

HMO Blue® Plans 5, 10, 15/250, 15/500, 20/500**, 20/750, 25, 30, and 35

Summary of Benefits and Copayment Options



Blue Cross and Blue Shield
of New Mexico

This is a brief summary of HMO Blue Plan's benefits and copayment options.

Copayment Options, Annual Out-of-Pocket Limit, Lifetime Benefit

Member Copayment Options	Plan 5	Plan 10	Plan 15 \$250	Plan 15 \$500	Plan 20 \$500**	Plan 20 \$750	Plan 25	Plan 30	Plan 35
Office Visit Copayment (per visit)	\$5	\$10	\$15	\$15	\$20	\$20	\$25	\$30	\$35
Outpatient Copayment	\$50	\$50	\$100	\$100	\$250	\$250	\$500	\$500	\$500
Admission Copayment	\$100	\$250	\$250	\$500	\$500	\$750	\$1000	\$1000	\$1000
Emergency Room Copayment	\$50	\$50	\$100	\$100	\$100	\$100	\$125	\$125	\$150
Urgent Care Copayment	\$25	\$25	\$25	\$25	\$30	\$30	\$35	\$40	\$45
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	Office Visit Copay	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	Office Visit Copay	
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)	Office Visit Copay	Copayment for office visit charge only; all other services = no charge.
Surgery — in office	Office Visit Copay	Includes invasive diagnostic procedures.
CARDIAC/PULMONARY REHAB, OUTPATIENT*	Office Visit Copay	Prior authorization is required.
DIAGNOSTIC TESTING Laboratory and X-Ray, MRI, MRA, CAT Scan, Sleep Studies, Psychological Testing*	No Charge	Prior authorization required for PET and cardiac CT scans, psychological testing, and home sleep studies.
AMBULANCE	No Charge	Prior authorization is required for nonemergency air ambulance.
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.		

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.

*Services require prior authorization from BCBSNM or Mesa Mental Health. Some services may not be approved for payment.

** HMO Plan 20/500 is available to Large Group only (51+).

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*	Admission Copay	No copayment required for related physician services.
Surgery — Hospital Outpatient	Outpatient Copay	Surgery includes invasive diagnostic procedures.
Newborn Care: Routine Care Extended Stay	No Charge Admission Copay	An additional copayment is required if the newborn remains in the hospital longer than his/her mother.
EMERGENCY ROOM/OBSERVATION	Emergency Room Copay	Prior authorization is not required for emergencies (as defined).
URGENT CARE FACILITY	Urgent Care Copay	Call 1-800-810-BLUE (2583) if you are outside the service area.*
MATERNITY SERVICES & FAMILY PLANNING		
Pre- and Postnatal Care; Physician Delivery Hospital Admission	Office Visit Copay Admission Copay	Office copayment required for initial maternity visit only; thereafter admission copayment applies upon delivery.
REHABILITATION THERAPY: Inpatient (Including Skilled Nursing Facility), Outpatient, and Office*		
Physical, Occupational, Speech Therapy* Inpatient/Skilled Nursing Facility Services Outpatient Services	Admission Copay Office Visit Copay	Inpatient, outpatient, and office services are covered. Prior authorization is required.
Psychotherapeutic Services, Including Chemical Dependency Rehabilitation* Inpatient Hospital/Treatment Facility Outpatient Services	Admission Copay Office Visit Copay	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 .
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	Usual copayments based on place of treatment and type of service	Benefits limited to 90 minutes total or 2 group sessions per calendar year.
ACUPUNCTURE TREATMENT	Office Visit Copay	Maximum benefit of 20 visits /calendar year.
CHIROPRACTIC SERVICES	Office Visit Copay	Maximum benefit of 20 visits /calendar year.
MEDICAL EQUIPMENT/PROSTHETICS* Orthopedic Appliances/DME, Prosthetics, Oxygen and Equipment	No Charge	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 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.
Heart, Heart-Lung, Liver, Lung, and Pancreas-Kidney		\$10,000 maximum for travel, food, and lodging (travel + \$125 per diem)*.
PRESCRIPTION DRUGS, INSULIN, DIABETIC SUPPLIES, AND SPECIAL MEDICAL FOODS, SMOKING/TOBACCO CESSATION — OUTPATIENT - See separately issued Drug Plan Rider.		

*Services require prior authorization from BCBSNM or Mesa Mental Health. Some services may not be approved for payment.

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Benefit Booklet

Please refer to your *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.bcsnm.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.bcsnm.com