

Subject: Important Plan Changes New Mexico Small Group 2025

Dear Group Administrator:

On your plan renewal date, there may be some changes to the benefits offered in your current plan(s).

Included with this letter is a list of those Blue Cross and Blue Shield of New Mexico small group plans that have benefit changes. If your plan(s) are not listed, there are no changes to them. See your Benefit Booklet for any additional changes due to federal or state mandates.

Your next steps:

- Find the seven-digit plan ID for your current plan(s) in the “Current Health Plans” section of your renewal exhibit
- Use the seven-digit plan ID to find your group’s benefit changes in the “Plan Changes” document

If you would like to keep your current plan(s) at renewal, nothing else is needed. Your plan(s) will continue with no interruption. If you would like to make a change, contact your broker or call us with questions. A Benefit Program Application Amendment must be completed and returned to us for any changes to your group’s coverage.

Our goal is to serve your health care coverage needs through all of life’s changes. If you have any questions, our team stands ready to help.

Sincerely,

Blue Cross and Blue Shield of New Mexico

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Platinum 111 - Off Exchange; P811PPO

- Your in-network individual Deductible will change to \$350.
- Your in-network family Deductible will change to \$1,050.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,700.
- Your in-network family Out-of-Pocket Maximum will change to \$11,100.
- Your out-of-network individual Deductible will change to \$700.
- Your out-of-network family Deductible will change to \$2,100.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$7,400.
- Your out-of-network family Out-of-Pocket Maximum will change to \$22,200.
- Your Primary Care Provider office visit copayment will change to \$10.
- Your Specialist Office Visit copayment will change to \$40.
- Your Emergency Room Services copayment will change to \$550.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue PPO Platinum 110 - Off Exchange; P810PPO

- Your in-network individual Deductible will change to \$600.
- Your in-network family Deductible will change to \$1,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,700.
- Your in-network family Out-of-Pocket Maximum will change to \$5,100.
- Your out-of-network individual Deductible will change to \$1,200.
- Your out-of-network family Deductible will change to \$3,600.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$3,400.
- Your out-of-network family Out-of-Pocket Maximum will change to \$10,200.
- Your Primary Care Provider office visit copayment will change to \$25.
- Your Specialist Office Visit copayment will change to \$55.
- Your Emergency Room Services copayment will change to \$450.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Platinum 301 - Off Exchange; P730PPO

- Your in-network individual Deductible will change to \$850.
- Your in-network family Deductible will change to \$2,550.
- Your in-network individual Out-of-Pocket Maximum will change to \$2,700.
- Your in-network family Out-of-Pocket Maximum will change to \$8,100.
- Your out-of-network individual Deductible will change to \$1,700.
- Your out-of-network family Deductible will change to \$5,100.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$8,100.
- Your out-of-network family Out-of-Pocket Maximum will change to \$24,300.
- Your Primary Care Provider office visit copayment will change to \$25.
- Your Specialist Office Visit copayment will change to \$55.
- Your Emergency Room Services copayment will change to \$400.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue PPO Gold 104 - Off Exchange; G822PPO

- Your in-network individual Deductible will change to \$1,100.
- Your in-network family Deductible will change to \$2,200.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,900.
- Your in-network family Out-of-Pocket Maximum will change to \$17,800.
- Your out-of-network individual Deductible will change to \$2,200.
- Your out-of-network family Deductible will change to \$4,400.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$26,700.
- Your out-of-network family Out-of-Pocket Maximum will change to \$53,400.
- Your Primary Care Provider office visit copayment will change to \$50.
- Your Specialist Office Visit copayment will change to \$80.
- Your Emergency Room Services copayment will change to \$700.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Gold 114 - Off Exchange; G7E1PPO

- Your in-network individual Deductible will change to \$1,350.
- Your in-network family Deductible will change to \$4,050.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,100.
- Your in-network family Out-of-Pocket Maximum will change to \$16,200.
- Your out-of-network individual Deductible will change to \$3,200.
- Your out-of-network family Deductible will change to \$9,600.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$16,200.
- Your out-of-network family Out-of-Pocket Maximum will change to \$32,400.
- Your Primary Care Provider office visit copayment will change to \$40.
- Your Specialist Office Visit copayment will change to \$65.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue PPO Gold 102 - Off Exchange; G820PPO

