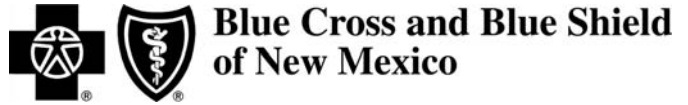


Endorsement:

2010 Plan Option Changes for BlueDirect®: Basic, Enhanced, & Premier



This *2010 Plan Option Changes for BlueDirect: Basic, Enhanced, and Premier* endorsement is made a part of your Blue Cross and Blue Shield of New Mexico (BCBSNM) health care plan benefit booklet. If you have a question about these changes, please call your Customer Service Unit representative at the phone number printed on the back of your identification card.

BY:

A handwritten signature in cursive script that reads "Elizabeth A. Watrin".

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

BlueDirect Basic, Enhanced and Premier Plan Options

Effective January 1, 2010, new Plan options are available under BlueDirect – Basic, Enhanced, and Premier. As a result of the new offerings, the BlueDirect plan benefit booklet (NM80285) is being revised in the following manner:

1. All references to “Plans A and B” alone should also include a reference to the “Basic, Enhanced, and Premier Plan Options” unless otherwise indicated below.
2. All references to the *Diabetic Drugs/Supplies and Special Medical Foods Drug Plan Rider* available under the “\$5,000 deductible option” refer **only** to the drug plan available under **Plans B and C**. (Drug plan coverage under the \$5,000 deductible option for the Basic, Enhanced, and Premier Plan Options is **not** restricted to the *Diabetic Drugs/Supplies and Special Medical Foods Drug Plan Rider*.)
3. Replace the note for Plans A and B under “Office Visit Copayment” in *Section 2* with the following note:

Plans A and B and Basic, Enhanced, and Premier Plan Options — The preferred provider office visit copayment is the same amount regardless of the provider’s specialty. Under the Basic, Enhanced, and Premier plan options, routine physicals and exams from preferred providers **are** subject to the office visit copayment until the \$400 maximum in preferred provider preventive care is reached. Under Plans A and B, routine physicals and exams from preferred providers are **not** subject to the office visit copayment.

4. Replace the “What is Not Subject to the Deductible” provision in *Section 2* with the following provision:

What is Not Subject to the Deductible — Under all BlueDirect plan options, services covered under the *Drug Plan Rider* and services with fixed-dollar copayment amounts are **not** subject to a deductible. In addition:

Plan C — Diagnostic and routine lab, x-ray, and diagnostic tests are also **not** subject to a deductible (member coinsurance alone applies to such services).

Plans A and B and Basic, Premier, and Enhanced Plan Options — The first \$400 in covered preventive services received from a **preferred provider** are also not subject to a deductible. After the \$400 amount has been reached, covered preventive services (including routine physicals and exams) are subject to usual deductible, coinsurance, and out-of-pocket limit provisions for the rest of the calendar year. (Preventive services received from a nonpreferred provider *are* subject to the deductible, coinsurance, and out-of-pocket provisions.) Also, services covered under the “Heart, Heart-Lung, Liver, Lung, Pancreas-Kidney” transplant provision in *Section 3* are **not** subject to a deductible.

5. Under “What is Not Included in the Limits” in *Section 2*, replace the last bulleted item with the following item:

- under **Plans A and B and Basic, Enhanced, and Premier Plan Options**, expenses covered under the “Heart, Heart-Lung, Liver, Lung, Pancreas-Kidney” transplant provision (There is a separate \$5,000 out-of-pocket limit for certain transplant services. See “Transplant Services” in *Section 3* for details.)

6. Under “Preventive Services” in *Section 3*, replace the note for “Plan A and Plan B” with the following notes:

Plans A and B — This plan covers 100 percent of the covered charge for the first \$400 in covered preventive services incurred by each member each calendar year from a preferred provider. After the \$400 amount has been reached or if services are received from a non-preferred provider, covered preventive services are subject to usual deductible, coinsurance, and out-of-pocket limit provisions for the rest of the calendar year. (Routine physicals and exams from preferred providers are **not** subject to an office visit copayment.)

Plan C — No special cost-sharing provisions for preventive services apply to Plan C.

Basic, Premier, and Enhanced Plan Options — The first \$400 in covered preventive services received from a **preferred provider** are also not subject to a deductible. After the \$400 amount has been reached, covered preventive services (including routine physicals and exams) are subject to usual deductible, coinsurance, and out-of-pocket limit provisions for the rest of the calendar year. (Preventive services received from a nonpreferred provider *are* subject to the deductible, coinsurance, and out-of-pocket provisions.)

Breast Reconstruction and Mastectomy Notification (WHCRA)

This is notice that your health care plan provides benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and treatment for complications resulting from a mastectomy (including lymphedema), when such benefits are required by the federal Women’s Health and Cancer Rights Act of 1998. Check your benefit materials or call Customer Service for more information.

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