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Administered by: Benefit Management, LLC

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Dear Policyholder:

This is an important announcement that concerns the following:

- **2018 Policy Changes**
- **2018 Medicare Carve-Out Plan Changes**
- **2018 Premium Rates**
- **Low Income Premium Program**
- **Centennial Care**

Since 1987, the New Mexico Medical Insurance Pool (Pool) has been the state's health insurance "safety net." The Pool has existed to solve many of the concerns that have now been addressed by the Affordable Care Act. Now, you have many more choices for health insurance coverage. In the last three years, the Pool's enrollment has decreased from over 10,500 to less than 2,500 due to individuals obtaining coverage through Centennial Care or the health insurance Marketplace.

NEW 2018 Policy Changes (Non-Medicare Enrollees Only)

The Pool is still offering four deductible plans: \$500, \$1,000, \$2,000 and \$5,000.

The most noteworthy change for enrollees is that there is **no coverage for Out of Network services** and Cigna will no longer be the network. You will have access to a facility only network and a physician and ancillary network as listed below:

- **Zelis Network** – Facility only network. (Hospitals and Dialysis Facilities)
- **PHCS and Ancillary** – Physician and Ancillary only network

To verify if your providers are in-network, please visit www.nmmip.org for access to their links. If you need help locating your provider, please contact a customer service representative at **1 (844) 728-7896** for assistance.

The following benefits have been enhanced or changed:

- **Primary Care Visits** – Benefit will change to a copay per visit based upon the plan you choose instead of applying to deductible and coinsurance.
- **Specialist Visits** – Benefit will change to a copay per visit based upon the plan you choose instead of applying to deductible and coinsurance.

- **Diagnostic Testing (x-ray, blood work)** – Benefit will change to a copay per visit based upon the plan you choose instead of applying to deductible and coinsurance.
- **Emergency Room** – Benefit will change to a copay per visit based upon the plan you choose instead of applying to deductible and coinsurance.
- **Urgent Care** - Benefit will change to a copay per visit based upon the plan you choose instead of applying to deductible and coinsurance.
- **Outpatient office visit for Mental Health, Behavioral Health or Substance Abuse** – No Charge

Please verify that your providers are contracted with the Zelis Network for facilities (including Hospitals and Dialysis) and with the PHCS Network for Physicians and ancillary services prior to receiving services.

If you stay within the Zelis and PHCS Networks, you will be responsible for either the copay at the time of service, or 20% after you meet your deductible. There are no benefits for expenses incurred if you choose to see a provider outside of the Networks. Zelis and PHCS have a very robust network of providers, but please visit www.nmmip.org to verify that your providers are in-network.

If you want to reduce your monthly premium rate, you may want to consider increasing your deductible plan. This will lower your monthly premium, but it will increase your “out of pocket” amount.

Policyholders can change from a **lower to a higher** deductible plan at any time upon written notice to the Administrator. The effective date of the change will be on the first of the month following receipt of the written request.

Changes from a **higher to a lower** deductible plan are allowed only one time per year, for a January 1 effective date. Written requests to lower your deductible must be received by December 31, 2017, to be effective January 1, 2018.

Included in this packet for Non-Medicare enrollees is a Plan Change form and a Plan Comparison Summary. Please review the Plan comparison and if you wish to make plan change, return the Plan Change form by December 31, 2017 for an effective date of January 1, 2018.

Medicare Carve-Out Policy Changes

The Pool offers a Medicare Carve-Out Plan for individuals with disabilities who are under age 65 and have Medicare Parts A and B. As mentioned in the NMMIP Flyer you received a few weeks ago, if you currently have the Medicare Carve-Out plan, you will be required to enroll in a Part D prescription drug plan by December 7, 2017 for an effective date of January 1, 2018. Failure to enroll will result in the loss of prescription drug coverage. You can enroll in a Part D plan on-line at www.medicare.gov. If you do not enroll in a Part D Prescription Drug Plan before open enrollment closes on December 7, 2017, you will not have Prescription Drug coverage on January 1, 2018.