- Your in-network individual Deductible will change to \$1,600.
- Your in-network family Deductible will change to \$4,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,100.
- Your in-network family Out-of-Pocket Maximum will change to \$14,200.
- Your out-of-network individual Deductible will change to \$3,200.
- Your out-of-network family Deductible will change to \$9,600.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,300.
- Your out-of-network family Out-of-Pocket Maximum will change to \$42,600.
- Your Primary Care Provider office visit copayment will change to \$40.
- Your Specialist Office Visit copayment will change to \$70.
- Your Emergency Room Services copayment will change to \$650.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Gold 103 - Off Exchange; G821PPO

- Your in-network individual Deductible will change to \$1,850.
- Your in-network family Deductible will change to \$5,550.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,200.
- Your in-network family Out-of-Pocket Maximum will change to \$16,400.
- Your out-of-network individual Deductible will change to \$3,700.
- Your out-of-network family Deductible will change to \$11,100.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$24,600.
- Your out-of-network family Out-of-Pocket Maximum will change to \$49,200.
- Your Primary Care Provider office visit copayment will change to \$40.
- Your Specialist Office Visit copayment will change to \$75.
- Your Emergency Room Services copayment will change to \$700.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue PPO Gold 107 - Off Exchange; G823PPO

- Your in-network individual Deductible will change to \$2,100.
- Your in-network family Deductible will change to \$6,300.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,700.
- Your in-network family Out-of-Pocket Maximum will change to \$17,100.
- Your out-of-network individual Deductible will change to \$4,200.
- Your out-of-network family Deductible will change to \$12,600.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$11,400.
- Your out-of-network family Out-of-Pocket Maximum will change to \$34,200.
- Your Primary Care Provider office visit copayment will change to \$45.
- Your Specialist Office Visit copayment will change to \$85.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Gold 115 - Off Exchange; G7E3PPO

- Your in-network individual Deductible will change to \$2,600.
- Your in-network family Deductible will change to \$7,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,050.
- Your in-network family Out-of-Pocket Maximum will change to \$14,100.
- Your out-of-network individual Deductible will change to \$5,200.
- Your out-of-network family Deductible will change to \$15,600.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,100.
- Your out-of-network family Out-of-Pocket Maximum will change to \$28,200.
- Your Primary Care Provider office visit copayment will change to \$35.
- Your Specialist Office Visit copayment will change to \$70.
- Your Emergency Room Services copayment will change to \$650.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue PPO Gold 302 - Off Exchange; G730PPO

- Your in-network individual Deductible will change to \$3,100.
- Your in-network family Deductible will change to \$9,300.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,200.
- Your in-network family Out-of-Pocket Maximum will change to \$16,400.
- Your out-of-network individual Deductible will change to \$6,200.
- Your out-of-network family Deductible will change to \$18,600.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$16,400.
- Your out-of-network family Out-of-Pocket Maximum will change to \$32,800.
- Your Primary Care Provider office visit copayment will change to \$50.
- Your Specialist Office Visit copayment will change to \$75.
- Your Emergency Room Services copayment will change to \$500.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Silver 106 - Off Exchange; S831PPO

- Your in-network individual Deductible will change to \$4,250.
- Your in-network family Deductible will change to \$12,750.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,050.
- Your in-network family Out-of-Pocket Maximum will change to \$18,100.
- Your out-of-network individual Deductible will change to \$8,500.
- Your out-of-network family Deductible will change to \$25,500.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$27,150.
- Your out-of-network family Out-of-Pocket Maximum will change to \$54,300.
- Your Primary Care Provider office visit copayment will change to \$55.
- Your Specialist Office Visit copayment will change to \$85.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue PPO Silver 117 - Off Exchange; S7E7PPO

- Your in-network individual Deductible will change to \$6,300.
- Your in-network family Deductible will change to \$12,600.
- Your out-of-network individual Deductible will change to \$12,600.
- Your out-of-network family Deductible will change to \$25,200.
- Your Primary Care Provider office visit copayment will change to \$70.
- Your Specialist Office Visit copayment will change to \$100.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Silver 108 - Off Exchange; S833PPO

