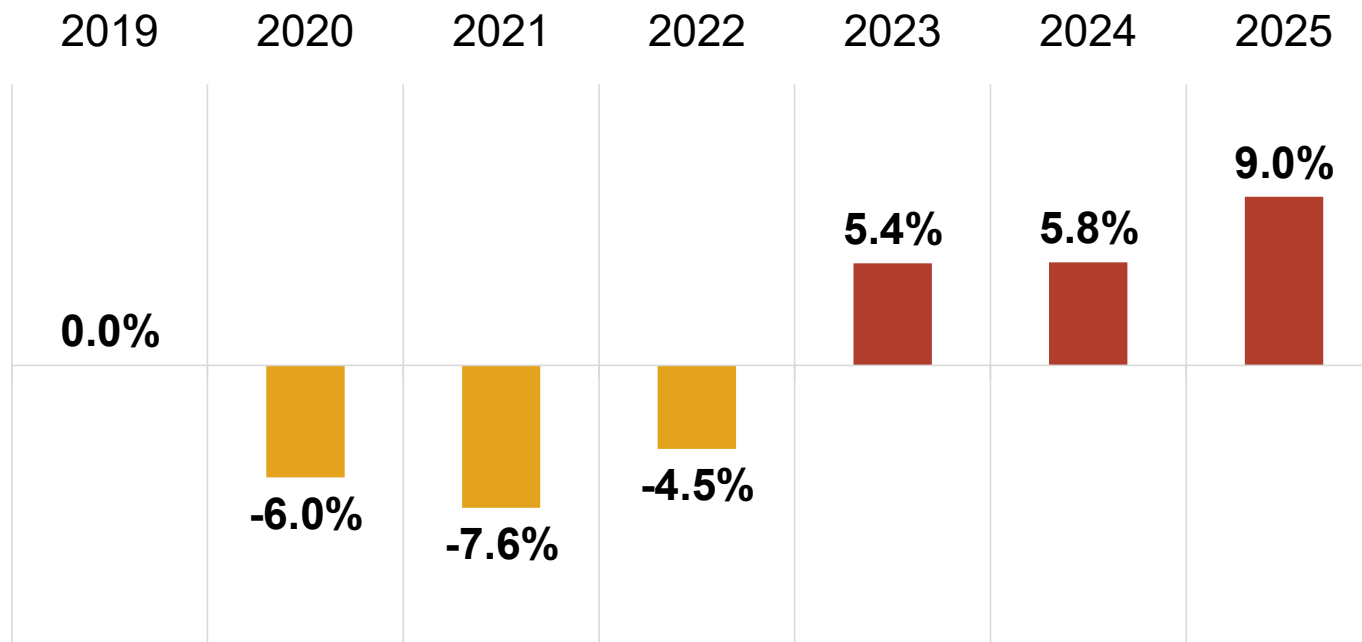


Despite the challenging economic environment, we've maintained rate stability with only a modest 3.2% increase from 5.8% to 9%.

Our commitment to providing you with access to high-quality, affordable health care coverage remains our top priority.

PY 2024 Source: 2025 Final State Approved Rates

# Rate Stability (PY2019-PY2025)



Source: Enterprise Actuarial Rate Filings as of June 17, 2024.

# 2025 On-Exchange Plans



Blue Community Silver HMO <sup>SM</sup>	Blue Community Gold HMO <sup>SM</sup>
<ul style="list-style-type: none"> <li>• Silver Plan deductibles range from \$50-\$4,800</li> <li>• Primary Care office visit copayments range from \$3-\$70</li> <li>• Free MDLIVE<sup>®</sup> virtual visits</li> </ul>	<ul style="list-style-type: none"> <li>• Gold Plans deductibles ranging from \$500-\$3,000</li> <li>• Primary Care Office visit copayments range from \$5-\$35</li> <li>• Free MDLIVE virtual visits</li> </ul>
Clear Cost Silver	Clear Cost Gold
<ul style="list-style-type: none"> <li>• On Exchange Clear Cost offerings include Base Silver On-Exchange, Turquoise 1, and Turquoise 2 Plans</li> </ul>	<ul style="list-style-type: none"> <li>• On Exchange Clear Cost offerings include Base Gold On Exchange, Turquoise 3, and Turquoise 3 Native American Limited Cost Sharing</li> </ul>

MDLIVE is a separate company that operates and administers Virtual Visits for BCBSNM. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

# Blue Community HMO Network<sup>SM</sup>



- Statewide network
- Hospitals include acute care, behavioral health, rehabilitation, skilled nursing and long-term acute care hospitals
- Professionals include PCPs, BH and specialists; unique providers only
- Includes contracted providers within 100 miles of NM border (updated OSI guidelines)



Source: Network status as of 8/22/2024. Hospitals: contracted facilities in NM and contiguous Counties within 100 miles of the NM border (include acute care, BH, long-term acute care, skilled nursing, and rehabilitation); Providers: PCPs, BH, and specialist in NM and contiguous Counties within 100 miles of the NM border. Professional counts reflect unique providers only.

# Blue Community HMO Network



Market	Key Hospitals
Albuquerque	Lovelace (Downtown/Westside/Women's) UNM Hospitals
Rio Rancho	UNM Sandoval Regional Medical Center
Santa Fe	CHRISTUS St. Vincent Regional Medical Center
Farmington	San Juan Regional Medical Center
Las Cruces	Memorial Medical Center Mountainview Regional Hospital Three Crosses Regional Hospital
Roswell	Eastern NM Medical Center Lovelace Regional Hospital

Network participation status current as of 8/26/2024. Participation is subject to change.

# Blue Community HMO Network



## Additional Hospitals

Alamogordo   Gerald Champion Regional	Lovington   Nor Lea General Hospital
Artesia   Artesia General Hospital	Raton   Miners Colfax Medical Center
Clayton   Union County General Hospital	Santa Rosa   Guadalupe County Hospital
Gallup   Rehoboth McKinley Hospital	Silver City   Gila Regional Medical Center
Grants   Cibola General Hospital	Taos   Holy Cross Hospital
Las Vegas   Alta Vista Regional Hospital	Truth or Consequences   Sierra Vista Hospital
Los Alamos   Los Alamos Medical Center	

Network participation status current as of 8/26/2024. Participation is subject to change.

# MedsYourWay®



MedsYourWay is a prescription drug discount card program that is integrated with the pharmacy benefit. It finds lower prices on eligible prescription drugs automatically.

## How MedsYourWay® Works

- Members present their BCBS insurance member ID card to the participating retail pharmacy.
- MedsYourWay automatically searches and compares prices from participating drug discount cards to the member's cost share under their benefit for eligible medicines.
- Members pay the drug discount card price or applicable benefit cost share, whichever is lower.
- What members pay counts toward plan deductible and/or yearly out-of-pocket maximum.

## What do members need to do?

- No action is needed to start using the MedsYourWay program. It is part of the benefit plan and there's no sign up. We're making it easy to help keep members healthy and out of pocket costs low.

MedsYourWay® is not insurance. It is a drug discount card program that compares the drug discount card price for eligible medications at participating in-network retail pharmacies to the member's benefit plan cost share amount and then applies the lower available price. Eligible medications are subject to change and prescription prices may vary by location. Not all retail pharmacies may participate with MedsYourWay. MedsYourWay is administered by Prime Therapeutics, LLC.



# Prescription and Pharmacy



## Preferred Pharmacies

**Albertsons  
Independent Pharmacies  
Walgreens  
Walmart  
Sam's Club**

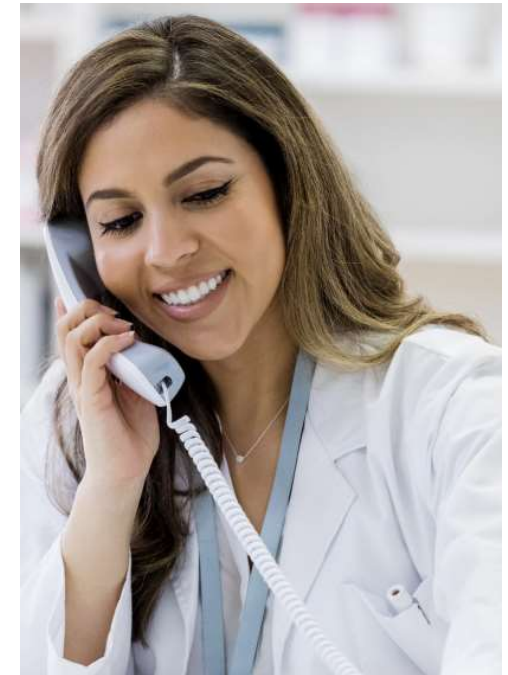
*Retail stores in the Preferred Pharmacy Network offer members prescriptions with a lower possible cost-share amount. Pharmacies in the Preferred Pharmacy Network are subject to change.*

5-Tier and 6-Tier prescription benefit structure drives utilization toward preferred generic, preferred brand and preferred specialty prescriptions

- Generic, brand and specialty drugs each have preferred and non-preferred benefit levels
- Pharmacies fall into 3 categories:
  1. Preferred pharmacies (listed to the left): Over 200+ throughout NM
  2. Non-preferred, but still in network. Member cost share may be higher when using a Non-preferred pharmacy than when using a Preferred pharmacy.
  3. Out of network pharmacies. There is no benefit when members use out of network pharmacies.

