

## 2008 Premier Plan



The following are the highlights of the New Mexico Retiree Health Care Authority's Premier Plan, administered through Blue Cross and Blue Shield of New Mexico (BCBSNM). This summary contains highlights only and is subject to change. Any services received must be medically necessary to be covered. **The specific terms of coverage, exclusions and limitations are contained in the carrier's benefit booklet.**

BENEFITS	PREMIER PLAN		
	What You Pay	When provider accepts assignment/facility participates with Medicare AND when covered by Medicare <b>YOU PAY:</b>	When provider does not accept assignment/facility does not participate with Medicare OR when covered by Plan but not by Medicare <b>YOU PAY:</b>
<b>Benefit Highlights</b>	Member Copay/Coinsurance	\$0 <sup>1</sup>	20% of Limiting Charge (Medicare Allowable Fee + 15%) for Medicare-covered services; 20% of BCBSNM's Maximum Allowable Fee for services not covered by Medicare, but covered by Plan <sup>1</sup>
	Member Deductible (annual)	\$0	\$100 per individual
	Out-of-pocket maximum (annual)	Not applicable	\$500 per individual (includes deductible) plus amounts above BCBSNM's Maximum Allowable Fee for services not covered by Medicare, drug plan copays, and all charges for services not covered by Medicare or Plan
<b>Physician Services</b>	Office visit; Primary care	\$0	20%
	Office visit; Specialty care	\$0	20%
	Wellness/Preventive services	\$0	Plan pays 100% of balance up to the Limiting Charge when covered by Medicare or up to 100% of Maximum Allowable Fee when not covered by Medicare (but covered under the Plan). You pay amounts in excess of the allowable amount. No deductible.
<b>Hospital Services</b>	Hospitalization (includes room and board, inpatient physician care – physician visits, surgeon, and anesthesiologist ) and inpatient rehabilitation services	\$0	After Medicare reserve days have been exhausted, 20% of BCBSNM's Maximum Allowable Fee for <b>365</b> additional lifetime days; prior approval required <sup>2</sup>
<b>Emergency Services</b>	Emergency room visit	\$0	20% <sup>2</sup>
	Urgent care center	\$0	20% <sup>2</sup>
	Ambulance	\$0	20%

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<b>Mental Health</b>	Outpatient services <sup>2,3</sup>	\$0	20% <sup>2,3</sup>
	Inpatient services <sup>2,3</sup>	\$0	20% <sup>2,3</sup>
<b>Substance Abuse</b>	Outpatient services <sup>2,3</sup>	\$0	20% <sup>2,3</sup>
	Inpatient services <sup>2,3</sup>	\$0	20% <sup>2,3</sup>
<b>Other Services</b>	Chiropractic services	\$0	20% (up to \$1,500 per year)
	Acupuncture	No benefit	20% (up to \$1,500 per year)
	Durable medical equipment, prosthetics & appliances	\$0	20% plus balance above covered charges <sup>2,4</sup>
	Hearing aids and wigs (not covered by Medicare)	\$0	Plan pays 100% (During any 3-year period, up to \$500 for hearing aids and up to \$200 for hairpieces or wigs for certain medical conditions; not subject to deductible.)
	Physical & rehabilitative therapies	\$0	20% <sup>2</sup>
	Home health care	\$0	After Medicare benefit exhausted, 20% for 120 additional days/year <sup>2</sup>
	Hospice	\$0 (Basic Plan covers respite care)	20% (up to \$7,500 additional lifetime benefit <sup>2</sup> )
	Skilled nursing facility	\$0	After Medicare benefit exhausted, 20% for 60 additional days/year <sup>2</sup>
	Rolfing	No benefit	20% (up to \$1,500 per year)
Massage therapy	No benefit	20% (up to \$1,500 per year)	
<b>Out of Country</b>		No participating providers available	20% for residents 20% for travelers
<b>Prescription Drugs</b>	Administered by Express Scripts. Please refer to the literature provided by Express Scripts for benefit and copay information or call Express Scripts at 1-800-811-0297.		

1. Member must pay prescription drug copayments and coinsurance in any case.
2. These services require prior approval from BCBSNM if Medicare does not cover the service. If services are received in a facility that does not participate with Medicare without prior approval, you have no Medicare or Plan benefits except for limited emergency benefits.
3. Lifetime maximum of \$50,000 for all Medicare- and Plan-covered services combined; maximum of 30 inpatient days and 30 outpatient visits per year.
4. Member must pay all charges above the covered charge (115% of Medicare's allowable fee).

**The member is always responsible for noncovered services, prescription drug copayments and coinsurance, and amounts above the applicable maximum allowable fee.**