- Your in-network individual Deductible will change to \$6,800.
- Your in-network family Deductible will change to \$13,600.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400.
- Your out-of-network individual Deductible will change to \$13,600.
- Your out-of-network family Deductible will change to \$27,200.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,400.
- Your out-of-network family Out-of-Pocket Maximum will change to \$55,200.
- Your Primary Care Provider office visit copayment will change to \$65.
- Your Specialist Office Visit copayment will change to \$100.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue PPO Bronze 303 - Off Exchange; B730PPO

- Your in-network individual Deductible will change to \$9,100.
- Your in-network family Deductible will change to \$18,200.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,100.
- Your in-network family Out-of-Pocket Maximum will change to \$18,200.
- Your out-of-network individual Deductible will change to \$18,200.
- Your out-of-network family Deductible will change to \$36,400.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,200.
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,400.
- Your Primary Care Provider office visit copayment will change to \$45.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Silver 105 - Off Exchange HSA; S830PPO

- Your in-network individual Deductible will change to \$3,300.
- Your in-network family Deductible will change to \$9,900.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,350.
- Your in-network family Out-of-Pocket Maximum will change to \$12,700.
- Your out-of-network individual Deductible will change to \$6,600.
- Your out-of-network family Deductible will change to \$19,800.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,700.
- Your out-of-network family Out-of-Pocket Maximum will change to \$25,400.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue PPO Silver 116 - Off Exchange HSA; S7E4PPO

- Your in-network individual Deductible will change to \$3,600.
- Your in-network family Deductible will change to \$10,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,850.
- Your in-network family Out-of-Pocket Maximum will change to \$13,700.
- Your out-of-network individual Deductible will change to \$7,200.
- Your out-of-network family Deductible will change to \$21,600.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$13,700.
- Your out-of-network family Out-of-Pocket Maximum will change to \$27,400.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue PPO Bronze 134 - Off Exchange HSA; B832PPO

- Your in-network individual Deductible will change to \$7,300.
- Your in-network family Deductible will change to \$14,600.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,300.
- Your in-network family Out-of-Pocket Maximum will change to \$14,600.
- Your out-of-network individual Deductible will change to \$14,600.
- Your out-of-network family Deductible will change to \$29,200.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,600.
- Your out-of-network family Out-of-Pocket Maximum will change to \$29,200.
- Your Emergency Room Services copayment will change to \$800.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue Preferred Platinum EPO 128 - Off Exchange; P821PFR

- Your in-network individual Out-of-Pocket Maximum will change to \$2,700.
- Your in-network family Out-of-Pocket Maximum will change to \$8,100.
- Your Primary Care Provider office visit copayment will change to \$15.
- Your Specialist Office Visit copayment will change to \$45.
- Your Emergency Room Services copayment will change to \$350.
- Your in-network Outpatient Surgery in a facility setting copayment will change to \$350.
- Your in-network Outpatient Surgery in a hospital setting copayment will change to \$350.
- Your in-network Facility Lab services copayment will change to \$15.
- Your in-network Hospital Lab services copayment will change to \$15.
- Your in-network Facility X-ray services copayment will change to \$15.
- Your in-network Hospital X-ray services copayment will change to \$15.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Platinum EPO 127 - Off Exchange; P820PFR

- Your in-network individual Deductible will change to \$600.
- Your in-network family Deductible will change to \$1,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,700.
- Your in-network family Out-of-Pocket Maximum will change to \$5,100.
- Your Primary Care Provider office visit copayment will change to \$25.
- Your Specialist Office Visit copayment will change to \$55.
- Your Emergency Room Services copayment will change to \$450.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services

Blue Preferred Platinum EPO 301 - Off Exchange; P730PFR

- Your in-network individual Deductible will change to \$850.
- Your in-network family Deductible will change to \$2,550.
- Your in-network individual Out-of-Pocket Maximum will change to \$2,700.
- Your in-network family Out-of-Pocket Maximum will change to \$8,100.
- Your Primary Care Provider office visit copayment will change to \$25.
- Your Specialist Office Visit copayment will change to \$55.
- Your Emergency Room Services copayment will change to \$400.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Gold EPO 122 - Off Exchange; G832PFR

- Your in-network individual Deductible will change to \$850.
- Your in-network family Deductible will change to \$2,550.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,900.
- Your in-network family Out-of-Pocket Maximum will change to \$17,800.
- Your Primary Care Provider office visit copayment will change to \$40.
- Your Specialist Office Visit copayment will change to \$70.
- Your Emergency Room Services copayment will change to \$700.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Preferred Gold EPO 123 - Off Exchange; G833PFR

