



BlueCross BlueShield of New Mexico



2022 Open Enrollment Marketplace Kickoff

(Sponsored by bewellnm)

Blue Cross and Blue Shield of New Mexico, 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.
- This presentation, and the information contained within it, is current as of Sept 10. It is subject to change based on subsequent federal and state laws, regulations and guidance.
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2022 BCBSNM Highlights



MOST PLANS ARE RENEWING:

Most of our individual ACA plans are renewing – we're **discontinuing 2 Bronze plans and 2 catastrophic plans**

NEW PLAN:

Blue Community Gold HMOSM 601 – **ICHRA-complementary plan design, \$30 PCP and \$75 SPC copay**

NEW OFF-EXCHANGE PLAN:

Blue Community Bronze HMOSM 603 – **Low-cost Bronze plan with \$45 PCP copay**

\$0 BEHAVIORAL HEALTH:

Behavioral health – **\$0 member cost share** (NM SB317)

VIRTUAL VISITS:

Virtual Visits powered by MDLIVE – **7 plans with \$0 member cost share (medical)**

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Rate Changes

Our final 2022 rates are on average 4.50% **less** than last year.

And in 2021, they were on average 7.61% **less** than in 2020.

General Information
Form Schedule
Rate/Rule Schedule
Supporting Documentation
State Specific
Companies and Contact
Filing Fees
Filing Correspondence

The rate schedule has been marked public access.

Add Rate Data? Rate Data is Required

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

SERFF Tracking Number of Last Filing:

Company Name:	Company Rate Change? *	Overall % Indicated Change:	Overall % Rate Impact:
Health Care Service Corporation, a Mutual Legal Reserve Company	Decrease	-4.500 %	-4.500 %

[View Rate Review Detail](#)

Item No.		Schedule Item Status	Document Name: *	Affected Form Numbers: (Separate with commas)	Rate Action: *	Rate Action Information:
1		1 Approved Certified 08/23/2021	Rates Table Template		New	

Icon Legend: - Draft Schedule Item - Open Objection - Complete Rate Review Detail - Incomplete Rate Review Detail

Discontinued QHPs



Plan Name	Metallic	On or Off Exchange	Status
Blue Community Security HMO SM 200	Catastrophic	Off Exchange	Discontinued
		On Exchange	Discontinued
Blue Community Bronze HMO SM 201	Bronze	Off Exchange	Renewing
		On Exchange	Discontinued
Blue Community Bronze HMO SM 202	Bronze	Off Exchange	Renewing
		On Exchange	Discontinued

For Training
Purposes Only

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BCBSNM 2022 On- and Off-Exchange Plans



BCBSNM Plan Name	On or Off Exchange	Deductible	OPX**	Coins	PCP Office Visit	Specialist Visit	MDLIVE Medical Visit	Pref Generic (Tier 1‡)	Non-Pref Generic (Tier 2‡)	Pref Brand (Tier 3‡)
Blue Community Bronze HMO SM 201	OFF Only	\$8,000	\$8,700	50%	\$75	\$140	\$0	\$10	\$20	30%
Blue Community Bronze HMO SM 202*	OFF Only	\$4,500	\$7,000	40%	40%	40%	40%	20%	25%	30%
Blue Community Bronze HMO SM 302*	OFF Only	\$6,350	\$7,000	40%	40%	40%	40%	20%	25%	30%
Blue Community Bronze HMO SM 502*	OFF Only	\$5,000	\$7,050	50%	50%	50%	50%	20%	25%	30%
Blue Community Bronze HMOSM 603	OFF Only	\$6,000	\$8,700	50%	\$45	50%	\$0	20%	25%	30%
Blue Community Silver HMO SM 203	Both	\$2,500	\$8,700	40%	30%	40%	30%	20%	25%	30%
Blue Community Silver HMO SM 204	Both	\$2,200	\$8,700	40%	\$20	40%	\$0	\$0	\$15	30%
Blue Community Silver HMO SM 306	OFF Only	\$1,500	\$8,700	50%	40%	50%	\$0	20%	25%	30%
Blue Community Silver HMO SM 308	Both	\$8,700	\$8,700	0%	\$20	\$60	\$0	\$0	\$10	\$50
Blue Community Gold HMO SM 205	Both	\$750	\$8,700	30%	\$35	\$50	\$0	\$0	\$10	20%
Blue Community Gold HMO SM 206	OFF Only	\$750	\$8,700	30%	\$15	\$55	\$0	\$0	\$10	20%
Blue Community Gold HMOSM 601	Both	\$2,000	\$4,500	30%	\$30	\$75	\$0	\$0	\$10	\$50

