



BlueCross BlueShield of New Mexico

Individual Health Insurance

Plans with a Wide Range of Options
to Fit Your Budget



Apply Today!



Call us toll-free at 1-866-445-1396



Visit us on the web at bcbsnm.com



**Contact your authorized independent
Blue Cross and Blue Shield of New Mexico agent**



All for You

For over 70 years, Blue Cross and Blue Shield of New Mexico (BCBSNM), a Division of Health Care Service Corporation, has been helping New Mexico residents with their health care coverage needs. More than 300,000 people place their trust in us for our reliability, financial strength and stability.

Our individual and family health insurance plans are specifically designed to help protect you and your loved ones from today's high health care costs. Cover yourself or your family with any of our plans. Here are some of the advantages of coverage from BCBSNM:

- ▶ **Freedom to choose doctors and hospitals**
- ▶ **Choice of deductibles**
- ▶ **Prescription drug coverage, including mail order drugs**
- ▶ **100% coverage for preventive care services¹**
- ▶ **Health and Wellness Programs**
 - **24/7 Nurseline**
Call the Nurseline 24/7 for answers to health-related questions
 - **Personal Health Manager**
A resource of online tools to help you make informed health care decisions

You'll Get Access to the BCBSNM PPO Network - Our Industry-Leading Network of Contracting Providers

No matter which BCBSNM plan you select, you'll have hundreds of providers to choose from. And with a large percentage of New Mexico doctors and hospitals participating in our network, chances are very good that your current health care providers are included.

That's important, because you get the most value from your benefits by using network providers.

Don't Forget Dental! BlueCare® Dental PPO

You'll get dental coverage on day one - with no deductible required - for checkups, cleanings and other preventive services. You can choose any dentist you want, with no referrals needed.

Which Plan Fits You Best?



Blue Cross and Blue Shield of New Mexico offers a range of health insurance plans with a wide range of deductibles and benefits for individuals and families. See the Product Comparison Chart on pages 5 and 6 for a side-by-side look at plan benefits. We are confident that you will find a health insurance plan to fit your specific needs and budget.

Our BlueDirect benefit plan includes three options: **Basic Plan**, **Enhanced Plan**, **Premier Plan**. You may also want to consider one of our **BlueEdgeSM High Deductible Health Plans (HDHPs)**. Each product offers numerous options designed to maximize your flexibility and choice in finding the right health insurance plan for you and your family.

Basic Plan	Enhanced Plan	Premier Plan	BlueEdge Plans ²
<p>BlueDirect Basic lets you stretch your dollars by offering a balance between affordable health care rates and benefits.</p>	<p>Enhanced Plan is a perfect option for those who want choice and flexibility for individual and family health care coverage.</p>	<p>Premier Plan is a benefit rich product that offers choice and flexibility for your health care coverage needs.</p>	<p>BlueEdge allows you to take charge of your health and be responsible for how you spend your health care dollars.</p>
<ul style="list-style-type: none">• 6 plan options offer flexibility for any budget• 70% coinsurance when PPO provider network providers are used• Deductibles ranging from \$1,000 - \$ 10,000	<ul style="list-style-type: none">• 6 plans to fit any budget• 80% coinsurance when PPO provider network providers are used• Deductibles ranging from \$500-\$7,500	<ul style="list-style-type: none">• 5 plan options which offer flexibility for any budget• 85% coinsurance when PPO provider network providers are used• Deductibles ranging from \$500-\$5,000	<ul style="list-style-type: none">• HSA-eligible individuals enjoy tax advantages• 80% coinsurance when PPO provider network providers are used

Find the Plan That's Right for You

Choosing the right individual health insurance plan to fit your needs is important to you and your family. Compare our plans to find the coverage you need.

If you're budget-conscious, BlueDirect Basic could easily meet your needs.

The typical BlueDirect Basic buyer is a cost-conscious individual or family who:

- ▶ Is willing to assume a portion of health care cost in exchange for a lower monthly premium
- ▶ Visits doctors primarily for annual checkups

If you have younger children, BlueDirect Enhanced is the plan for you.

The typical BlueDirect Enhanced buyer is an individual or family who:

- ▶ Wants low office visit copays
- ▶ Is looking for a more robust benefit plan

If you're a mature couple with no dependents, a BlueDirect Premier plan is a good choice for you.

