

BlueDirect[®]

BlueDirect health plans—Basic, Enhanced, and Premier—are designed for individuals and families who buy their own insurance.

This brochure applies to new policies effective October 1, 2010, and later.



**Blue Cross and Blue Shield
of New Mexico**

Blue Cross and Blue Shield of New Mexico is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

**BlueCare[®]
Dental PPO
option
available
with medical
coverage!**

BlueDirect: Health Coverage That Fits Your Life

BlueDirect is our portfolio of PPO¹ health plans that provide extensive health care coverage at an affordable price. It is specially designed for individuals who are self-employed, employees or their families who are not covered by a group plan, early retirees too young for Medicare, and dependent children from infants through age 25.

With BlueDirect, you'll have the reassurance of knowing your health care plan is backed by Blue Cross and Blue Shield of New Mexico (BCBSNM), a respected company that has served the health insurance needs of New Mexicans since 1940. Over 385,000 New Mexicans belong to a BCBSNM health plan.²

Benefit Highlights

Preventive Care Services³ Covered at 100 Percent

BlueDirect covers well-care services and preventive health screenings for adults and children at 100 percent. There is no copayment or coinsurance, no deductible to meet, and no maximum benefit limit for these services.

Wide Range of Covered Services

Emergency and urgent care, specialist services, hospitalization, surgery, acupuncture, spinal manipulation by a chiropractor, prescription drug benefits, and diagnostic tests are some of the covered services. *BlueDirect does not provide benefits for maternity care (including any pregnancy-related condition), chemical dependency (alcoholism or drug abuse), or behavioral (mental) health conditions (including prescription drugs for those conditions).*

Range of Deductibles

BlueDirect offers deductible options ranging from \$500 to \$10,000 so you can tailor the monthly premiums to fit your budget.

Children: Easy to Enroll, High Age Limit

- For children under age 19, health history is not considered for health insurance membership. *Please see "Pre-Existing Condition" in Important Terms, page 11.*
- Children who are on a family policy have coverage through age 25, regardless of their employment, student, or marital status.

Prior Creditable Coverage for Adults

Proof of prior creditable coverage can waive up to the full six months of the pre-existing conditions limitation. *Please see "Creditable Coverage" under Important Terms, page 11.*

No Lifetime Maximum Benefit Limit

However, some services are subject to annual limits.

¹PPO means "Preferred Provider Organization." PPO plan members can choose from more than 14,000 Preferred Providers in New Mexico or from Nonpreferred Providers. For most services, members will meet a deductible and pay a percentage of the covered charges. Members pay a lower percentage for services from Preferred Providers.

²Based on HCSC corporate membership reporting as of June 2010.

³Preventive care services are covered as defined by national guidelines.



BlueDirect Special Features

Over 14,000 Preferred Providers in our PPO network!

Not only do you have many Preferred Providers to choose from, these providers will file your claims for your convenience. For many benefits, BlueDirect plan members save money when seeing Preferred Providers. Members can also see nonpreferred providers for most services at a higher cost. (There is no charge for preventive care services delivered by Preferred or Nonpreferred providers.)

BlueCard®: Unequaled Coverage While Traveling

The BlueCard program coordinates coverage across the U.S. and in over 185 countries around the world. Covered services from Preferred Providers in the U.S. are covered at the Preferred-Provider level of benefits. See page 4.

No Referrals

BlueDirect members can make appointments directly with specialists and receive benefits for most covered services. Preauthorization is needed in some cases. Details will be available in your Benefit Booklet.

Annual Family Deductible Limit

The maximum deductible limit a family pays in a calendar year is equal to three times the individual deductible amount. For families with four or more members, this can be an added cost savings.

Limited Out-of-Pocket Costs

BlueDirect pays 100 percent of your coinsurance (excluding prescription drugs) for the remainder of the calendar year once your individual or family coinsurance out-of-pocket limit is met.

24/7 Nurseline

The 24/7 Nurseline gives you toll-free access 24 hours a day, 7 days a week, to a specially trained registered nurse to answer your health questions, help you assess your health care needs, and help guide you to the best care at the most appropriate location.



BlueCard Coverage Across the U.S. and Around the World

The BlueCard program offers members peace of mind when needing medical care while traveling outside New Mexico, with access to the BlueCard Preferred Provider network of hospitals and physicians nationwide and in more than 185 countries and territories around the world.

