



True Health New Mexico Large Group 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.

	PPO PLANS												HMO PLANS														
	Choice Connect \$500 PPO		Choice Connect \$1,000 PPO		Choice Connect \$2,000 PPO		Choice Connect \$2,500 PPO		Choice Connect HDHP PPO		Choice Connect HDHP \$2,700 PPO		Care Connect \$0 HMO	Care Connect \$500 HMO	Care Connect \$1,000 HMO	Care Connect \$1,500 HMO	Care Connect \$2,500 HMO	Care Connect \$4,000 HMO	Care Connect HDHP \$4,000 HMO	Care Connect HDHP \$5,000 HMO	Care Connect HDHP \$6,000 HMO	Healthy Connect \$500 HMO	Healthy Connect \$750 HMO	Healthy Connect \$1,000 HMO	Healthy Connect \$1,500 HMO	Healthy Connect \$2,500 HMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network														
Annual In-Network Deductible ¹	\$500	\$1,000	\$1,000	\$2,000	\$2,000	\$4,000	\$2,500	\$5,000	\$4,000	\$8,000	\$2,700	\$5,200	\$0	\$500	\$1,000	\$1,500	\$2,500	\$4,000	\$4,000	\$5,000	\$6,000	\$500	\$750	\$1,000	\$1,500	\$2,500	
Coinsurance ²	10%	50%	20%	50%	20%	50%	30%	50%	0%	50%	20%	50%	10%	10%	20%	20%	20%	50%	0%	0%	0%	30%	30%	30%	30%	30%	
Annual Out-of-Pocket Maximum ³	\$2,500	\$5,000	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$4,000	\$8,000	\$5,400	\$10,800	\$2,500	\$3,000	\$4,000	\$5,000	\$6,000	\$6,350	\$4,000	\$5,000	\$6,000	\$5,000	\$6,000	\$6,000	\$6,850	\$6,850	
Preventive Care Services ⁴	No charge	50%	No charge	50%	No charge	50%	No charge	50%	No charge	50%	No charge	50%	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Primary Care ⁵	\$15/visit	50%	\$20/visit	50%	\$25/visit	50%	\$25/visit	50%	0%	50%	20%	50%	\$10/visit	\$15/visit	\$20/visit	\$20/visit	\$25/visit	\$50/visit	0%	0%	0%	\$20/visit	\$20/visit	\$20/visit	\$50/visit	\$50/visit	
Specialist Care ⁶	\$30/visit	50%	\$40/visit	50%	\$50/visit	50%	\$50/visit	50%	0%	50%	20%	50%	\$20/visit	\$30/visit	\$40/visit	\$50/visit	\$50/visit	\$75/visit	0%	0%	0%	\$50/visit	\$50/visit	\$50/visit	\$75/visit	\$75/visit	
Behavioral Health Visits	No charge	50%	No charge	50%	No charge	50%	No charge	50%	0%	50%	20%	50%	No charge	No charge	No charge	No charge	No charge	No charge	0%	0%	0%	No charge	No charge	No charge	No charge	No charge	
Urgent Care	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$50/visit	0%	0%	20%	20%	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$50	0%	0%	0%	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$50/visit	
Emergency Room Services	\$350/visit	\$350/visit	\$350/visit	\$350/visit	\$350/visit	\$350/visit	\$500/visit	\$500/visit	0%	0%	20%	20%	\$350/visit	\$350/visit	\$350/visit	\$350/visit	\$500/visit	\$500/visit	0%	0%	0%	\$350/visit	\$350/visit	\$350/visit	\$350/visit	\$500/visit	
MRI/CT/PET	\$300/test	50%	\$300/test	50%	\$300/test	50%	\$300/test	50%	0%	50%	20%	50%	\$300/test	\$300/test	\$300/test	\$300/test	\$300/test	\$300/test	0%	0%	0%	\$300/test	\$300/test	\$300/test	30%; deduct. does not apply	30%; deduct. does not apply	
PT/OT/ST ⁷	\$15/visit	50%	\$20/visit	50%	\$25/visit	50%	\$25/visit	50%	0%	50%	20%	50%	\$10/visit	\$15/visit	\$20/visit	\$20/visit	\$25/visit	50%	0%	0%	0%	\$20/visit	\$20/visit	\$20/visit	\$20/visit	\$20/visit	
Outpatient Hospital	\$500/visit	50%	20%	50%	20%	50%	30%	50%	0%	50%	20%	50%	\$250/visit	\$500/visit	20%	20%	20%	50%	0%	0%	0%	30%	30%	30%	30%	30%	
Inpatient Hospital	\$1,000/visit	50%	20%	50%	20%	50%	30%	50%	0%	50%	20%	50%	\$500/visit	\$1,000/visit	20%	20%	20%	50%	0%	0%	0%	\$1,500/visit	\$1,500/visit	30%	30%	30%	
Lab and X-Ray Services	No charge	50%	No charge	50%	No charge	50%	No charge	50%	0%	50%	20%	50%	No charge	No charge	No charge	No charge	30%; deduct. does not apply	30%; deduct. does not apply	0%	0%	0%	No charge	No charge	No charge	30%; deduct. does not apply	30%; deduct. does not apply	

