

The following grid highlights this HMO plan as administered by True Health New Mexico for New Mexico Retiree Health Care Authority members statewide. These benefits are effective 1/1/18 through 12/31/18. The specific terms of coverage, limitations, and exclusions are detailed in the *What Is Covered by the Plan?* and *Services Your Plan Does Not Cover* sections of your Benefit Booklet.

True Health New Mexico		Value HMO In-Network Care
Annual Deductible (must be met before payments are made and applies to all services unless otherwise indicated)		\$1,500
Annual Out-of-Pocket Maximum (does not include penalty amounts, charges above Reasonable and Customary, or non-covered charges, including charges incurred after the benefit maximum has been reached)		\$5,500
Lifetime Maximum		Unlimited (certain services are subject to Calendar Year and/or Lifetime Maximums or are limited per condition)
Physician Services	Office Services Office Visit (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)	\$35 Copay (Deductible waived)
	Specialist Office Visit	\$55 Copay (Deductible waived)
	Allergy Injections, Tests, Serums	30%
	Preventive Services Routine Physicals and Gynecological Exams Well-Child Care, including Vision and Hearing Screenings (through age 17) Women's Health Care Contraceptive Methods: <ul style="list-style-type: none"> • Intrauterine Devices (IUDs) • Hormone Contraceptive Injections • Inserted Contraceptive Devices • Implanted Contraceptive Devices Breastfeeding Support, Supplies, and Counseling (for one year after delivery) Related Testing (including Routine Pap Tests, Mammograms, Colonoscopies, Cholesterol Tests, Urinalysis, etc., and Immunizations)	Plan Pays 100% (Deductible waived)
	Laboratory, X-Rays, and Pathology	Plan Pays 100% (Deductible waived)
Outpatient Diagnostic Testing	EKG	30%
	Home/Sleep Studies	
High-Tech Radiology	MRI ¹ , PET ¹ , and CT Scans ¹ – Office/Freestanding Radiology Facility	\$125 Copay
	MRI ¹ , PET ¹ , and CT Scans ¹ – Outpatient Department of Hospital	30%
Hospital Services	Hospitalization Medical/Surgical and Maternity-Related Room and Board and Covered Ancillaries ² Physicians and Other Professional Provider Charges Inpatient Rehabilitation Services ^{1,2}	30%
Surgical Services	Inpatient Surgery ¹ Outpatient Surgery ¹ Office Surgery (including Casts, Splints, and Dressings) ¹	30%
Maternity Services	Physician/Midwife Services (Delivery, Prenatal, and Postnatal Care) Hospital Admission ^{1,2} Routine Nursery Care for Newborns	30%

True Health New Mexico		Value HMO In-Network Care
Urgent and Emergency Services	Urgent Care Facility	\$40 Copay (Deductible waived in-network only)
	Emergency Room Visit/Observation Room Treatment	\$175 Copay (Deductible waived)
	Physician and Other Professional Provider Charges ³	
	Ambulance Services	30%
	Emergency Air Transport	
Mental Health	Outpatient Services ¹ (first visit will be covered at 100% per Calendar Year)	\$35 Copay
	Inpatient Services ^{1,2}	30%
Substance Abuse	Outpatient Services ¹	\$35 Copay
	Inpatient Services ^{1,2}	30%
Other Services	Alternative Therapy (e.g., Acupuncture, Chiropractic, Massage Therapy, and Rolwing; \$1,500 combined Calendar Year Maximum) ⁵	
	Biofeedback	
	Cardiac or Pulmonary Rehabilitation – Outpatient	30%
	Dialysis	
	Durable Medical Equipment ^{1,4}	
	Prosthetics and Orthotics ^{1,4}	
	Hearing Aids (Deductible waived; benefits are limited. Please see “Hearing Aids” under the <i>What Is Covered by the Plan?</i> section of your Benefit Booklet for details on this benefit.)	No Copay
	Home Health Care ¹	
	Hospice ¹	
	Bereavement Counseling (limited to 3 sessions during the Hospice benefit period)	
Respite Care (limited to 10 continuous days and no more than 2 respite stays allowed during a 6-month Hospice benefit period)		
Dialysis/Plasmapheresis/Photopheresis		
Skilled Nursing Facility ^{1,2} (limited to 60 days per Calendar Year)		
Smoking Cessation	Plan Pays 100% (Deductible waived)	
Rehabilitation Outpatient (Physical Therapy Services when used as alternative to surgery; max. of 4 Copays per course of treatment)	\$35 Copay	
Rehabilitation Inpatient or Outpatient ^{1,2} (Physical, Occupational, and Speech Therapy)	30%	
Transplants	Coverage for human organ transplants ^{1,2} (refer to your Benefit Booklet for complete details on transplant coverage)	30%
Prescription Drugs	Administered by Express Scripts. Call Express Scripts at 1-800-501-0987.	

The Deductible must be met before benefit payments are made. (Deductible may be waived for routine/preventive services, drugs, and other services as indicated on the Summary of Benefits.)

After the Member reaches the applicable Out-of-Pocket Maximum, the Plan pays 100 percent (up to Reasonable and Customary for Out-of-Network Providers) of most of that Member's covered charges.

Footnotes:

1. Certain services are not covered if prior approval is not obtained from True Health New Mexico. See the *What Is Covered by the Plan?* section of your Benefit Booklet for a list of services requiring prior approval.
2. 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 the *What Is Covered by the Plan?* section of your Benefit Booklet for details.
3. Initial treatment of a medical emergency is paid at in-network provider level. Follow-up treatment must be obtained in-network. The emergency room Copayment does not include related physician charges (which will be subject to Deductible and Coinsurance). The emergency room/observation room Copayment is waived if the Member is subsequently admitted.
4. Rental benefit for medical equipment and other items will not exceed the purchase prices of a new unit.
5. 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 (DOC) are covered. Rolwing must be provided by a certified Rolfer.