Coinsurance applies after the medical deductible is met.

* HSA plan ** Out of Pocket Maximum (includes deductible) ‡ All prescription drug coinsurance percentages are subject to the deductible **Blue type: New plans**

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BCBSNM Retail Provider Network



Blue Community HMOSM

- Statewide network
- Added professionals and facilities to the existing statewide network.
- Includes in-network professionals and facilities in border areas.
- On and Off Exchange

**Provider network
includes approximately
41 hospitals &
8,000+ professionals**

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Telemedicine Benefits



- For plan year 2022, retail member cost share for telemedicine visits will be the same as in-person visits.
 - For example, if a member's cost share is \$35 for a PCP office visit and that provider offers telemedicine services, the cost share would be the same: \$35.
- 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.

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Virtual Visits *powered by* MDLIVE



- Non-emergency medical consults 24/7/365 by video
- Behavioral health consults 24/7/365 by video, by appointment only
- Utilizes MDLIVE's national network of physicians, typically not "local" physicians
- English and Spanish speaking physicians available. Other languages available via translation services
- Single sign-on to the MDLIVE portal from Blue Access for Members, Digital Member Hub and mobile app
- Integrated with Provider Finder[®]
- Warm transfers from 24/7 Nurseline and customer service to MDLIVE

Examples of Non-emergency Medical Needs	Examples of Behavioral Health Needs
Sinusitis	Depression
Allergies	Anxiety
Cold and flu	Coping with marital problems
Earache	Financial hardship
Fever	Coping with loss and grief
Pink eye	Stress management

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Prescription Drug Cost Share at Preferred Pharmacies



Preferred Pharmacies

Walgreens

Albertsons

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.

Plan Name	On or Off Exchange	Generic Preferred Tier 1	Generic Non Pref. Tier 2	Brand Preferred Tier 3	Brand Non Pref. Tier 4	Specialty Preferred Tier 5	Specialty Non Pref. Tier 6
Blue Community Bronze HMO 201	OFF only	\$10	\$20	30%	35%	45%	50%
Blue Community Bronze HMO 202*	OFF only	20%	25%	30%	35%	45%	50%
Blue Community Bronze HMO 302*	OFF only	20%	25%	30%	35%	45%	50%
Blue Community Bronze HMO 502*	OFF Only	20%	25%	30%	35%	45%	50%
Blue Community Bronze HMO 603	OFF Only	20%	25%	30%	35%	45%	50%
Blue Community Silver HMO 203	Both	20%	25%	30%	35%	45%	50%
Blue Community Silver HMO 204	Both	\$0	\$15	30%	35%	45%	50%
Blue Community Silver HMO 306	OFF Only	20%	25%	30%	35%	45%	50%
Blue Community Silver HMO 308	Both	\$0	\$10	\$50	0%	0%	0%
Blue Community Gold HMO 205	Both	\$0	\$10	20%	35%	45%	50%
Blue Community Gold HMO 206	OFF Only	\$0	\$10	20%	35%	45%	50%
Blue Community Gold HMO 601	Both	\$0	\$10	\$50	\$100	\$150	\$250

*All prescription drug coinsurance percentages are subject to the deductible.
Yellow highlight indicates plans with \$0 copay for Generic Preferred Tier 1 prescriptions.*

