2017 New Mexico Health Connections Small Group Plans

new mexico health connections

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 Handbook, including plan Limitations and Exclusions.

	CHOICE CONNECT PPO						CARE CONNECT HMO							HEALTHY CONNECT		
	Choice Connect Platinum PPO		Choice Connect Gold PPO		Choice Connect Silver PPO		Care Connect Platinum	Care Connect Gold	Care Connect Silver Plus	Care Connect Silver	Care Connect HDHP Silver[8]	Care Connect HDHP Bronze[8]	Care Connect Bronze	Healthy Connect Platinum	Healthy Connect Gold	Healthy Connect Bronze
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Annual In-Network Deductible[1]	$300	$600	$500	$1,000	$2,000	$4,000	$400	$750	$3,000	$4,000	$4,000	$6,550	$4,000	$250	$1,000	$7,000
Coinsurance after Deductible	10%	50%	30%	50%	40%	50%	10%	20%	30%	40%	No charge	No charge	50%	10%	20%	50%
Annual Out-of-Pocket Max.[2]	$2,500	$5,000	$7,150	$14,300	$7,150	$14,300	$7,150	$7,150	$7,150	$7,150	$4,000	$6,550	$7,150	$2,500	$7,150	$7,150
Preventive Care Services[3]	No charge	50% after deductible	No charge	50% after deductible	No charge	50% after deductible	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Primary Care	$5/visit	50% after deductible	$20/visit	50% after deductible	$30/visit	50% after deductible	$5/visit	$25/visit	$15/visit	$25/visit	No charge after deductible	No charge after deductible	50% after deductible	$10/visit	$20/visit	$50/visit
Specialist Care	$25/visit	50% after deductible	$40/visit	50% after deductible	$60/visit	50% after deductible	$25/visit	$50/visit	$50/visit	$75/visit	No charge after deductible	No charge after deductible	50% after deductible	$25/visit	$40/visit	50% after deductible
Behavioral Health Visits	No charge	50% after deductible	No charge	50% after deductible	No charge	50% after deductible	No charge	No charge	No charge	No charge	No charge after deductible	No charge after deductible	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	$50/visit	$75/visit	No charge after deductible	No charge after deductible	50% after deductible	$50/visit	$50/visit	50% after deductible
Emergency Room Services	$350/visit	$350/visit	$350/visit	$350/visit	$350/visit	$350/visit	$350/visit	$350/visit	$350/visit	$350/visit	No charge after deductible	No charge after deductible	50% after deductible	$350/visit	$350/visit	50% after deductible
MRI/CT/PET	$350/test	50% after deductible	$350/test	50% after deductible	$350/test	50% after deductible	$350/test	$350/test	$350/test	$350/test	No charge after deductible	No charge after deductible	50% after deductible	$350/test	$350/test	50% after deductible
PT/OT/ST[4]	$5/visit	50% after deductible	$20/visit	50% after deductible	$30/visit	50% after deductible	$5/visit	$25/visit	$15/visit	$25/visit	No charge after deductible	No charge after deductible	50% after deductible	$10/visit	$20/visit	50% after deductible
Outpatient Hospital	10% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	10% after deductible	20% after deductible	30% after deductible	40% after deductible	No charge after deductible	No charge after deductible	50% after deductible	10% after deductible	20% after deductible	50% after deductible
Inpatient Hospital	10% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	$500/ admission	$2,500/ admission	30% after deductible	40% after deductible	No charge after deductible	No charge after deductible	50% after deductible	10% after deductible	20% after deductible	50% after deductible
Lab & X-Ray Services[5]	No charge	50% after deductible	No charge	50% after deductible	No charge	50% after deductible	No charge	No charge	$20/lab; $60/x-ray	$25/lab; $50/x-ray	No charge after deductible	No charge after deductible	50% after deductible	No charge	No charge	50% after deductible
Generic Drugs	$5	50% after deductible	$10/Rx	50% after deductible	$25/Rx	50% after deductible	$5/Rx	$15/Rx	$25/Rx	$25/Rx	No charge after deductible	No charge after deductible	50% after deductible	$5/Rx	$10/Rx	50% after deductible
Brand-Name Drugs	$15/Rx	50% after deductible	$30/Rx	50% after deductible	$75/Rx	50% after deductible	$15/Rx	$45/Rx	$75/Rx	$75/Rx	No charge after deductible	No charge after deductible	50% after deductible	$10/Rx	$30/Rx	50% after deductible
Non-Preferred Brand Drugs	$30/Rx	50% after deductible	$60/Rx	50% after deductible	$150/Rx	50% after deductible	$30/Rx	$75/Rx	$150/Rx	$150/Rx	No charge after deductible	No charge after deductible	50% after deductible	$50/Rx	$60/Rx	50% after deductible
Specialty Drugs	$100/Rx	50% after deductible	30% to max of $250/Rx	50% after deductible	$250/Rx	50% after deductible	$100/Rx	$500/Rx	$500/Rx	40% after deductible	No charge after deductible	No charge after deductible	50% after deductible	10% after deductible	20% after deductible	50% after deductible
Pediatric Vision[7]	No charge	50%	No charge	50%	No charge	50%	No charge	No charge	No charge	No charge	No charge after deductible	No charge after deductible	No charge	No charge	No charge	No charge

1. Family deductible is 2 times the Individual deductible.
2. Family Annual Out-of-Pocket Maximum is 2 times the Individual Annual Out-of-Pocket Maximum. Annual Out-of-Pocket Maximum includes the deductible, copayments, coinsurance, and prescription drug costs.
3. Cost share may apply for services received during visits that are not related to Preventive Care.
4. PT/OT/ST are therapy services. PT = Physical Therapy, OT = Occupational Therapy, ST = Speech Therapy.
5. Cost share may apply for other services received during the visit, such as Primary Care, Specialist, or Emergency Room copays.
6. NMHC offers medications at a $0 copay for many chronic conditions on most plans (excluded Small Group Plans are Care Connect HDHP Silver, Care Connect HDHP Bronze). The $0 copay applies to generic medications received from an in-network participating pharmacy for the following chronic conditions: Hypertension, Depression, Chronic Obstructive Pulmonary Disease, Asthma, Diabetes, Bipolar Disorder, Coronary Artery Disease, Congestive Heart Failure, Hypercholesterolemia, including Oral Chemotherapy medications. Please refer to the NMHC Formulary Reference Guide at www.mynmhc.org/Formulary.aspx for a complete listing of $0 copay medications for NMHC members.
7. Pediatric Vision benefit is underwritten and administered by VSP. See benefit brochure for more information.
8. If two or more members are covered on an HDHP contract, they must singularly or collectively meet the family deductible before any benefits are paid at 100%.

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 (http://www.nmhix.com) if you wish to purchase pediatric dental coverage or a stand-alone dental insurance product.