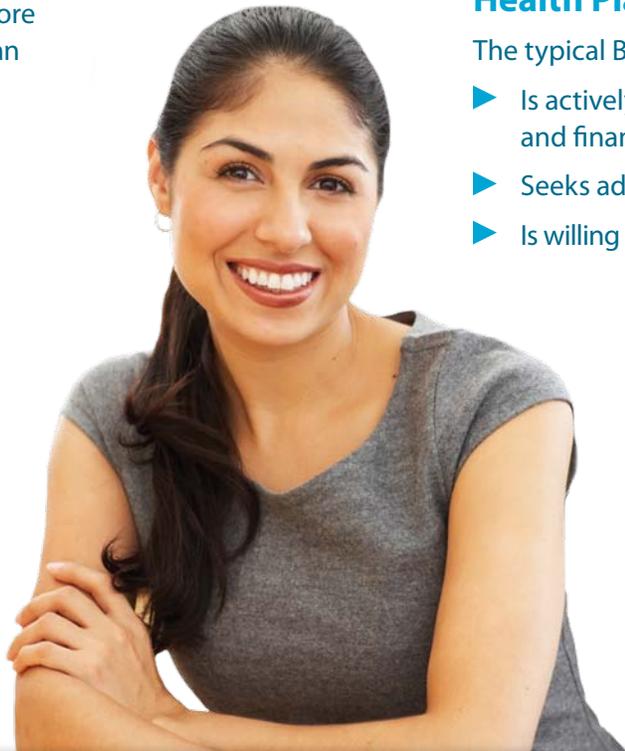
The typical BlueDirect Premier buyer is an individual or family who:

- ▶ Wants to select the benefits and price to meet their needs
- ▶ Would like to set aside money for unexpected health care expenses

If you want to control how, when and where your health care dollars are spent, then consider a BlueEdge High Deductible Health Plan.

The typical BlueEdge buyer is an individual or family who:

- ▶ Is actively involved in their health care decisions and finances
- ▶ Seeks additional tax and retirement planning benefits
- ▶ Is willing to fund some of their own health care expenses



BlueEdge HDHPs for Individuals and Families

High deductible health plans are even more attractive than ever — because they can be used with a Health Savings Account (HSA).² An HSA is a tax-advantaged, individually owned savings account that you can access to cover a wide range of qualified medical expenses, when funded. These expenses may generally include your annual deductible and, if applicable, any out-of-pocket cost sharing for covered services.

Here are the Major Benefits of a Health Savings Account (HSA):

- Control:** The money in an HSA belongs to you. YOU decide how to spend it based on your particular health care needs and budget.
- Flexibility:** You can withdraw your money anytime without a tax penalty as long as you use it for qualified medical expenses.
- Ownership:** You never forfeit your HSA balance. Any unused balance in your account rolls over from one year to the next, providing you protection from potential medical expenses.
- Tax Savings²:** An HSA allows you to put away money that may be fully tax deductible to cover future qualified medical expenses. This means that you can set aside tax free dollars, subject to certain limits, in an HSA to pay for your qualified medical expenses. Interest that accumulates within your HSA is generally tax free. You typically will pay no taxes or penalties when you use funds from your HSA to pay for qualified medical expenses.

Step 1	Step 2	Step 3
Select and apply for one of the BlueEdge HDHP plans.	Research and contact a financial institution to open a Health Savings Account (HSA) after your BlueEdge HDHP is activated.	Pay for your out-of-pocket qualified medical expenses out of your Health Savings Account (HSA).
<ul style="list-style-type: none">Choose the deductible and level of coverage that best fit your needs.Apply online or complete and mail in your application for the health plan.Research banks offering HSAs to use in conjunction with your health plan.	<ul style="list-style-type: none">You may choose any HSA available to work in conjunction with your BlueEdge HDHP. Consider the associated fees, investment choices and debit card/checkbook options to determine which HSA is right for you.Fund your HSA as soon as possible in order to maximize your tax advantages for the year.	<ul style="list-style-type: none">Most financial institutions will give you a checkbook and/or debit card so you can pay claims directly out of your HSA. These are convenient ways to pay for prescription drugs. For doctor or hospital visits, we recommend that you ask to be billed later in case adjustments are made to your expenses.While you are not required to open an HSA to be used with your health plan, most customers agree that they get the most out of their plan by taking advantage of the tax benefits, control and flexibility of an HSA.

