

BlueEdgeSM 100 High Deductible Health Plan

HSA-Eligible with an Embedded Deductible



This is a summary only that lists deductibles, out-of-pocket limits, and member coinsurance percentage amounts, and provides a brief description of BlueEdge 100 High Deductible Health Plan benefits. This Plan features an “embedded deductible” and “embedded out-of-pocket limit” that can reduce costs for family policies.

BlueEdge 100 Benefits for Individuals	Member's Share of Covered Charges			
	Preferred Provider ¹		Nonpreferred Provider ¹	
	Option 1	Option 2	Option 1	Option 2
Calendar Year Deductible Options How an <i>embedded deductible</i> works: When one person in a family meets an individual deductible amount, that person's PPO claims start paying at 100% (or nonPPO claims at 80%). If one or more other family members meet the remaining family amount, the family's PPO claims start paying at 100% (or nonPPO claims at 80%).	\$3,500/Ind \$7,000/Fam	\$5,000/Ind \$10,000/Fam	\$5,000/Ind \$10,000/Fam	\$7,500/Ind \$15,000/Fam
Annual Out-of-Pocket Limit (Based on Deductible Chosen)² Does not include penalty amounts or noncovered charges. How the <i>embedded limit</i> works: When one person in a family meets the nonPPO individual out-of-pocket amount, that person's nonPPO claims begin paying at 100%. If one or more other family members meet the remaining family nonPPO out-of-pocket amount, the family's nonPPO claims begin paying at 100%. (PPO claims pay at 100% after an individual – or family – meets the PPO deductible.)	\$3,500 Ind \$7,000 Fam	\$5,000 Ind \$10,000 Fam	\$7,500 Ind \$15,000 Fam	\$10,000 Ind \$20,000 Fam
Lifetime Maximum (per member)	\$5,000,000			
	Plan's Share of Covered Charges			
Office Services (nonroutine); Office Visit/Exam	Plan pays 100% after Deductible		Plan pays 80%	
Office Surgery (including casts, splints, and dressings)	Plan pays 100% after Deductible		Plan pays 80% ⁴	
Lab Tests, X-Rays, EKGs, Other Diagnostic Tests			Plan pays 80% ⁴	
Allergy Injections, Tests, Serum			Plan pays 80%	
Preventive Services Routine Adult Physicals and Gynecological Exams (ages 18 and older), Related Testing (includes routine Pap tests, mammograms, preventive/routine colonoscopies, cholesterol tests, urinalysis, etc.), and Immunizations	Deductible waived up to first \$400 in covered charges, thereafter services may be subject to member cost sharing.		No benefit	
Well-Child Care; Routine Vision or Hearing Screenings (only through age 17); Routine Testing, and Immunizations	Plan pays 100% (no Deductible)		Plan pays 80% (limited to \$250 & Deductible is waived)	
Acupuncture Treatment (max. \$1,500/year)	Plan pays 100% after Deductible		No benefit	
Ambulance Services: Ground and Emergency Air Transport	100% after Deductible ³			
Ambulance Services: Nonemergency Air Transfer	Plan pays 100% after Deductible ⁴		Plan pays 80% ⁴	
Cardiac and Pulmonary Rehabilitation, Outpatient	Plan pays 100% after Deductible ⁴		No benefit	
Dental/Facial Accident, Oral Surgery, and TMJ/CMJ Services	Plan pays 100% after Deductible ⁴		Plan pays 80% ⁴	
Emergency Room Treatment	Plan pays 100% after Deductible ³			
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.				
Home Health Care/Home I.V. Services (max. 100 visits/year)	Plan pays 100% after Deductible ⁴		Plan pays 80% ⁴	
Hospice Services (lifetime max. \$10,000)	Plan pays 100% after Deductible ⁴		Plan pays 80% ⁴	

