

# Summary of Benefits

This summary provides you with the deductible, copayment, coinsurance, out-of-pocket amounts, and very brief descriptions of your NMMIP Policy benefits. These benefits will be coordinated with Medicare.

<b>NM Medical Insurance Pool Benefits</b>	
<b>Deductible (Per Member): \$500</b> Unless otherwise indicated, the calendar year deductible must be met before benefit payments are made.	
<b>Out-of-Pocket Limit (Per Member): \$2500</b> Includes coinsurance and deductible amounts only. After the out-of-pocket limit is met, NMMIP pays 100% of your covered charges for the rest of the calendar year.	
<b>Lifetime Maximum:</b> There is no overall maximum payment limit. However, there are specific maximums for certain benefits.	
<b>Covered Services</b>	<b>After deductible, the NMMIP program pays* (before coordinating benefits with Medicare's payment):</b>
Acupuncture (max. benefit \$1500/calendar year)	80%
Ambulance	80% <sup>1</sup>
Chemical Dependency Services: Alcoholism and Drug Abuse (Lifetime maximum of <b>two 12-month benefit periods</b> ) Inpatient Services (max. 30 days/visits per calendar year) Outpatient/Office Services (max. 30 visits/calendar year)	80% <sup>1,2</sup>
Dental/Facial Accidents, Oral Surgery, TMJ Services	80% <sup>1,2</sup>
Diabetic Services Self-Management Education (max. benefit \$800/calendar year and a lifetime maximum benefit payment of \$2500) Diabetic Supplies and Equipment	80% <sup>3</sup>
Diagnostic Services: Lab and X-Ray (Including Routine Pap Tests and Mammograms)	80% <sup>1</sup>
Outpatient Preadmission Testing (within 10 days of admission)	100% <sup>3</sup>
Equipment, Supplies, Prosthetics, Orthotics, Appliances	80% <sup>1</sup>
Hearing Aids and Related Services	80% <sup>1</sup>
Home Health Care/Home I.V. Services (max. 100 visits/calendar year)	80% <sup>1</sup>
Hospice Care (limited to two six-month benefit periods)	80% <sup>1,3</sup>
Hospital/Facility Services (including medical detoxification and mental health conditions) <b>Note:</b> Also see "Therapy and Rehabilitation," "Skilled Nursing Facility," and "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% <sup>2</sup>
Emergency Room, Observation, and Outpatient Services	80%
Physician Medical Visits (Inpatient, Outpatient, Emergency Room, Urgent Care Facility, and Office)	
Physician Care or Provider Visit, Exam, Consultation	80%
Allergy Injections/Testing; Therapeutic Injections	80%
Routine Adult Gynecological/Pelvic Exams, Pap Tests, Mammograms, Prostate Exams; Routine Testing: <b>Maximum annual benefit of \$500 per member.</b>	100% <sup>3</sup>
Mental Health Services, Inpatient and Outpatient	80% <sup>1,2</sup>
<b>Covered Services</b>	<b>After deductible, the NMMIP program pays* (before coordinating benefits with Medicare's payment):</b>
Pregnancy-Related Services (Complications only)	80% <sup>1,2</sup>

Covered Services	After deductible, the NMMIP program pays* (before coordinating benefits with Medicare's payment):
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. benefit 30 days/calendar year)	80% <sup>1,2</sup>
Skilled Nursing Facility Care (max. benefit 100 days/calendar year)	80% <sup>1</sup>
Smoking/Tobacco Use Cessation Counseling and/or Drug Therapy (a maximum of two 90-day courses of drug therapy, and up to 90 minutes total provider contact time OR two multi-session group counseling programs per calendar year)	80%
Surgery, Inpatient and Outpatient (including reconstructive surgery, mastectomy coverage, and morbid obesity surgery)	80% <sup>1,2</sup>
Transplant Services (Must be received at a participating transplant facility. Lifetime max. benefit of \$100,000 if covered less than 12 months; lifetime max. benefit of \$250,000 if covered more than 12 months. Additional maximums apply; see Section 3.)	80% <sup>1,2</sup>

**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.)<sup>4</sup>

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

**Maternity Services: OPTIONAL COVERAGE (additional premium required)**

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 creditable coverage is available. See Section 4 for details.)	80% <sup>1,2</sup>	100% <sup>1,2</sup>
---	--------------------	---------------------

1-For some services that are not covered by Medicare, no benefits are available if prior approval is not obtained from the Administrator. Also, if services are received without prior approval in a facility that does not participate with Medicare, you have no Medicare or NMMIP Carveout Plan benefits except for limited emergency benefits (you must request approval for emergency admissions within 48 hours of initial treatment). **See Section 2 for a list of services requiring prior approval.**

2-Prior approval is required for inpatient admissions not covered by Medicare; benefits may be denied if prior approval is not obtained before you are admitted (or within 48 hours of admission in an emergency or for pregnancy-related admissions). **See Section 2.**

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 Pharmacy or Mail Service Programs. If a generic equivalent is available and you request the brand-name, 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. This program is not an affiliate of BCBSNM.)

**Under this Medicare Carveout Plan, your usual NMMIP benefits (as listed in the table above) are calculated and compared to the balance due from you after Medicare has paid its benefits. The Carveout Plan will pay either your usual NMMIP Plan benefits or the balance due, whichever is less. See Section 3 for details.**

\* **NOTE:** Billed charges and covered charges are not the same. The "covered charge" is the amount that the Administrator and/or Medicare determines is fair and reasonable for a particular covered service. It is often less than the billed charge. The Administrator will pay the provider the NMMIP share 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. See Section 2 for details.