Plan Comparison Chart

Preferred Provider Coverage Shown³

	Basic Plan ⁴	Enhanced Plan ⁴
Highlights of Member Costs		
Calendar Year Deductible Options for an Individual	\$ 1,000	\$ 500
	\$ 2,000	\$1,000
	\$ 3,500	\$2,000
	\$ 5,000	\$3,500
	\$ 7,500	\$5,000
	\$10,000	\$7,500
Annual Out-of-Pocket Limit	\$7,000 Individual	\$4,000 Individual
Highlight 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	\$25 copay/office visit
Office Surgery (including casts, splints, & dressings) ⁶	70%	80%
Lab Tests, X-Rays, EKGs, & other Diagnostic Tests ⁶	70%	80%
Allergy Services (injections, tests, & serum)	70%	80%
Preventive Care (Routine adult exams and screenings; well-child care and immunizations.)	No charge	No charge
Emergency Treatment Services	\$250 copay/visit	\$200 copay/visit
Hospital—Inpatient and Outpatient ^{6,7}	70%	80%
Surgery—Inpatient and Outpatient ^{6,7}	70%	80%
Organ Transplants ⁸	70%	80% ^{6,7}



Premier Plan ⁴	Blue Edge Individual HSA Plan ⁵	BlueEdge 100 HDHP ⁵
\$ 500 \$1,000 \$2,000 \$3,500 \$5,000	Premier: \$1,250 Enhanced: \$1,700 Basic: \$2,600	Option 1: \$3,500 Option 2: \$5,000
\$3,000 Individual	\$2,000 / \$3,000 / \$5,000	\$3,500 / \$5,000
\$20 copay/office visit	80%	Plan pays 100% after deductible
85%	80%	Plan pays 100% after deductible
85%	80%	Plan pays 100% after deductible
85%	80%	Plan pays 100% after deductible
No charge	No charge	No charge
\$150 copay/visit	80%	Plan pays 100% after deductible
85%	80%	Plan pays 100% after deductible
85%	80%	Plan pays 100% after deductible
85% ^{6,7}	80%	Plan pays 100% after deductible

Important Notes

- ▶ 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.
- ▶ BlueDirect and BlueEdge do not provide benefits for maternity care (including any pregnancy-related condition), behavioral health conditions, or substance abuse (alcoholism or drug abuse)
- ▶ Prescription drugs for behavioral (mental) health conditions are not covered

BlueCare Dental PPO for Individuals and Families

Now is the time to add Dental Coverage

Choose BlueCare Dental PPO and Enjoy:

- ▶ No deductible required for checkups, cleanings and other preventive services
- ▶ A maximum annual benefit of up to \$1,500 per person per year

BlueCare Dental PPO Eligibility:

- ▶ You must enroll in a Blue Cross and Blue Shield of New Mexico health plan in order to be eligible to enroll in the dental plan. This is your only opportunity to add dental coverage to your medical policy – with no medical questions asked
- ▶ All members on that health plan must be enrolled in BlueCare Dental PPO
- ▶ Once your dental plan is dropped for any reason, you cannot re-enroll

Benefits ⁹	Participating Dentists	Non-Participating Dentists ⁹
Deductible Deductible applies to Type III Services Only	\$50 per member per benefit period; \$150 maximum per family	
Calendar Year Maximum Benefit (per individual)	\$1,500 ⁹	
Type I Services • Cleanings • Sealants • Examinations • Space maintainers • X-rays	100% of Covered Charge	70% of Covered Charge
Type II Services • Fillings • Simple extractions	80% of Covered Charge	50% of Covered Charge
Type III Services • Bridges ¹⁰ • Endodontics • Crowns ¹⁰ • Oral Surgery • Dentures ¹⁰ • Periodontics	50% of Covered Charge after deductible	30% of Covered Charge after deductible

Monthly Premium	
Member	\$23.10
Member + Spouse	\$46.20
Member + Child(ren)	\$39.55
Family	\$67.65

See Why

More Than **300,000 People** Choose
Blue Cross and Blue Shield of New Mexico



Our Contracting Provider Networks Assure You Freedom of Choice

Blue Cross and Blue Shield of New Mexico (BCBSNM) health insurance plans provide access to our PPO provider network, which includes a large percentage of New Mexico doctors and hospitals. In fact, with our extensive PPO provider network, it's likely that your current health care providers participate.