# Prescription and Pharmacy

- **90-day supply:** Options for obtaining a 90-day supply of medications are available at 3x the 30-day retail copay from preferred pharmacies and from mail order
- **Specialty Pharmacy Program:** Self-administered products are standardly covered under the pharmacy benefit while physician-administered products are covered under the medical benefit



# 5-Tier and 6-Tier Design



Offered with Standardized plans

Plans with 5-Tier Drug Plans	
1	Generic
2	Brand: Preferred
3	Brand: Non-Preferred
4	Specialty: Preferred
5	Specialty: Non-Preferred

Offered with Non-Standardized plans

Plans with 6-Tier Drug Plans	
1	Generic
2	Generic: Non-Preferred
3	Brand: Preferred
4	Brand: Non-Preferred
5	Specialty: Preferred
6	Specialty: Non-Preferred

# Additional Benefits

# Telemedicine Benefits



- Member cost share for telemedicine visits are the same as in-person visits.
  - For example, if a member's cost share is \$35 for a PCP office visit, the telemedicine services cost share would be the same.
- Members will be able to access their medically necessary, covered benefits through local network providers who deliver services through telemedicine.
- Members will have to contact providers to determine if they offer telemedicine visits.
- Telemedicine visits are not limited to any particular provider type as it is a site of care.

# Overview: MDLIVE®

MDLIVE is a program that allows members to speak to healthcare providers for non-emergency medical and behavioral health consults 24/7/365 by phone and/or video in all 50 states and Puerto Rico. The program is convenient and a cost-effective alternative to urgent care. Physicians are available to speak with patient in English, Spanish and more (other languages available via translation services).

	Urgent Care	Virtual Primary Care	Behavioral Health	Dermatology
Conditions	Conditions such as: <ul style="list-style-type: none"> <li>• Cold &amp; Flu</li> <li>• Covid</li> <li>• Allergies</li> <li>• Earache</li> <li>• Fever</li> <li>• Headache</li> <li>• UTI (adult females only)</li> <li>• Insect Bites</li> <li>• Nausea</li> <li>• Pink eye</li> <li>• Yeast Infections</li> <li>• Sore Throat</li> </ul>	MDLIVE can act as your PCP and be responsible for coordinating members' care	Members have access to a licensed Behavioral Therapist that provides care for those in need of mental health support	Members have access to dermatologist providers who can assist them with any skin related issue
Eligibility	All Ages	18+	10+	All Ages

MDLIVE is a separate company that operates and administers Virtual Visits for BCBSNM. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

# MDLIVE Availability and Access



Members can access MDLIVE from various platforms including Provider Finder® and be transferred from other product additions such as the 24/7 Nurseline or BCBSNM Customer Advocates.

Member Access	Member Transfers	Availability	Exclusions
<p>Access MDLIVE through single sign portal:</p> <ul style="list-style-type: none"><li>• Blue Access for Members<sup>SM</sup> Digital Member Hub</li><li>• Mobile app: Members can also access MDLIVE by downloading the app and sign on using their Blue Access for members information</li><li>• Provider Finder<sup>***</sup></li></ul>	<p>Warm transfers from</p> <ul style="list-style-type: none"><li>• BCBSNM Health Advocates</li><li>• BCBSNM Customer Advocates</li><li>• 24/7 Nurseline</li></ul>	<p>Languages Available</p> <ul style="list-style-type: none"><li>• MDLIVE website available in English and Spanish</li><li>• National network of providers who speak a variety of languages</li><li>• Translation services available by contacting MDLIVE's call center</li></ul> <p>24/7/365 Urgent Care Service</p> <ul style="list-style-type: none"><li>• Service availability is dependent upon where the member is physically located at the time of the consultation</li></ul>	<ul style="list-style-type: none"><li>• Prescriptions can be sent to the member's pharmacy of choice</li><li>• Controlled substances for more than a 30-day supply of prescription drugs are not available</li></ul>

\* Denotes specialty offers synchronous and asynchronous visit types

\*\* Asynchronous visits allow for the member to upload a photo or description of their condition and a provider can review it offline without the need for a phone call or video visit

\*\*\*MDLIVE is integrated with BCBS Provider Finder

# 2025 Stand-alone Dental QHPs



- Members changing health plans for 2025 with a dental policy need to re-enroll for dental
- When enrolling or re-enrolling a member in medical coverage, review dental coverage carefully
- Our new BlueCare Dental<sup>SM</sup> ID plan features the lowest rates

## BlueCare Dental 1A & BlueCare Dental 4 Kids<sup>SM</sup> 1A features:

- 100% coverage on most preventive services with in-network dentists
- Low \$25 deductible for in-network services
- Savings on all dental procedures up to annual \$1,500 max for adults; unlimited annual max on BlueCare Dental 4 Kids<sup>SM</sup> 1A

## BlueCare Dental 1B & BlueCare Dental 4 Kids 1B features:

- Lower monthly premium (compared to 1A plans)
- 100% coverage on most preventive services provided by in-network dentists
- \$50 deductible for in-network services
- Savings on all dental procedures up to annual \$1,000 max for adults; unlimited annual max on BlueCare Dental 4 Kids 1B

## BlueCare Dental 1C features:

- Lower monthly premium (compared to 1A & 1B plans)
- 80% coverage on most preventive services provided by in-network dentists
- \$50 deductible for in-network services
- Savings on all dental procedures up to annual \$1,000 max for adults

## BlueCare Dental 1D features:

- Lowest monthly premium (compared to 1A, 1B, & 1C plans)
- 100% coverage on most preventive services provided by in-network dentists
- \$50 deductible for many services
- Savings on procedures up to the annual \$1,000 max for adults



# 2025 Standalone Dental QHPs: In-Network Benefits



Benefits <sup>2</sup>	BlueCare Dental 1A <sup>3</sup>	BlueCare Dental 4 Kids 1A	BlueCare Dental 1B <sup>3</sup>	BlueCare Dental 4 Kids 1B	BlueCare Dental 1C	BlueCare Dental 1D
Individual Deductible (family deductible = 3x individual)	\$25	\$25	\$50	\$50	\$50	\$50
Annual Maximum	\$1,500 <sup>4</sup>	N/A	\$1,000 <sup>4</sup>	N/A	\$1,000 <sup>4</sup>	\$1,000 <sup>4</sup>
Diagnostic Evaluations	0% <sup>5</sup>	0% <sup>5</sup>	0% <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>	0% <sup>5</sup>
Preventive	0% <sup>5</sup>	0% <sup>5</sup>	0% <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>	0% <sup>5</sup>
Diagnostic Radiographs	0% <sup>5</sup>	0% <sup>5</sup>	0% <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>	0% <sup>5</sup>
Miscellaneous Preventive Services	20%	20%	0% <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>	0% <sup>5</sup>
Basic Restorative	20%	20%	40%	50%	50%	50%
Non-Surgical Extractions	20%	20%	40%	50%	50% <sup>6</sup>	50% <sup>6</sup>
Non-Surgical Periodontal	20%	20%	40%	50%	50% <sup>6</sup>	50% <sup>6</sup>
Endodontics	20%	20%	50%	50%	50% <sup>6</sup>	N/A

1. This does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. 2. In-network coverage. 3. If choosing family coverage, for BlueCare Dental 1A please refer to BlueCare Dental 4 Kids 1A for plan details for dependents under age 19. If choosing BlueCare Dental 1B, refer to BlueCare Dental 4 Kids 1B for plan details for dependents under age 19. 4. Annual maximum does not apply to members up to age 19. 5. Deductible is waived. 6. Six-month waiting period from date of purchase applies before any services are allowed. 7. Twelve month waiting period from date of purchase applies before any services are allowed. 8. Unlimited maximum for medically necessary orthodontia for members up to age 19.

# 2025 Standalone Dental QHPs: In-Network Benefits



Benefits <sup>2</sup>	BlueCare Dental 1A <sup>3</sup>	BlueCare Dental 4 Kids 1A	BlueCare Dental 1B <sup>3</sup>	BlueCare Dental 4 Kids 1B	BlueCare Dental 1C	BlueCare Dental 1D
Oral Surgery	20%	20%	50%	50%	50% <sup>6</sup>	N/A
Surgical Periodontal	20% <sup>7</sup>	20%	50% <sup>7</sup>	50%	50% <sup>7</sup>	N/A
Major Restorative	50% <sup>7</sup>	50%	50% <sup>7</sup>	50%	50% <sup>7</sup>	N/A
Prosthodontics	50% <sup>7</sup>	50%	50% <sup>7</sup>	50%	50% <sup>7</sup>	N/A
Misc. Restor. & Prosthodontics Services	50% <sup>7</sup>	50%	50% <sup>7</sup>	50%	50% <sup>7</sup>	N/A
Orthodontics <sup>8</sup> (up to age 19)	50% <sup>5</sup>	50% <sup>5</sup>	50% <sup>5</sup>	50% <sup>5</sup>	50% <sup>5</sup>	N/A
Out-of-Pocket Maximum (no out-of-pocket maximums for adults)	Applies to Pediatric Plans Only \$425 for 1 child // \$850 for 2+ children					

1. This does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. 2. In-network coverage. 3. If choosing family coverage, for BlueCare Dental 1A please refer to BlueCare Dental 4 Kids 1A for plan details for dependents under age 19. If choosing BlueCare Dental 1B, refer to BlueCare Dental 4 Kids 1B for plan details for dependents under age 19. 4. Annual maximum does not apply to members up to age 19. 5. Deductible is waived. 6. Six-month waiting period from date of purchase applies before any services are allowed. 7. Twelve month waiting period from date of purchase applies before any services are allowed. 8. Unlimited maximum for medically necessary orthodontia for members up to age 19.

