



New Mexico Health Connections Individual and Family 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.

	CARE CONNECT HMO						
	Care Connect Gold Plus HMO	Care Connect Silver Plus HMO	Care Connect Silver HMO	Care Connect HDHP Silver HMO ⁷	Care Connect Catastrophic HMO ⁸	Care Connect HDHP Bronze HMO ⁷	Care Connect Bronze Plus HMO
Annual In-Network Deductible ¹	\$500	\$4,000	\$5,000	\$5,000	\$7,350	\$6,650	\$7,200
Coinsurance after Deductible	30%	40%	40%	0%	0%	0%	50%
Annual Out-of-Pocket Maximum ²	\$7,350	\$7,350	\$7,350	\$5,000	\$7,350	\$6,650	\$7,350
Preventive Care Services ³	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Primary Care	\$25/visit	\$35/visit	\$50/visit	0% after deductible	\$0 first 3 visits, then 0% after deductible	0% after deductible	\$50/visit
Specialist Care	\$50/visit	\$75/visit	\$80/visit	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Outpatient Behavioral Health Visits	No charge	No charge	No charge	0% after deductible	0% after deductible	0% after deductible	No charge
Urgent Care	\$50/visit	\$50/visit	\$80/visit	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Emergency Room Services	\$350/visit	\$500/visit	40% after deductible	0% after deductible	0% after deductible	0% after deductible	50% after deductible
MRI/CT/PET	30% (deductible does not apply)	40% (deductible does not apply)	40% after deductible	0% after deductible	0% after deductible	0% after deductible	50% after deductible
PT/OT/ST ⁴	\$50/visit	\$75/visit	\$80/visit	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Outpatient Hospital	30% after deductible	40% after deductible	40% after deductible	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Inpatient Hospital	30% after deductible	40% after deductible	40% after deductible	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Lab and X-Ray Services	\$5 lab, \$5 x-ray	\$30 lab, \$60 x-ray	\$30 lab, \$60 x-ray	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Preferred Generic Drugs ⁵	No charge	No charge	No charge	0% after deductible	0% after deductible	0% after deductible	No charge
Generic Drugs ⁵	\$10/prescription	\$25/prescription	\$25/prescription	0% after deductible	0% after deductible	0% after deductible	\$25/prescription
Brand-Name Drugs	\$30/prescription	\$75/prescription	\$75/prescription	0% after deductible	0% after deductible	0% after deductible	\$75/prescription
Non-Preferred Brand Drugs	\$150/prescription	40% after deductible	40% after deductible	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Preferred Specialty Drugs	\$500/prescription	40% after deductible	40% after deductible	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Non-Preferred Specialty Drugs	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Pediatric Vision ⁶	No charge	No charge	No charge	0% after deductible	No charge	0% after deductible	No charge

- Family Deductible is two (2) times the Individual Deductible.
- 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.
- Cost-share may apply for services received during visits that are not related to Preventive Care, such as Primary Care, Specialist Care, or Emergency Room Services.
- PT/OT/ST are therapy services. PT = Physical Therapy, OT = Occupational Therapy, ST = Speech Therapy.
- NMHC offers medications at a \$0 copay for many chronic conditions on most plans (excluded Individual plans are Care Connect HDHP Silver, Care Connect HDHP Bronze, 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.
- The Pediatric Vision benefit is underwritten and administered by VSP. Please refer to the VSP Pediatric Vision summary of benefits and the Plan's Summary of Benefits for specific terms of coverage.
- 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 one hundred (100) percent.
- Only for individuals under the age of thirty (30) years, or a person age thirty (30) or older 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 (www.nmhix.com) if you wish to purchase pediatric dental coverage or a stand-alone dental insurance product.