



New Mexico Health Connections (NMHC) Large Group Plans for 2018

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 HMO				
	Choice Connect \$500		Choice Connect \$1,000		Choice Connect \$2,000		Choice Connect \$2,500		Choice Connect HDHP ⁷		Care Connect \$0	Care Connect \$500	Care Connect \$1,000	Care Connect \$1,500	Care Connect \$2,500	Care Connect HDHP ⁷	Healthy Connect \$500	Healthy Connect \$750	Healthy Connect \$1,000	Healthy Connect \$1,500	Healthy Connect \$2,500
	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	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-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	\$0	\$500	\$1,000	\$1,500	\$2,500	\$5,000	\$500	\$750	\$1,000	\$1,500	\$2,500
Coinsurance after Deductible	0%	50%	20%	50%	20%	50%	20%	50%	0%	50%	10%	10%	20%	20%	20%	0%	30%	30%	30%	30%	30%
Annual Out-of-Pocket Maximum ²	\$2,500	\$5,000	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$4,000	\$8,000	\$2,500	\$3,000	\$4,000	\$5,000	\$6,000	\$5,000	\$5,000	\$6,000	\$6,000	\$6,850	\$6,850
Preventive Care Services ³	No charge	50% after deductible	No charge	50% after ded.	No charge	50% after ded.	No charge	50% after ded.	No charge	50% after ded.	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Primary Care	\$15/visit	50% after deductible	\$20/visit	50% after ded.	\$25/visit	50% after ded.	\$25/visit	50% after ded.	No charge after ded.	50% after ded.	\$10/visit	\$15/visit	\$20/visit	\$20/visit	\$25/visit	No charge after ded.	\$20/visit	\$20/visit	\$20/visit	\$20/visit	\$20/visit
Specialist Care	\$30/visit	50% after deductible	\$40/visit	50% after ded.	\$50/visit	50% after ded.	\$50/visit	50% after ded.	No charge after ded.	50% after ded.	\$20/visit	\$30/visit	\$40/visit	\$50/visit	\$50/visit	No charge after ded.	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$50/visit
Outpatient Behavioral Health Visits	No charge	50% after deductible	No charge	50% after ded.	No charge	50% after ded.	No charge	50% after ded.	No charge after ded.	50% after ded.	No charge	No charge	No charge	No charge	No charge	No charge after ded.	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	No charge after ded.	No charge after ded.	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$50/visit	No charge after ded.	\$50/visit	\$50/visit	\$50/visit	\$50/visit	\$50/visit
Emergency Room Services	\$300/visit	\$300/visit	\$300/visit	\$300/visit	\$300/visit	\$300/visit	\$300/visit	\$300/visit	No charge after ded.	No charge after ded.	\$300/visit	\$300/visit	\$300/visit	\$350/visit	\$350/visit	No charge after ded.	\$300/visit	\$300/visit	\$300/visit	\$350/visit	\$350/visit
MRI/CT/PET	\$300/test	50% after deductible	\$300/test	50% after ded.	\$300/test	50% after ded.	\$300/test	50% after ded.	No charge after ded.	50% after ded.	\$300/test	\$300/test	\$300/test	\$300/test	\$300/test	No charge after ded.	\$300/test	\$300/test	\$300/test	30% coins. (no ded.)	30% coins. (no ded.)
PT/OT/ST ⁴	\$15/visit	50% after deductible	\$20/visit	50% after ded.	\$25/visit	50% after ded.	\$25/visit	50% after ded.	No charge after ded.	50% after ded.	\$10/visit	\$15/visit	\$20/visit	\$20/visit	\$25/visit	No charge after ded.	\$20/visit	\$20/visit	\$20/visit	\$20/visit	\$20/visit
Outpatient Hospital	\$500/admission	50% after deductible	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	50% after ded.	No charge after ded.	50% after ded.	\$250/admission	\$500/admission	20% after ded.	20% after ded.	20% after ded.	No charge after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.
Inpatient Hospital	\$1,000/admission	50% after deductible	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	50% after ded.	No charge after ded.	50% after ded.	\$500/admission	\$1,000/admission	20% after ded.	20% after ded.	20% after ded.	No charge after ded.	\$1,500/admission	\$1,500/admission	30% after ded.	30% after ded.	30% after ded.
Lab & X-Ray Services ⁵	No charge	50% after deductible	No charge	50% after ded.	No charge	50% after ded.	No charge	50% after ded.	No charge after ded.	50% after ded.	No charge	No charge	No charge	No charge	No charge	No charge after ded.	No charge	No charge	No charge	No charge	No charge

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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	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Generic Drugs ⁶	\$5/Rx	50% after deductible	\$10/Rx	50% after ded.	\$10/Rx	50% after ded.	\$10/Rx	50% after ded.	No charge after ded.	50% after ded.	\$5/Rx	\$5/Rx	\$10/Rx	\$10/Rx	\$10/Rx	No charge after ded.	\$15/Rx	\$15/Rx	\$20/Rx	\$20/Rx	\$20/Rx
Brand-Name Drugs	\$15/Rx	50% after deductible	\$30/Rx	50% after ded.	\$30/Rx	50% after ded.	\$30/Rx	50% after ded.	No charge after ded.	50% after ded.	\$15/Rx	\$15/Rx	\$30/Rx	\$30/Rx	\$30/Rx	No charge after ded.	\$45/Rx	\$45/Rx	\$45/Rx	\$45/Rx	\$45/Rx
Non-Preferred Brand Drugs	\$30/Rx	50% after deductible	\$60/Rx	50% after ded.	\$60/Rx	50% after ded.	\$60/Rx	50% after ded.	No charge after ded.	50% after ded.	\$30/Rx	\$30/Rx	\$60/Rx	\$60/Rx	\$60/Rx	No charge after ded.	\$75/Rx	\$75/Rx	\$75/Rx	\$75/Rx	\$75/Rx
Preferred Specialty Drugs	\$350/Rx	50% after deductible	\$400/Rx	50% after ded.	\$400/Rx	50% after ded.	\$500/Rx	50% after ded.	No charge after ded.	50% after ded.	\$350/Rx	\$350/Rx	\$400/Rx	\$400/Rx	\$500/Rx	No charge after ded.	\$400/Rx	\$400/Rx	\$500/Rx	\$500/Rx	\$500/Rx
Non-Preferred Specialty Drugs	50% after ded.	50% after deductible	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	No charge after ded.	50% after ded.	50% coins.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	No charge after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.

1. Family Deductible is two (2) times the Individual Deductible.
2. 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.
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. 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 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: 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 NMHC Formulary Reference Guide (Drug List) at www.mynmhc.org/Formulary.aspx for a complete listing of \$0 copayment medications for NMHC members.
7. If two (2) 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 (www.nmhix.com) if you wish to purchase pediatric dental coverage or a stand-alone dental insurance product.