- Your in-network individual Deductible will change to \$1,100.
- Your in-network family Deductible will change to \$2,200.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,900.
- Your in-network family Out-of-Pocket Maximum will change to \$17,800.
- Your Primary Care Provider office visit copayment will change to \$50.
- Your Specialist Office Visit copayment will change to \$80.
- Your Emergency Room Services copayment will change to \$700.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Gold EPO 129 - Off Exchange; G835PFR

- Your in-network individual Deductible will change to \$1,600.
- Your in-network family Deductible will change to \$4,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,700.
- Your in-network family Out-of-Pocket Maximum will change to \$17,100.
- Your Primary Care Provider office visit copayment will change to \$50.
- Your Specialist Office Visit copayment will change to \$80.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Preferred Gold EPO 130 - Off Exchange; G836PFR

- Your in-network individual Deductible will change to \$2,100.
- Your in-network family Deductible will change to \$6,300.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,950.
- Your in-network family Out-of-Pocket Maximum will change to \$13,900.
- Your Primary Care Provider office visit copayment will change to \$40.
- Your Specialist Office Visit copayment will change to \$75.
- Your Emergency Room Services copayment will change to \$700.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Gold EPO 208 - Off Exchange; G801PFR

- Your in-network individual Deductible will change to \$2,600.
- Your in-network family Deductible will change to \$7,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,050.
- Your in-network family Out-of-Pocket Maximum will change to \$14,100.
- Your Primary Care Provider office visit copayment will change to \$35.
- Your Specialist Office Visit copayment will change to \$70.
- Your Emergency Room Services copayment will change to \$650.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Preferred Gold EPO 302 - Off Exchange; G730PFR

- Your in-network individual Deductible will change to \$3,100.
- Your in-network family Deductible will change to \$9,300.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,200.
- Your in-network family Out-of-Pocket Maximum will change to \$16,400.
- Your Primary Care Provider office visit copayment will change to \$50.
- Your Specialist Office Visit copayment will change to \$75.
- Your Emergency Room Services copayment will change to \$500.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Silver EPO 131 - Off Exchange; S842PFR

- Your in-network individual Deductible will change to \$5,900.
- Your in-network family Deductible will change to \$11,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,150.
- Your in-network family Out-of-Pocket Maximum will change to \$18,300.
- Your Primary Care Provider office visit copayment will change to \$65.
- Your Specialist Office Visit copayment will change to \$100.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Preferred Silver EPO 136 - Off Exchange; S7E5PFR

- Your in-network individual Deductible will change to \$6,300.
- Your in-network family Deductible will change to \$12,600.
- Your Primary Care Provider office visit copayment will change to \$70.
- Your Specialist Office Visit copayment will change to \$100.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Silver EPO 125 - Off Exchange; S840PFR

- Your in-network individual Deductible will change to \$7,500.
- Your in-network family Deductible will change to \$15,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400.
- Your Primary Care Provider office visit copayment will change to \$75.
- Your Specialist Office Visit copayment will change to \$100.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Preferred Bronze EPO 135 - Off Exchange; B7K1PFR

- Your in-network individual Deductible will change to \$9,200.
- Your in-network family Deductible will change to \$18,400.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400.
- Your Primary Care Provider office visit copayment will change to \$45.
- Your Specialist Office Visit copayment will change to be subject to coinsurance after plan deductible has been met.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Gold EPO 137 - Off Exchange HSA; G7E1PFR

- Your in-network individual Deductible will change to \$3,300.
- Your in-network family Deductible will change to \$9,900.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,300.
- Your in-network family Out-of-Pocket Maximum will change to \$9,900.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Preferred Silver EPO 135 - Off Exchange HSA; S7E1PFR

- Your in-network individual Deductible will change to \$3,600.
- Your in-network family Deductible will change to \$10,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,950.
- Your in-network family Out-of-Pocket Maximum will change to \$13,900.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Bronze EPO 134 - Off Exchange HSA; B832PFR

