Administered by:

Blue Cross and Blue Shield of New Mexico

NMRHCA Premier 3-Tier Plan – 01/01/22

The following highlights are for the New Mexico Retiree Health Care Authority Preferred Provider Organization (PPO) Plan that is administered by Blue Cross and Blue Shield of New Mexico (BCBSNM). This plan is offered statewide; and is available to members living out of state. This summary contains highlights only and is subject to change. Any services received must be medically necessary to be covered. **The specific terms of coverage, exclusions, and limitations are contained in the carrier's Member Benefit Booklet.**

PPO Benefits (This plan has no lifetime maximum benefit, though certain services have maximum annual limits. See below).	**What You Pay**		
	Tier 1 Provider	**Tier 2 Provider**	**Tier 3 Provider**
	Blue Preferred Plus (NBP)	**Preferred (PPO)**	**Nonpreferred (OON)**
Annual Deductible[1] (Deductible applies to all services unless indicated as "waived" below). There is no family deductible. Deductible for Blue Preferred Plus and Preferred Providers cross apply.	$500 Individual	$800 Individual	$1,500 Individual
Annual Out-of-Pocket Limit (Includes copayments, deductible and coinsurance only - NOT prescription drug charges, penalty amounts, or non-covered charges). No family out of pocket amount. Out-of-Pocket for Blue Preferred Plus and Preferred Providers cross apply.[2]	$3,000	$4,500	$6,000
Primary Preferred Provider (PPP)* Office Services (Deductible waived for Blue Preferred Plus and Preferred Providers.) Office Visit (Includes mental health and chemical dependency services. Other services received during the office visit, such as therapy or surgery, are subject to deductible and coinsurance as listed in the rest of the summary.)[8]	$20	$30	50%
Specialist Provider Office Services (Deductible waived for Blue Preferred Plus and Preferred Providers.) Office Visit (Services received during the office visit, such as therapy or surgery, are subject to deductible and coinsurance as listed in the rest of the summary.)	$35	$45	50%
Office Surgery (including casts, splints, and dressings)	10%	25%	50%
Allergy Injections, Tests, Serum	10%	25%	50%
Preventive Services - Routine Adult Physicals and Gynecological exams, certain services for Family Planning, Well-Child Care, Routine Vision or Hearing Screenings (only through age 18) and Immunizations. (Deductible waived)	Plan pays 100%		50%
Related Testing (includes routine Pap tests, mammograms, cholesterol tests, urinalysis, etc.), and Immunizations (Deductible waived)	Plan pays 100%		50%
Lab, X-Ray, and Pathology (Deductible waived for Blue Preferred Plus and Preferred Providers.)[4]	Plan pays 100%		50%
EKG	10%	25%	50%
High-Tech Radiology (e.g., MRI, MRA, CT Scan, PET Scans)[4] (Office/Free Standing Radiology)	$100 copay (deductible and coinsurance waived)		50%
High-Tech Radiology (e.g., MRI, MRA, CT Scan, PET Scans)[4] (Outpatient Department of Hospital)	10%	25%	50%
Ambulance Services, Ground or Emergency Air Transport	25% after PPO deductible		
Biofeedback (for specified medical conditions only)	10%	25%	50%
Cardiac and Pulmonary Rehabilitation, Outpatient[4]	10%	25%	50%
Colonoscopies (initial routine or medical diagnostic)	Plan pays 100%		50%
Emergency Room/Observation Room Treatment (Emergency only. Deductible waived; copay waived if admitted inpatient.)[3]	$125		$125
Physician and other Professional Provider Charges[3]	10%	25%	
Hearing Aids and Related Services: Hearing aids for members under age 21 are paid at 100% of covered charges (deductible waived) up to a maximum of **$2,200** per hearing-impaired ear during any 3-year period.[4] Exams/testing subject to usual cost-sharing provisions. For members age 21 and older, benefits for hearing aids are limited to **$500** per member during any 3-year period, subject to Plan deductible and coinsurance.[4]			
Home Health Care/Home I.V. Services[4]	10%	25%	50%
Hospice Services[4, 5]	10%	25%	50%

*A Primary Preferred Provider (PPP) is a preferred physician or other professional provider in one of the following categories of practice: Family or General Practice, Internal Medicine, Pediatrics, Obstetrics and Gynecology, and Gynecology Only.