# QHP Pediatric Vision Coverage



Pediatric vision coverage is a benefit that provides eye care for children. It ensures children up to 19 have access to essential vision care, which is crucial for their development.

- Plan offers coverage for yearly comprehensive vision exam at \$0 copay
- Provides vision benefits for dependents up to age 19
- Plan also offers coverage for other vision services and materials including retinal imaging, contact lens fit and follow up, frames, lenses and more
- Pediatric Vision isn't a separate plan but is embedded in medical coverage

# QHP Pediatric Vision: Highlights



\$0 copay for eye exam with dilation

Up to \$39 for retinal imaging

\$150 allowance for frames, with 20% off balance over \$150

\$0 copay for some lenses – single, bifocal, trifocal and lenticular

Other progressive lenses have varying copays

\$0 copay for medically necessary contact lenses

Benefit frequency is once every 12 months

# Resources for Brokers/Enrollment Counselors

# Producer Retail Readiness Site



Everything you need, all in one place

- Medical and dental brochures
- Plan comparison charts
- Summaries of benefits and coverage (each with a link to the associated benefit booklet)
- Sizzle sheets
- And more

Language Assistance

Illinois • Montana • New Mexico  
Oklahoma • Texas

Products & Marketing Enrollment Support Retail Producer Portal Premiums & Payments Service & Support Social Media

## Ready to Sell, Enroll, and Support Resources for Producers

Do we have your contact information?  
**Attention Producers:** We are approaching OE quickly and renewal letters will list your Name, Email Address, and Phone Number on those renewal letters. Do we have your current information? Log into Blue Access for Producers<sup>SM</sup> and make sure that we have the most current email address and phone number.

This site has everything you need to support clients in the individual and family ACA market. Access the tips, tools and training to help you market, sell, enroll and renew.

**Products & Marketing**  
Get SBCs, plan comparison charts, brochures and more.  
[Learn More](#)

**Enrollment Support**  
Find applications, see renewal packet samples and get shopping links.  
[Learn More](#)

**Retail Producer Portal**  
Access materials on using this comprehensive sales and enrollment tool.  
[Learn More](#)

**Premiums & Payments**  
See the latest on all things payment related.  
[Learn More](#)

**Service & Support**  
Assist clients post-sale with these resources.  
[Learn More](#)

Helpful Links

[Blue Access for Producers<sup>SM</sup> \(BAP\)<sup>SM</sup>](#)  
[Illinois • Montana • New Mexico • Oklahoma • Texas](#)

[Small Group and Mid-Market Business Tips and Tools](#)  
[Illinois • Montana • New Mexico • Oklahoma • Texas](#)

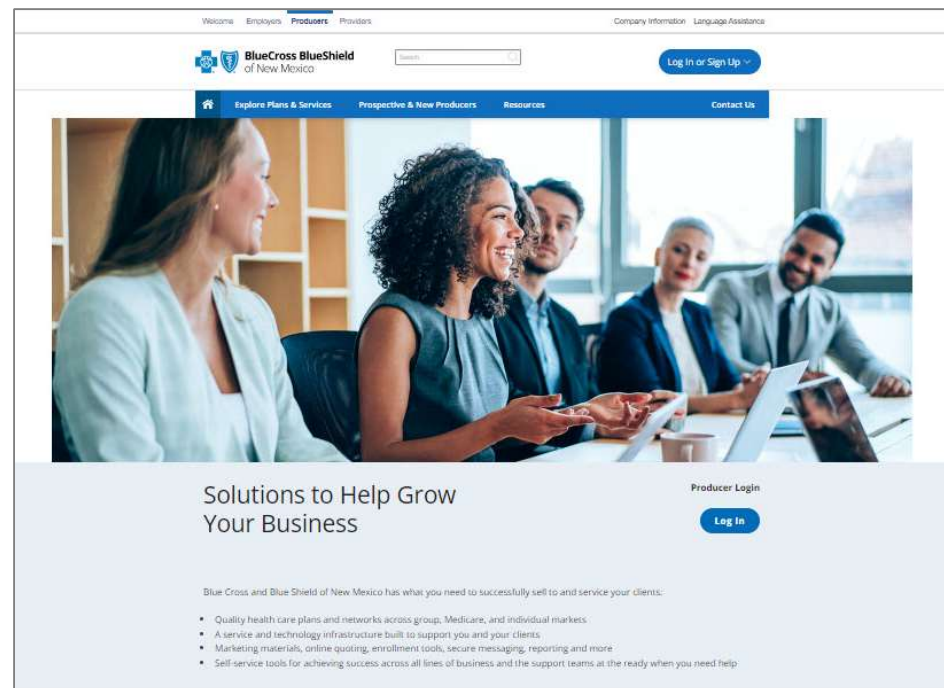
[National Insurance Producer Registry](#)  
[National Insurance Producer Registry's NIPR Lookup](#)

# Blue Access for Producers<sup>SM</sup>



Tools available to keep you on track

- Commission statements
- Product information
- Downloadable forms
- Producer news and updates



# Point of Contact for Brokers/ECs



# Point of Contact for Brokers/ECs



For any questions, please reach out to  
Senior Producer Sales Consultant  
Debra Gassoway.

Debra Gassoway  
[debra.Gassoway@bcbsnm.com](mailto:debra.Gassoway@bcbsnm.com)

Contacts for Producers	
Pre-Sale Support	866-446-5685
Post-Sale Support	888-222-0572
Producer Service Center	855-782-4272
Customer Service	866-236-1702
beWellnm Help Desk	833-862-3935

Please do not share contact details with consumers.

# QUESTIONS?



# Presbyterian Health Plan

PY2025



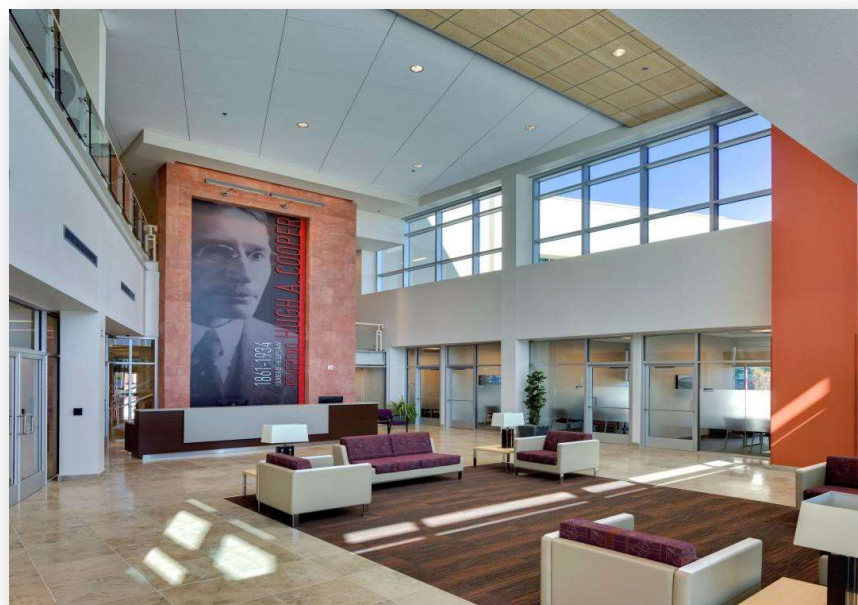
MPC082437

# Who we are...



## **PRESBYTERIAN** Health Plan, Inc.

- Founded in New Mexico in 1908, Presbyterian Healthcare Services is a locally owned healthcare system of nine hospitals, a medical group, and a health plan.
- Presbyterian's health system serves New Mexico residents in our clinics, hospitals, and as members of our health plan.
- Owned by Presbyterian Healthcare Services, **Presbyterian Health Plan, Inc.** was formed in 1985.
- Presbyterian Health Plan, Inc. has offered Individual and Family Plans to New Mexicans for more than two decades. We are determined to be your partner in finding affordable and comprehensive health coverage that fits your lifestyle



# Plan Year 2025



## Gold Plans

Clear Cost Gold Plan

Clear Cost Gold Plan –  
Limited-Service Area

Gold Select 2800 w/GYM –  
Limited-Service Area

Gold Select 1000 w/ GYM –  
Limited-Service Area



## Silver Plans

Clear Cost Silver Plan

Silver Qualified HDHP Plan  
w/GYM

Silver 5000 w/GYM

Clear Cost Silver Plan –  
Limited-Service Area

Silver Select 5000 w/GYM –  
Limited-Service Area

Silver Select 7000 w/GYM –  
Limited-Service Area



## Bronze Plans

Bronze Select 6800 w/GYM  
– Limited-Service Area

Bronze 9200 plan w/GYM



## Cost Share Reduction Plans

Turquoise Plans with Extra Savings are offered **On Exchange** for the **Gold** and **Silver** plans

Silver 73% Cost Share Reduction (CSR) are offered **On Exchange** for **Silver** plans

Native American Limited Cost Share (LCS), Native American Turquoise, and Zero Cost Share (ZCS) plans

# Service Areas



Plan options for any New Mexico county residents.

