

BCBSNM Approved Alliance Indemnity Catastrophic Health Plans

With/Without Chemical Dependency Coverage
\$5000, \$7500, and \$10,000 Deductible Plans
(Effective 3/1/2004)



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

Plan Benefits Overview

This chart summarizes the benefits, limitations, deductible options, and coinsurance amounts of the catastrophic (high-deductible) option Approved Alliance Indemnity Health Plans offered by BCBSNM. Some services require prior approval and/or have limited benefits; also, some diagnoses and services may not be covered or may be limited 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 BCBSNM at 1-800-432-0750.

COST-SHARING FEATURES		
Annual Deductible Options (After the deductible is met, the plan pays 100% of covered charges for services listed below. Prescription drug and other copayments and deductible amounts not included.)	Plan 1: Individual: \$5,000 Family: \$15,000 Plan 2: Individual: \$7,500 Family: \$22,500 Plan 3: Individual: \$10,000 Family: \$30,000	
Lifetime Maximum Benefit	\$2,000,000 per member and maximum Plan benefits as noted.	
ALLIANCE HEALTH PLAN BENEFITS OVERVIEW		
Type of Service	What the Plan Pays ¹	Additional Benefit Information ²
Acupuncture, outpatient	100%	Maximum Plan benefit of \$1,500 /calendar year.
Ambulance, ground or air ³	100%	Must be to the closest facility able to provide services.
Diagnostic lab, x-ray, EKG	100%	PET scans, cardiac CT scans, home sleep studies, genetic testing require prior approval.
Durable medical equipment and prosthetics ³	100%	Includes rental and purchase when prescribed by a covered provider and required for therapeutic use.
Home health care ³	100%	Maximum Plan benefit of 100 visits /calendar year.
Hospice care ³	100%	Lifetime maximum of six months of covered hospice care.
Hospital/treatment facility services (including mental illness, but excluding chemical dependency treatments)		
- Inpatient ³	100%	For semi-private room and charges for ICU, CCU, or other special units.
- Outpatient	100%	
- Emergency room services and observation room	100%	Member pays a separate \$100 deductible per incident for facility services, even when calendar year deductible is met.
- Inpatient physical rehab ³	100%	Maximum Plan benefit of 10 days per calendar year.
Maternity care (including pre- and post-natal care)	100%	
Newborn care (while in hospital)	100%	
Organ transplant services: bone marrow, heart, kidney, liver, and lung ³	100%	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	100%	Includes inpatient, outpatient, office, and home visits; diabetic services; therapeutic injections; prior-approved evaluation, short-term treatment, and crisis intervention related to mental health (but excluding chemical dependency) ³ .

COST-SHARING FEATURES

ALLIANCE HEALTH PLAN BENEFITS OVERVIEW

Type of Service	What the Plan Pays ¹	Additional Benefit Information ²
Prescription drugs, insulin, specified diabetic supplies, and prior-approved special medical foods ^{3,4}	Member pays: \$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)	100% up to \$500, after you pay \$30 copay per visit	Includes mammogram per schedule and one Pap test pre year. Annual deductible does not apply and copayment is not waived once deductible is met.
Smoking cessation counseling	100%	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	100%	Maximum Plan benefit of \$500/calendar year .
Surgery and related services ³	100%	Some services require prior approval.
Therapy, outpatient and office - Physical, occupational, and speech therapy ³	100%	All services require prior approval.
- Chemotherapy, dialysis, pulmonary rehabilitation, and radiation therapy	100%	Prior approval is required for high-dose chemotherapy, pulmonary rehabilitation, electroshock therapy, narcosisynthesis, and home dialysis services.
- Cardiac rehabilitation ³	100%	Must be provided within six months of the cardiac incident.
Chemical dependency (alcoholism and drug abuse) treatment (IF YOU HAVE THIS OPTIONAL COVERAGE)		
- Inpatient ³	100%	Maximum Plan benefit of 30 days /calendar year.
- Outpatient ³	100%	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) 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.

Note: Prescription drug copayments, wellness/preventive services office copayments, and emergency room deductibles are not applied to the annual calendar year deductible and these amounts are not waived after the calendar year deductible is met. Prescription drugs and wellness/preventive benefits are also not subject to the annual deductible; you do not have to meet the annual deductible in order to be eligible for benefit payments under those provisions. However, you must meet the calendar year deductible for emergency room services. Once the annual deductible is met, you will also be responsible for the \$100 emergency room deductible.

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