

New Mexico Mid-Market Large Group Standard Plan Changes effective 1/1/26

Existing Plan		Plan Updates
Plan ID	MNBP133005	MNBP135006
Plan Effective Date	01/01/2025 (effective through 12/31/2025)	01/01/2026
Provider Network Name	Blue Preferred	Blue Preferred
Product Name	Blue Preferred EPO HSA 100	Blue Preferred EPO HSA 100
Plan Name	Blue Preferred EPO HSA 100 \$3300/100%	Blue Preferred EPO HSA 100 \$3500/100%
Individual Deductible In Network	\$3,300	\$3,500
Family Deductible In Network	\$6,600	\$7,000
Individual OPX In Network	\$3,300	\$3,500
Family OPX In Network	\$6,600	\$7,000
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Plan ID	MNBE833005	MNBE835005
Provider Network Name	PPO	PPO
Plan Name	BlueEdge HSA \$3300/80%	BlueEdge HSA \$3500/80%
Plan Effective Date	01/01/2025 (effective through 12/31/2025)	07/01/2025
Individual Deductible In Network	\$3,300	\$3,500
Individual Deductible Out of Network	\$3,300	\$3,500
Family Deductible In Network	\$6,600	\$7,000
Family Deductible Out of Network	\$6,600	\$7,000
Individual OPX In Network	\$4,000	\$5,000
Individual OPX Out of Network	\$8,000	\$10,000
Family OPX In Network	\$12,000	\$15,000
Family OPX Out of Network	\$24,000	\$30,000
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Plan ID	MNBE133005	MNBE135002
Provider Network Name	PPO	PPO
Plan Name	BlueEdge HSA 100 \$3300/100%	BlueEdge HSA 100 \$3500/100%
Plan Effective Date	01/01/2025 (effective through 12/31/2025)	07/01/2022
Individual Deductible In Network	\$3,300	\$3,500
Individual Deductible Out of Network	\$6,600	\$7,000
Family Deductible In Network	\$6,600	\$7,000
Family Deductible Out of Network	\$13,200	\$14,000
Individual OPX In Network	\$3,300	\$3,500
Individual OPX Out of Network	\$9,900	\$10,500
Family OPX In Network	\$6,600	\$7,000
Family OPX Out of Network	\$19,800	\$21,000