These plans use the **Individual and Family or Group HMO/POS** network:

- Clear Cost Gold
- Clear Cost Silver
- Silver Qualified HDHP/HSD Plan w/Gym
- Silver 5000 w/Gym
- Bronze 9200 w/Gym

Plan options for Bernalillo, Sandoval, Valencia, Torrance, and Santa Fe county residents.

These plans use the **Individual Select HMO** network:

- Clear Cost Gold – Limited Service Area
- Gold Select 2800 w/ Gym – Limited Service Area
- Gold Select 1000 w/ Gym – Limited Service Area
- Clear Cost Silver – Limited Service Area
- Silver Select 5000 w/Gym – Limited Service Area
- Silver Select 7000 w/ Gym – Limited Service Area
- Bronze Select 6800 w/ Gym – Limited Service Area



Limited Service Area = Individual Select HMO Network.

Note: Cost Share Reduction Plans for On Exchange for both networks are listed below:

- Turquoise Plans with Extra Savings are offered for the Gold and Silver Plans
- Silver 73% Cost Share Reduction (CSR) are offered for Silver Plans
- Native American Limited Cost Share (LCS), Native American Turquoise, and Zero Cost Share (ZCS) plans

 **PRESBYTERIAN** Health Plan, Inc.

# Service Areas



Online at [www.phs.org](http://www.phs.org)

## Find a Doctor Provider Directory

1. Click “**Find a Doctor**”
2. Expand (+) **Individual and Family Plans**
3. Choose the **Network** or **Plan**

The screenshot shows the Presbyterian Health Plan website. The top navigation bar includes links for Careers, Providers, Employers & Producers, and Give Now. A search bar and a myPRES Login button are also present. The main navigation menu includes Doctors & Services, Locations, Health Plans, Tools & Resources, and a 'Find a Doctor' button. A sidebar on the left lists various services like Call PresRN, Video Visits, Paperless e-Delivery, etc. The main content area shows the 'Individual and Family Plans' section expanded, displaying details for Gold, Silver, and Bronze plans. Below this, there are buttons for 'Medicaid - Centennial Care' and 'Medicare Advantage'. A 'Need Help?' section is visible at the bottom left of the main content area.

**PRESBYTERIAN** Health Plan, Inc.

# Additional Benefits



## All plans include:

- Virtual Care
- PresRN Nurse Advice Line
- Employee Assistance Program (EAP) – short-term, confidential counseling for the household
- Mail Order Pharmacy Service
- Local Customer Service
- myPRES and myChart member platforms
- Personalized Provider Directory
- Health Equity HSA for the Silver Qualified HDHP
- Vision for Children – included in plan

 **PRESBYTERIAN** Health Plan, Inc.



# Additional Products and Services



## Value Added Products and Services\*

- Behavioral Health Virtual Care – includes “On to Better Health” and “Talkspace”
- Assist America – Travel Assistance
- Wellness at Work – personal well-being portal
- TruHearing

\*Value-added products and services are not insurance benefits and may be discontinued at any time

## Wellness Services\*\*

- Gym

\*\*Standardized Clear Cost Plans – Optional Fitness Pass Gym Membership available to purchase

\*\*Non-Standardized Plans – Free Gym Membership Included

- Vision

\*\*Standardized Clear Cost Plans – Vision for Children included. Vision Basic is not available.

\*\*Non-Standardized Plans – Vision for Children and Vision Basic is Included



# Resources for Brokers



## Broker Compensation:

- Reports – Book of Business, which includes only currently active policies. Future enrollments will not be displayed in the report until the policy becomes effective.
- Statements (if paid directly)
- Demographics – displays contact information on file, license & appointment, Errors & Omissions policy

## IPlan Enrollment:

PHP enrollment form for Off-exchange plans; On Exchange enrollments must be submitted in your BeWell broker portal link:

<https://getcovered.bewellnm.com/broker/>

Note: Commissions are processed the last week of each month that the policy becomes effective. Enrollments submitted during the Open Enrollment Period (OEP) for a Jan. 1 effective date will be included with the January commission payment, not the month the enrollment was submitted.

On and Off Exchange policies must be linked to the writing agent's NPN. PHP commissions will not be generated for the writing agent if any other NPN is used.



# Resources for Brokers



## Off-Exchange Presbyterian Broker Portal

- Off-Exchange enrollments should be submitted through the Online Enrollment System (OES). By submitting online, it will imprint your AOR and will allow you to submit on behalf of your members.
- You can access the tool by using your Broker login credentials via your myPRES account at: <https://mypres.phs.org/dashboard/Pages/broker-dashboard.aspx>.
- If you do not already have access to the myPRES broker portal, please visit: <https://mypres.phs.org/Pages/broker-registration.aspx>. Once you are logged in to myPRES Broker dashboard, select “Iplan Enrollment” to launch the OES tool.
- Broker support-related questions, please contact: [producerinfo@phs.org](mailto:producerinfo@phs.org)

**PRESBYTERIAN**

### myPRES Login

myPRES allows patients, members, and providers to access information and tools designed specifically for them.

[Back to phs.org](#)

**SIGN IN**

User ID:  Password:  **SIGN IN**

[Forgot your user ID? >](#) [Forgot your password? >](#) [Learn more about myPRES security and privacy >](#)

**CREATE A NEW ACCOUNT**

For Patients & Members: **REGISTER NOW**

For Providers: **REGISTER AS A PROVIDER NOW**

**Attention Providers:** Log in with your provider myPRES user ID and password. A personal myPRES member log in will access services for members, not provider tools.

**Need Help?** For questions about myPRES or assistance resetting your password, call Customer Service at 505-923-5590 or 866-861-7444.

**PRESBYTERIAN** Health Plan, Inc.

# Resources for Brokers/ECs



## On-Exchange BeWell Broker Portal

1. Go to the Broker Portal link:

<https://getcovered.BeWell.com/broker/>

Learn More Accessibility Language: English Search

Sign In Register

Using a shared or public computer?  
Be sure to log out and close all browser windows when you're done. This will help keep your information secure.

### Certified Brokers

Help enroll your clients in health coverage.

**PRESBYTERIAN** Health Plan, Inc.

# Renewals



Presbyterian will mail On and Off Exchange Renewal letters and guides by Oct. 31, 2024

- Dec. 15, 2024, is the Off Exchange deadline to make changes for Jan. 1.
  - Renewal changes for Off Exchange should be submitted through a member's myPRES account on [www.phs.org](http://www.phs.org). A broker may submit on their member's behalf through their broker myPRES portal.
- Dec. 31, 2024, is the On Exchange deadline to make changes for Jan. 1. Jan. 15, 2025, is the On-Exchange deadline to make changes for Feb. 1.
  - Renewal changes for On Exchange should be submitted through the member's [www.beWellnm.com](http://www.beWellnm.com) account; a broker may submit on their member's behalf through the broker's BeWell portal.
- Members will be automatically renewed on a plan if they do not make a change.

 **PRESBYTERIAN** Health Plan, Inc.

# Point of Contact for Brokers / ECs



## Mandie Gonzales (New Sales)

Account Executive

Phone: (505) 923-8708

Email: [agonzales84@phs.org](mailto:agonzales84@phs.org)

Individual and Family Plan Sales Contact Center

Phone: 1-866-869-7737, option 4 (toll-free)

Email: [iplan@phs.org](mailto:iplan@phs.org)

Website: [www.phs.org/iplan](http://www.phs.org/iplan)

## Chene Eaton (Member Retention)

Account Manager

Phone: (505) 923-8339

Email: [ceaton4@phs.org](mailto:ceaton4@phs.org)

 **PRESBYTERIAN** Health Plan, Inc.

# Thank you



**DETERMINED TO MAKE  
YOUR HEALTH OUR  
PRIORITY.**

At Presbyterian, we're determined to provide the highest level of healthcare anywhere, here in New Mexico.

 **PRESBYTERIAN** Health Plan, Inc.

# QUESTIONS?





# Questions?



Brokers must be contracted and appointed with all of the carriers offering health plans through BeWell for Plan Year 2025.

For Appointment, commission, or portal questions, please contact Broker Operations at [producerinfo@phs.org](mailto:producerinfo@phs.org).

Break

# UnitedHealthcare of New Mexico, Inc.

Timothy Patterson, Agency Manager



# UnitedHealthcare

## Who are we...



### There for what matters

These are extraordinary times in health care. The opportunities to help people lead healthier lives have never been greater. Our industry leading technology, insights and clinical excellence, combined with the strength of our Optum and provider relationships, enables us to connect the pieces of the health care system so that it truly works better for everyone.

