

BlueSaludSM

2011-2012 Summary of Benefits



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

Physician/Other Provider Medical/Surgical Services
Nonroutine Office Visits, Urgent Care Facility, Home Visits: Includes office surgery, therapy, allergy testing, lab tests injections, serum, therapeutic injections, physical, occupational, and speech therapy, and home birth.*
Preventive/Routine Health Services/Exams: Includes GYN examinations, Pap smear, mammogram, prenatal and postpartum care, periodic glaucoma eye test, stool exam, colon exam, other routine tests as needed, adult and child immunizations, health education, nutritional counseling, and nutritional services for pregnant women and children. Screenings: blood pressure, cholesterol, diabetes, obesity, lead levels in the blood; tuberculosis, rubella, vision/hearing impairment, problem drinking and drug abuse, prenatal screening, newborn screening.
Family Planning and Counseling Services: Out-of-network care covered without preauthorization.
Diabetes Treatment Services
Rural Health Clinic Visits and Visits to Federally Qualified Health Centers
Independent or Freestanding Lab or X-Ray Facility
Emergency Care and Post-Stabilization: Out-of-network care covered without preauthorization. Services must be for a life-threatening emergency as defined in the <i>Member Handbook</i> or you may have to pay for emergency room use. When in doubt, call the FREE 24/7 Nurseline at 1-800-973-6329 .
School-Based Health Clinic Services: EPSDT evaluation, health education counseling, and therapy.
Hospital Inpatient Services* (Medical/Surgical and Maternity Care): Includes room and board, support care, service and supplies, diagnostic tests, anesthetics, oxygen, inpatient rehabilitation services, radiation therapy, inhalation therapy, administration of whole blood, blood plasma, and components. Private room not covered unless medically necessary.
Hospital Outpatient Services/Ambulatory Surgery Center: Includes surgery* and related professional services (surgeon, assistant, anesthesiologist), supplies and medications, preventive care and routine lab and x-ray, non-routine lab and x-ray, and pulmonary rehabilitation*.
Radiation therapy, chemotherapy, Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET)*, CT scan*, cardiovascular rehabilitation*, physical, occupational, speech therapy*, and dialysis.
Prescription Drugs, Diabetic Supplies, Enteral Nutrition, Contraceptives, Other Drugs: Usually limited to a 30-day supply or 120 units per month, whichever is less, for drugs purchased through the retail pharmacy. (Members must first obtain a 30-day supply before a 90-day supply is allowed at either a retail pharmacy or through mail-order.) Some drugs must be purchased through a contracted specialty pharmacy provider. Diabetic supplies and enteral feedings* are also covered under the pharmacy benefit. Over-the-counter medications are covered only when your doctor gives you a prescription. All drugs must be on the <i>Pharmacy Drug List</i> in order to be covered unless preauthorized by <i>BCBSNM</i> .
Home Health Care Services*, Hospice Services*
Durable Medical Equipment*, Medical Supplies, Orthotics*, Appliances, Prosthetic* Devices: Includes purchase, delivery, maintenance, and repair of equipment; disposable diapers/underpads*; oxygen and oxygen equipment; etc. Devices or supplies costing \$1,000 or more require preauthorization.*
Nonemergency Transportation: These services must be coordinated by <i>LogistiCare</i> [®] .*
Mental Health and Substance Abuse: Provided by <i>OptumHealth</i> SM <i>New Mexico</i> . * Except for services received in the <i>UNM Hospital Psychiatric Emergency Room</i> , emergency services and most lab and x-ray services related to mental health and substance abuse are paid under the medical/surgical plan by <i>BCBSNM</i> . All other services must be coordinated by and/or approved by <i>OptumHealth New Mexico</i> .
Vision Care: Administered by <i>Davis Vision</i> [®] . All services are limited as to the number and kind a member may receive during a certain time period. Limitations may be based on the member's age or on the member's specific visual error. Please see the <i>Member Handbook</i> for details.
Routine eye exam and medical exams.
Corrective lenses, including bifocals, tinted lenses for certain conditions, balance lenses, contacts*, prisms, lens tempering on new lenses, lens edging, minor repairs to glasses, dispensing fees.
Replacement glasses or contact lenses for members under age 21 under certain conditions.

