



BlueCross BlueShield
of New Mexico

Sandia National Laboratories Summary of Benefits

Blue Cross Medicare Advantage (HMO)SM

January 1, 2017 – December 31, 2017

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

INTRODUCTION TO SUMMARY OF BENEFITS

January 1, 2017 – December 31, 2017

	Blue Cross Medicare Advantage (HMO)
You have choices about how to get your Medicare benefits	<ul style="list-style-type: none"> • One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government. • Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Blue Cross Medicare Advantage (HMO)).
Tips for comparing your Medicare choices	<p>This Summary of Benefits booklet gives you a summary of what Blue Cross Medicare Advantage (HMO) covers and what you pay.</p> <ul style="list-style-type: none"> • If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
Sections in this booklet	<ul style="list-style-type: none"> • Things to Know About Blue Cross Medicare Advantage (HMO) • Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services • Covered Medical and Hospital Benefits • Prescription Drug Benefits
	<p>This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-877-299-1008 (TTY/TDD users should call 711). Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-877-299-1008 (los usuarios de TTY/TDD deben llamar al 711).</p>
Hours of Operation	<p>Things to Know About Blue Cross Medicare Advantage (HMO)</p> <ul style="list-style-type: none"> • From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Mountain time. • From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Mountain time.
Phone Numbers	Call toll-free 1-877-299-1008 (TTY/TDD users should call 711).
Who can join?	To join Blue Cross Medicare Advantage (HMO) , you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and be an employee of Sandia National Laboratories.

Blue Cross Medicare Advantage (HMO)	
Which doctors, hospitals, and pharmacies can I use?	<p>Blue Cross Medicare Advantage (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.</p> <p>You can see our plan’s provider and pharmacy directory. Call us and we will send you a copy of the provider and pharmacy directories.</p>
Which do we cover?	<p>Like all Medicare health plans, we cover everything that Original Medicare covers - and <i>more</i>.</p> <p>Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.</p> <p>Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.</p> <p>We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.</p> <p>You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions. Call us and we will send you a copy of the formulary.</p>
How will I determine my drug costs?	<p>Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.</p>

SUMMARY OF BENEFITS

January 1, 2017 – December 31, 2017

Blue Cross Medicare Advantage (HMO)	
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
How much is the monthly premium?	Please contact your Employer for the premium beyond the Part B premium.
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <p>\$1,500 for services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
Is there a limit on how much the plan will pay?	No. There are no limits on how much our plan will pay.

Blue Cross Medicare Advantage (HMO)

COVERED MEDICAL AND HOSPITAL BENEFITS

OUTPATIENT CARE AND SERVICES

Acupuncture	\$15 copay per visit up to 20 visit(s) for acupuncture and other alternative therapies every year
Ambulance	\$75 copay
Chiropractic Care	\$30 copay for each Medicare-covered chiropractic visit \$30 copay for up to 36 supplemental routine chiropractic visit(s) every year
Dental Services	Preventive Dental: Not covered Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$30-\$100 copay Medicare-covered
Diabetes Supplies and Services	Diabetes Self-Management Training: \$0 copay Diabetes Supplies and Services: 0-20% of the cost, depending on the supply 0% of the cost for diabetic test strips from a preferred manufacturer; 20% for other diabetic supplies (testing monitors, lancets, diabetic therapeutic shoes); 20% of the cost for diabetic test strips from a non-preferred manufacturer.
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Lab Services : \$0 copay Diagnostic Procedures: \$0 copay Diagnostic Radiology Services / X-Ray: \$0 copay Therapeutic Radiology: \$0 copay Advanced Imaging (MRI, MRA, CT Scan, PET): \$0 copay
Primary Care Physician Services	\$10 copay
Physician Specialist Services	\$30 copay
Durable Medical Equipment (wheelchairs, oxygen, etc.)	\$0 copay
Emergency Care	\$50 copay for Medicare-covered emergency room visits. Worldwide coverage. Admitted within 24-hour(s) for the same condition, \$0 copay for emergency room visit.

