National Medicare Supplement – 2024

Blue Cross and Blue Shield of New Mexico

Medicare (Part A) Hospital Services — Per Benefit Period*

SERVICES	MEDICARE PAYS	THIS PLAN PAYS	YOU PAY**
Hospitalization*			
Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but $1,600	$1,600 (Part A deductible)	$0
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after:			
While using 60 lifetime reserve days	All but $800 a day	$800 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare eligible expenses	$0
Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $200 a day	Up to $200 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	$0	Balance

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Medicare (Parts A and B)			
SERVICES	**MEDICARE PAYS**	**THIS PLAN PAYS**	**YOU PAY****
Home Health Care			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment First $226 of Medicare-approved amounts	$0	$226 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0

Medicare (Part B) Medical Services — Per Calendar Year*

SERVICES	MEDICARE PAYS	THIS PLAN PAYS	YOU PAY**
Medical Expenses			
In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $226 of Medicare-approved amounts*	$0	$226 (Part B deductible)	$0
Remainder of Medicare-approved amounts	Generally, 80%	Generally, 20%	$0
Medicare-covered preventive services	Generally, 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	$0
Part B excess charges (above Medicare-approved amounts)	$0	100%	$0
Blood			
First 3 pints	$0	All costs	$0
Next $226 of Medicare-approved amounts*	$0	$226 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services			
Blood tests for diagnostic services	100%	$0	$0
Immunosuppressive Drug Therapy			
	80%	20%	$0
Mammography Screening			
As required by your physician	80%	20%	$0

Other Benefits — Services Not Covered by Medicare		
SERVICES	**THIS PLAN PAYS**	**YOU PAY****
Preventive Services Not Covered by Medicare	100% of the BCBSNM maximum allowable fee.	Amounts above the BCBSNM maximum allowable fee.
Hearing/Vision Exams	100% of the BCBSNM maximum allowable fee; one exam per year.	Amounts above the BCBSNM maximum allowable fee.
Care Outside Medicare Territorial Limits (see "NOTE" below)		
Nonemergency Care	$0	All expenses
Emergency Care	100% of the BCBSNM maximum allowable fee	Amounts above the BCBSNM maximum allowable fee

* Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

** "$0" indicates your liability for covered charges. You are responsible for all other **non-covered** charges.

NOTE: The Medicare territorial limits are defined by Medicare as the United States, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands**.**

Other Benefits — Outpatient Prescription Drug Plan

Prescription Drugs, Insulin, Enteral Nutrition, Special Medical Foods, and Diabetic Supplies***			
You must use a participating pharmacy (except in an emergency). You pay the copayments listed, up to a maximum calendar year out-of-pocket limit of **$1000** per member for Tier 1, Tier 2 and Tier 3 drugs.	**Generic Drug Tier 1**	**Brand-Name Drug**	
		On Drug List Tier 2**	**Not on Drug List Tier 3**
Retail/Specialty Pharmacy Programs: up to a 30-day supply or 180 units, whichever is less; benefits include flu, pneumococcal, and Shingles vaccines, for which you pay no copayment.	$15	$30	$45
Mail-Order Pharmacy Program: up to a 60- or 90-day supply or 540 units, whichever is less.	$30	$60	$90
Nonprescription Enteral Nutritional Products and Special Medical Foods: up to a 30-day supply per 30-day period; requires preauthorization.	$45 retail/$90 mail-order		
Pharmacy Benefits are administered by: Express Scripts. They can be reached at 1-800-838-4590.			

*** Prescription drugs and other items covered under the drug plan must be purchased at a pharmacy that participates in the Retail Pharmacy/Specialty Pharmacy or Mail-Order Programs. Some prescription drugs require prior approval before coverage will be available.

**** If you require a brand-name drug for which there is a generic equivalent, you will pay the difference in cost between the brand-name drug and the generic drug, plus the generic drug copayment.

NOTE: You must be enrolled in both Part A and Part B of Medicare to be eligible for this National Medicare Supplement coverage, which is offered by Los Alamos National Security to eligible retirees of Los Alamos National Laboratories (and Los Alamos National Security) and to their Medicare-eligible dependents. If you or your dependent does not have both Parts A and B of Medicare, the eligible person without Medicare may enroll in the medical program being offered by LANS to retirees/dependents without Medicare. Also, if you live outside the Medicare territorial limits, you may enroll in the medical program being offered by LANS to retirees/dependents without Medicare.

NOTE: BCBSNM provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims, except as may be specified in the Administrative Services Agreement.

This is a summary only – please refer to the Summary of Benefits and Coverage (SBC) document and Benefit Booklet for more details.