HMO Blue® Traditional

Summary of Benefits – Plan 15/500 (LG/GFD)

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 (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 next page for physical, occupational, and speech therapy.)		
Office Visit/Exam, including Medical Supplies, Medication Checks*, and Intake Evaluations*.		
Primary Care	$15 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	$15 Copay	
Therapeutic and Allergy Injections	No Charge	Some require preauthorization.
Mental Health and Chemical Dependency	$15 Copay	Includes outpatient, intensive outpatient programs, and office services; preauthorization is required.
Inpatient Medical Care	No Charge	Facility receives copayment.
Preventive Services Routine Adult Physicals and Gynecological Exams (ages 18 and older), Well-Child Care; Related Testing (includes routine Pap tests, mammograms, cholesterol tests, urinalysis, etc.), Routine Colonoscopies, Routine Vision or Hearing Screenings (only through age 17); and Immunizations	$15 Copay	Copayment for office visit charge only; all other services = no charge. Hearing aids for members under age 21 are paid at 100% of covered charges up to a maximum of **$2,200** per year during any 3-year period; exams and testing are subject to usual cost-sharing provisions. Hearing aid services are not covered for members age 21 and older.
Surgery in Office	$15 Copay	Includes invasive diagnostic procedures.
Acupuncture Treatment	$15 Copay	Maximum benefit of **20 visits**/calendar year.
Ambulance Services	No Charge	Preauthorization is required for nonemergency air ambulance.
Autism Spectrum Disorders (max **$36,000**/year; **$200,000**/lifetime)	Usual Copays	Covered services include applied behavioral analysis when part of a **preauthorized** treatment plan.
Cardiac and Pulmonary Rehabilitation*	$15 Copay	Preauthorization is required.
Spinal Manipulation Services	$15 Copay	Maximum benefit of **20 visits**/calendar year.
Diagnostic Testing: Lab and X-Ray, MRI, MRA, CAT Scan, Sleep Studies, Psychological Testing*	No Charge	Preauthorization required for PET and cardiac CT scans, psychological testing.
Emergency Room/Observation	$100 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	Intravenous medications and enteral nutritional products require preauthorization.
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*	$500 Copay	Preauthorization is required. No copay required for related physician services.
Outpatient Facility - Medical, Surgical, Admissions*, includes nonroutine colonoscopy	$100 Copay	No copay required for related physician services. Surgery includes invasive diagnostic procedures.
Newborn Care: Routine Care or Extended Stay	No Charge for Routine; $500 Copay for Extended	An additional copayment is required if the newborn remains in the hospital longer than his/her mother.

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	 $15 Copay $500 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	No Charge	Preauthorization 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.
Medical Therapy – Office or Outpatient Chemotherapy, Electroshock* or Radiation Therapy, Kidney Dialysis*	No Charge	High-dose chemotherapy, electroshock therapy, and home dialysis require preauthorization.
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	 $500 Copay $15 Copay	Preauthorization is required.
Smoking/Tobacco Cessation Counseling	Usual Copays	Limited to 90-minutes total or 2 group sessions per calendar year.
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 www.bcbsnm.com for a list of HMO-participating providers.