	Blue Cross Medicare Advantage (HMO)
Foot Care (<i>podiatry services</i>)	\$25 copay
Hearing Services	\$20 copay - diagnostic hearing exam \$30 copay - 1 supplemental routine hearing exam every year Hearing Aids: \$300 limit every year
Home Health Care	\$0 copay
Mental Health Care	Mental Health Specialty Services - Non-Physician: \$20 copay Psychiatric Services: \$20 copay
Outpatient Blood Services	\$0 copay
Outpatient Rehabilitation	Cardiac and Pulmonary Rehabilitation Services: <ul style="list-style-type: none"> • \$10 copay for Medicare-covered Cardiac Rehabilitation Services • \$10 copay for Medicare-covered Intensive Cardiac Rehabilitation Services • \$0 copay for Medicare-covered Pulmonary Rehabilitation Services • \$10 copay for supplemental Cardiac Rehabilitation Services • \$0 copay for supplemental Pulmonary Rehabilitation Services • No limit on the number of supplemental Cardiac Rehabilitation Services • No limit on the number of supplemental Pulmonary Rehabilitation Services Occupational Therapy Services: \$10 copay Physical Therapy and Speech Language Pathology Services: \$10 copay
Outpatient Substance Abuse	\$20 copay
Outpatient Surgery	Ambulatory Surgical Center (ASC) Services: \$150 copay Outpatient Hospital Services: \$150 copay
Over-the-Counter Items	Not Covered
Prosthetic Devices (<i>braces, artificial limbs, etc.</i>)	\$0 copay
End-Stage Renal Disease	\$0 copay

Blue Cross Medicare Advantage (HMO)	
Transportation Services	\$0 copay for up to 4 one-way trip(s) to plan-approved locations every year
Urgent Care Facility	\$30 to \$50 copay for Medicare-covered urgently-needed-care visits. Worldwide coverage.
Vision Services	<p>Eye exams: \$20 copay Medicare-covered</p> <p>\$0 copay supplemental - 1 routine eye exam every calendar year</p> <p>Eyewear: \$0 copay - 1 pair of eyeglasses (lenses and frames), contact lenses after cataract surgery</p> <p>\$150 limit for supplemental eyewear every year</p>
Medicare-covered Preventive Services	<p>\$0 copay</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

Blue Cross Medicare Advantage (HMO)**INPATIENT CARE**

Inpatient Hospital Care	Inpatient Hospital - Acute: \$175/day (days 1-3)
Inpatient Mental Health Care	\$175/day (days 1-3)
Skilled Nursing Facility (SNF)	\$0/day (days 1-20) \$75/day (days 21-100)

Blue Cross Medicare Advantage (HMO)																			
PRESCRIPTION DRUG BENEFITS																			
Medicare Part B Rx Drugs	\$0 copay																		
How much is the deductible?	This plan does not have a deductible.																		
Medicare Part D Rx Drugs Initial Coverage	You pay the following until your total yearly drug costs reach \$3,700. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.																		
	Retail Cost-Sharing																		
	<table border="1"> <thead> <tr> <th>Tier</th> <th>One-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$4</td> <td>\$8</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$12</td> <td>\$24</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>\$20</td> <td>\$40</td> </tr> <tr> <td>Tier 4 (Non-Preferred Brand)</td> <td>\$40</td> <td>\$80</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>25%</td> <td></td> </tr> </tbody> </table>	Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$4	\$8	Tier 2 (Generic)	\$12	\$24	Tier 3 (Preferred Brand)	\$20	\$40	Tier 4 (Non-Preferred Brand)	\$40	\$80	Tier 5 (Specialty Tier)	25%	
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Blue Cross Medicare Advantage (HMO)

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,700. After you enter the coverage gap, you pay 40% of the plan’s cost for covered brand name drugs and 51% of the plan’s cost for covered generic drugs until your costs total \$4,950, which is the end of the coverage gap. Not everyone will enter the coverage gap. Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug’s tier. See the chart that follows to find out how much it will cost you.