- Your in-network individual Deductible will change to \$7,300.
- Your in-network family Deductible will change to \$14,600.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,300.
- Your in-network family Out-of-Pocket Maximum will change to \$14,600.
- Your Emergency Room Services copayment will change to \$800.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue HMO Network Gold 204 - Off Exchange; G7E1HMO

- Your in-network individual Deductible will change to \$850.
- Your in-network family Deductible will change to \$2,550.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,950.
- Your in-network family Out-of-Pocket Maximum will change to \$13,900.
- Your Primary Care Provider office visit copayment will change to \$40.
- Your Specialist Office Visit copayment will change to \$65.
- Your Urgent Care Office Visit copayment will change to \$40.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue HMO Network Gold 205 - Off Exchange; G7E3HMO

- Your in-network individual Deductible will change to \$1,600.
- Your in-network family Deductible will change to \$4,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,200.
- Your in-network family Out-of-Pocket Maximum will change to \$14,400.
- Your Primary Care Provider office visit copayment will change to \$35.
- Your Specialist Office Visit copayment will change to \$70.
- Your Urgent Care Office Visit copayment will change to \$35.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue HMO Network Silver 202 - Off Exchange; S810HMO

- Your in-network individual Deductible will change to \$4,650.
- Your in-network family Deductible will change to \$13,950.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400.
- Your Primary Care Provider office visit copayment will change to \$60.
- Your Specialist Office Visit copayment will change to \$85.
- Your Urgent Care Office Visit copayment will change to \$60.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue HMO Network Gold 401 - Off Exchange; G7N1HMO

- Your in-network individual Deductible will change to \$3,100.
- Your in-network family Deductible will change to \$9,300.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,200.
- Your in-network family Out-of-Pocket Maximum will change to \$16,400.
- Your Primary Care Provider office visit copayment will change to \$50.
- Your Specialist Office Visit copayment will change to \$75.
- Your Urgent Care Office Visit copayment will change to \$50.
- Your Emergency Room Services copayment will change to \$550.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Advantage Gold HMO 401 - Off Exchange; G7N1ADT

- Your in-network individual Deductible will change to \$3,100.
- Your in-network family Deductible will change to \$9,300.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,200.
- Your in-network family Out-of-Pocket Maximum will change to \$16,400.
- Your Primary Care Provider office visit copayment will change to \$50.
- Your Specialist Office Visit copayment will change to \$75.
- Your Urgent Care Office Visit copayment will change to \$50.
- Your Emergency Room Services copayment will change to \$550.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Platinum HMO 210 - Off Exchange; P7J4ADT

- Your in-network individual Deductible will change to \$350.
- Your in-network family Deductible will change to \$1,050.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,700.
- Your in-network family Out-of-Pocket Maximum will change to \$11,100.
- Your Primary Care Provider office visit copayment will change to \$10.
- Your Specialist Office Visit copayment will change to \$35.
- Your Urgent Care Office Visit copayment will change to \$10.
- Your Emergency Room Services copayment will change to \$550.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Advantage Gold HMO 207 - Off Exchange; G7E1ADT

- Your in-network individual Deductible will change to \$850.
- Your in-network family Deductible will change to \$2,550.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,950.
- Your in-network family Out-of-Pocket Maximum will change to \$13,900.
- Your Primary Care Provider office visit copayment will change to \$40.
- Your Specialist Office Visit copayment will change to \$65.
- Your Urgent Care Office Visit copayment will change to \$40.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of New Mexico

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Gold HMO 209 - Off Exchange; G7J5ADT

- Your in-network individual Deductible will change to \$1,600.
- Your in-network family Deductible will change to \$4,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,700.
- Your in-network family Out-of-Pocket Maximum will change to \$13,400.
- Your Primary Care Provider office visit copayment will change to \$30.
- Your Specialist Office Visit copayment will change to \$85.
- Your Urgent Care Office Visit copayment will change to \$30.
- Your Emergency Room Services copayment will change to \$650.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Advantage Silver HMO 208 - Off Exchange; S7E3ADT

- Your in-network individual Deductible will change to \$5,850.
- Your in-network family Deductible will change to \$11,700.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,950.
- Your in-network family Out-of-Pocket Maximum will change to \$17,900.
- Your Primary Care Provider office visit copayment will change to \$75.
- Your Specialist Office Visit copayment will change to \$100.
- Your Urgent Care Office Visit copayment will change to \$75.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.