BlueEdge℠ 100 HSA

Plan Highlights - $2,600 Plan

Blue Cross and Blue Shield of New Mexico

Highlights the deductible, out-of-pocket limits, member coinsurance percentage amounts, and provides a brief description of BlueEdge 100 HSA Plan benefits.

PPO Benefits – There is no lifetime maximum, however some services have benefit limits.	**Member's Share of Covered Charges**	
	Preferred Provider[1]	**Nonpreferred Provider[1]**
Individual Calendar Year Deductible	$2,600	$4,000
Family Calendar Year Deductible – Embedded: One family member meets the Individual deductible amount; benefits begin paying at 100% for that member. Remaining Family members continue to apply services to the Family deductible until the total Family deductible is met; then all family members' benefits pay at 100%.	$5,200	$8,000
Annual Out-of-Pocket Limit (Includes deductible, coinsurance, and prescription drugs; does not include penalty amounts or noncovered charges.)[2]	$2,600 Individual $5,200 Family	$8,000 Individual $16,000 Family
Office Services (nonroutine): Office Visit/Exam/Consultation/Virtual Visits Office Surgery (including casts, splints, and dressings) Allergy Injections, Tests, Serum	0% after Deductible	40% coinsurance
Mental Health/Chemical Dependency (outpatient/office/virtual visit)	0% after Deductible	40% coinsurance
Preventive Services Routine Adult Physicals and Gynecological Exams, Related Testing (includes routine Pap tests, mammograms, cholesterol tests, urinalysis, etc.), Routine Colonoscopy (outpatient/office), Smoking/Tobacco Cessation Counseling, and Immunizations Well-Child Care; Routine Vision or Hearing Screenings; Routine Testing, and Immunizations	No Charge (Deductible waived)	40% coinsurance
Acupuncture Treatment (max. **25 visits**/year)	0% after Deductible	40% coinsurance
Ambulance Services: Ground and Emergency Air Transport	0% after PPO Deductible[3]	
Ambulance Services: Nonemergency Air Transport	0% after Deductible[4]	40% coinsurance[4]
Autism Spectrum Disorders Applied Behavioral Analysis[4], and Occupational, Physical, and Speech Therapy	0% after Deductible	40% coinsurance
Cardiac and Pulmonary Rehabilitation (outpatient)	0% after Deductible	40% coinsurance
Dental/Facial Accident, Oral Surgery, and TMJ/CMJ Services	0% after Deductible	40% coinsurance
Emergency Room Treatment	0% after PPO Deductible[3]	
Hearing Aids and Related Services: Hearing aids for members under age 21 are paid at 100% after deductible up to a maximum of **2 hearing aids every 3 years**; 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)	0% after Deductible	40% coinsurance
Hospice Services	0% after Deductible	40% coinsurance
Hospital/Facility Services (See "Short-Term Rehabilitation" for physical rehabilitation and skilled nursing facility, and "Transplant Services," if applicable.)		
Medical/Surgical, Mental Health/Chemical Dependency (including partial hospitalization), Residential Treatment Center, Maternity-Related Room and Board and Covered Ancillaries	0% after Deductible [5]	40% coinsurance[5]
Routine Nursery Care for Covered Newborns	0% after Deductible	40% coinsurance
Maternity Services, including Routine Pediatrician Care for Covered Newborns (also see "Hospital/Facility Services")	0% after Deductible[5]	40% coinsurance[5]

Blue Cross and Blue Shield of New Mexico (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.

PPO Benefits – There is no lifetime maximum, however some services have benefit limits.	**Member's Share of Covered Charges**	
	Preferred Provider[1]	**Nonpreferred Provider[1]**
Lab, X-Ray, and Other Diagnostic Tests	0% after Deductible	40% coinsurance
MRIs, CT Scans, PET Scans	0% after Deductible [4]	40% coinsurance [4]
Outpatient Facility/Physician (including surgical procedures related to pregnancy and family planning, nonroutine colonoscopies)	0% after Deductible	40% coinsurance
Prescription Drugs, Diabetic Supplies, Enteral Nutritional Products, Special Medical Foods, Smoking/Tobacco Cessation	See your separately issued Prescription Drug Plan Rider	
Short-Term Rehabilitation: Occupational, Physical, and Speech Therapy; including Physical Rehabilitation and Skilled Nursing Facility; maximum benefit of up to **35 visits**/year for outpatient services and **30 days**/year for inpatient services.	0% after Deductible[5]	40% coinsurance
Spinal Manipulation Services (max. **25 visits**/year)	0% after Deductible	40% coinsurance
Supplies, Durable Medical Equipment, Prosthetics, Orthotics	0% after Deductible[6]	40% coinsurance[6]
Therapy: Chemotherapy, Dialysis, and Radiation	0% after Deductible	40% coinsurance
Transplant Services (Must be received at a facility that contracts with BCBSNM or with the national BCBS transplant network.)		
Cornea, Kidney, and Bone Marrow	0% after Deductible[4,5]	No Benefit
Heart, Heart-Lung, Liver, Lung, and Pancreas-Kidney (**$10,000** maximum for travel and lodging per diem)		
Urgent Care Facility	0% after Deductible	40% coinsurance

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 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 preauthorization is not obtained from BCBSNM. See a Benefit Booklet for a list of services requiring preauthorization.

5 Preauthorization is required for inpatient admissions. You pay a $300 penalty for covered medical/surgical facility services if preauthorization is not obtained. Some services, such as transplants, require additional preauthorization. If you do not receive preauthorization 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.

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.

This is a summary only -- please refer to the Summary of Benefits and Coverage (SBC) document and Benefit Booklet for more details.