Preferred Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$4	\$8
Tier 2 (Generic)	\$12	\$24
Tier 3 (Preferred Brand)	\$20	\$40
Tier 4 (Non-Preferred Brand)	\$40	\$80
Tier 5 (Specialty Tier)	25%	

Standard Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$9	\$27
Tier 2 (Generic)	\$17	\$51
Tier 3 (Preferred Brand)	\$25	\$75
Tier 4 (Non-Preferred Brand)	\$45	\$135
Tier 5 (Specialty Tier)	25%	

Blue Cross Medicare Advantage (HMO)	
Mail Order Cost-Sharing	
Tier	Three-month supply
Tier 1 (Preferred Generic)	\$8
Tier 2 (Generic)	\$24
Tier 3 (Preferred Brand)	\$40
Tier 4 (Non-Preferred Brand)	\$80
Tier 5 (Specialty Tier)	
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$3.30 copay for generic (including brand drugs treated as generic) and a \$8.25 copayment for all other drugs.

ADDITIONAL INFORMATION ABOUT Blue Cross Medicare Advantage (HMO)

Benefit	Blue Cross Medicare Advantage (HMO)
<p>Rewards and Incentives Program <i>Rewards and Incentives for healthy activities</i> <i>You can earn rewards for completing selected screenings, managing chronic conditions, or seeing your physician for a physical.</i></p> <p>Members can potentially receive rewards for completing eligible health activities during the calendar year (January 1 - December 31). The amount of the reward is up to a maximum of \$100 annually and will be triggered by submission of a claim. Each healthy action is \$25.00 which will be placed on a gift card. These rewards can be redeemed for a variety of gift cards that can be used at select pharmacies or national retailers. Members can opt to obtain a gift card for the completion of each individually completed healthy activity or they can opt to pool their reward amounts for numerous completed healthy activities. A maximum of one payment for each specific healthy activity per year will be rewarded until you reach the \$100 maximum.</p>	Included
<p>SilverSneakers^{®†} Fitness Program SilverSneakers is the nation’s leading exercise program designed exclusively for Medicare beneficiaries. Eligible members receive a standard fitness center membership where they can enjoy specialized low-impact SilverSneakers classes focusing on improving and increasing muscular strength and endurance, mobility, flexibility, range of motion, balance, agility and coordination.</p>	Included

† SilverSneakers[®] is a registered mark of Healthways, Inc. Healthways SilverSneakers[®] Fitness Program is a wellness program owned and operated by Healthways, Inc, an independent company.

Blue Cross[®], Blue Shield[®] and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



**BlueCross BlueShield
of New Mexico**

Blue Cross and Blue Shield of New Mexico complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of New Mexico does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of New Mexico:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Civil Rights Coordinator

If you believe that Blue Cross and Blue Shield of New Mexico has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.
Call 1-877-774-8592 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al 1-877-774-8592 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh,
éí ná hóló, kojí' hódííłnih 1-877-774-8592 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
Gọi số 1-877-774-8592 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur
Verfügung. Rufnummer: 1-877-774-8592 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-774-8592 (TTY: 711)。

ملحوظ: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل رقم 1-877-774-8592 (رقم هاتف الصم والبكم: 711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-774-8592
(TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang
walang bayad. Tumawag sa 1-877-774-8592 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-774-8592
(TTY: 711) まで、お電話にてご連絡ください。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le 1-877-774-8592 (ATS: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.
Chiamare il numero 1-877-774-8592 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
Звоните 1-877-774-8592 (телетайп: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-877-774-8592 (TTY: 711) पर कॉल करें।

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی به صورت رایگان برای شما فراهم می باشد. با
1-877-774-8592 (TTY: 711) تماس بگیرید.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-774-8592
(TTY: 711).



**BlueCross BlueShield
of New Mexico**

This information is available for free in other languages. Please call our Customer Service number at 1-877-299-1008 (TTY/TDD users should call 711). We are open between 8:00 a.m. and 8:00 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Esta información está disponible en otros idiomas de forma gratuita. Comuníquese a nuestro número de Servicio al cliente al 1-877-299-1008 (los usuarios de TTY/TDD deben llamar al 711). Nuestro horario es de 8:00 a.m. a 8:00 p.m., hora local, los 7 días de la semana. Si usted llama del 15 de febrero al 30 de septiembre, durante los fines de semana y feriados, se usarán tecnologías alternas (por ejemplo, correo de voz).

You must continue to pay your Medicare Part B premium.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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HMO and HMO-POS plans are provided by Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal.