

# PPO Plan

A comprehensive and versatile plan to meet the health care needs of you and your family.

This State of New Mexico plan administered by **Blue Cross and Blue Shield of New Mexico** gives you the most choice in providers and the security of a health plan that is recognized around the world.



## Value that the Blues brings to you:

- Coverage for services from both preferred and nonpreferred providers
- In-network access through BlueCard® to leading medical groups, treatment centers, and hospitals nationwide
- Extensive health and wellness tools, including rewards and discounts
- Customer Advocates available to you toll-free – located in New Mexico and answering your calls “live”

*Experience. Wellness. Everywhere.®*

**For more information  
call 1-877-994-2583**

Or go to [bcbsnm.com/member](http://bcbsnm.com/member) and select *State of New Mexico* in the drop-down box below *Large Groups*.





# Summary of Benefits: July 1, 2010

The following are the highlights of the State of New Mexico PPO Plan administered by Blue Cross and Blue Shield of New Mexico. Any services received must be medically necessary to be covered.

Benefit Highlights		Preferred Provider <sup>1,2</sup>	Nonpreferred Provider <sup>1,2</sup>
Highlights of Cost-Sharing Features	Annual Plan Year Deductible <sup>1</sup> (All services are subject to deductible unless noted otherwise.)	\$400 Individual \$800 Two-Person \$1,200 Family*	\$1,600 Individual \$3,200 Two-Person \$4,800 Family*
	Annual Plan Year Out-of-Pocket Limit <sup>2</sup> (Includes medical deductible, coinsurance, and copayments only; <b>not</b> drug plan payments.)	\$3,000 Individual \$6,000 Two-Party \$9,000 Family*	\$6,000 Individual \$12,000 Two-Party \$18,000 Family*
	Lifetime Maximum	Unlimited (Certain services are subject to Plan year and/or lifetime maximums or are limited per condition.)	
Type of Service	Description of Service and Limitations	Your Share After Plan Year Deductible <sup>1,2</sup>	
		Preferred Provider	Nonpreferred Provider
Physician Services, Office	PPO Primary Provider (PPP) Office Visit/Exam Copayment (nonpreventive) – Office Surgery (including casts, splints, etc.) – Lab Tests, X-Rays, EKGs, Other Diagnostics	\$25 per visit (deductible waived) \$25 per visit (deductible waived) <sup>4</sup> 10% <sup>4</sup>	Not Applicable
	Other Non-Routine Office Services: Includes services of non-PPP preferred providers (PPO Specialists) and nonpreferred providers. – Office Surgery – Therapeutic Injections, Allergy Tests, Serum – Allergy Injections	\$40 per visit <sup>4</sup> \$40 per visit <sup>4</sup> No copay (deductible waived)	40% <sup>4</sup>
	Preventive Adult Services, including immunizations, lab, x-ray, colonoscopies, Pap tests, mammograms, immunizations, and other wellness services	No copay (deductible waived)	40% (deductible waived)
	Preventive Well-Child Care (through age 17), including lab, x-ray, immunizations, routine vision screening, etc. Hearing screenings (up to age 25)	No copay (deductible waived)	40% (deductible waived)
	Diagnostic Testing, Outpatient	– PET scans <sup>4</sup> , CT scans <sup>4</sup> , MRIs, (unless covered as part of a fixed-dollar copayment during ER visit, admission, etc.) – Other lab, x-ray, sleep studies <sup>4</sup> , genetic testing & counseling <sup>4</sup> ; EKGs	10% <sup>4</sup> (up to a max. member share of \$200 per test) 10% <sup>4</sup>
Inpatient Hospital Services, Acute Care	Hospitalization (includes semi-private room, board, drugs, medications, and ancillaries; inpatient physician visits, surgeon, assistant, and anesthesiologist)	\$400 per admission <sup>5</sup> No copay for related physician	40% <sup>3,5</sup>
Outpatient Hospital Services	Surgery – operating and recovery room Observation (nonemergency)	10% <sup>4</sup> \$200 per visit	40% <sup>4</sup>
	Other treatment room services not otherwise specified in this Summary	10% <sup>4</sup>	40% <sup>4</sup>
	Related physician services	10%	40%
Emergency Services and Urgent Care	Emergency room or emergency observation room visit (and no operating room used)	\$175 per visit	\$175 per visit <sup>3</sup>
	Emergency surgery (operating room used)	10% <sup>4</sup>	10% <sup>4</sup>
	Urgent care center	\$50 per visit	\$50 per visit
	Ambulance (nonemergency air transfer)	20% <sup>4</sup>	40% <sup>4</sup>
	Ambulance (ground and emergency air transport)	20%	20% <sup>3</sup>
Transplants	Bone marrow, heart, heart-lung, liver, lung, pancreas-kidney, and other medically necessary transplants (Case management required. Maximums apply to covered travel, food, & lodging.)	Applicable copays based on place and type of service <sup>4,5,6</sup>	Not Covered

