

# Blue Transitions<sup>SM</sup>

## Short-Term/Travel EPO Policy



**This is a summary only** that lists the deductible options, out-of-pocket limit, member coinsurance percentage amounts, and provides a brief description of Blue Transitions health care plan benefits.

<b>Blue Transitions Benefit Summary</b> – Except in an emergency, services received from nonpreferred providers are not covered under this plan.	<b>Member’s Share of Covered Charges</b>
<b>Deductible Options (per member/per benefit period) – Check your ID card to verify the individual deductible amount chosen.</b> Each covered family member must meet the deductible chosen. <sup>1,6</sup>	\$500 \$1,000 \$2,000
<b>Out-of-Pocket Coinsurance Limit (per benefit period)</b> – Includes coinsurance only - NOT deductible, penalty amounts, or noncovered charges. <sup>2,6</sup>	\$2,000 (\$5,000 family)
<b>Lifetime Maximum</b> (includes all benefits paid under any BlueTransitions Policy, whether the member is covered as a subscriber or dependent)	\$2,000,000 per member
<b>Office Services</b>	30%
Office Visit (excludes routine physicals and other preventive care)	30%
Office Surgery (including casts, splints, and dressings)	30% <sup>3</sup>
Lab Tests, X-Rays, EKGs, Other Diagnostic Services	30% <sup>3</sup>
<b>Ambulance Services</b>	30%
<b>Cardiac and Pulmonary Rehabilitation, Outpatient</b>	30% <sup>3</sup>
<b>Dental/Facial Accidents, Oral Surgery, TMJ Treatment</b>	30% <sup>3</sup>
<b>Emergency Room Treatment and Urgent Care</b>	30%
<b>Home Health Care</b> (max. 100 visits)	30% <sup>3,6</sup>
<b>Hospice</b> (max. \$5,000)	30% <sup>3,6</sup>
<b>Inpatient Hospital/Facility Services</b> (See “Short-Term Rehabilitation” for physical rehabilitation & skilled nursing facility admissions.)	
Room and Board and Physician Care such as Physician Visits, Surgeon, and Anesthesiologist	30% <sup>4</sup>
<b>Lab, X-Ray, and Other Diagnostic Tests</b>	30% <sup>3</sup>
<b>Prosthetics and Orthotics</b>	30% <sup>3,5</sup>
<b>Short-Term Rehabilitation:</b> Occupational, Physical, and Speech Therapy; including Skilled Nursing Facility Inpatient Rehabilitation (max. 30 days) Outpatient and Office Rehabilitation (max. \$3,500)	30% <sup>3,4,6</sup>
<b>Supplies and Durable Medical Equipment</b>	30% <sup>3,4</sup>
<b>Surgery, Inpatient or Outpatient</b>	30% <sup>3,4</sup>
<b>Therapy: Chemotherapy, Dialysis, and Radiation</b>	30% <sup>3</sup>
<b>Prescription Drugs, Enteral Nutritional Products, Special Medical Foods</b> (max. \$500/benefit period)	30%

BCBSNM is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

See footnotes on back.

## **ADDITIONAL FEATURES AND LIMITATIONS:**

**Age Limit for Children:** Children are covered only through age 24.

**Choose Who is Covered:** Coverage is offered just for kids, just for adults, or for the whole family. Once you are enrolled, you may not add newly acquired dependents except in the case of eligible newborns and adopted children who are enrolled within 31 days of birth or placement in the home for purposes of adoption.

**Services Not Covered:** There are no benefits for pre-existing conditions. See a benefit booklet for a full list of exclusions; examples of noncovered services include routine or preventive services, acupuncture, joint or spinal manipulation, orthotics, allergy care, routine maternity services or complications of pregnancy, diabetic equipment or insulin, transplants, mental health services, or chemical dependency treatment.

**Short Term Coverage/Benefit Period:** The “benefit period” is the period beginning on the subscriber’s effective date of coverage under this Policy and ending on the expiration date as specified on the subscriber’s identification card (through the end of the period for which the subscriber has agreed to pay premiums). The subscriber may have chosen a one, two, three, four, five, or six-month benefit period when he/she first applied for coverage. Approval of a one-time consecutive re-application for BlueTransitions coverage starts the beginning of a new benefit period. Re-application may not be approved.

## **FOOTNOTES:**

1 Each member’s initial covered charges (for services that are subject to a percentage “coinsurance” amount) are applied to the deductible. The deductible must be met before benefit payments are made. Amounts applied to a deductible during one benefit period are not applied to any deductible requirement of a subsequent benefit period.

2 After a member reaches the out-of-pocket limit, BCBSNM pays 100 percent of that member’s covered charges for the rest of the benefit period. Amounts satisfied during one benefit period are not applied to any subsequent benefit periods.

3 Certain services are not covered if prior approval is not obtained from BCBSNM. See your benefit booklet for more information.

4 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 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.

5 Rental benefits for medical equipment and other items 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.

6 The deductible, out-of-pocket limit, and benefit limitations are calculated on a “per benefit period” basis and do not renew or reinstate from month to month or upon reapplication approval.

**You must use a preferred provider in order to receive benefits, unless in an emergency.  
Deductibles and coinsurance percentages are applied to BCBSNM’s covered charges, which  
may be less than the billed charge.**