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Prescription and Pharmacy



Six-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 in previous slide)
 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.
- 90-day supply: Options for obtaining a 90-day supply of medications are available at 3x the 30-day retail copay from a Preferred Network pharmacy 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

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2022 Dental ACA Qualified Health Plans



- Standalone Dental Plans
- No plans added or discontinued
- Members changing health plans for 2022 with a dental policy need to re-enroll for dental
- When enrolling a member in medical coverage, review dental coverage questions carefully
- **NEW:** No waiting period requirement for major covered services

BlueCare DentalSM 1A & BlueCare Dental 4 KidsSM 1A feature:

- 100% coverage on most preventive services with in-network dentists
- Low \$50 deductible for in-network services
- Savings on all dental procedures up to annual \$1,500 max; unlimited annual max on BlueCare Dental 4 Kids 1A

BlueCare DentalSM 1B & BlueCare Dental 4 KidsSM 1B feature:

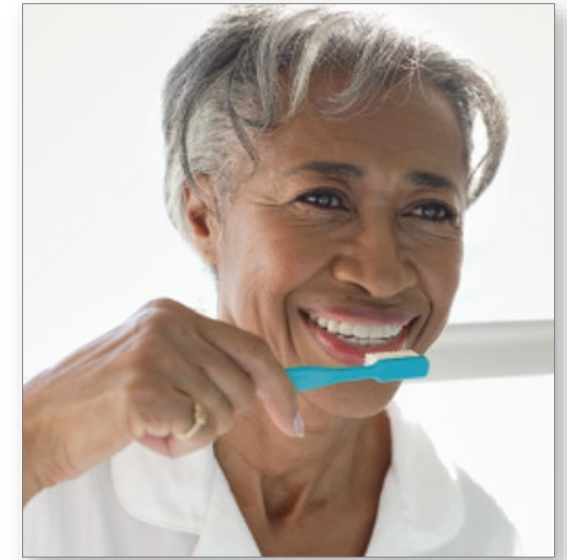
- Lower monthly premium (compared to 1A plans)
- 90% coverage on most preventive services provided by in-network dentists
- \$75 deductible for in-network services
- Savings on all dental procedures up to annual \$1,000 max; unlimited annual max on BlueCare Dental 4 Kids 1B

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BlueCare Dental Classic (non-ACA): Overview



- Geared to the Medicare Supplement and PDP member population
 - Members with retail QHP plans should be sold an ACA dental plan
 - Members with MAPD already have embedded dental benefits
- CoveragePlus Central Platform used to enroll new members
- Policy length is 12 months from effective date (unlike calendar year for ACA dental)
- No dependent coverage
- Uses Dental Network of America's (DNoA) PPO network
- **NEW:** No waiting period requirement for major covered services



Plans	Target Consumer Segment
BlueCare Dental Classic Premier SM	Consumers looking for a higher level of benefits
BlueCare Dental Classic Standard SM	Budget-conscious with needs beyond preventive services
BlueCare Dental Classic Basic SM	Only looking for preventive services and on a budget

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BlueCare Vision (non-ACA): Overview



- Non-ACA vision plans ideal for entire family providing for an eye exam with dilation and allowances for frames and lenses
- CoveragePlus Central Platform used to enroll new members
- Policy length is 12 months from the effective date
- Available for adults 18+, dependent coverage up to age 26
- Uses the EyeMed Select network
- BlueCare Vision sales and marketing materials available on the [Supply Portal](#) and the [Retail Producer Microsite](#).



Plans	Target Consumer Segment
BlueCare Vision Premier SM	Consumers looking for a higher level of benefits
BlueCare Vision Standard SM	Budget-conscious with needs beyond preventive services
BlueCare Vision Basic SM	Only looking for preventive services and on a budget

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A stylized graphic of a landscape. The foreground is a solid dark blue. The background features a light blue sky and a horizon line. On the left, there are three curved hills: a light green one on top, a yellow one in the middle, and a white one at the bottom. On the right, there is a single large blue hill. All hills are separated by white outlines.

Thank you for attending!