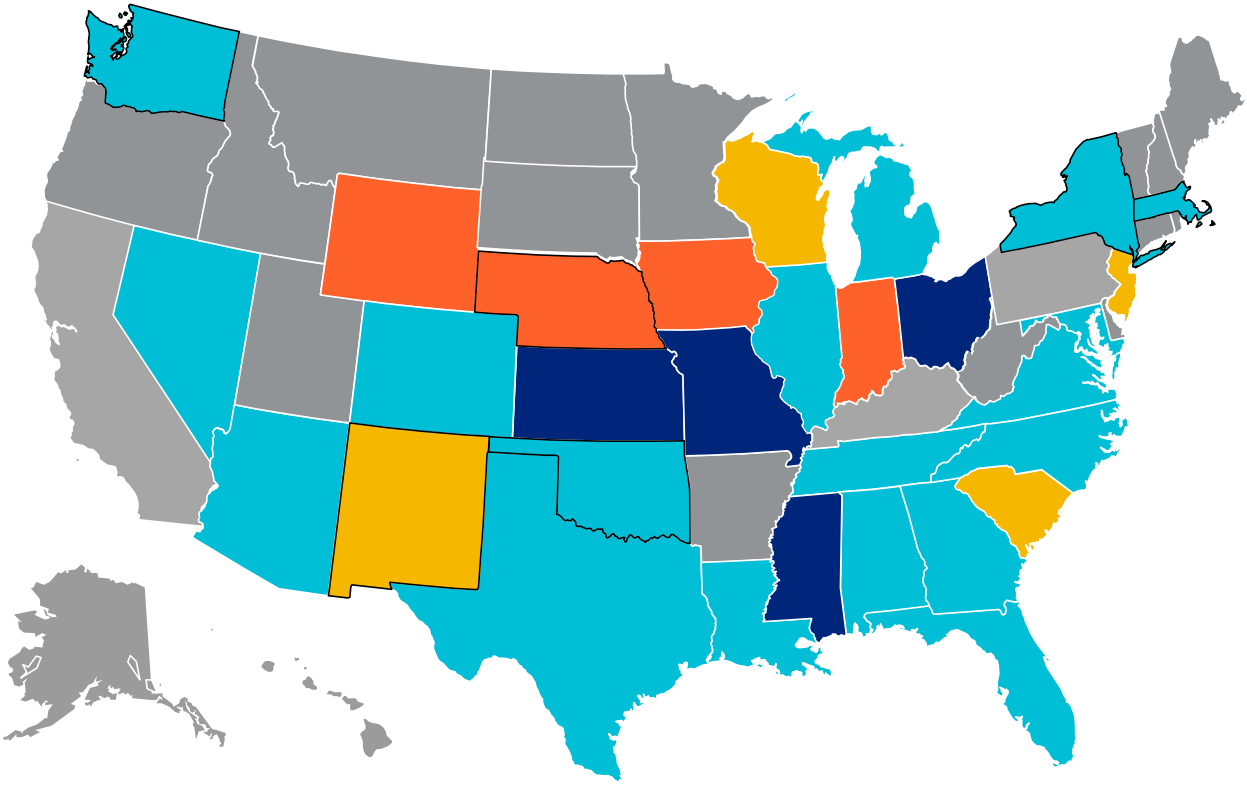
### Our Mission

Help people live healthier lives and to make the health system work better for everyone.

### Our Vision

UnitedHealthcare's vision is to deliver the most affordable coverage; simplest experience; and highest quality, supported care.

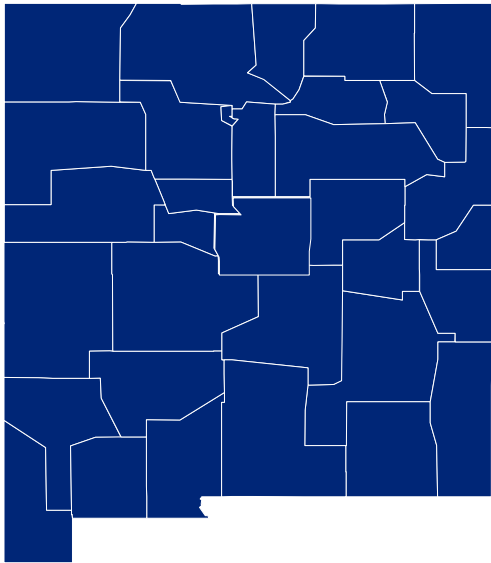
# 2025 Footprint



	2022	2023	2024	2025
<b>Footprint</b>				
<b>States</b>	18	22	26	30
<b>Markets</b>	54	90	138	147
<b>Counties</b>	328	532	1,000+	1,200+

■ 2022 footprint   
 ■ 2023 new entry   
 ■ 2024 new entry   
 ■ 2025 new entry   
  Required for other LOBs

# Service Areas









In 2025, UnitedHealthcare will continue to cover all 33 counties in New Mexico, which includes the following rating areas:

- Albuquerque (Rating Area-1)
- Farmington (Rating Area-2)
- Dona Ana (Rating Area-3)
- Santa Fe (Rating Area-4)
- Rural New Mexico (Rating Area-5)

# PY 2025 Offerings



## Product Families Continuing in 2025

<b>Required (Clear Cost)</b>	Clear Cost plans are required standardized plans that New Mexico requires all issuers to offer. These plans are available on the Gold and Silver metal tiers and have a mostly all-copay structure.	 
<b>Value</b>	Flagship plan with moderate deductible but lower premium. Mix of copays and coinsurance.	 
<b>Advantage</b>	Lower deductible plan with high premium. Copay cost shares for many services	 

# PY 2025 Offerings



## New Mexico PY25 Plan Designs

Plan Name	Metal Level	Annual Deductible (Individual/Family)		Max Out of Pocket (Individual/Family)		PCP Visit (In Person & Virtual)	Mental Health Office Visit	Specialist Visit	Virtual Urgent Care	Inpatient Hospital Care	Outpatient Surgery	Office Based Labs
UHC Clear Cost Silver On Exchange	Silver	\$4,800	\$9,600	\$8,400	\$16,800	\$50	0%	\$100	\$100	✓ \$300	\$300	\$100
UHC Silver Value On Exchange	Silver	\$4,750	\$9,500	\$9,200	\$18,400	\$45	0%	\$90	0%	✓ 40%	✓ 40%	\$15
UHC Silver Advantage On Exchange	Silver	\$4,250	\$8,500	\$9,200	\$18,400	\$60	0%	\$120	0%	✓ 30%	✓ 30%	\$10
UHC Clear Cost Gold On Exchange	Gold	\$3,000	\$6,000	\$5,300	\$10,600	\$20	0%	\$60	\$60	✓ \$150	\$125	\$60
UHC Gold Value On Exchange	Gold	\$2,000	\$4,000	\$9,000	\$18,000	\$25	0%	\$50	0%	✓ 20%	✓ 20%	\$25
UHC Gold Advantage On Exchange	Gold	\$950	\$1,900	\$6,800	\$13,600	\$20	0%	\$50	0%	✓ 20%	✓ 20%	\$10

Check (✓) indicates that this benefit is subject to the annual deductible.

**Turquoise plans** are health plans that have state out-of-pocket assistance (SOPA) applied to reduce out-of-pocket costs for consumers. In plan year 2025, each Turquoise variant will closely resemble the general features of its standard variant

\*Each policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued or discontinued. For costs and complete details of the coverage, review your plan documents, call, or write your insurance agent or the company, whichever is applicable. Plan specifics and benefits vary by coverage area and by plan category. Please review plan details to learn more.



# PY 2025 Offerings



Plan Name	Rx Deductible (Individual/Family)	Tier 1 Zero Cost Share Preventive Drugs	Tier 2 Preferred Generic	Tier 3 Preferred Brand	Tier 4 Preferred Specialty	Tier 5 Non-Preferred Brand	Tier 6 Non-Preferred Specialty	Adult Dental & Vision	HSA
UHC Clear Cost Silver On Exchange	Same as Medical	\$0	\$35	\$50	\$100	\$250	\$250		
UHC Silver Value On Exchange	Same as Medical	\$0	\$3	✓ \$55	✓ 40%	✓ 40%	✓ 50%		
UHC Silver Advantage On Exchange	Same as Medical	\$0	\$1	✓ \$60	✓ 40%	✓ 40%	✓ 50%		
UHC Clear Cost Gold On Exchange	Same as Medical	\$0	\$20	\$30	\$75	\$100	\$190		
UHC Gold Value On Exchange	Same as Medical	\$0	\$3	\$50	✓ 35%	✓ 35%	✓ 50%		
UHC Gold Advantage On Exchange	Same as Medical	\$0	\$1	\$30	✓ 30%	✓ 30%	✓ 40%		

Check (✓) indicates that this benefit is subject to the annual deductible.

\*Each policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued or discontinued. For costs and complete details of the coverage, review your plan documents, call, or write your insurance agent or the company, whichever is applicable. Plan specifics and benefits vary by coverage area and by plan category. Please review plan details to learn more.

