2017 New Mexico Health Connections Individual & Family Plans

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.

	CARE CONNECT HMO						HEALTHY CONNECT HMO	
	Care Connect Silver Plus	Care Connect Silver	Care Connect Bronze	Care Connect HDHP Bronze[7]	Care Connect HDHP Silver[7]	Care Connect Catastrophic[8]	Healthy Connect Gold	Healthy Connect Bronze
	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Annual In-Network Deductible[1]	$3,000	$4,000	$4,000	$6,550	$4,000	$7,150	$1,000	$7,000
Coinsurance after Deductible	30%	40%	50%	0%	0%	0%	20%	50%
Annual Out-of-Pocket Maximum[2]	$7,150	$7,150	$7,150	$6,550	$4,000	$7,150	$7,150	$7,150
Preventive Care Services[3]	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Primary Care	$15/visit	$25/visit	50% after deductible	No charge after deductible	No charge after deductible	No charge first 3 visits, then 0% after deductible	$20/visit	$50/visit
Specialist Care	$50/visit	$75/visit	50% after deductible	No charge after deductible	No charge after deductible	No charge after deductible	$40/visit	50% after deductible
Outpatient Behavioral Health Visits	No charge	No charge	No charge	No charge after deductible	No charge after deductible	No charge after deductible	No charge	No charge
Urgent Care	$50/visit	$75/visit	50% after deductible	No charge after deductible	No charge after deductible	No charge after deductible	$50/visit	50% after deductible
Emergency Room Services	$350/visit	$350/visit	50% after deductible	No charge after deductible	No charge after deductible	No charge after deductible	$350/visit	50% after deductible
MRI/CT/PET	$350/test	$350/test	50% after deductible	No charge after deductible	No charge after deductible	No charge after deductible	$350/test	50% after deductible
PT/OT/ST[4]	$15/visit	$25/visit	50% after deductible	No charge after deductible	No charge after deductible	No charge after deductible	$20/visit	50% after deductible
Outpatient Hospital	30% after deductible	40% after deductible	50% after deductible	No charge after deductible	No charge after deductible	No charge after deductible	20% after deductible	50% after deductible
Inpatient Hospital	30% after deductible	40% after deductible	50% after deductible	No charge after deductible	No charge after deductible	No charge after deductible	20% after deductible	50% after deductible
Lab & X-Ray Services	$20 Lab $60 X-Ray	$25 Lab $50 X-Ray	50% after deductible	No charge after deductible	No charge after deductible	No charge after deductible	20% after deductible	50% after deductible
Generic Drugs[5]	$25/Rx	$25/Rx	50% after deductible	No charge after deductible	No charge after deductible	No charge after deductible	$10/Rx	50% after deductible
Brand-Name Drugs	$75/Rx	$75/Rx	50% after deductible	No charge after deductible	No charge after deductible	No charge after deductible	$30/Rx	50% after deductible
Non-Preferred Brand Drugs	$150/Rx	$150/Rx	50% after deductible	No charge after deductible	No charge after deductible	No charge after deductible	$60/Rx	50% after deductible
Specialty Drugs	$500/Rx	40% after deductible	50% after deductible	No charge after deductible	No charge after deductible	No charge after deductible	20% after deductible	50% after deductible
Pediatric Vision[6]	No charge	No charge	No charge	No charge	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, such as Primary Care, Specialist, or Emergency Room Services.
4. PT/OT/ST are therapy services. PT = Physical Therapy, OT = Occupational Therapy, ST = Speech Therapy.
5. NMHC offers medications at a $0 copay for many chronic conditions on most plans (excluded Individual Plans are; Care Connect HDHP Bronze, Care Connect HDHP Silver and Care Connect Catastrophic). The $0 copay applies to generic medications received from a 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.
6. Pediatric Vision benefit is underwritten and administered by VSP. Please refer to the VSP Pediatric Vision summary of benefits for specific terms of coverage.
7. 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%.
8. Only for individuals 30 years of age and under, or a person over the age of 30 holding a Certificate of Exemption.

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.

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