

HMO Blue[®] Alternatives: Plan 5

Summary of Benefits and Copayments

This is a brief summary of HMO Blue Plan's benefits and copayments. For more complete information and for exclusions and limitations, see an *HMO Blue Benefit Booklet* (H340).



Blue Cross and Blue Shield
of New Mexico

Your Copayments, Annual Out-of-Pocket Limit, Lifetime Benefit

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| Annual Out-of-Pocket Limit | Twice annual premium (There is no family out-of-pocket limit.) | |
| Lifetime Maximum Benefit | Unlimited (some services are specifically limited) | |
| Type of Service | Copayments | Additional Information |
| PHYSICIAN SERVICES (See "Rehabilitation Therapy," on the reverse side, for physical, occupational, and speech therapy, and psychotherapy.) | | |
| Office Visit, including Medical Supplies, Medication Checks*, and Intake Evaluations* | | Medication checks for mental health/chemical dependency and intake evaluations require prior authorization from Mesa Mental Health. |
| Primary Care | \$5 | You may visit any HMO-participating provider without a referral. However, if you must visit a nonparticipating provider for nonemergency services, you must have prior authorization or services will be denied. |
| Specialist Care | \$20 | |
| Therapeutic and Allergy Injections | No Charge | Some require prior authorization. |
| Inpatient Medical Care | No Charge | Facility receives copayment. |
| Preventive Services Adult Routine Physicals & Related Tests; Health Education and Counseling; Well-Child Care; Immunizations; Vision and Hearing Screening (through age 17) | \$5/PCP Visit \$20/Specialist Visit | Copayment for office visit charge only; all other services = no charge. |
| Surgery — in office | \$20 | Includes invasive diagnostic procedures. |
| ACUPUNCTURE TREATMENT | \$20 | Maximum benefit of 20 visits/calendar year. |
| CHIROPRACTIC SERVICES | \$20 | Maximum benefit of 20 visits/calendar year. |
| CARDIAC/PULMONARY REHAB, OUTPATIENT* | \$20 | Prior authorization is required. |
| URGENT CARE FACILITY | \$25 (\$35 out-of-area) | Call 1-800-810-BLUE (2583) if you are outside the service area.* |
| AMBULANCE | Air \$100, Ground \$50 | Prior authorization is required for nonemergency air ambulance. |
| EMERGENCY ROOM/OBSERVATION | \$50 | Prior authorization is not required for emergencies (as defined). |

HEARING AIDS AND RELATED SERVICES: Hearing aids for members under age 21 are paid at 100% of covered charges up to a maximum of \$2,200 per ear during any 3-year period; exams and testing are subject to usual cost-sharing provisions. These services are not covered for members age 21 and older.

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

* NOTE: Services marked with an asterisk (*) require prior authorization from BCBSNM or Mesa Mental Health. Some services may not be approved for payment.

What is a Primary Care Physician (PCP)?

Your PCP is your personal physician who coordinates all your health care. Although you no longer have to obtain a PCP referral before arranging to receive covered services from another HMO-participating provider, please contact your PCP whenever you 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 prior authorization?

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

When do I need authorization?

Authorization is required for all inpatient admissions, a few specified services (listed in your benefit booklet), and if you want to go outside the HMO-participating provider network. **Important:** BCBSNM must authorize all nonemergency services of a nonparticipating provider. If services are authorized, you may be responsible for amounts above the covered charge. If authorization is not obtained, benefits will be denied for the services.

| Type of Service | Copayments | Additional Information |
|--|--|---|
| HOSPITAL SERVICES, ACUTE CARE (See "Rehabilitation Therapy," below, for physical, occupational, and speech therapy, skilled nursing facility, psychotherapeutic services, and substance abuse rehabilitation. Also see "Transplant Services," if applicable.) | | |
| Hospitalization* | \$100 | No copayment required for related physician services. |
| Surgery — Hospital Outpatient | \$50 | Surgery includes invasive diagnostic procedures. |
| Newborn Care: Routine Care | No Charge | An additional copayment is required if the newborn remains in the hospital longer than his/her mother. |
| Extended Stay | \$100 | |
| MATERNITY/FAMILY PLANNING | | |
| Pre- and Postnatal Care; Physician Delivery | \$5/PCP Visit \$20/Specialist Visit | Office copayment required for initial maternity visit only; thereafter admission copayment applies upon delivery. |
| Hospital Admission | \$100 | |
| REHABILITATION THERAPY: Inpatient (Including Skilled Nursing Facility), Outpatient, and Office* | | |
| Physical, Occupational, Speech Therapy* | \$100 \$20 | Inpatient, outpatient, and office services are covered. Prior authorization is required. |
| Inpatient/Skilled Nursing Facility Services Outpatient Services | | |
| Psychotherapeutic Services, Including Chemical Dependency Rehabilitation* | \$100 \$20 | Inpatient, outpatient, and office services are covered. Prior authorization is required. Chemical dependency benefits are not provided for more than two 12-month benefit periods . |
| Inpatient Hospital/Treatment Facility Outpatient Services | | |
| MEDICAL THERAPY — Office or Outpatient | | |
| Chemotherapy, Electroshock* or Radiation Therapy, Kidney Dialysis*, Narcosynthesis* | No Charge | High-dose chemotherapy, electroshock therapy, home dialysis, and narcosynthesis require prior authorization. |
| SMOKING/TOBACCO CESSATION COUNSELING | | |
| | \$20 | Benefits limited to 90 minutes total or 2 group sessions per calendar year. |
| DIAGNOSTIC TESTING | | |
| Laboratory and X-Ray, MRI, MRA, CAT Scan, Sleep Studies, Psychological Testing* | \$50 for MRI; No charge for all other | Prior authorization required for PET and cardiac CT scans, psychological testing, and home sleep studies. |
| MEDICAL EQUIPMENT/PROSTHETICS* | | |
| Orthopedic Appliances/DME, Prosthetics, Oxygen and Equipment | 50% | Prior authorization required. 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. |
| HOME HEALTH, HOSPICE, HOME I.V. * | | |
| Including Nurse and Physician Visits, Medical Supplies, and Therapy | No Charge | \$10,000 lifetime benefit for hospice care. Intravenous medications and enteral nutritional products require prior authorization. |
| TRANSPLANT SERVICES* (Must use a facility that contracts with BCBSNM as an HMO-participating provider or through the national BCBS transplant network.) | | |
| Cornea, Kidney, Bone Marrow | Usual copayments based on place of treatment and type of service | Paid same as any other service. \$10,000 maximum for travel, food, and lodging (travel + \$125 per diem)* for heart, heart-lung, liver, lung, and pancreas-kidney. |
| Heart, Heart-Lung, Liver, Lung, and Pancreas-Kidney: \$500,000 lifetime limit | | |
| PRESCRIPTION DRUGS, DIABETIC SUPPLIES, SPECIAL MEDICAL FOODS, SMOKING CESSATION — See separately issued drug plan rider. | | |

Benefit Booklet

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

Reminder:

You do NOT need a PCP referral before seeking covered services from an HMO-participating 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 **prior authorization** from BCBSNM, **the services will not be covered**. Check your provider directory or visit the BCBSNM Web site at www.bcbsnm.com for a list of HMO-participating providers.

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: (800) 423-1630
Web site: www.bcbsnm.com

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