You will be required to pay the premium for your Part D Plan, however, once you enroll in a Part D plan, NMMIP will cover 100% of all your out-of-pocket expenses under your Part D plan’s formulary. If you are currently on the Regular Plan, and you are under age 65 and are on Medicare A&B due to a disability, you may submit a Medicare Carve-Out Application for Coverage, along with a copy of your Medicare card.

Please note that the Medicare Part D open enrollment ***ends on December 7, 2017*** so you will need to have your Medicare Part D Prescription Drug Plan in place prior to that to avoid an unintended loss of prescription drug coverage.

2018 Premium Rates

By law, the New Mexico Medical Insurance Pool is required to determine a standard risk rate (SRR) by actuarially calculating the rate that an insurer would charge for a policy (with the same benefits as the Pool) issued to an individual who is “standard risk”. Since the passage of the Affordable Care Act, the way premium rates are determined in the market has changed. Your premium will only change on January 1 every year to reflect the market increase.

Your Premium will be based upon the following:

- * Your age on January 1, 2018.
- * Your geographic location.
- * Whether or not you use tobacco products

Please refer to the enclosed 2018 rate charts for your exact premium. The new rates can also be viewed on the Pool’s website at ***www.nmmip.org*** and will be in effect for calendar year 2018.

Low Income Premium Program

The Pool has a Low Income Premium Program (LIPP), which, if you qualify, provides discounts to your monthly premium.

There are three levels of premium reduction, based on household size and annual household income. See the chart below for income ranges and reductions.

The LIPP **Annual Recertification** process will occur later in the year so you will not need to recertify until you receive the Annual Recertification in early July.

If you do not currently participate in the LIPP, please refer to the chart. If you think that you may qualify, call Customer Service at ***1-(844) 728-7896*** for a Low Income Premium Program Supplemental Application, or print one from the Pool website, at ***www.nmmip.org***. **A complete copy of your most recent signed and dated Federal Form 1040, 1040EZ or 1040A must be attached.**

Your income must be at or below the amount stated for the discount indicated. The income amount used is Total Income (before adjustments and credits) from line 4 of 1040EZ, line 15 of Form 1040A, or line 22 of Form 1040. This application may be submitted at any time during the year. If, by law, you are *not* required to file income tax, the Affidavit Section must be completed, signed, and notarized. If you qualify, the effective date of any reduction will be the first of the month following receipt of the application.

NOTE: If your premium is being paid by a third party who is *not* a family member, you are *not* eligible to participate in the LIPP.

Household Size	0-199% of 2017 HHS 75% Premium Reduction	200-299% of 2017 HHS 50% Premium Reduction	300-399% of 2017 HHS 25% Premium Reduction
1	\$0 - \$23,999	\$24,000 - \$36,059	\$24,001 - \$48,119
2	\$0 - \$32,318	\$32,319 - \$48,558	\$32,320 - \$64,798
3	\$0 - \$40,636	\$40,637 - \$61,056	\$40,638 - \$81,476
4	\$0 - \$48,954	\$48,955 - \$73,554	\$48,956 - \$98,154
5	\$0 - \$57,272	\$57,273 - \$86,052	\$57,274 - \$114,832
6	\$0 - \$65,590	\$65,591 - \$98,550	\$65,592 - \$131,510
7	\$0 - \$73,909	\$73,910 - \$111,049	\$73,911 - \$148,189
8	\$0 - \$82,227	\$82,228 - \$123,547	\$82,229 - \$164,867

Centennial Care

If you are an adult between the ages of 19-64 and your annual income is within the income limits, you may qualify for **Centennial Care (Medicaid)**, a free program, with year-round enrollment. As an example, a single person with an annual income in the amount of \$16,644 or less or a family of four with income up to \$33,948 annually may qualify. To check your eligibility and apply for benefits, please visit www.YES.state.nm.us or call **1-855-637-6574**.

Address/Phone/Email Changes and Updates

We gladly except any address, phone or email change you may have, but by statutory regulation, the Pool is for New Mexico residents only. Therefore, we must have a physical address on file within New Mexico even if you cannot receive mail at that address.

The Pool’s Board of Directors is pleased to have the opportunity to serve you.

Sincerely,



Deborah Armstrong
Executive Director
New Mexico Medical Insurance Pool (Pool)