With BlueCard, you can find Preferred Providers, 24 hours a day, 7 days a week, by simply calling the **BlueCard Worldwide® Service Center** toll-free at **1-800-810-BLUE (2583)** or calling collect 1-804-673-1177 (when outside the United States). You can also access the BlueCard Doctor and Hospital Finder at **bcbs.com**.

With BlueCard, you are responsible only for your usual out-of-pocket expenses (noncovered services, deductibles, copayments, and coinsurance) for services received from Preferred Providers and inpatient care at preferred hospitals in the U.S. You do not have to file claim forms.

BlueCard gives you access to Preferred Providers when you are traveling outside of New Mexico.



Optional Coverage

BlueDirect applicants can apply for dental insurance on the same application form. New BlueDirect members who didn't initially select dental may apply for this option within 31 days of their BlueDirect policies' effective dates.

BlueCare Dental PPO

New members have dental coverage on the first day for checkups, cleanings, and other preventive services; no waiting period or deductible are required. You have the freedom to choose any dentist you want, and also the freedom to keep your out-of-pocket costs lower by choosing a dentist in our network.

BlueCare Dental PPO covers a full range of services, from simple cleanings to services such as bridges, crowns, and oral surgery. The maximum annual benefit level is \$1,500 per person per year, one of the highest available today.

Orthodontic discounts for adults and children are another BlueCare Dental PPO advantage: you get a 20 percent discount for orthodontic services received from a network dentist, up to a maximum savings of \$1,000.

For your convenience, the dental premium is automatically billed with the BlueDirect premium. Please review a BlueCare Dental PPO brochure for monthly rates, details of benefits, and requirements.



Summary of BlueDirect

	MEMBER		
	Basic Plan ¹		
	Preferred Provider (PPO)	Nonpreferred Provider	Preferred
Highlights of Member Costs			
Calendar Year Deductible Options for an Individual (Family deductible is three times the selected individual amount.)	\$ 1,000	\$ 2,000	
	\$ 2,000	\$ 4,000	
	\$ 3,500	\$ 7,000	
	\$ 5,000	\$10,000	
	\$ 7,500	\$15,000	
	\$10,000	\$20,000	
Annual Out-of-Pocket Limit [Does not include deductible, copayments (copays), penalty amounts, and noncovered charges. Family limit is double the individual amount.]	\$7,000 Individual \$14,000 Family	\$14,000 Individual \$28,000 Family	\$4 \$
Highlights of Benefits			
Primary Provider or Specialist Office Visit (OV) (Includes nonroutine exam only; other nonroutine services received during an OV are subject to deductible & coinsurance.)	\$40 copay/office visit	50%	\$25
Office Surgery (including casts, splints, & dressings) ²	30%	50%	
Lab Tests, X-Rays, EKGs, & other Diagnostic Tests ²	30%	50%	
Allergy Services (injections, tests, & serum)	30%	50%	
Preventive Care (Routine adult exams and screenings; well-child care and immunizations.)	No charge	No charge	
Emergency Treatment Services	\$250 copay/visit	\$250 copay/visit	\$
Urgent Care Facility	\$60 copay/visit	50%	\$
Hospital—Inpatient and Outpatient ^{2,3}	30%	50%	
Surgery—Inpatient and Outpatient ^{2,3}	30%	50%	
Organ Transplants ⁴	30% ^{2,3}	No benefit	
Other Covered Services ⁵			
<ul style="list-style-type: none"> • Out-of-Area Care (see BlueCard on page 4) • Acupuncture Services (\$1,500/calendar year max.) • Spinal Manipulation (\$1,500/calendar year max.) • Supplies and Durable Medical Equipment • Therapy: Chemotherapy, Dialysis, and Radiation • TMJ Services and Dental/Facial Accidents • Prosthetics and Orthotics • Ambulance Services 			
Important Notes: <ul style="list-style-type: none"> • BlueDirect does not provide benefits for maternity care (including any pregnancy-related condition), b • Prescription drugs for behavioral (mental) health conditions are not covered. 			

1. The member's initial covered medical charges incurred in a calendar year are applied to the calendar year deductible; the deductible must be met before benefit payments are made (excluding preventive care services). Preferred Provider deductible amounts do not cross-apply to the Nonpreferred Provider deductible amount or vice versa.
2. Certain services are not covered if preauthorization is not obtained from BCBSNM. A complete list is available in the Benefit Booklet.



Plans' Medical Benefits

This is only a brief description of benefits. Some services have annual limits.

