

New Mexico 80/60 Plans

Medical Deductible, Rx Deductible, and Out-of-Pocket Maximum	Individual	Family
Calendar Year Deductible and Rx Deductible (Rx Deductible is per person, no family maximum)	\$150 (Rx \$50)	\$450
	\$300 (Rx \$75)	\$900
	\$500 (Rx \$100)	\$1,500
	\$1,000 (Rx \$200)	\$3,000
Out-of-Pocket Maximum (includes deductible)	\$150 Deductible	\$4,000
	\$300 Deductible	\$4,800
	\$500 Deductible	\$6,000
	\$1000 Deductible	\$8,000
Lifetime Maximum Per Person	\$2,000,000	N/A
Professional Services	Plan Pays:	
	PPO	Non-PPO
Office Visit*	80% (After Deductible)	60% (After Deductible)
*Co-pay option available on the \$150 and \$300 Deductibles. Co-pay is \$25 in-network and 40% out-of-network.		
Well Child	80% (Deductible waived, see policy for details)	60% (Deductible waived, see policy for details)
Preventive Care (Insureds 19 or older have \$300 annual maximum)**	80% (After Deductible)**	60% (After Deductible)**
**\$300 preventive care benefit is paid before deductible on the \$150 deductible and the \$300 deductible plans.		
Maternity Care	80% (After Deductible)	60% (After Deductible)
Urgent Care Clinic / Emergency Room	80% (After Deductible)	60% (After Deductible)
Facility Services	Plan Pays:	
	PPO	Non-PPO
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)	80% (After Deductible)	60% (After Deductible)
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)	80% (After Deductible)	60% (After Deductible)
Emergency Room	80% (After Deductible)	60% (After Deductible)
Inpatient Mental Illness	80% (After Deductible)	60% (After Deductible)
Outpatient Mental Illness	80% (After Deductible)	60% (After Deductible)
Inpatient Treatment of Alcohol Abuse	Eligible expenses are paid at 80% PPO / 60% non-PPO and are covered to a maximum of 30 days in any 12-month period. There is also a lifetime maximum of two benefit periods.	
Outpatient Treatment of Alcohol Abuse	Eligible expenses are paid at 80% PPO / 60% non-PPO and are covered to a maximum of 30 visits in any 12-month period. There is also a lifetime maximum of two benefit periods.	
Inpatient Treatment of Substance Abuse	Eligible expenses are paid at 50% up to a maximum of \$2,000 in a 12-month period with a lifetime maximum of \$5,000. There is no 100% benefit at any time, and this benefit is not increased after the satisfaction of the out-of-pocket amount.	
Outpatient Treatment of Substance Abuse	Eligible expenses are paid at 50% up to a maximum yearly benefit of \$1,000. There is no 100% benefit at any time, and this benefit is not increased after the satisfaction of the out-of-pocket amount.	
Miscellaneous	Plan Pays:	
	PPO	Non-PPO
Prescriptions	After the per person deductible, the member pays the greater of \$10 or 20% for generic prescription drugs and the greater of \$30 or 30% for brand prescription drugs. (For prescription deductible, please refer to deductible information listed above.)	
Ambulance Services	80% (After Deductible)	60% (After Deductible)
Durable Medical Equipment	The benefit for ground ambulance is limited to \$1,000 per occurrence and the benefit for air ambulance is limited to \$10,000 per occurrence. 80% (after deductible) up to a maximum benefit of \$3,000 per Calendar Year. Certain types of Equipment are paid at 80% (after deductible) up to a maximum benefit of \$7,500 per Calendar Year. Please see policy for specific details.	
Chiropractic	50% (after deductible) limited to \$1,000 per Calendar Year. There is no 100% benefit at any time, and this benefit is not increased after the satisfaction of the out-of-pocket amount. (\$1,000 limitation does not apply for treatment rendered within six months of spinal surgery).	
Prosthetics	80% (after deductible) for a natural limb or eye which is lost while insured. (Only the initial prosthesis is eligible to a maximum payable amount of \$5,000 by plan.)	
Colonoscopies	80% (After Deductible)	60% (After Deductible)
Mammograms	80% (After Deductible)	60% (After Deductible)
Circumcision	Subject to the following guidelines: One baseline for women between ages 35 and 39; Every two years for women 40 through 49; and Annually for women 50 years or older; A mammogram for any woman desiring a mammogram for medical cause.	
Sleep Studies	80% (After Deductible)	60% (After Deductible)
Sleep Apnea	If performed within 30 days of birth or adoption to a maximum plan payment of \$150.	
Organ Transplants	50% (after deductible) of eligible expenses to a lifetime maximum plan payment of \$1,000.	
	50% (after deductible) of eligible expenses to a lifetime maximum plan payment of \$5,000.	
	Please see policy for specific details.	

This is a partial summary of benefits only. The benefit booklet contains complete benefits, exclusions and limitations and is the governing document. Preexisting conditions are excluded from coverage