# PY 2025 Network



Market Area	Counties	Key Hospitals and Employed Providers
<b>Albuquerque</b>	Bernalillo, Sandoval, Torrance, Valencia	<b>Presbyterian:</b> Presbyterian Kaseman Hospital, Presbyterian Hospital, Presbyterian Rust Medical Center, <b>University of New Mexico:</b> University of New Mexico Health Sciences Center, University of New Mexico Hospital, University of New Mexico Sandoval Regional Medical Center
<b>El Paso (TX &amp; NM)</b>	Dona Ana	Memorial Medical Center, Mountainview Regional Medical Center, Three Crosses Regional Hospital
<b>Farmington</b>	San Juan	San Juan Regional Medical Center
<b>Rural New Mexico</b>	Catron, Chaves, Cibola, Colfax, Curry, De Baca, Eddy, Grant, Guadalupe, Harding, Hidalgo, Lea, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Quay, Rio Arriba, Roosevelt, San Miguel, Sierra, Socorro, Taos, Union	Lincoln County Medical Center, Cibola General Hospital, Union County General Hospital, Gila Regional Medical Center, Nor-Lea Hospital District, Gerald Champion Regional Medical Center, Miners Colfax Medical Center, Dan C Trigg Memorial Hospital, Guadalupe County Hospital, Mimbres Memorial Hospital, Eastern New Mexico Medical Center, PHC-Los Alamos Medical Center, Artesia General Hospital, Presbyterian Espanola Hospital, Holy Cross Hospital, Clovis Plains Regional Medical Center, Socorro General Hospital, Rehoboth McKinley Christian Hospital, Carlsbad Medical Center, Sierra Vista Hospital, Roosevelt General Hospital, Covenant Health Hobbs Hospital, Alta Vista Regional Hospital
<b>Santa Fe</b>	Santa Fe	Christus St Vincent Regional Medical Center, Presbyterian Santa Fe Medical Center

## Quick State Facts

- Statewide Service Area
- Non-gated HMO plans
- Cross-border coverage in Maricopa county in AZ, La Plata county in CO, and El Paso, Lubbock, and Potter counties in TX

Provider network is subject to change  
 Note: Information up to date as of 08/13/24

# Plan Details



## PCP Member Incentive

Offering member incentive for a PCP visit

## Digital Fitness + Buy Up Physical Fitness Access

Classic (12k)	Standard (13k+)	Premium (16k+)	Elite (18k+)

- 40k+ Digital Classes**  
Members 18+ have access to thousands of digital fitness classes
- 4 Physical Gym Tiers**  
Introducing member funded buy up option to access 4 different One Pass Select gym tiers and includes:
- AARP Membership
  - Walmart+
  - Shipt memberships
  - **12k to 18k+ gym locations**

	2025 Enhancements*
Virtual care	<b>\$0 Virtual Urgent Care*</b>
Mental Health Care	Lowering the cost of office visit
\$0 diabetes management	<b>8 condition management services at \$0.</b> Along with <b>\$0 insulin</b> offered on all plans.
Low-cost prescriptions	<b>\$8 or less</b> for generic prescriptions (Does not apply to Clear Cost plans)
Member Incentives	Incentive for PCP visit
Fitness	<ul style="list-style-type: none"> <li>• Continuing <b>\$0 Digital Fitness</b></li> <li>• Physical Fitness Buy-Up Program</li> </ul>

\*Clear Cost plans are subject to in-person cost share

Value-added benefits (member incentive and fitness) could be discontinued at any time.

**RPO**

Walgreens discount?

Pusel, Rebecca V, 2024-09-03T13:25:21.682

# Resources for Brokers/ECs



The screenshot shows the Jarvis Agent Name dashboard. At the top, there are navigation tabs for Home, Sales Tools, Applications, Commissions, Book of Business, and Knowledge Center. The main content area includes a 'Welcome Agent Name' section with three key metrics: 10 Pending Applications, 12 Approved Applications, and 1595 UIC Members. Below these are three news items: 'In the Field: Maximiliano Ramirez', 'How Member Services Can Help P/P Agents', and 'Compliance Corner: CMS Consumer Consent...'. A 'Book of Business' table is also visible, listing member information.

Name	Product	DOB	Phone Number	Member Email
Member Name	PP	01/01/2000	800-000-0000	MemberEmail@Email.com
Member Name	PP	01/01/2000	800-000-0000	MemberEmail@Email.com
Member Name	PP	01/01/2000	800-000-0000	MemberEmail@Email.com
Member Name	PP	01/01/2000	800-000-0000	MemberEmail@Email.com
Member Name	PP	01/01/2000	800-000-0000	MemberEmail@Email.com

- ### Jarvis – Recent Enhancements
- Age-in reporting
  - Late payment reporting
  - One-click member emails
  - Member ID card: current and future
  - Change PCP
  - Member invoices and UM letters

- ### Jarvis – New this year
- Download the app status report
  - Agency Book of Business
  - Agency Reporting
  - New Jarvis Homepage
  - Toolkit Relocation
  - Member escalations

# Point of Contact for Brokers/ECs



## Producer Help Desk

- Live Chat via Jarvis
- Phone: 1-866-235-4095
- Email: [acabrokersupport@uhc.com](mailto:acabrokersupport@uhc.com)



## IFP Connect

Subscribe to our agent newsletter for IFP-specific information and updates



## Timothy Patterson

Agency Manager

Email: [timothy\\_Patterson@uhc.com](mailto:timothy_Patterson@uhc.com)

Phone: (952) 908-8864

# QUESTIONS?



# Molina Healthcare of New Mexico, Inc.

PY2025

This document is not intended for marketing purposes or public distribution and is considered “Trade Secrets and Confidential Information,” as defined in your Agreement with Molina Healthcare, Inc. (“MHI”). Distribution and reproduction of this document is strictly prohibited and may be grounds for immediate termination of your Agreement and any other legal remedies MHI may have. The information in this document is pending regulator approval and may be subject to change.





# Who we are...



Molina Healthcare, Inc. is a FORTUNE 500 company, currently ranked 125. The organization provides managed health care services under the Medicaid and Medicare programs and state insurance marketplaces. As of March 31, 2024, Molina serves approximately 5.7 million members across 21 states.

**Vision:** We envision a world where effective medical care is available to every person, no matter the impact of social determinants of health on their lives. We will distinguish ourselves as the low cost, most effective and reliable health plan delivering government-sponsored care.

**Mission:** To erase inequities in the way different populations are treated and served. To improve the health and lives of our members by delivering high-quality health care and to protect their health now and as they age, with a portfolio of solutions for every stage of their lives.

# Disclaimer

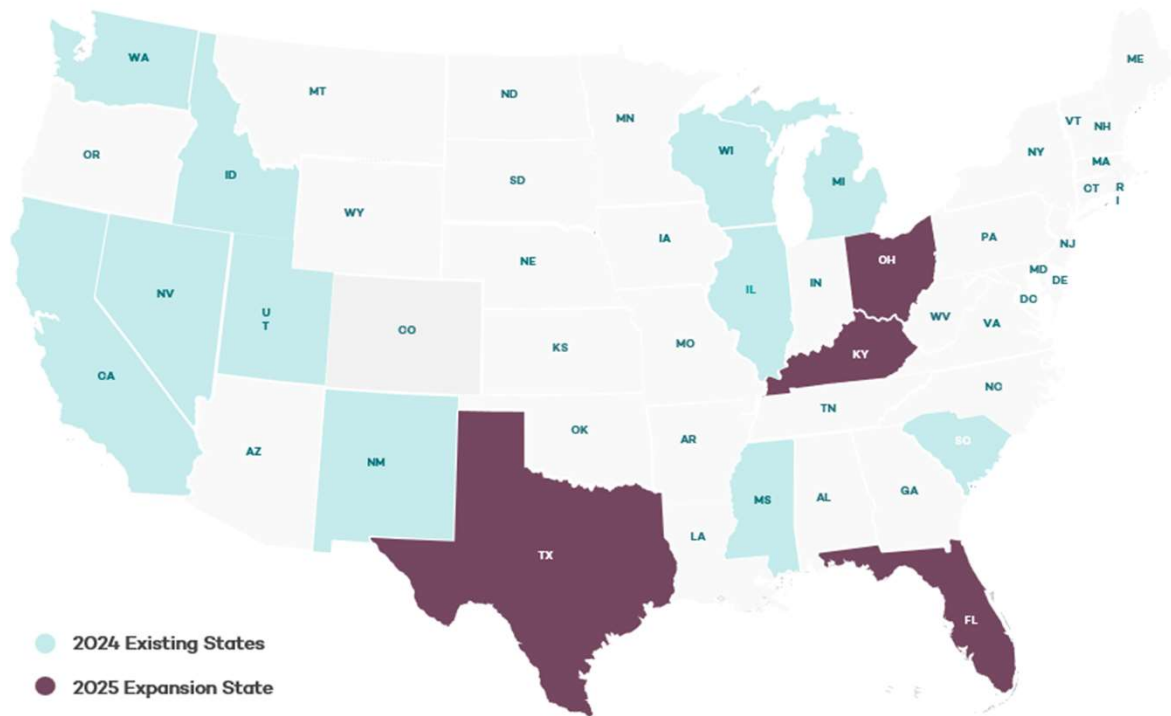


“This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call your insurance agent or Molina Healthcare.”