Dental Services: Administered by <i>DentaQuest</i> [®] . All services are limited as to the number and kind a member may receive during a certain time period. Limitations may be based on the member's age. Please see the <i>Member Handbook</i> for details.
Diagnostic oral exam and x-rays, emergency treatment of pain, teeth cleanings, fluoride treatments, molar sealants, space maintainers, fillings, crowns, simple and surgical tooth removal, tooth reimplantations, incision and drainage of abscess*.
Therapeutic pulpotomy, periodontal services, denture adjustments and repairs, recementing of fixed bridge.*
Orthodontic services to treat handicapping malocclusions for members under age 21.*
EPSDT Services: Personal care for members under age 21 and private-duty nursing, home- or school-based; Tot-to-Teen Health Checks (see <i>Member Handbook</i>).
Transplants: Includes heart, lung, heart-lung, liver, kidney, autologous or allogeneic bone marrow, and cornea transplants only. Preauthorization is required.*
Native Americans: May visit any Indian Health Service (IHS) facility, urban Indian provider, or tribal 638 facility, whether in-network or out-of-network. No copayments apply for services received by Native Americans if covered under any BlueSalud program, including WDI or CHIP.
Working Disabled Individuals (WDI): Copayments are: \$5 /prescription (for 30-day supply or 120 units, whichever is less); \$7 /office, urgent care facility, or outpatient visit; \$20 /emergency room visit; and \$30 /inpatient admission. No copays for preventive care, prenatal care, or birth control management. Maximum copayment amounts paid in a year are based on income and set by the Income Support Division (ISD) each year. Members are responsible for tracking their own copays and advising ISD when annual limit is met. There are no copayments for WDI Native Americans.
Children's Health Insurance Program (CHIP): Copayments are: \$2 /prescription (for 30-day supply or 120 units, whichever is less); \$5 /office, urgent care facility, or outpatient visit; \$15 /emergency room visit; and \$25 /inpatient admission. No copays for preventive care, prenatal care, or birth control management. Maximum family copayment amounts paid in a year are based on family income and set by ISD. Members are responsible for tracking their own copayments and advising ISD when annual limit is met. There are no CHIP copayments for Native Americans.

IN-NETWORK COVERAGE ONLY: Except in an emergency and certain other limited situations, BlueSalud members must visit BlueSalud network providers (or in the case of mental health and substance abuse, an *OptumHealth New Mexico* network provider). Each member must also choose a PCP and have his/her care coordinated through the PCP when appropriate.

***PREAUTHORIZATION:** Some services covered under the BlueSalud program require preauthorization from *BCBSNM* (or *OptumHealth New Mexico*). For medical/surgical services, dental services, vision care, and prescription drugs that need preauthorization, including enteral nutrition products and disposable diapers, call *BCBSNM* at **1-866-689-1523**.

Please see a *Member Handbook* for details. Preauthorization does not guarantee that services will be covered or that the member is eligible for BlueSalud coverage.

For mental health/substance abuse services, call *OptumHealth New Mexico* at **1-866-660-7185**. (This program is **not** affiliated with *BCBSNM*.)

To schedule nonemergency transportation services, call *LogistiCare's* Reservation Line at **1-866-913-4342**.

ELIGIBILITY: For eligibility questions, please call the *Medicaid Hotline* at **1-888-997-2583**.

This is not a complete list of covered services; it does NOT list benefit exclusions and limits of the BlueSalud program. All services must be medically necessary, not experimental or unproven, preapproved when required, received from an eligible provider of health care services, and not payable by any other government program, agency, or third-party payer.

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. Services provided in part under contract with the State of New Mexico.

For Customer Service, call 1-866-689-1523.