PPO Benefits (This plan has no lifetime maximum benefit, though certain services have maximum annual limits. See below).	**What You Pay**		
	Tier 1 Provider	**Tier 2 Provider**	**Tier 3 Provider**
	Blue Preferred Plus (NBP)	**Preferred (PPO)**	**Nonpreferred (OON)**
Inpatient Hospital/Facility Services (See "Short-Term Rehabilitation - Inpatient" for rehabilitation and skilled nursing facility admissions. See "Transplant Services," if applicable.)			
Medical/Surgical, Mental Health & Chemical Dependency (includes partial hospitalization) and Maternity-Related Room and Board and Covered Ancillaries[5,8]	10%	25%	50%
Physician and Other Professional Provider Charges	10%	25%	50%
Maternity Services, including Routine Pediatrician Care for Covered Newborns (See "Inpatient Hospital/Facility)[5]	10%	25%	50%
Prosthetics and Orthotics[4,6] (Max.$1,000/yr. Nonpreferred)	10%	25%	50%
Short-Term Rehabilitation – Inpatient Rehabilitation Facility Skilled Nursing Facility – max of **60 days**/year)	10%	25%	50%
Short-Term Rehabilitation – Outpatient			
Physical Therapy Services	\$20 copay per visit Copay for first 4 visits; thereafter, no charge for rest of calendar year	\$30 copay per visit	50%
Occupational and Speech Therapy Services	\$20	\$30	50%
Chiropractic Services, Acupuncture, Massage Therapy, and Rolfing (combined max. **\$1,500**/year)[7]	10%	25%	50%
Smoking/Tobacco Use Cessation	Plan Pays 100%		50%
Supplies and Durable Medical Equipment[4,6] (Incontinence supplies limited to **\$200**/month; wigs, if covered, limited to **\$200** every 3 years)	10%	25%	50%
Outpatient Facility and Physician Services (Including surgery, outpatient and intensive outpatient mental health and chemical dependency.)[4,5,8]	10%	25%	50%
Therapy: Chemotherapy, Dialysis, and Radiation[4]	10%	25%	50%
TMJ Services, Dental Accident, Oral Surgery[4]	10%	25%	50%
Transplant Services (Must be received at a facility that contracts with BCBSNM or the national BCBS transplant networks.)			
Cornea, Kidney, and Bone Marrow[4,5]	Based on place of treatment and type of service		
Heart, Heart-Lung, Liver, Lung, and Pancreas-Kidney[4,5]	10%	25%	No Benefit
Urgent Care Facility (Includes physician services. Deductible waived for Blue Preferred Plus and Preferred Provider services.)	\$35		50%
Prescription Drugs – Administered by the pharmacy benefit manager (PBM). Please refer to literature provided by the PBM for benefit and copay information or call NMRHCA at 1-800-233-2576.			

Footnotes:

[1] The deductible must be met before benefit payments are made (excluding emergency room facility charges; Blue Preferred Plus and Preferred Provider routine/preventive services, office visits, urgent care facility visits, and lab, X-ray and diagnostic tests; and hearing aids for members under age 21).

[2] After a member reaches the applicable out-of-pocket limit, the Plan pays 100 percent of most of that member's covered charges for the remainder of the calendar year.

[3] Initial treatment of a medical emergency is paid at Blue Preferred Plus or Preferred Provider level. Follow-up treatment from a Nonpreferred Provider and treatment that is not for an emergency is paid at Nonpreferred Provider level. Emergency/observation room copayment waived if admitted.

[4] Certain services are not covered if prior approval is not obtained from the Claims Administrator. See a Member's Benefit Booklet for a list of services requiring prior approval.

[5] Admission review is required for inpatient admissions. 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 Member's Benefit Booklet for details.

[6] Rental benefits for medical equipment and other items will not exceed the purchase price of a new unit.

[7] Services administered by a licensed medical doctor (MD), doctor of osteopathy (DO), physical therapist (RPT or LPT), licensed massage therapist (LMT), doctor of oriental medicine (DOM), and doctor of chiropractic (DC) are covered. Rolfing must be provided by a certified rolfer.

[8] Mental Health / Substance Usage cost share amounts above do not reflect state law requirements for elimination of cost sharing for Behavioral Health Services; however, these requirements will be implemented in accordance with applicable law. Non-HSA plans: no member cost share for eligible services from a Preferred Provider. Refer to contract documents for additional details.

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.

Claim Administrator provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims, except as maybe specified in the Agreement.

This is a summary only – please refer to the Benefit Booklet for more details.

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