# Service Areas



## 2025 National Footprint



State	NEW Counties Effective 2025	2024 Existing Counties	Total
CA	0	6	<b>6</b>
FL	5	12	<b>17</b>
ID	0	7	<b>7</b>
IL	0	5	<b>5</b>
KY	5	25	<b>30</b>
MI	0	17	<b>17</b>
MS	Statewide	82	<b>82</b>
NM	Statewide	33	<b>33</b>
NV	0	7	<b>7</b>
OH	15	63	<b>78</b>
SC	0	45	<b>45</b>
TX	10	14	<b>24</b>
UT	0	13	<b>13</b>
WA	0	18	<b>18</b>
WI	0	29	<b>29</b>
<b>Total</b>	<b>35</b>	<b>376</b>	<b>411</b>

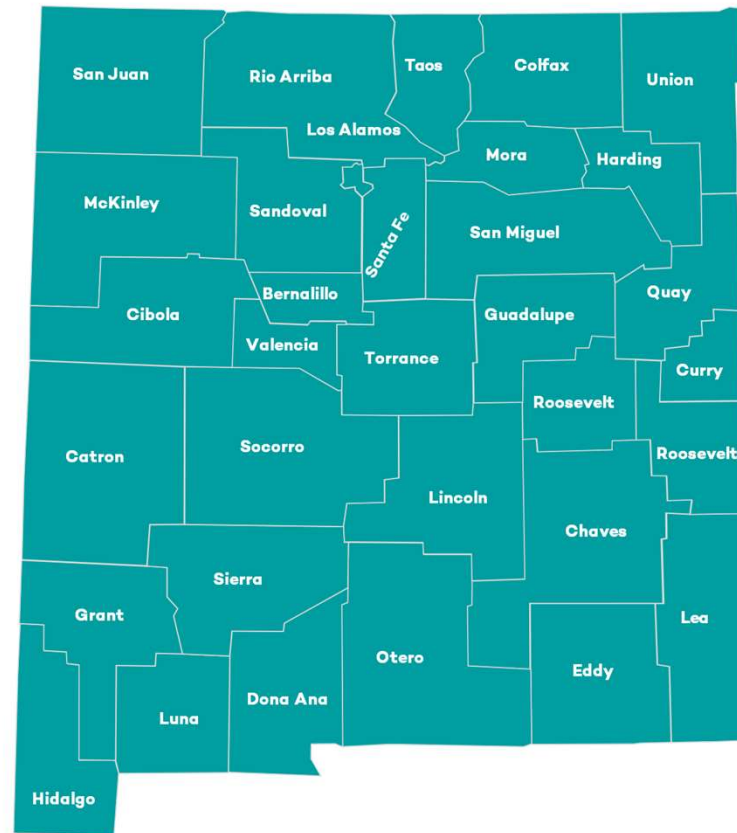
# Service Areas



## State Coverage: New Mexico

### Molina serves these New Mexico counties

- 1. Bernalillo
- 2. Catron
- 3. Chaves
- 4. Cibola
- 5. Colfax
- 6. Curry
- 7. De Baca
- 8. Dona Ana
- 9. Eddy
- 10. Grant
- 11. Guadalupe
- 12. Harding
- 13. Hidalgo
- 14. Lea
- 15. Lincoln
- 16. Los Alamos
- 17. Luna
- 18. McKinley
- 19. Mora
- 20. Otero
- 21. Quay
- 22. Rio Arriba
- 23. Roosevelt
- 24. San Juan
- 25. San Miguel
- 26. Sandoval
- 27. Santa Fe
- 28. Sierra
- 29. Socorro
- 30. Taos
- 31. Torrance
- 32. Union
- 33. Valencia



# Hospitals – New Mexico



## Bernalillo County:

- Heart Hospital of NM @ Lovelace Medical Center
- Lovelace Medical Center – Downtown
- Lovelace Westside Hospital
- Lovelace Women's Hospital
- Lovelace UNM Rehabilitation Hospital
- UNM Cancer Research and Treatment Center
- UNM Health Sciences Center

## Chaves County:

- Eastern New Mexico Medical Center
- Lovelace Roswell Regional Hospital

## Cibola County:

- Cibola General Hospital

## Colfax County:

- Miners Colfax Medical Center

## Curry County:

- Clovis Plains Regional Medical Center

## Dona Ana County:

- Mountain View Regional Medical Center

## Eddy County:

- Artesia General Hospital
- Carlsbad Medical Center

## Grant County:

- Gila Regional Medical Center

## Guadalupe County:

- Guadalupe County Hospital

## Lea County:

- Lea Regional Medical Center
- Nor Lea Hospital District

## Lincoln County:

- Lincoln County Medical Center

## Los Alamos County:

- Los Alamos Medical Center

## Luna County:

- Mimbres Memorial Hospital

## McKinley County:

- Rehoboth McKinley Christian Health Care Services

## Otero County:

- Gerald Champion Regional Medical Center

## Quay County:

- Dan C Trigg Memorial Hospital

## Rio Arriba County:

- Presbyterian Espanola Hospital

## Roosevelt County:

- Roosevelt General Hospital

## San Juan County:

- San Juan Regional Medical Center

## Sandoval County:

- UNM Sandoval Regional Medical Center

## Santa Fe County:

- Santa Fe Presbyterian Medical Center
- Christus St Vincent Physicians Medical Center
- Christus St Vincent Hospital

## Sierra County:

- Sierra Vista Hospital

## Socorro County:

- Socorro General Hospital

## Taos County:

- Holy Cross Hospital

## Union County:

- Union County General Hospital

## Las Vegas, NM:

- Alta Vista Regional Hospital

## El Paso, TX:

- El Paso Children's Hospital
- The Hospitals of Providence East Campus
- The Hospitals of Providence Horizon City Campus
- The Hospitals of Providence Memorial Campus
- The Hospitals of Providence Transmountain Campus

## Lubbock, TX:

- Covenant Medical Center
- Covenant Children's Hospital
- Covenant Specialty Hospital
- Grace Surgical Hospital

## Show Low, AZ:

- Summit Healthcare Regional Medical Center

# PY 2025 Offerings

2025

## Molina Marketplace Benefits At A Glance - New Mexico

Affordable, quality health coverage for all. Learn more at [ChooseMolina.com](https://www.ChooseMolina.com)

Call today! (833) 543-1893 (TTY: 711)



	Molina Gold with Low Cost Generic Rx		Molina Clear Cost Silver Plan			
	Molina Gold On Exchange Low Cost Generic Rx	Molina Turquoise 3 Low Cost Generic Rx EXTRA SAVINGS Molina Native American Gold LCS EXTRA SAVINGS	Molina Clear Cost Silver 73	Molina Clear Cost Silver On Exchange	Molina Clear Cost Turquoise 1 EXTRA SAVINGS	Molina Clear Cost Turquoise 2 EXTRA SAVINGS
<b>VALUE BASICS</b>						
Teladoc Virtual Care Visits 24/7/365	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Annual Wellness Visit - Adults	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Routine Preventive Screenings - Children & Adults	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Routine Vision Exams and Eyewear - Children (Ages 0-18)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preventive Prescription Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
24-Hour Nurse Advice Line	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
<b>BENEFITS AND COST SHARE HIGHLIGHTS</b>						
Deductible (Ind/Fam)	\$1,550 / \$3,100	\$500 / \$1,000	\$4,500 / \$9,000	\$4,800 / \$9,600	\$0 / \$0	\$90 / \$180
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$8,100 / \$16,200	\$3,000 / \$6,000	\$6,800 / \$13,600	\$8,400 / \$16,800	\$200 / \$400	\$900 / \$1,800
Emergency Room Facility	25%	10%	\$255 with ded	\$300 with ded	\$30	\$40 with ded
Urgent Care Services	\$20	\$10	\$90	\$100	\$3	\$10
<small><sup>9</sup>Mail-order is available for non-specialty drugs marked "MAIL" on the formulary. For mail-order Rx, a 90-day supply is provided at three times (3x) the 30-day retail cost-sharing amount.</small>			<b>SERVICES WITHOUT ANY DEDUCTIBLE</b>			

# PY 2025 Offerings

2025

## Molina Marketplace Benefits At A Glance - New Mexico



	Molina Gold with Low Cost Generic Rx		Molina Clear Cost Silver Plan			
	Molina Gold On Exchange Low Cost Generic Rx	Molina Turquoise 3 Low Cost Generic Rx EXTRA SAVINGS Molina Native American Gold LCS EXTRA SAVINGS	Molina Clear Cost Silver 73	Molina Clear Cost Silver On Exchange	Molina Clear Cost Turquoise 1 EXTRA SAVINGS	Molina Clear Cost Turquoise 2 EXTRA SAVINGS
<b>INPATIENT SERVICES</b>						
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	25% after ded	10% after ded	\$255 per visit with ded	\$300 per visit with ded	\$30 per visit	\$40 per visit with ded
<b>OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES</b>						
Primary Care	\$20	\$10	\$40	\$50	\$0	\$5
Specialty Care	\$50	\$25	\$90	\$100	\$3	\$10
Rehabilitative and Habilitative Services	\$20	\$10	\$40	\$50	\$0	\$5
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$0	\$0	\$0	\$0	\$0
<b>OUTPATIENT HOSPITAL FACILITY SERVICES</b>						
Outpatient Facility Fee	25% after ded	10% after ded	\$250	\$300	\$5	\$35
Outpatient Professional Fee	25% after ded	10% after ded	\$250	\$300	\$5	\$35
Advanced Imaging and Specialized Scanning Services	25% after ded	10% after ded	\$90	\$100	\$3	\$10
Routine X- Ray and Diagnostic Services	25% after ded	10% after ded	\$90	\$100	\$3	\$10
Laboratory Tests	\$15	\$10	\$90	\$100	\$3	\$10

<sup>1</sup>Mail-order is available for non-specialty drugs marked "MAIL" on the formulary. For mail-order Rx, a 90-day supply is provided at three times (3x) the 30-day retail cost-sharing amount.