MEMBER'S SHARE OF COVERED CHARGES

Enhanced Plan ¹		Premier Plan ¹	
Preferred Provider (PPO)	Nonpreferred Provider	Preferred Provider (PPO)	Nonpreferred Provider
\$ 500	\$ 1,000	\$ 500	\$ 1,000
\$1,000	\$ 2,000	\$1,000	\$ 2,000
\$2,000	\$ 4,000	\$2,000	\$ 4,000
\$3,500	\$ 7,000	\$3,500	\$ 7,000
\$5,000	\$10,000	\$5,000	\$10,000
\$7,500	\$15,000		
\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
\$20 copay/office visit	40%	\$20 copay/office visit	30%
20%	40%	15%	30%
20%	40%	15%	30%
20%	40%	15%	30%
No charge	No charge	No charge	No charge
\$200 copay/visit	\$200 copay/visit	\$150 copay/visit	\$150 copay/visit
\$40 copay/visit	40%	\$30 copay/visit	30%
20%	40%	15%	30%
20%	40%	15%	30%
20% ^{2,3}	No benefit	15% ^{2,3}	No benefit

Home Health Care/Home I.V. Services (100 visits/calendar year max.)
 Short-Term Rehabilitation (Occupational, Physical, and Speech Therapy;
 30 days inpatient and 20 visits outpatient calendar year max.)
 Prescription Drug Benefits (see following page)

Behavioral health conditions, or substance abuse (alcoholism or drug abuse).

3. Preauthorization is required for admissions; if not obtained, you pay a \$300 penalty for covered facility services.
 4. Heart, lung, heart-lung, liver, and pancreas-kidney are subject to a separate out-of-pocket limit per transplant type of \$5,000. Transplants must use facilities that contract with BCBSNM or through the national BCBS transplant network.
 5. Calendar year limits apply with some services. For details, see the Basic, Enhanced, or Premier Plan's Summary of Benefits.

Summary of BlueDirect

The three BlueDirect health plans come with drug plans that are structured the same, but vary in out-of-pocket costs. In addition to a Benefit Booklet, new members receive a Drug Plan Rider with detailed information and a prescription order form for PrimeMail®, our mail service pharmacy. These materials provide important and complete information about your drug plan benefits. The information here is a general summary only.

Pharmacy Benefits	Basic Plan
	Four-Tier Prescription Drug Plan
	Copayments (not to exceed actual retail price) ¹
Retail Pharmacy – Tiers 1, 2, and 3	
Generic drug	\$15 ²
Brand-name on Drug List (no generic equivalent)	\$45
Brand-name not on Drug List (no generic equivalent)	\$75
Specialty Pharmacy – Tier 4	
Specialty Medications	15% of covered charge up to a maximum copayment of \$250 per prescription
Mail-Order Pharmacy (does not include Specialty Medications)	
Generic drug	\$ 37.50 ²
Brand-name on Drug List (no generic equivalent)	\$112.50
Brand-name not on Drug List (no generic equivalent)	\$187.50
Other Prescriptions	
Enteral Nutritional Products and Special Medical Foods (prior approval required)	50% of covered charges
Important Note: • Prescription drugs for behavioral health conditions and substance abuse are not covered.	

1. Copayments are not subject to a deductible, are not included in any out-of-pocket limit, and are not eligible for reimbursement once an out-of-pocket limit is reached.
2. For brand-name drugs with a generic equivalent, if you or your provider order the brand-name, you will pay the generic copayment plus the difference in cost between the brand-name drug and its generic equivalent.

Retail Pharmacy Program: With this program, you can get up to a 30-day supply or up to 120 units (e.g., pills), whichever is less, per copayment. For items that come in a commercial package (such as an inhaler, a blister pack, or a tube), one copayment purchases one package. Preauthorization is required for larger quantities. Available only through retail pharmacies in our pharmacy network.

Specialty Pharmacy Drugs: Specialty medications are used to treat serious or chronic medical conditions, such as multiple sclerosis, hepatitis, cystic fibrosis, cancer, and rheumatoid arthritis. They are typically high-cost injectables, requiring special dispensing or delivery.

Mail-Order Pharmacy Program: This program is designed especially for members taking maintenance medications (drugs taken for a long time for a chronic condition; excludes specialty pharmacy drugs). You get convenient mail delivery with reduced costs: you can receive a 90-day supply or 360 units, whichever is less, and pay only 2½ times the cost of a 30-day supply from a retail pharmacy. (Savings depend on generic/brand and Drug List status.)



Prescription Drug Plans

To be covered, drugs must be purchased from a participating retail pharmacy, our specialty pharmacy, or PrimeMail. At a retail pharmacy, you must present your member ID card to the pharmacist at the time of purchase to receive this benefit. Coverage is always subject to the limitations of your health care plan. For some medications, preauthorization, generic substitutions, or quantity limits may apply.

