HMO Blue® Alternatives

Summary of Benefits – Plan 10

Blue Cross and Blue Shield of New Mexico

Summary provides a brief description listing plan benefits and copayments.

Annual Out-of-Pocket Limit	Twice Annual Premium up to $6,350/Individual or $12,700/Family	
Lifetime Maximum Benefit	Unlimited (Some services are specifically limited.)	
Type of Service	**Copayments**	**Additional Information**
Physician Services (See "Rehabilitation Therapy" on the next page for physical, occupational, and speech therapy.)		
Office Visit/Exam, including Medical Supplies, Medication Checks, and Intake Evaluations.		
Primary Care	$10 Copay	You may visit any BCBSNM HMO-participating provider without a referral. However, if you must visit a nonparticipating provider for nonemergency services, you must have preauthorization or services will be denied.
Specialist Care	$25 Copay	
Mental Health and Chemical Dependency	$10 Copay	Includes outpatient and office services; preauthorization is required for intensive outpatient programs (IOP).
Therapeutic and Allergy Injections	No Charge	
Inpatient Medical Care	No Charge	Facility receives copayment.
Preventive Services Routine Adult Physicals and Gynecological Exams, Well-Child Care; Related Testing (includes routine Pap tests, mammograms, cholesterol tests, urinalysis, etc.), Routine Colonoscopies, Routine Vision or Hearing Screenings; and Immunizations	No Charge	Hearing aids for members under age 21 are paid at 100% of covered charges up to a maximum of **2 hearing aids** every 3-years; exams and testing are subject to usual cost-sharing provisions. These services are not covered for members age 21 and older.
Surgery in Office	$25/Specialist Copay	Includes invasive diagnostic procedures.
Acupuncture Treatment	$25/Specialist Copay	Maximum benefit of **20 visits**/calendar year.
Ambulance Services	$50 for Ground $100 for Air	Preauthorization is required for nonemergency air ambulance.
Autism Spectrum Disorders Applied Behavioral Analysis*, and Occupational, Physical, and Speech Therapy	Usual Copays	A preauthorized treatment plan is required.
Cardiac and Pulmonary Rehabilitation	$25/Specialist Copay	
Spinal Manipulation Services	$25/Specialist Copay	Maximum benefit of **20 visits**/calendar year.
Diagnostic Testing: Lab and X-Ray, MRI*, PET Scan*, Sleep Studies, Psychological Testing*	$50 for MRI; No Charge for other diagnostic testing	Preauthorization required for MRI, PET, cardiac CT scans, and psychological testing.
Emergency Room/Observation	$50 Copay	Preauthorization is **not** required for emergencies.
Home Health Care, Hospice, & Home I.V. Services Including Nurse and Physician Visits, Medical Supplies, and Therapy	No Charge	
Hospital Services, Acute Care (See "Rehabilitation Therapy" below for physical, occupational, and speech therapy, skilled nursing facility, and "Transplant Services", if applicable.)		
Hospitalization/Partial Hospitalization includes Medical, Surgical, Mental Health, and Chemical Dependency Admissions*	$250 Copay	Mental health/Chemical dependency also requires preauthorization. No copay required for related physician services.
Surgery - Hospital Outpatient	$50 Copay	Surgery includes invasive diagnostic procedures.
Newborn Care: Routine Care or Extended Stay	No Charge for Routine; $250 Copay for Extended	An additional copayment is required if the newborn remains in the hospital longer than his/her mother.

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

Type of Service	Copayments	Additional Information
Maternity/Family Planning Pre- and Post-natal care; Physician Delivery Hospital Admission	$25/Specialist Copay $250 Copay	Office copay required for initial maternity visit only; thereafter admission copayment applies upon delivery.
Medical Equipment/Prosthetics Orthopedic Appliances/DME, Prosthetics, Oxygen and Equipment	50% of Covered Charge	No maximum benefit limit, except that rental benefits will not exceed the purchase price of a new unit. Note: Certain diabetic supplies are covered only under the drug plan rider.
Medical Therapy – Office or Outpatient Chemotherapy, Electroshock or Radiation Therapy, Kidney Dialysis	No Charge	
Prescription Drugs, Insulin, Diabetic Supplies, and Special Medical Foods – See separately issued Drug Plan Rider**.**		
Rehabilitation Therapy: Inpatient (including Skilled Nursing Facility), Outpatient, and Office		
Physical, Occupational, Speech Therapy Inpatient/Skilled Nursing Facility Services* Outpatient Services	$250 Copay $25/Specialist Copay	Preauthorization is required for inpatient rehabilitation and skilled nursing facility services.
Transplant Services* (Must use facilities that contract with BCBSNM as HMO providers or through the national BCBS transplant network.)		
Cornea, Kidney, Bone Marrow	Usual Copays	Paid same as any other service.
Heart, Heart-Lung, Liver, Lung, & Pancreas-Kidney		$10,000 maximum for travel and per diem.
Urgent Care Facility	$25 Copay	Call 1-800-810-BLUE (2583) if you are outside the service area.

* Services require preauthorization from BCBSNM. Some services may not be preauthorized for payment.

What is a Primary Care Physician (PCP)? Your PCP is your personal physician who coordinates all your health care. Although you do not have to obtain a PCP referral before arranging to receive covered services from an HMO-participating provider, please contact your PCP whenever your have a health need. Because your PCP knows you and your medical history, your PCP is best qualified to coordinate all your medical care, including visits to specialists. **You *must* choose a PCP upon enrollment**.

What is preauthorization? It is an authorization received from BCBSNM **before** delivery of certain types of services. For certain services to be covered you or your provider must obtain preauthorization from BCBSNM **before** you receive those services.

When do I need preauthorization? Preauthorization is required for all inpatient admissions, a few specified services (listed in your benefit booklet), and if you want to go outside the BCBSNM HMO provider network. **Important:** BCBSNM must preauthorize all nonemergency services of a nonparticipating provider. If services are preauthorized, you may be responsible for amounts above the covered charge. If preauthorization is not obtained, benefits will be denied for the services.

NOTES:

Benefit Booklet – Please refer to your *Benefit Booklet* for exclusions, limitations, and more benefit information.

Complaints & Grievances - If you disagree with the payment or denial of a claim or portion of a claim, call Customer Service at 1-800-423-1630. If you are still not satisfied, you may file a complaint. Call Customer Service if you would like a copy of the complete complaint and grievance procedures.

Customer Service - Call toll-free Monday – Friday from 6 a.m. – 10 p.m. and 8 a.m. – 5 p.m. on Saturdays and most holidays: 1-800-423-1630. Website: www.bcbsnm.com

Reminder: You do **not** need a PCP referral before seeking covered services from a BCBSNM HMO network provider. However, if you are **admitted** to a hospital, receive **certain services** (listed in your benefit booklet) or visit a **nonparticipating** provider without first obtaining **preauthorization** from BCBSNM, **the services will not be covered**. Check your provider directory or visit the BCBSNM Web site at bcbsnm.com for a list of HMO-participating providers.