BlueEdge℠ HSA

Plan Highlights - $1,500 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 HSA Plan benefits.

PPO Benefits – There is no lifetime maximum benefit. However, certain services have maximum annual limits.	**Member's Share of Covered Charges**	
	Preferred Provider[1]	**Nonpreferred Provider**[1]
Individual Annual Deductible	$1,500	
Family Annual Deductible: Aggregate: All family members services apply to the Family Deductible. Once the entire Family Deductible is met; then all family members service's apply coinsurance benefits.	$3,000	
Annual Out-of-Pocket Limit (Includes deductible, coinsurance, and prescription drugs only - NOT penalty amounts or noncovered charges.)[2]	$2,500/Individual Coverage $4,500/Family Coverage	$4,500/Individual Coverage $9,000/Family Coverage
Office Services (nonroutine)	20% coinsurance	40% coinsurance
Office Visit/Exams/Consultations	20% coinsurance	40% coinsurance
Allergy Injections, Tests, Serum	20% coinsurance	40% coinsurance
Office Surgery (including casts, splints, and dressings)	20% coinsurance	40% coinsurance
Mental Health and Chemical Dependency (outpatient/office)	20% coinsurance	40% coinsurance
Preventive Services Routine Adult Physicals and Gynecological Exams, Related Testing (includes routine Pap tests, mammograms, cholesterol tests, urinalysis, etc.), Routine colonoscopies (outpatient/office), Immunizations, Well-Child Care; and Routine Vision or Hearing Screenings;	No Charge (Deductible waived)	40% coinsurance
Acupuncture Treatment (max. **25 visits**/year)	20% coinsurance	40% coinsurance
Ambulance Services: Ground and Emergency Air Transport	20% coinsurance[3]	
Ambulance Services: Nonemergency Air Transfer	20% coinsurance[4]	40% coinsurance[4]
Autism Spectrum Disorders Applied Behavioral Analysis[4], and Occupational, Physical, and Speech Therapy	20% coinsurance	40% coinsurance
Cardiac and Pulmonary Rehabilitation, Outpatient	20% coinsurance	40% coinsurance
Dental/Facial Accident, Oral Surgery, and TMJ/CMJ Services	20% coinsurance	40% coinsurance
Emergency Room Treatment	20% coinsurance[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)	20% coinsurance	40% coinsurance
Hospice Services	20% coinsurance	40% coinsurance
Inpatient Hospital/Facility and Physician Services		
Medical/Surgical, Mental Health/Chemical Dependency (including partial hospitalization), Residential Treatment Center, Maternity-Related Room and Board and Covered Ancillaries	20% coinsurance[5]	40% coinsurance[5]
Routine Nursery Care for Covered Newborns	20% coinsurance	40% coinsurance
Lab, X-Ray, and Other Diagnostic Tests	20% coinsurance	40% coinsurance
MRI, Cardiac CT Scans, PET Scans	20% coinsurance[4]	40% coinsurance[4]
Maternity Services (pre- and post-natal, delivery, and newborn charges)	20% coinsurance[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 benefit. However, certain services have maximum annual limits.	**Member's Share of Covered Charges**	
	Preferred Provider[1]	**Nonpreferred Provider**[1]
Short-Term Rehabilitation: Occupational, Physical, and Speech Therapy; including Physical Rehabilitation and Skilled Nursing Facility **Inpatient Rehabilitation** (max. **30 days**/year)[5] **Outpatient and Office Rehabilitation** (max. **35 visits**/year)	20% coinsurance[5]	40% coinsurance[5]
Spinal Manipulation Services (max. **25 visits**/year)	20% coinsurance	40% coinsurance
Supplies, Durable Medical Equipment, Prosthetics, Orthotics	20% coinsurance[6]	40% coinsurance[6]
Outpatient Facility/Surgeon/Physician (surgical procedures, pregnancy related services, and nonroutine colonoscopies)	20% coinsurance	40% coinsurance
Therapy: Chemotherapy, Dialysis, and Radiation	20% coinsurance	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	20% coinsurance[4,5]	No Benefit
Heart, Heart-Lung, Liver, Lung, and Pancreas-Kidney (**$10,000** maximum for travel and lodging per diem)		
Urgent Care Facility	20% coinsurance	40% coinsurance

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]	20% coinsurance after Deductible[4]
Mail-Order (up to a 90-day supply or 540 units, whichever is less.) [4,7]	20% coinsurance after Deductible[4]
Nonprescription enteral nutritional products and special medical foods (up to a 30-day supply/30-day period, needs preauthorization.)[4]	50% [4]

FOOTNOTES:

1 The Individual or Family Coverage 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 limit. Preferred Provider/prescription drug coinsurance and copayment amounts do not cross-apply to the Nonpreferred Provider 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 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.