Enhanced Plan	Premier Plan
Four-Tier Prescription Drug Plan	Four-Tier Prescription Drug Plan
Copayments (not to exceed actual retail price) ¹	Copayments (not to exceed actual retail price) ¹
\$10 ²	\$ 7 ²
\$40	\$35
\$70	\$65
15% of covered charge up to a maximum copayment of \$250 per prescription	15% of covered charge up to a maximum copayment of \$250 per prescription
\$ 25 ²	\$ 17.50 ²
\$100	\$ 87.50
\$175	\$162.50
50% of covered charges	50% of covered charges

Drug List: A list of prescription drugs preferred for use by BCBSNM for pharmacy benefits. Drugs on the list are generally less expensive than drugs not on the list when using a four-tier prescription drug plan.

Enteral Nutritional Products: Designed to provide calories, protein, and essential micronutrients by the enteral route (i.e., stomach and small intestine).

Special Medical Foods: Nutritional substances in any form that are consumed or administered internally under the supervision of a physician, specifically processed or formulated to be distinct in one or more nutrients present in natural food; intended for the medical and nutritional management of patients with limited capacity to metabolize ordinary foodstuffs or certain nutrients contained in ordinary foodstuffs or who have other specific nutrient requirements as established by medical evaluation; and essential to optimize growth, health, and metabolic homeostasis.

Limitations on Certain Medications: For some medications, preauthorization, generic substitution, step therapy, or quantity limits may apply. Noncommercially available compounded medications are not covered. For more information, see the prescription drug section of our website, bcbsnm.com, or call Customer Service at the number on the back of your ID card.



Help When You Need It

We are committed to helping our members get the most out of their plan.

Easy Access to Customer Service

Get in touch with knowledgeable Customer Service representatives via a toll-free phone number, our website, or email. Translation services are available for most languages.

Blue Access[®] for Members

Information is just a click away at Blue Access for Members (BAM), our secure member website at bcbsnm.com. In BAM, you can:

- Check the status of your medical claims and view explanations of benefits (EOBs)
- Locate doctors and hospitals with our **Provider Finder[®]**
- Request a replacement ID card or print a temporary ID card
- E-mail Customer Service
- Research and compare the quality and costs of hospital care using the **Care Comparison[®] Tool**
- Obtain cost estimates of various procedures based on geographic region using the **Treatment Cost Advisor[™]**
- Research specific conditions and health topics



- Complete a Health Risk Assessment and receive information and tools specific to your health needs



Important Terms

Coinsurance: The percentage of covered charges you pay directly to a provider for health care services after your deductible has been reached.

Copayment (Copay): The fixed-dollar amount of a covered charge that you pay directly to the provider for certain medical services and for prescription drugs and other items payable under the *Drug Plan Rider*.

Creditable Coverage: When applying for *individual* coverage, prior creditable coverage is health insurance (individual or group) with no more than a 63-day lapse in coverage before the application date (the date BCBSNM receives an application). To qualify for a waiver of some or all of the six-month pre-existing conditions limitation, you must submit a letter of creditable coverage from your current or former insurance company(s). See Pre-Existing Condition, below.

Deductible: The amount you pay for some health care services each year before BlueDirect begins to pay. Prescription drug coverage and services subject to a fixed-dollar copay have no deductible.

Exclusions: Services and conditions that are not covered by BlueDirect. BlueDirect does not cover maternity care (including any pregnancy-related conditions), behavioral health conditions, or chemical dependency (alcoholism or drug abuse). Also, please see the list of Limitations and Exclusions on the back cover.

Nonpreferred Provider: Nonpreferred Providers do not have Preferred Provider contracts with BCBSNM or another Blue Cross and Blue Shield Plan and may charge you more than our covered charges. You are responsible for paying any amount over our covered charges. Nonpreferred Providers are not required to file claims or obtain necessary prior approvals for you.

Out-of-Pocket Limit: The maximum amount of coinsurance an individual member or family pays in a calendar year. Once the limit is met, BlueDirect pays 100 percent of the member's or family's coinsurance for eligible benefits for the rest of the calendar year.

Preauthorization: To receive full benefits for nonemergency admissions and certain medical/surgical services, you or your provider must obtain preauthorization from BCBSNM. Details will be available in your Benefit Booklet.