BlueEdge 100 Benefits for Individuals	Plan's Share of Covered Charges	
	Preferred Provider ¹	Nonpreferred Provider ¹
Inpatient Hospital/Facility Services (See "Short-Term Rehabilitation" for physical rehabilitation and skilled nursing facility admissions. See "Transplant Services," if applicable.)		
Medical/Surgical and Board and Covered Ancillaries	Plan pays 100% after Deductible ⁵	Plan pays 80% ⁵
Routine Nursery Care for Covered Newborns	Plan pays 100% after Deductible	Plan pays 80%
Lab, X-Ray, and Other Diagnostic Tests	Plan pays 100% after Deductible ⁴	Plan pays 80% ⁴
Outpatient Facility/Physician (including surgical procedures, family planning, nonroutine colonoscopies)	Plan pays 100% after Deductible ^{4,5}	Plan pays 80% ^{4,5}
Prosthetics and Orthotics	Plan pays 100% after Deductible ^{4,6} (unlimited benefit)	Plan pays 80% ^{4,6} (max. \$1,000/year)
Short-Term Rehabilitation: Occupational, Physical, and Speech Therapy; including Physical Rehabilitation and Skilled Nursing Facility; maximum benefit of up to \$3,500/year for outpatient services and 30 days/year for inpatient services.	Plan pays 100% after Deductible ^{4,5}	No benefit
Spinal Manipulation Services (max. \$1,500/year)	Plan pays 100% after Deductible	No benefit
Supplies, Durable Medical Equipment	Plan pays 100% after Deductible ^{4,6} (unlimited benefit)	Plan pays 80% ^{4,6} (max. \$1,000/year)
Therapy: Chemotherapy, Dialysis, and Radiation	Plan pays 100% after Deductible ⁴	Plan pays 80% ⁴
Transplant Services (Must be received at a facility that contracts with BCBSNM or with the national BCBS transplant network.)		
Cornea, Kidney, and Bone Marrow	Plan pays 100% after Deductible ^{4,5}	No benefit
Heart, Heart-Lung, Liver, Lung, and Pancreas-Kidney		
Prescription Drugs, Insulin, Diabetic Supplies, Enteral Nutritional Products, Special Medical Foods		
Retail Pharmacy/Specialty Pharmacy Program (up to a 30-day supply or 180 units, whichever is less. Includes nonprescription enteral nutritional products and special medical foods.) ^{4,7}	Plan pays 100% after Deductible ⁴	
Mail-Order Plan (up to a 90-day supply or 540 units, whichever is less.) ^{4,7}	Plan pays 100% after Deductible ⁴	

FOOTNOTES:

1 The Individual or Family Coverage Type deductible (as applicable) must be met before benefit payments are made, including for services covered under the drug plan.

2 Preferred Provider and Nonpreferred Provider out-of-pocket limit includes deductible and any coinsurance. After a member or family reaches the applicable out-of-pocket limit, BCBSNM pays 100 percent of that member's or family's Preferred Provider or Nonpreferred Provider covered charges, whichever is applicable. Amounts paid under the drug plan are subject to the Preferred Provider deductible. Preferred Provider/prescription drug plan amounts do not cross-apply to the Nonpreferred Provider deductible or out-of-pocket limit amount, or vice versa.

3 Initial treatment of a medical emergency is paid at Preferred Provider level. Follow-up treatment and treatment that is not for an emergency is paid at Nonpreferred Provider level.

4 Certain services are not covered if prior approval is not obtained from BCBSNM. See a Benefit Booklet for a list of services requiring prior approval.

5 Admission review is required for inpatient admissions. You pay a \$300 penalty for covered medical/surgical facility services if approval is not obtained. Some services, such as transplants and physical rehabilitation, require additional approval. If you do not receive approval for these individually identified procedures and services, benefits for any related admissions will be denied. See a Benefit Booklet for details.

6 Rental benefits will not exceed the purchase price of a new unit. In addition to all equipment costing \$500 or more, specific equipment, prosthetics, appliances, and orthotics require prior approval or services will not be covered.

7 Prescription drugs and other items covered only under the drug plan (e.g., diabetic supplies) must be purchased at a pharmacy that participates in the Retail/Specialty Pharmacy or Mail Order Service programs. (BCBSNM has contracted with a separate program for administration of your drug plan benefits.)

IMPORTANT: Deductible amounts and coinsurance percentages are applied to BCBSNM's covered charges, which may be less than the provider's billed charges. Preferred providers will not charge you the difference between the covered charge and the billed charge for covered services; nonpreferred providers may.

Services not covered: There are no benefits for maternity services, mental health services, alcoholism rehabilitation, or chemical dependency treatment. Transplants must be received at facilities that contract with BCBSNM or through the BCBS national transplant network and must be prior-approved in order to be covered.

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