New Mexico Health Connections (NMHC) Small 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							
	Choice Connect Platinum PPO		Choice Connect Gold PPO		Choice Connect Silver PPO		Care Connect Platinum HMO	Care Connect Gold HMO	Care Connect Gold Basic HMO	Care Connect Silver Plus HMO	Care Connect Silver HMO	Care Connect Silver HDHP[8] HMO	Care Connect Bronze Plus HMO	Care Connect Bronze HDHP[8] HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network								
Annual In-Network Deductible[1]	$0 Individual $0 Family	$0 Individual $0 Family	$500 Individual $1,000 Family	$1,000 Ind. $2,000 Family	$4,000 Ind. $8,000 Family	$8,000 Ind. $16,000 Family	$0 Individual $0 Family	$500 Individual $1,000 Family	$2,000 Ind. $4,000 Family	$4,000 Ind. $8,000 Family	$5,000 Ind. $10,000 Family	$5,000 Ind. $10,000 Fam.	$7,200 Ind. $14,400 Fam.	$6,650 Ind. $13,300 Family
Coinsurance after Deductible	10%	50%	30%	50%	40%	50%	10%	30%	30%	40%	40%	0%	50%	0%
Annual Out-of-Pocket Maximum[2]	$2,500 Ind. $5,000 Family	$5,000 Ind. $10,000 Family	$7,350 Ind. $14,700 Family	$14,700 Ind. $29,400 Fam.	$7,350 Ind. $14,700 Fam.	$14,700 Ind. $29,400 Fam.	$2,500 Ind. $5,000 Family	$7,350 Ind. $14,700 Family	$7,350 Ind. $14,700 Family	$7,350 Ind. $14,700 Family	$7,350 Ind. $14,700 Family	$5,000 Ind. $10,000 Fam.	$7,350 Ind. $14,700 Family	$6,650 Ind. $13,300 Family
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
Primary Care	$10/visit	50% after deductible	$25/visit	50% after deductible	$35/visit	50% after deductible	$10/visit	$25/visit	$30/visit	$35/visit	$50/visit	0% after deductible	$50/visit	0% after deductible
Specialist Care	$20/visit	50% after deductible	$50/visit	50% after deductible	$75/visit	50% after deductible	$20/visit	$50/visit	$60/visit	$75/visit	$80/visit	0% after deductible	50% after deductible	0% after deductible
Outpatient 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	0% after deductible	No charge	0% after deductible
Urgent Care	$50/visit	$50/visit	$50/visit	$50/visit	$50/visit	$50/visit	$50/visit	$50/visit	$50/visit	$50/visit	$80/visit	0% after deductible	50% after deductible	0% after deductible
Emergency Room Services	$350/visit	$350/visit	$350/visit	$350/visit	$500/visit	$500/visit	$350/visit	$350/visit	$500/visit	$500/visit	40% after deductible	0% after deductible	50% after deductible	0% after deductible
MRI/CT/PET	$350/visit	50% after deductible	30% (deductible does not apply)	50% after deductible	40% (deductible does not apply)	50% after deductible	$350/visit	30% (deductible does not apply)	30% (deductible does not apply)	40% (deductible does not apply)	40% after deductible	0% after deductible	50% after deductible	0% after deductible
PT/OT/ST[4]	$10/visit	50% after deductible	$50/visit	50% after deductible	$75/visit	50% after deductible	$10/visit	$50/visit	$60/visit	$75/visit	$80/visit	0% after deductible	50% after deductible	0% 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	30% after deductible	30% after deductible	40% after deductible	40% after deductible	0% after deductible	50% after deductible	0% after deductible
Inpatient Hospital	$500/visit	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	$500/visit	30% after deductible	30% after deductible	40% after deductible	40% after deductible	0% after deductible	50% after deductible	0% after deductible
Lab & X-Ray Services[5]	No charge	50% after deductible	$5 lab, $5 x-ray	50% after deductible	$30 lab, $60 x-ray	50% after deductible	No charge	$5 lab, $5 x-ray	$5 lab, $5 x-ray	$30 lab, $60 x-ray	$30 lab, $60 x-ray	0% after deductible	50% after deductible	0% after deductible

	CHOICE CONNECT PPO						CARE CONNECT HMO							
	Choice Connect Platinum PPO		Choice Connect Gold PPO		Choice Connect Silver PPO		Care Connect Platinum HMO	Care Connect Gold HMO	Care Connect Gold Basic HMO	Care Connect Silver Plus HMO	Care Connect Silver HMO	Care Connect Silver HDHP[8] HMO	Care Connect Bronze Plus HMO	Care Connect Bronze HDHP[8] HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network								
Preferred Generic Drugs[6]	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	0% after deductible	No charge	0% after deductible
Generic Drugs	$10/prescription	50% after deductible	$10/prescription	50% after deductible	$25/prescription	50% after deductible	$10/prescription	$10/prescription	$10/prescription	$25/prescription	$25/prescription	0% after deductible	$25/prescription	0% after deductible
Brand-Name Drugs	$30/prescription	50% after deductible	$30/prescription	50% after deductible	$75/prescription	50% after deductible	$30/prescription	$30/prescription	$30/prescription	$75/prescription	$75/prescription	0% after deductible	$75/prescription	0% after deductible
Non-Preferred Brand Drugs	$60/prescription	50% after deductible	$150/prescription	50% after deductible	40% after deductible	50% after deductible	$60/prescription	$150/prescription	$150/prescription	40% after deductible	40% after deductible	0% after deductible	50% after deductible	0% after deductible
Preferred Specialty Drugs	$500/prescription	50% after deductible	$500/prescription	50% after deductible	40% after deductible	50% after deductible	$500/prescription	$500/prescription	$500/prescription	40% after deductible	40% after deductible	0% after deductible	50% after deductible	0% after deductible
Non-Preferred Specialty Drugs	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible
Pediatric Vision[7]	No charge	50%	No charge	50%	No charge	50%	No charge	No charge	No charge	No charge	No charge	0% after deductible	No charge	0% after deductible

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. The Pediatric Vision benefit is underwritten and administered by VSP. Please refer to the VSP Pediatric Vision summary of benefits for specific terms of coverage.
8. 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.