



Summary of Benefits and Plan Options

This summary provides you with the deductible, copayment, coinsurance, out-of-pocket amounts, and very brief descriptions of your NM Medical Insurance Pool Policy benefits.

NM Medical Insurance Pool Benefits	The deductible you chose defines the percentage of covered charges* that the Pool will pay after deductible is met:			
Deductible Options (Per Member): Unless otherwise indicated, the calendar year deductible must be met before benefit payments are made. For families of three or more, the annual deductible for all family members combined is twice the Individual amount chosen.	80 percent plans			100 percent plans
	\$500	\$1000	\$2000	\$5000, \$7500 or \$10,000
Out-of-Pocket Limit (Per Member): Includes coinsurance and deductible amounts only. After the out-of-pocket limit is met, the Pool pays 100% of your covered charges for the rest of the calendar year. For families of three or more, the annual out-of-pocket limit is twice the Individual amount chosen.	\$2500	\$3500	\$5000	N/A - The Pool pays 100% of covered charges after the deductible is met.
Lifetime Maximum	There is no overall lifetime maximum payment limit. However, there are specific maximums for certain benefits			
Covered Services	After deductible, the Pool pays*:			
	80 percent plans			100 percent plans
Acupuncture (max. benefit \$1500/calendar year)	80%			100%
Ambulance	80% ¹			100% ¹
Chemical Dependency Services: Alcoholism and Drug Abuse (Lifetime maximum of two 12-month benefit periods) Inpatient Services (max. 30 days/visits per calendar year) Outpatient/Office Services (max. 30 visits/calendar year)	80% ^{1,2}			100% ^{1,2}
Dental/Facial Accidents, Oral Surgery, TMJ Services	80% ^{1,2}			100% ^{1,2}
Diabetic Services Self-Management Education (max. benefit \$800/calendar year and a lifetime maximum benefit payment of \$2500) Diabetic Supplies and Equipment	80% ³			100% ³
Diagnostic Services: Lab and X-Ray (Including Routine Pap Tests and Mammograms)	80% ¹			100% ¹
Outpatient Preadmission Testing (within 10 days of admission)	100% ³			100% ³
Equipment, Supplies, Prosthetics, Orthotics, Appliances	80% ¹			100% ¹
Hearing Aids and Related Services	80% ¹			100% ¹
Home Health Care/Home I.V. Services (max. 100 visits/calendar year)	80% ¹			100% ¹
Hospice Care (limited to two six-month benefit periods)	80% ^{1,3}			100% ^{1,3}
Hospital/Facility Services (including medical detoxification and mental health conditions) Note: Also see "Therapy and Rehabilitation," "Skilled Nursing Facility," "Chemical Dependency," and "Pregnancy-Related Services."				
Room and Board (including special care units), Other Hospital Services, and Physician Care such as Physician Visits, Surgeon, Obstetrician, and Anesthesiologist	80% ²			100% ²
Emergency Room, Observation, and Outpatient Services	80%			100%
Newborn Care for Covered Newborn Infants (Application must be made within 31 days of birth)	80% ²			100% ²
Smoking/Tobacco Cessation Counseling (up to 90 minutes total provider contact time OR two multi-session group counseling programs per calendar year from approved providers)	80%			100%

See footnotes on next page

Covered Services	After deductible, the Pool pays:	
	80 percent plans	100 percent plan
Physician Medical Visits (Inpatient, Outpatient, Emergency Room, Urgent Care Facility, and Office)		
Physician Care or Provider Visit, Exam, Consultation	80%	100%
Allergy Injections/Testing; Therapeutic Injections	80%	100%
Well Baby Care, Routine Child Care, Immunizations, and Routine Vision or Hearing Screening (through age 17): Maximum benefit of \$500 per child/calendar year.	100% ³	100% ³
Routine Adult Gynecological/Pelvic Exams, Pap Tests, Mammograms, Prostate Exams; Routine Testing (over age 17): Maximum benefit of \$500 per member/calendar year.	100% ³	100% ³
Mental Health Services, Inpatient and Outpatient	80% ^{1,2}	100% ^{1,2}
Pregnancy-Related Services (Complications only)	80% ^{1,2}	100% ^{1,2}
Therapy and Rehabilitation: Cardiac and Pulmonary Rehabilitation Chemotherapy, Dialysis, and Radiation Therapy Occupational, Physical, and Speech Therapy, Outpatient Joint Manipulation/Alignment (max. benefit \$1500/calendar year) Physical Rehabilitation, Inpatient (max. 30 days/calendar year)	80% ^{1,2}	100% ^{1,2}
Skilled Nursing Facility Care (max. 100 days/calendar year)	80% ²	100% ²
Surgery, Inpatient and Outpatient (including reconstructive surgery, mastectomy coverage, and morbid obesity surgery)	80% ^{1,2}	100% ^{1,2}
Transplant Services (Must be received at a participating transplant facility. Lifetime max. benefit per member of \$5,000,000. Additional maximums apply; see Section 3.)	80% ^{1,2}	100% ^{1,2}

Prescription Drugs, Insulin, Diabetic Supplies, Special Medical Foods

Out-of-pocket limit and deductible provisions do not apply. Special medical foods and certain drugs require prior approval or benefits will be denied. Prescription drugs for smoking/tobacco use cessation are limited to **two 90-day** courses of drug therapy when prior-approved by BCBSNM.⁴ In order to receive benefits for specialty pharmacy drugs, you may be required to purchase such drugs from a specialty pharmacy provider that contracts with the Claims Administrator.

Retail and Specialty Pharmacy Programs (up to a 34-day supply or 100 units, whichever is greater; oral contraceptives covered)	30% of covered charge (with a minimum copayment of \$5 and a maximum copayment amount of \$250 per prescription or refill)
Mail-Order Plan (up to a 90-day supply)	30% of covered charge (with a minimum copayment of \$15 and a maximum copayment amount of \$750 per prescription or refill)

Maternity Services: OPTIONAL COVERAGE (additional premium required for each member choosing this coverage)

Routine delivery, pre- and post-natal care, anesthesia, assistant, diagnostic tests, elective abortion (Covered only for pregnancies conceived after the effective date of this optional coverage, unless you are a HIPAA-eligible individual or had prior routine maternity coverage per <i>Section 4</i> .)	80% ^{1,2}	100% ^{1,2}
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- 1-For some services, no benefits are available if prior approval is not obtained from the Administrator. See Section 2 for a list of services requiring prior approval.
- 2-Admission review is required for inpatient admissions; benefits for facility services are reduced by 20 percent if admission review is not obtained before the member is admitted (or within 48 hours of admission in an emergency or for pregnancy-related admissions).
- 3-Not subject to deductible.
- 4-Prescription drugs, insulin, diabetic supplies, and special medical foods must be purchased at a pharmacy that participates in the Retail and/or Specialty Pharmacy or Mail Service Programs. If a generic equivalent is available and you or your provider request the brand-name (and your doctor does not specify "no substitution" on the prescription), you must pay the copayment in addition to the difference in cost between the brand-name and generic drug. (The Administrator, BCBSNM, has contracted with a separate program for administration of the outpatient prescription drug benefits.)

*** NOTE:** Billed charges and covered charges are not the same. The "covered charge" is the amount that the Administrator determines is fair and reasonable for a particular covered service. It is often less than the billed charge. The Administrator will pay the provider 80% of covered charges (or, under the 100 percent plans, 100% of covered charges) after you have paid your share (e.g., deductible, coinsurance, copayment, penalty amount). If you choose a participating provider, you will only have to pay up to the covered charge amount. If you choose a nonparticipating provider, you will have to pay the difference.



Notes