Type of Service	Description of Service and Limitations	Your Share After Plan Year Deductible <sup>1,2</sup>	
		Preferred Provider	Nonpreferred Provider
Maternity Services	Initial visit to confirm pregnancy	\$25 for initial visit if to a PPP (deductible waived)	40%
	Physician/midwife services (delivery, prenatal/postnatal care)	Applicable copays based on place and type of service <sup>4,5,6</sup>	40%
	Hospital admission	\$400 per admission <sup>5</sup>	40% <sup>5</sup>
	Routine nursery care for covered newborn (Child covered from birth, but must apply for coverage within 31 days.)	No copay <sup>5</sup>	40% <sup>5</sup>
Mental Health and Substance Abuse Rehabilitation Services	<ul style="list-style-type: none"> <li>– Outpatient/office services</li> <li>– Inpatient services</li> <li>– Partial hospitalization</li> <li>– Intensive outpatient program</li> <li>– Residential treatment center (max. <b>60 days/Plan year</b>)</li> </ul>	\$40 per visit <sup>4</sup> \$400 per admission <sup>5</sup> \$200 per admission <sup>5,7</sup> \$35 per visit <sup>4,7</sup> \$400 per admission <sup>5</sup> Related inpatient, RTC, partial hospital physician = No copay <sup>4</sup>	40% <sup>4,5</sup>
Other Office and Home Services	Acupuncture, rolfing, massage therapy, chiropractic services (max. benefit of <b>\$1,500/Plan year</b> )	\$40 per visit <sup>8</sup>	40% <sup>8</sup>
	Biofeedback (for specified conditions only)	\$40 per visit	40%
	Cardiac or pulmonary rehabilitation	\$40 per visit <sup>4</sup>	40% <sup>4</sup>
	Chemotherapy; radiation therapy; dialysis	\$40 per visit <sup>4</sup>	40% <sup>4</sup>
	TMJ/CMJ, oral surgery, & dental accident services	Applicable copayments, deductible, and/or coinsurance based on place and type of treatment <sup>4,5</sup>	
	Durable medical equipment, diabetic equipment and supplies; orthopedic appliances, prosthetics and orthotics (Rental benefits not to exceed the purchase price of a new unit. Supplies limited to a <b>30-day supply</b> during a 30-day period.)	25% <sup>4</sup> (unlimited benefit)	40% <sup>4</sup> (Max. benefit of <b>\$1,000/Plan year</b> ; diabetic equipment, oxygen, and breast prosthetics are not limited)
	Hearing exam/test	\$40 per visit <sup>4</sup>	40% <sup>4</sup>
	Hearing aids (max. benefit of <b>\$2500</b> per ear every <b>36 months</b> starting with date of purchase)	No copay (deductible waived)	No copay (deductible waived)
	Home health care and home I.V. services (up to <b>100 visits/Plan year</b> )	\$40 per visit <sup>4</sup>	40% <sup>4</sup>
	Hospice (lifetime max. benefit of <b>\$7,500</b> )	No copay (deductible waived) <sup>4</sup>	40% <sup>4</sup>
	Naprapathy treatment (max. benefit of <b>\$1,500/Plan year</b> )	\$40 per visit <sup>8</sup>	40% <sup>8</sup>
	Smoking/tobacco use cessation	50%	50%
	Short-term rehabilitation: inpatient and outpatient physical, occupational, and speech therapies, rehabilitation facility, skilled nursing facility	\$40 per office/outpatient <sup>4,8</sup> \$400 per admission <sup>5</sup> (related professional charges = no copay)	40% <sup>4,5</sup>

### Footnotes:

- All benefits are based on the covered charge as determined by BCBSNM. The deductible must be met before benefit payments are made for most covered services in a Plan year. (“Deductible waived” is indicated above for those services that are excluded from the deductible requirement.). Preferred provider amounts do **not** cross-apply to the nonpreferred provider deductible nor vice versa. A Plan year begins July 1 each year and ends on June 30 of the following year. Any amounts applied to the Plan year deductible during the last quarter of the Plan year (i.e., April 1 through June 30) will be used to help satisfy the next Plan year deductible. Note: A “PPP” is any preferred provider with a specialty of Family Practice, Internal Medicine, General Practice, Gynecology, Pediatrics, or Obstetrics/Gynecology.
- After you reach the applicable out-of-pocket limit, BCBSNM pays 100 percent of most of your covered preferred or nonpreferred provider charges, whichever is applicable, for the rest of the Plan year. Preferred provider amounts do **not** cross-apply to the nonpreferred provider limit nor vice versa. Amounts in excess of covered charges, penalty amounts, and noncovered charges do not count toward the out-of-pocket limit or deductible.
- Initial treatment of a medical emergency at a preferred or nonpreferred emergency room or trauma center is paid at the Preferred Provider benefit level. If you must be admitted as an inpatient as a result of an emergency, the entire, related hospitalization is paid at the Preferred Provider benefit level. Follow-up treatment and treatment that is not for an emergency are paid at the Nonpreferred Provider level. The emergency

room or observation room copayment is waived if an inpatient admission results; then inpatient hospital benefits apply.

