

2009

Lovelace

STATE OF NEW MEXICO
MEDICAL BENEFIT SUMMARY

BENEFIT HIGHLIGHTS		IN-NETWORK PARTICIPATING PROVIDER
Annual Deductible	Member deductible (contract year) <ul style="list-style-type: none"> • Single • 2-Party • Family 	\$150 \$300 \$450
Annual Out-of-Pocket Maximum	Out-of-pocket maximum (contract year) <ul style="list-style-type: none"> • Single • 2-Party • Family 	\$3,000 \$6,000 \$9,000
Lifetime Maximum	Unlimited (Certain services are subject to contract year and/or lifetime maximums or are limited per condition.)	

COVERED SERVICES	DESCRIPTION	IN-NETWORK PARTICIPATING PROVIDER
Co-pay/Co-insurance may be subject to deductible		No referral required for specialty care
Physician Services	Office visit <ul style="list-style-type: none"> • Primary/GYN care • Specialty care 	\$15 office visit Co-pay ⁵ \$30 office visit Co-pay
	Preventive services <ul style="list-style-type: none"> • Adult routine physical • Annual wellness exam • Well child care • Vision screening (through age 17) • Hearing screening (through age 25) • Immunizations • Adult wellness 	No Co-pay ⁵ No Co-pay ⁵ No Co-pay ⁵ No Co-pay ⁵ No Co-pay ⁵ No Co-pay ⁵ No Co-pay ⁵
	Laboratory	10%
	X-ray	10%
	Allergy testing, treatment	\$30 office visit co-pay
	Allergy injections by a nurse	No Co-pay
	Allergy extract preparation	No Co-pay
	Hospital Services	Hospitalization (includes room and board, inpatient physician care – physician visits, surgeon, and anesthesiologist) ³
Inpatient rehabilitation services ³		\$400 Admission Co-pay
Laboratory		10%
X-ray		10%
MRI/PET Scans/CT Scans (maximum \$200 per test)		10% Co-insurance
Hospital Observation Services (no admission)		\$200 Co-pay
Surgery – Outpatient (no hospital admission)		10% Co-insurance
Maternity Services	Physician/midwife services (delivery, prenatal/postnatal care)	\$15 Co-pay – initial visit only, all other visits no Co-pay
	Genetic testing and counseling ³	Co-pay based on place of service
	Home birth	No Co-pay
	Hospital admission ³	\$400 Co-pay per pregnancy
	Routine nursery care for newborns	No Co-pay
Emergency Services	Emergency room visit ² Urgent Care Center Ambulance ¹ <ul style="list-style-type: none"> • Ground transportation • Air ambulance 	\$175 Co-pay \$50 Co-pay \$30 Co-pay per trip \$100 Co-pay per trip
	Mental Health	Outpatient services
Inpatient services ³ Partial hospitalization ³		\$400 Co-pay per Admission \$200 Co-pay per Admission
Residential Treatment Center (must be medically necessary) ³		\$400 Co-pay per Admission

COVERED SERVICES	DESCRIPTION	IN-NETWORK PARTICIPATING PROVIDER	
Substance Abuse	Outpatient services (30 visits per contract year) ⁴	\$30 office visit Co-pay	
	Inpatient services (30 days per contract year, 2 courses of treatment per lifetime) ^{3,4}	\$400 Co-pay per admission	
	Partial hospitalization (same limits as above, combined with Inpatient services) ^{3,4}	\$200 Co-pay per admission	
	Intensive outpatient (non-Step Down)	\$200 Co-pay per admission	
	Residential Treatment Center (limited to 60 days/Contract Year; must be medically necessary) ^{3,4}	\$400 Co-pay per admission	
Other Services	Biofeedback (for specified medical conditions only)	\$30 Office visit Co-pay	
	Cardiac or pulmonary rehabilitation	\$30 Office visit Co-pay	
	Chemotherapy and/or radiation therapy	No co-pay in physician's office	
	Chiropractic, Acupuncture, and Massage Therapy (\$1,500 combined contract year max.) ⁴	\$30 Office visit Co-pay	
	Naprapathic services (\$1,500 contract year max.) ⁴	\$30 Office visit Co-pay	
	Chronic pain treatment	Co-pay based on place of service	
	Dental services (for specified medical conditions only) <ul style="list-style-type: none"> Inpatient ³ Outpatient 	\$400 Co-pay per admission \$30 Office visit Co-pay	
	Dialysis	No Co-pay	
	Durable Medical Equipment, orthotics, prosthetics and appliances ³	20% Co-insurance	
	Injectable drugs received in the office ³ <ul style="list-style-type: none"> If billed in conjunction with an office visit If provided by a nurse and no office visit is billed 	Included in office visit Co-pay No Co-pay	
	Home health care ³	\$30 Physician Co-pay; no Co-pay for nursing services	
	Hearing Aids (to include repair, replacement, & associated testing)	15% Co-insurance	
	Hospice ^{3,4} <ul style="list-style-type: none"> Bereavement counseling (limited to 3 sessions during the Hospice benefit period) Respite care (lifetime maximum of 2 sessions of up to 10 days for each Hospice benefit period) 	No Co-pay	
	Infertility related services (only limited services covered)	Co-pay based on services	
	Physical, occupational and speech therapy (maximum of 60 visits per condition, per contract year) ⁴	\$30 office visit Co-pay	
	Restorative speech therapy ³	50% to a lifetime maximum of \$500	
	Skilled nursing facility (max. 60 days per contract year) (Admission co-pay waived if readmitted within 15 days) ^{3,4}	\$400 Admission Co-pay	
	Sleep disorder studies <ul style="list-style-type: none"> Inpatient ³ Sleep lab (2 nights) 	\$400 Admission Co-pay \$200 Co-pay	
	Smoking cessation	50% Co-insurance	
	Surgical services <ul style="list-style-type: none"> Inpatient Outpatient In-Office <ul style="list-style-type: none"> PCP Specialist Reconstructive Surgery ³ <ul style="list-style-type: none"> Inpatient Outpatient 	Covered as part of Hospital Admission 10% Co-insurance Included in PCP office visit Co-pay ⁵ \$30 Office visit Co-pay \$400 Admission Co-pay \$200 Co-pay	
	Weight loss programs (Morbid Obesity) <ul style="list-style-type: none"> Inpatient ³ Outpatient 	\$400 Admission Co-pay \$30 Office visit Co-pay	
	Transplants ³	Coverage for human organ transplants (refer to Summary Plan Document for details on transplant coverage) (no lifetime maximum)	Co-pay based on place of service

¹ Ambulance Co-pay is waived if transportation is Medically Necessary and results in an Inpatient Hospital Admission.

² The \$175 emergency care is waived if an Admission results. Then, the Hospital Admission Co-pay applies.

³ Benefit Certification may be required or benefits may be denied.

⁴ This benefit includes an annual maximum payment, annual visit limitation, lifetime visit limitation and/or lifetime maximum payment. Refer to SPD for more information.

⁵ Not subject to the Deductible