Pre-Existing Condition (does not apply to children under age 19):

A physical or mental condition for which medical advice, medication, diagnosis, care, or treatment was recommended for or received by an applicant, or for which a reasonable person would have sought treatment, within the six-month period before his/her effective date of coverage. No benefits are available for any pre-existing condition for six months—called the “pre-existing conditions limitation”—after the member's effective date of coverage. See Creditable Coverage, above.

Preferred Provider: Doctors, hospitals, laboratories, and other health care providers that have Preferred Provider contracts with BCBSNM or another Blue Cross and Blue Shield Plan. These providers in our PPO network have agreed to accept the Plan's payment for a covered service plus the member's share of the covered charge as payment in full. Preferred Providers file claims for members.

Preferred Provider Organization: See the PPO footnote on page 2.



Limitations and Exclusions

If a service is not covered, then all services performed in conjunction with it are not covered. This plan will not cover any of the following services, supplies, situations, or related expenses:

Behavioral health services, including prescription drugs for behavioral health conditions and substance abuse (alcoholism or drug abuse) * Biofeedback * Chemical dependency (alcoholism or drug abuse) services * Complications of noncovered services * Convalescent care or rest cures * Cosmetic services * Custodial care * Domiciliary care * Duplicate coverage * Duplicate testing * Experimental, investigational, or unproven services * Food, lodging, or travel expenses (unless approved as part of a covered transplant) * Genetic testing or counseling * Hair loss treatments * Hearing exams, procedures, or aids (unless listed as covered) * Hypnotherapy * Infertility services/artificial conception * Late claim filings * Learning deficiencies/behavioral problems * Limited services/covered charges * Local anesthesia * Long-term or maintenance therapy * Maternity care * Medical policy determinations * Medically unnecessary services * No legal payment obligation * Noncovered providers of service (e.g., member of your family, health spa, school infirmary, halfway house, massage therapist, private sanitarium, rolfer) * Nonmedical expenses * Noncovered therapy (recreational, sleep, crystal, primal scream, sex, and Z therapies); self-help, smoking cessation, stress management, codependency, and weight-loss programs; transactional analysis, encounter groups, and Transcendental Meditation (TM); moxibustion; sensitivity or assertiveness training; vision therapy; orthoptics; pastoral, spiritual, religious, marital, or bereavement counseling; therapy for chronic conditions, such as, but not limited to, cerebral palsy or developmental delay, unless specifically listed as covered under "Autism Services" * Nonprescription drugs or nutritional supplements unless required under law * Obesity treatment or other weight management * Pre-existing conditions (where applicable) * Prior approval not obtained when required (specified services) * Private-duty nursing * Private room expenses * Services before effective date of coverage or after termination * Sex-change operations or services * Sexual dysfunction treatment * Special medical foods (Ordinary foodstuffs that might be part of an exclusionary diet; any product that does not require a physician's prescription; food items purchased at a health food, vitamin, or similar store; and food items purchased on the Internet) * Thermography * Veteran's Administration facility * Vision services * War-related conditions * Work-related conditions

See the Benefit Booklet for complete information on limitations and exclusions.

Guaranteed Renewability

Blue Cross and Blue Shield of New Mexico will not cancel or nonrenew an individual policy, except under the following conditions:

- Nonpayment of premium
- Fraud/misrepresentation by the insured
- BCBSNM elects to discontinue offering all individual policies
- The insured is no longer a resident of the state of New Mexico

Apply today!

If you have any questions about applying, or about this plan in general, call your broker or call us toll-free at 1-866-445-1396.

This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to the terms and conditions specified in the Benefit Booklet, which members receive upon enrollment. Therefore, it is important for members to carefully read their Benefit Booklets.



**Blue Cross and Blue Shield
of New Mexico**

bcbsnm.com

Endorsement: Dental Discounts



This *Dental Discounts* endorsement is made a part of your Blue Cross and Blue Shield of New Mexico (BCBSNM) dental care benefit program benefit booklet, policy, certificate, or rider, as applicable.

BY:

A handwritten signature in black ink that reads "Elizabeth A. Watrin".

Elizabeth A. Watrin
President
Blue Cross and Blue Shield of New Mexico

For services received April 7, 2011 and after, your dental provider is not required to give members a discounted rate on non-covered dental services. Therefore, the following changes are being made to your dental care benefit program: The “Dental Discounts” or “Dental Discounts Available to You” provision is removed from your dental care benefit program benefit booklet, certificate, policy, or rider. If in-network provider discounts for noncovered services, such as for orthodontia, are listed on your summary of benefits, outline of coverage, or any brochure or other document describing dental plan benefits, that language is also removed.