Blue Cross and Blue Shield of New Mexico Offers You and Eligible Family Members Choices

BCBSNM offers you and your eligible family members choices when it comes to your care. Policyholders and covered family members have the freedom to visit any physician they choose, with benefits paid at the highest level when the doctor is in the preferred provider network. Members do not need to select a primary care physician to coordinate care, and no referrals are needed to see a specialist.

Out-of-Network

If you prefer, you may choose any provider or hospital for your care. If you choose one not participating in the PPO provider network, you will:

- Receive a lower level of benefits
- Pay a greater share of the costs
- File your own claims
- Be billed for charges above the BCBSNM covered charges, which may be significant

If you decide to go out-of-network, or are not in a service area for medical care, you have two choices:

- Use a participating-only provider
- Use any licensed, non-contracted provider

Participating-only providers have agreed to accept the BCBSNM determined covered charge and/or negotiated rates for covered services. Costs are more predictable, since you will not be billed for costs that exceed the covered charge. Participating-only providers may file your claims, and you will receive out-of-network benefits. To access the PPO provider or participating-only networks, go online to bcbsnm.com and select "Provider Finder." A drop-down menu will then give you the option to choose from PPO provider or participating-only provider networks.

Travel with Confidence — You're Covered Away from Home

As a member of BCBSNM, you'll have access to the BlueCard PPO network. Contracting providers outside New Mexico linked through the BlueCard® program allow you to receive benefits for covered services when you travel. Simply present your BCBSNM ID card to a preferred provider wherever you are. To find a preferred provider while you're away, just call the toll-free number on the back of your ID card to allow one of our representatives to assist you or call (800) 810-BLUE (2583). It's that easy.

Disclosure Information

Blue Cross and Blue Shield of New Mexico regards all personal information as confidential. We will not disclose your personal information unless we are allowed or required by law to make the disclosure, or if you tell us we can. These disclosures are generally made to our affiliates, administrators, consultants, and regulatory or governmental authorities. We may also disclose information as necessary to administer your health plan, pay claims and, as necessary, effect transactions in the ordinary course of our business. Our affiliates are subject to the same policies regarding privacy of our information as we are.

Blue Cross and Blue Shield of New Mexico sometimes works with outside firms to help with services and marketing. As permitted by law, these firms may use certain identifying and non-medical information. It is our policy to require outside firms to make a written pledge to maintain the confidentiality of the personal information and abide by all applicable privacy laws. These firms are prohibited from using or disclosing personal information for any purpose other than the work they are performing, or as required by law.

Even if your relationship with us ends, the company is pledged to maintain its privacy policy and practices so that your privacy will be protected.

Notice of 30-day Right to Examine Contracts

Within 30 days after its delivery to the subscriber, the contract may be surrendered by delivering or mailing it to the carrier's administrative office, branch office or agent through whom it was purchased. Upon such surrender, any premiums paid will be returned.

RSA Medical Telephone Interview

Blue Cross and Blue Shield of New Mexico (BCBSNM) has contracted with RSA Medical to retrieve medical records and conduct telephone interviews with its individual health insurance applicants. A nurse from RSA Medical may call you following the submission of your application for coverage to gather additional medical information to help BCBSNM evaluate your request for insurance coverage.

¹ Applies to services provided in-network only. Benefits reduced when non-preferred providers are used.

² Health Reimbursement Arrangements (HRAs) and HSAs have tax and legal ramifications. Blue Cross and Blue Shield of New Mexico does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.

³ Benefits reduced when non-preferred providers are used. This is a summary of benefit highlights only.

⁴ 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 and, for BlueDirect Plans, prescription drug coverage). Preferred Provider deductible amounts do not cross-apply to the Non-preferred Provider deductible amount or vice versa.

⁵ The Individual or Family Coverage deductible (as applicable) must be met before benefit payments are made, including for the services covered under the drug plan.

⁶ Certain services are not covered if preauthorization is not obtained from BCBSNM. A complete list is available in the Benefit Booklet.

⁷ Preauthorization is required for admissions; if not obtained, you pay a \$300 penalty for covered facility services.

⁸ 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.

⁹ For services received from an out-of-network dentist, the member will be responsible for any difference between the dentist's charges and the covered charge. The covered charge is based on our network negotiated fees. Further information regarding the covered charges and network status of dentists is available by calling the toll-free number on the back of your dental ID card.

¹⁰ A 12-month waiting period from the date of enrollment will apply to major restorative services, prosthodontic services, and miscellaneous restorative and prosthodontic services.



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