**SERVICES WITHOUT ANY DEDUCTIBLE**

# PY 2025 Offerings

2025

## Molina Marketplace Benefits At A Glance - New Mexico



	Molina Gold with Low Cost Generic Rx		Molina Clear Cost Silver Plan			
	Molina Gold On Exchange Low Cost Generic Rx	Molina Turquoise 3 Low Cost Generic Rx EXTRA SAVINGS Molina Native American Gold LCS EXTRA SAVINGS	Molina Clear Cost Silver 73	Molina Clear Cost Silver On Exchange	Molina Clear Cost Turquoise 1 EXTRA SAVINGS	Molina Clear Cost Turquoise 2 EXTRA SAVINGS

PRESCRIPTION DRUGS §						
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Tier-1: Preferred Generic	\$15	\$5	\$30	\$35	\$0	\$3
Tier-2: Preferred Brand and Non-Preferred Generic	\$50 after ded	\$35 after ded	\$45	\$50	\$3	\$10
Tier-3: Preferred Specialty	25% after ded	15% after ded	\$95	\$100	\$10	\$25
Tier-4: Non-Preferred Brand	28% after ded	18% after ded	\$205 with ded	\$250 with ded	\$15	\$50 with ded
Tier-5: Non-Preferred Specialty	30% after ded	20% after ded	\$240	\$250	\$25	\$65

§Mail-order is available for non-specialty drugs marked "MAIL" on the formulary. For mail-order Rx, a 90-day supply is provided at three times (3x) the 30-day retail cost-sharing amount.

SERVICES WITHOUT ANY DEDUCTIBLE



# PY 2025 Offerings

2025

## Molina Marketplace Benefits At A Glance - New Mexico



	Molina Silver with Low Cost Generic Drugs			
	Molina Silver 73 Low Cost Generic Rx	Molina Silver On Exchange Low Cost Generic Rx	Molina Silver Low Cost Generic Rx Turquoise 1 EXTRA SAVINGS	Molina Silver Low Cost Generic Rx Turquoise 2 EXTRA SAVINGS
<b>VALUE BASICS</b>				
Teladoc Virtual Care Visits 24/7/365	No Charge	No Charge	No Charge	No Charge
Annual Wellness Visit - Adults	No Charge	No Charge	No Charge	No Charge
Routine Preventive Screenings - Children & Adults	No Charge	No Charge	No Charge	No Charge
Routine Vision Exams and Eyewear - Children (Ages 0-18)	No Charge	No Charge	No Charge	No Charge
Preventive Prescription Drugs	No Charge	No Charge	No Charge	No Charge
24-Hour Nurse Advice Line	No Charge	No Charge	No Charge	No Charge
<b>BENEFITS AND COST SHARE HIGHLIGHTS</b>				
Deductible (Ind/Fam)	\$4,250 / \$8,500	\$4,500 / \$9,000	\$0 / \$0	\$80 / \$160
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$6,775 / \$13,550	\$8,400 / \$16,800	\$195 / \$390	\$875 / \$1,750
Emergency Room Facility	\$250 after ded	\$300 after ded	\$30	\$40 after ded
Urgent Care Services	\$65	\$65	\$3	\$10

\*Mail-order is available for non-specialty drugs marked "MAIL" on the formulary. For mail-order Rx, a 90-day supply is provided at three times (3x) the 30-day retail cost-sharing amount.

SERVICES WITHOUT ANY DEDUCTIBLE

# PY 2025 Offerings

2025

## Molina Marketplace Benefits At A Glance - New Mexico



	Molina Silver with Low Cost Generic Drugs			
	Molina Silver 73 Low Cost Generic Rx	Molina Silver On Exchange Low Cost Generic Rx	Molina Silver Low Cost Generic Rx Turquoise 1 EXTRA SAVINGS	Molina Silver Low Cost Generic Rx Turquoise 2 EXTRA SAVINGS
<b>INPATIENT SERVICES</b>				
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	\$250 after ded	\$300 after ded	\$30	\$40 after ded
<b>OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES</b>				
Primary Care	\$35	\$40	\$0	\$3
Specialty Care	\$90	\$90	\$3	\$10
Rehabilitative and Habilitative Services	\$35	\$40	\$0	\$3
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$0	\$0	\$0
<b>OUTPATIENT HOSPITAL FACILITY SERVICES</b>				
Outpatient Facility Fee	\$250	\$300	\$15	\$35
Outpatient Professional Fee	\$250	\$300	\$15	\$35
Advanced Imaging and Specialized Scanning Services	\$95 after ded	\$100 after ded	\$3	\$10 after ded
Routine X- Ray and Diagnostic Services	\$90	\$100	\$5	\$10
Laboratory Tests	\$45	\$45	\$3	\$10

<sup>§</sup>Mail-order is available for non-specialty drugs marked "MAIL" on the formulary. For mail-order Rx, a 90-day supply is provided at three times (3x) the 30-day retail cost-sharing amount.

**SERVICES WITHOUT ANY DEDUCTIBLE**

# PY 2025 Offerings

2025

## Molina Marketplace Benefits At A Glance - New Mexico



	Molina Silver with Low Cost Generic Drugs			
	Molina Silver 73 Low Cost Generic Rx	Molina Silver On Exchange Low Cost Generic Rx	Molina Silver Low Cost Generic Rx Turquoise 1 EXTRA SAVINGS	Molina Silver Low Cost Generic Rx Turquoise 2 EXTRA SAVINGS
<b>PRESCRIPTION DRUGS §</b>				
Preventive Drugs	No Charge	No Charge	No Charge	No Charge
Tier-1: Preferred Generic	\$20	\$25	\$0	\$2
Tier-2: Preferred Brand and Non-Preferred Generic	\$50	\$55	\$3	\$10
Tier-3: Preferred Specialty	18% after ded	18% after ded	8%	8% after ded
Tier-4: Non-Preferred Brand	20% after ded	20% after ded	10%	10% after ded
Tier-5: Non-Preferred Specialty	22% after ded	22% after ded	12%	12% after ded

§Mail-order is available for non-specialty drugs marked "MAIL" on the formulary. For mail-order Rx, a 90-day supply is provided at three times (3x) the 30-day retail cost-sharing amount.

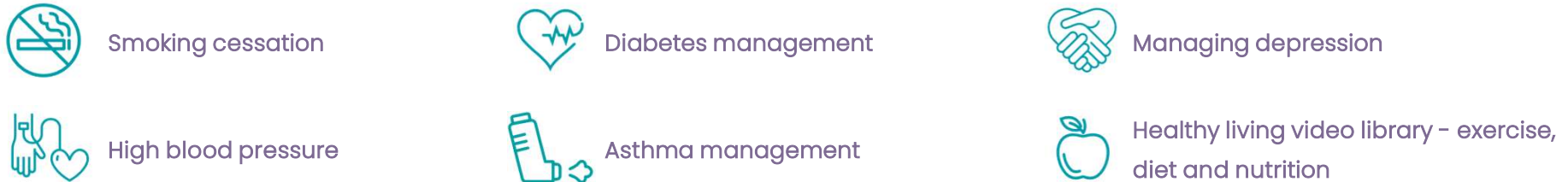
SERVICES WITHOUT ANY DEDUCTIBLE

# Additional Benefits



## Molina Healthy Rewards (formerly known as 'My Health Perks')

Molina is proud to offer our wellness program called Molina Healthy Rewards.



**Members can earn a \$200 gift card!** Molina Healthy Rewards offers a \$200 gift card for all states to all eligible members (18+) on their health plan who complete the steps below.

- Log in to their My Molina portal
- Complete the Molina Healthy Rewards Molina Wellness Assessment
- Complete their annual physical - Visit your primary care provider (PCP) for their annual Wellness Examination at no cost to or request a covered In-Home Assessment from Care Connections.

\*Rewards and program benefits are available for redemption only while the Subscriber or eligible Dependent is currently enrolled with a Molina Marketplace Health Plan. Molina Healthy Rewards is a voluntary program. It is available to all Subscribers and dependents 18 years or older at no cost.

# Resources for Members



Provider Directory <https://molina.sapphirethreesixtyfive.com/?ci=nm-marketplace>

Provider directory platform designed to enhance the Molina member experience by enabling ease of use and ease of search to pinpoint the right provider information in order to obtain the right care .

BeWellNM Site <https://getcovered.bewellnm.com/individual/>

One-time payment site that does not require a member portal login and can be accessed without a subscriber ID, just last 4 of SSN, DOB, and ZIP code .

If you want to buy a plan, please go to BeWellNM Enrollment Site <https://bewellnm.com/>

Molina Marketplace Site <https://molinamarketplace.com>

Award-winning public website with ACA-specific content and easy-to-access resources geared toward our brokers, members, and providers .

Molina Healthcare of New Mexico Member Services Number: 1-888-295-7651

# Point of Contact for Brokers/ECs



Molina Healthcare Broker Services Unit

Main Number: 1-855-885-3179

Hours: 6:00 AM – 6:00 PM MT, Monday – Friday (MST)

Broker Portal: [Account.EvolveNXT.com](https://Account.EvolveNXT.com)

Broker Services: [MPBrokerSupport@MolinaHealthcare.com](mailto:MPBrokerSupport@MolinaHealthcare.com)

# QUESTIONS?



# Thank You



This presentation is on the Assistance Network Resource page. You will also receive an email with a link to the presentation and a meeting survey.

## We are here to help:

- Customer Engagement Center – 1-833-862-3935
- Assister questions and support – [partners@nmhix.com](mailto:partners@nmhix.com)
- Tonya Bruno, Director of Outreach and Partnerships – [tbruno@nmhix.com](mailto:tbruno@nmhix.com)
- Nathan Garduno, Broker Relations Specialist – [ngarduno@nmhix.com](mailto:ngarduno@nmhix.com)



# Networking