



True Health New Mexico Small Group HMO Plans for 2019

This benefit grid contains plan highlights only and is subject to change. Specific terms of coverage are listed in the Summary of Benefits and Coverage and the Evidence of Coverage (Member Handbook), including plan limitations and exclusions.

	TRUE SELECT HMO										
	True Select Platinum HMO	True Select Gold A HMO	True Select Gold B HMO	True Select Gold C HMO	True Select Silver A HMO	True Select Silver B HMO	True Select Silver C HMO	True Select Silver D HMO	True Select Silver E HDHP HMO	True Select Bronze A HMO	True Select Bronze B HDHP HMO
Annual In-Network Deductible	\$100 individual \$200 family	\$500 individual \$1,000 family	\$1,250 individual \$2,500 family	\$2,000 individual \$4,000 family	\$2,500 individual \$5,000 family	\$4,000 individual \$8,000 family	\$5,000 individual \$10,000 family	\$6,000 individual \$12,000 family	\$5,000 individual \$10,000 family	\$7,800 individual \$15,600 family	\$6,750 individual \$13,500 family
Coinsurance ¹	10%	30%	30%	30%	40%	40%	40%	40%	0%	50%	0%
Annual Out-of-Pocket Maximum ²	\$2,500 individual \$5,000 family	\$7,900 individual \$15,800 family	\$5,000 individual \$10,000 family	\$7,900 individual \$15,800 family	\$7,900 individual \$15,800 family	\$7,900 individual \$15,800 family	\$7,900 individual \$15,800 family	\$7,900 individual \$15,800 family	\$5,000 individual \$10,000 family	\$7,900 individual \$15,800 family	\$6,750 individual \$13,500 family
Preventive Care Services ³	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Primary Care	\$10/visit	\$30/visit	\$40/visit	\$35/visit	\$50/visit	\$35/visit	\$50/visit	\$50/visit	0%	\$50/visit	0%
Specialist Care	\$20/visit	\$60/visit	\$60/visit	\$65/visit	\$80/visit	\$80/visit	\$100/visit	\$100/visit	0%	50%	0%
Outpatient Behavioral Health Visits	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	0%	No charge	0%
Urgent Care	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$80/visit	\$100/visit	0%	\$100/visit	0%
Emergency Room Services	\$350/visit	\$350/visit	\$500/visit	\$750/visit	\$1,000/visit	\$1,000/visit	40%	40%	0%	50%	0%
MRI/CT/PET	\$350/test	\$250/test	\$300/test	30%; deductible does not apply	40%; deductible does not apply	40%; deductible does not apply	40%	40%	0%	50%	0%
PT/OT/ST ⁴	\$10/visit	\$60/visit	\$60/visit	\$65/visit	40%	\$80/visit	40%	40%	0%	50%	0%
Outpatient Hospital	\$500/visit	30%	30%	30%	40%	40%	40%	40%	0%	50%	0%
Inpatient Hospital	\$500/visit	30%	30%	30%	40%	40%	40%	40%	0%	50%	0%
Lab and X-Ray Services ⁵	No charge	No charge	No charge	\$10 lab \$50 x-ray	\$20 lab \$100 x-ray	\$20 lab \$100 x-ray	40%	40%	0%	50%	0%
Preferred Generic Drugs ⁶	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	0%	No charge	0%
Generic Drugs	\$10/Rx	\$10/Rx	\$10/Rx	\$10/Rx	\$25/Rx	\$25/Rx	\$25/Rx	\$50/Rx	0%	\$30/Rx	0%
Brand-Name Drugs	\$30/Rx	\$40/Rx	\$50/Rx	\$30/Rx	\$75/Rx	\$75/Rx	\$75/Rx	\$80/Rx	0%	\$80/Rx	0%
Non-Preferred Brand Drugs	\$60/Rx	\$150/Rx	\$150/Rx	\$150/Rx	\$150/Rx	\$150/Rx	\$150/Rx	\$150/Rx	0%	50%	0%
Preferred Specialty Drugs	\$500/Rx	\$500/Rx	\$500/Rx	\$500/Rx	40%	40%	40%	40%	0%	50%	0%
Non-Preferred Specialty Drugs	50%	50%	50%	50%	50%	50%	50%	50%	0%	50%	0%

- All coinsurance percentages are after deductible unless specified otherwise.
- Annual Out-of-Pocket Maximum includes the Deductible, Copayments, Coinsurance, and prescription drug costs.
- Cost-share may apply for services received during visits that are not related to Preventive Care, such as Primary Care, Specialist, or Emergency Room Services.
- PT/OT/ST are therapy services. PT = Physical Therapy, OT = Occupational Therapy, ST = Speech Therapy.
- Cost-share may apply for other services received during the visit, such as Primary Care, Specialist, or Emergency Room Copays.
- True Health New Mexico offers medications at a \$0 copay for many chronic conditions on most plans. The \$0 copay applies to certain generic medications received from a participating pharmacy for the following chronic conditions: asthma, bipolar disorder, chronic obstructive pulmonary disorder (COPD), congestive heart failure (CHF), coronary artery disease, depression, diabetes, hypercholesterolemia (high cholesterol), hypertension (high blood pressure); and for oral chemotherapy medications. Please refer to the True Health New Mexico Formulary Reference Guide (Drug List) at www.truehealthnewmexico.com/Formulary.aspx for a complete listing of \$0 copayment medications for True Health New Mexico members.

All plans have an embedded deductible and out-of-pocket maximum.

These plans do not include pediatric dental services as required under the federal Patient Protection and Affordable Care Act. This coverage is available in the insurance market and can be purchased as a stand-alone product. Please contact your insurance carrier, agent, or the New Mexico Health Insurance Exchange (www.nmhix.com) if you wish to purchase pediatric dental coverage or a stand-alone dental insurance product.