

**BCBSNM Approved Alliance Indemnity
Standard Option Health Plans**
\$500, \$1000, \$2500 Deductible Options
(Effective 3/1/2004)



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

Plan Benefits Overview

This chart summarizes the benefits, limitations, deductible options, coinsurance, and stop-loss amounts of the BCBSNM Approved Alliance Indemnity Health Plan under the standard \$500, \$1000, and \$2500 deductible options. Some services and procedures require prior approval, and/or have limited benefits; also, some diagnoses and services may not be covered under the plan. **This chart does not include all of the terms and conditions of the plan.** If you have questions about plan benefits, please call a BCBSNM customer service representative at 1-800-432-0750.

COST-SHARING FEATURES				
Annual deductible options and out-of-pocket limits (see your ID card for your individual deductible amount)	Annual Deductible		Out-of-Pocket Limit	
	Individual	Family	Individual	Family
	\$500	\$1500	\$3000	\$6500
\$1000	\$3000	\$3500	\$8000	
\$2500	\$7500	\$5000	\$12,500	
The out-of-pocket limit includes only annual deductible and coinsurance amounts. The Family out-of-pocket limit includes the total aggregate annual deductible and coinsurance paid by two or more family members in a calendar year.				
Lifetime maximum	\$2,000,000 per member and maximum Plan benefits as noted. ²			

ALLIANCE HEALTH PLAN BENEFITS OVERVIEW		
Type of Service	What You Pay ¹	Additional Benefit Information ²
Acupuncture, outpatient	50%*	Maximum Plan benefit of \$1,500/calendar year .
Ambulance, ground or air ³	50%	Must be to the closest facility able to provide services.
Diagnostic lab, x-ray, EKG	50%	PET scans, cardiac CT scans, home sleep studies, genetic testing require prior approval.
Durable medical equipment and prosthetics ³	50%	Includes rental and purchase when prescribed by a covered provider and required for therapeutic use.
Home health care ³	50%	Maximum Plan benefit of 100 visits/calendar year .
Hospice care ³	50%	Lifetime maximum of six months of covered hospice care.
Hospital/treatment facility services (including mental illness, but excluding chemical dependency treatments)		
- Inpatient ³	50%	For semi-private room and charges for ICU, CCU, or other special units.
- Outpatient	50%	
- Hospital emergency room services - Observation room	50%	You pay a separate \$100 deductible per incident for hospital services, in addition to 50% coinsurance. The annual deductible does not apply. (Physician charges related to the emergency are subject to the annual deductible and 50% coinsurance.)
- Inpatient physical rehab ³	50%	Maximum Plan benefit of 10 days/calendar year .
Maternity care (including pre- and post-natal care)	50%	Members of \$500 and \$1000 plans will pay a \$30 copayment for initial visit to verify pregnancy.
Newborn care (in hospital)	50%	

*Note: For \$500 and \$1000 plans only: You pay a \$30 copayment for each office visit billed, in addition to the coinsurance for other services received during the office visit, not subject to the out-of-pocket limit. BCBSNM will pay the remainder of the office visit charge up to the BCBSNM covered charge.

Type of Service	What You Pay ¹	Additional Benefit Information ²
Organ transplant services: bone marrow, heart, kidney, liver, and lung³	50%*	Total benefits limited to a lifetime maximum Plan benefit of \$250,000 per member. Services must be received in a facility that contracts with BCBSNM or through the national BCBSNM transplant network.
Physician services, inpatient and outpatient (not related to chemical dependency)		
- Inpatient	50%	
- Office and urgent care facility, including prior-approved outpatient/office evaluation, short-term treatment, and crisis intervention related to mental health (but excluding chemical dependency) ³	50%* OR \$30/visit*	*Note: For \$500 and \$1,000 plans only: You pay a \$30 copayment for each office visit (not subject to out-of-pocket limit provision). BCBSNM will pay the remainder up to the BCBSNM covered charge. Members in a \$2,500 deductible plan pay annual deductible and coinsurance.
Prescription drugs, insulin, and specified diabetic supplies, and prior-approved special medical foods^{3,4}	\$20/generic and \$40/brand-name (on formulary)	Limited to up to a 30-day supply or 120 units, whichever is less, per copayment. Mail-Order is limited to up to a 90-day supply or 360 units, whichever is less, for three copayments. Maximum Plan benefit of \$3,000/calendar year .
Preventive care (wellness benefits, including routine mammograms and Pap tests)	\$30/visit	Maximum Plan benefit of \$500/calendar year (includes lab and x-rays). Deductible and out-of-pocket limit do not apply.
Smoking cessation counseling	50%* or \$30/visit*	A maximum of two 90-day courses of drug therapy ³ (see "Prescription drug" line item, above, for copays); up to 90 minutes total provider contact time OR two multi-session group counseling programs per calendar year. Call BCBSNM for a list of approved counselors.
Spinal manipulation	50%*	Maximum Plan benefit of \$500/calendar year .
Surgery and related services³	50%*	Some services require prior approval.
Therapy, outpatient and office - Physical, occupational, and speech therapy ³	50%*	All services require prior approval.
- Chemotherapy, dialysis, radiation therapy, and pulmonary rehabilitation	50%*	Prior approval is required for high-dose chemotherapy, pulmonary rehabilitation, electroshock therapy, narcosynthesis, and home dialysis services.
- Cardiac rehabilitation ³	50%*	Must be provided within six months of the cardiac incident.
OPTIONAL: Chemical dependency treatment (IF YOU HAVE THIS OPTIONAL COVERAGE)		
- Inpatient ³	50%	Maximum Plan benefit of 30 days/calendar year .
- Outpatient ³	50%*	Maximum Plan benefit of 30 visits/calendar year .

1 - BCBSNM pays 100 percent of the covered charges after the deductible (if any) has been met. You will have to pay amounts over the BCBSNM covered charge. See a benefit booklet for details.

2 - Maximum Plan benefits are per member per calendar year unless stated otherwise.

3 - **Prior approval** from BCBSNM is required for specified services **or no benefits or reduced benefits** will be available for them. Admission review approval from BCBSNM is required before being admitted as an inpatient to a hospital or other treatment facility to avoid a **25 percent reduction** of benefits (to a maximum reduction of \$2,500 per admission) or denial of benefits. See a benefit booklet for details.

4 - Prescription drugs must be purchased at a pharmacy that participates in the BCBSNM Retail Pharmacy or Mail Order Service Programs. (BCBSNM has contracted with a separate program for administration of outpatient prescription drug benefits. This program is not an affiliate of BCBSNM.) Some drugs and special medical foods require prior approval before coverage will be available.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
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