- 4 Certain services are not covered if preauthorization is not obtained from BCBSNM. Nonemergency air ambulance transfer services are covered only when it is medically necessary to transfer the patient from one facility to another. A list of services requiring preauthorization is in *Section 2*.
- 5 Preauthorization (or admission review approval) is required for inpatient admissions. You pay a **\$300** penalty for covered nonemergency medical/surgical facility services if admission review approval is not obtained before being admitted to a nonpreferred facility. Some services, such as transplants and physical rehabilitation, require additional approval. If you do not receive preauthorization for these individually identified procedures and services, benefits for any related admissions will be denied. The \$300 penalty will not apply in such cases. See *Section 2*.
- 6 Transplants must be received at a facility that contracts with BCBSNM or with the national BCBS transplant network.
- 7 The partial hospitalization copayment is waived if the patient is directly admitted into the program from an inpatient facility.
- 8 Covered massage therapy received as part of a chiropractic or physical therapy session are covered under either the chiropractic service benefit (when rendered by a chiropractor), or as part of the short-term rehabilitation benefit (when rendered by a licensed medical doctor, doctor of osteopathy, registered physical therapist, licensed physical therapist, or doctor of oriental medicine). Massage therapy under the “Alternative Therapy” benefit must be provided by a licensed massage therapist. Rolfing must be provided by a licensed rolfer.

**\* Note about Family “aggregate” deductibles and out-of-pocket limits:** If you have a Family contract, an entire family meets an applicable deductible or out-of-pocket limit for a Plan year when the total deductible amount or out-of-pocket limit for all family members reaches three times the Individual deductible or out-of-pocket limit amount (the deductible and out-of-pocket limit amounts for three *or more* family members are *combined* to satisfy the Family deductible and the Family out-of-pocket limit). However, once a member meets an Individual deductible, that member’s applicable deductible is satisfied for the Plan year, and no more charges incurred by that member can be used to satisfy the Family deductible.

## Experience. Wellness. Everywhere.

It's not just a slogan. At Blue Cross and Blue Shield of New Mexico, we want to do more than provide you with an outstanding health care plan. We want to encourage you to focus on wellness. We can help. Below is information about the tools we provide to help you achieve a healthier lifestyle.

### Health Risk Assessment (HRA)

Completing an HRA is often the first step in identifying potential health risks and initiating preventive interventions. Our HRA takes a holistic approach to health and well-being by addressing four critical areas of health and wellness: sleep, stress, nutrition, and fitness activity.

In addition to the general HRA (which can be completed in 10 to 15 minutes), you can complete up to five targeted HRAs: sleep, stress, nutrition, physical activity, and musculoskeletal health. Each HRA provides you with an immediate, personalized, and comprehensive health and well-being report, with advice from medical experts on how to make any changes necessary. You can complete our HRAs more than once during the calendar year and view past reports to see how your assessments have changed.

### Personal Health Manager (PHM)

The PHM, available on our website through Blue Access for Members, provides you with the education and guidance you need to manage your health with confidence. PHM allows you and your covered family members to:

- Complete a Health Risk Assessment (HRA)
- Use the Interactive Symptom Checker
- Prepare for a doctor's visit or medical procedure
- Access a comprehensive health knowledge base containing lifestyle-focused articles, news, and recipes
- Go to the *Ask a Question* section to get answers to health-related questions from registered nurses, request nutrition advice from registered dietitians, and get fitness advice from licensed personal trainers
- Use the features in the *For Your Health* section to design and track workout and meal programs, read health-related articles, find healthful recipes, and more



### Blue Points<sup>SM</sup>

As part of our commitment to help you develop and maintain healthier habits and lifestyles, BCBSNM offers Blue Points, an incentive program that rewards you each time you use features within the Personal Health Manager's *For Your Health* section. Every time you track a fitness workout, report a healthful meal, or use other *For Your Health* features, you earn Blue Points. These points are redeemable at the online Blue Points Redemption Center for health promotion products, other brand-name products, and gift cards to popular retail stores and restaurants.

### BlueExtras<sup>SM</sup>

Through the BlueExtras Discount Program, all BCBSNM members are eligible to save money on health care products and services that help support healthy lifestyles. Discounts are available for health care products and services not usually covered by health care benefit plans, including:

- Jenny Craig<sup>®</sup> and Curves<sup>®</sup> memberships
- Digital hearing aids through TruHearing<sup>®</sup>
- Eyeglass frames and lenses, contact lenses, laser vision correction, exams, and accessories at discounted rates
- Complementary Alternative Medicine



**Blue Cross and Blue Shield  
of New Mexico**

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