	PPO PLANS												HMO PLANS													
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	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network													
Generic Drugs ⁸	\$5/Rx	50%	\$10/Rx	50%	\$10/Rx	50%	\$10/Rx	50%	0%	50%	20%	50%	\$5/Rx	\$5/Rx	\$10/Rx	\$10/Rx	\$10/Rx	\$10/Rx	0%	0%	0%	\$15/Rx	\$15/Rx	\$20/Rx	\$20/Rx	\$20/Rx
Brand-Name Drugs	\$15/Rx	50%	\$30/Rx	50%	\$30/Rx	50%	\$30/Rx	50%	0%	50%	20%	50%	\$15/Rx	\$15/Rx	\$30/Rx	\$30/Rx	\$30/Rx	\$30/Rx	0%	0%	0%	\$45/Rx	\$45/Rx	\$45/Rx	\$45/Rx	\$45/Rx
Non-Preferred Brand Drugs	\$30/Rx	50%	\$60/Rx	50%	\$60/Rx	50%	\$60/Rx	50%	0%	50%	20%	50%	\$30/Rx	\$30/Rx	\$60/Rx	\$60/Rx	\$60/Rx	\$60/Rx	0%	0%	0%	\$75/Rx	\$75/Rx	\$75/Rx	\$75/Rx	\$75/Rx
Preferred Specialty Drugs	\$350/Rx	50%	\$400/Rx	50%	\$400/Rx	50%	\$500/Rx	50%	0%	50%	20%	50%	\$350/Rx	\$350/Rx	\$400/Rx	\$400/Rx	\$500/Rx	\$500/Rx	0%	0%	0%	\$400/Rx	\$400/Rx	\$500/Rx	\$500/Rx	\$500/Rx
Non-Preferred Specialty Drugs	50%	50%	50%	50%	50%	50%	50%	50%	0%	50%	20%	50%	50%	50%	50%	50%	50%	50%	0%	0%	0%	50%	50%	50%	50%	50%

1. Family Deductible is two (2) times the Individual Deductible.
2. All coinsurance percentages are after deductible unless specified otherwise.
3. Family Annual Out-of-Pocket Maximum is two (2) times the Individual Out-of-Pocket Maximum. Annual Out-of-Pocket Maximum includes the Deductible, Copayments, Coinsurance, and prescription drug costs.
4. 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.
5. Cost-share may apply for other services received during the visit, such as Primary Care, Specialist, or Emergency Room Copays.
6. All plans include 25 visits per calendar year to both Chiropractors and Acupuncturists.
7. PT/OT/ST are therapy services. PT = Physical Therapy, OT = Occupational Therapy, ST = Speech Therapy.
8. True Health New Mexico offers medications at a \$0 copay for many chronic conditions on most plans. The \$0 copay applies to 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.