



## Care Connect HDHP Bronze

Coverage for: Individual, Individual + Spouse, Family | Plan Type: HMO



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a **summary**. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-855-769-6642 or visit [www.mynmhc.org](http://www.mynmhc.org). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf> or call 1-855-756-4448 to request a copy.

| Important Questions   | Answers   | Why This Matters:   |
|---|---|---|
| What is the overall <a href="#">deductible</a> ?                                | \$6,750 Individual / \$13,500 Family.   | Generally, you must pay all of the costs from providers up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of the <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .  |
| Are there services covered before you meet your <a href="#">deductible</a> ?    | Yes; preventive care  | This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain preventive services without cost-sharing and before you meet your <a href="#">deductible</a> . See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>                                       |
| Are there other <a href="#">deductibles</a> for specific services?              | No.   | You don't have to meet <a href="#">deductibles</a> for specific services.   |
| What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ? | \$6,750 Individual / \$13,500 Family  | The <a href="#">out of pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out of pocket limit</a> until the overall family <a href="#">out of pocket limit</a> has been met.  |
| What is not included in the <a href="#">out-of-pocket limit</a> ?               | <a href="#">Premium</a> , <a href="#">balance billing</a> charges, and health care this <a href="#">plan</a> doesn't cover. | Even though you pay these expenses, they don't count toward the <a href="#">out of pocket limit</a> .   |
| Will you pay less if you use a <a href="#">network provider</a> ?               | Yes. See <a href="http://www.mynmhc.org">www.mynmhc.org</a> or call 1-855-769-6642 for a list of network providers.         | This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a> . You will pay the most if you use an out of network provider, and you might receive a bill from a <a href="#">provider</a> from the difference between the provider's charge and what your <a href="#">plan</a> pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your <a href="#">provider</a> before you get services. |
| Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?    | No.   | You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .  |



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

| Common Medical Event   | Services You May Need                                  | What You Will Pay                                    |  | Limitations, Exceptions, & Other Important Information  |
|--|--|--|--|---|
|  |  | Network Provider<br>(You will pay the least)         | Out-of-Network Provider<br>(You will pay the most) |   |
| If you visit a health care <a href="#">provider's</a> office or clinic   | Primary care visit to treat an injury or illness       | No charge after <a href="#">deductible</a>           | Not Covered  | None  |
|  | <a href="#">Specialist</a> visit                       | No charge after <a href="#">deductible</a>           | Not Covered  | None  |
|  | <a href="#">Preventive care/screening/immunization</a> | No Charge; <a href="#">deductible</a> does not apply | Not Covered  | None  |
| If you have a test   | <a href="#">Diagnostic test</a> (x-ray, blood work)    | No charge after <a href="#">deductible</a>           | Not Covered  | None  |
|  | Imaging (CT/PET scans, MRIs)                           | No charge after <a href="#">deductible</a>           | Not Covered  | Failure to obtain Prior Approval may result in a denial of coverage.                                    |
| If you need drugs to treat your illness or condition<br>More information about <a href="#">prescription drug coverage</a> is available at <a href="#">www.mynmhc.org</a> | Generic drugs  | No charge after <a href="#">deductible</a>           | Not Covered  | Covers up to a 30-day retail supply. Mail-order not covered   |
|  | Preferred brand drugs                                  | No charge after <a href="#">deductible</a>           | Not Covered  |   |
|  | Non-preferred brand drugs                              | No charge after <a href="#">deductible</a>           | Not Covered  |   |
|  | Preferred speciality drugs                             | No charge after <a href="#">deductible</a>           | Not Covered  | Covers up to a 30-day retail supply. Failure to obtain Prior Approval may result in denial of coverage. |
|  | Non-preferred specialty drugs                          |  |  |   |
| If you have outpatient surgery   | Facility fee (e.g., ambulatory surgery center)         | No charge after <a href="#">deductible</a>           | Not Covered  | Failure to obtain Prior Approval may result in denial of coverage.                                      |
|  | Physician/surgeon fees                                 | No charge after <a href="#">deductible</a>           | Not Covered  | Failure to obtain Prior Approval may result in denial of coverage.                                      |
| If you need immediate medical attention  | <a href="#">Emergency room care</a>                    | No charge after <a href="#">deductible</a>           | No charge after <a href="#">deductible</a>         | None  |
|  | <a href="#">Emergency medical transportation</a>       | No charge after <a href="#">deductible</a>           | No charge after <a href="#">deductible</a>         | None  |
|  | <a href="#">Urgent Care Center</a>                     | No charge after <a href="#">deductible</a>           | No charge after <a href="#">deductible</a>         | None  |

| Common Medical Event  | Services You May Need                     | What You Will Pay                            |  | Limitations, Exceptions, & Other Important Information   |
|---|---|--|--|--|
|   |   | Network Provider<br>(You will pay the least) | Out-of-Network Provider<br>(You will pay the most) |  |
| If you have a hospital stay   | Facility fee (e.g., hospital room)        | No charge after <a href="#">deductible</a>   | Not Covered  | Failure to obtain Prior Approval may result in a denial of coverage.   |
|   | Physician/surgeon fees                    | No charge after <a href="#">deductible</a>   | Not Covered  | Failure to obtain Prior Approval may result in a denial of coverage.   |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services                       | No charge after <a href="#">deductible</a>   | Not Covered  | Failure to obtain Prior Approval may result in a denial of coverage.   |
|   | Inpatient services                        | No charge after <a href="#">deductible</a>   | Not Covered  |  |
| If you are pregnant   | Office visits                             | No charge after <a href="#">deductible</a>   | Not Covered  | None   |
|   | Childbirth/delivery professional services | No charge after <a href="#">deductible</a>   | Not Covered  | Home birth not covered   |
|   | Childbirth/delivery facility services     | No charge after <a href="#">deductible</a>   | Not Covered  | Home birth not covered   |
| If you need help recovering or have other special health needs            | <a href="#">Home health care</a>          | No charge after <a href="#">deductible</a>   | Not Covered  | Coverage is limited to 100 visits per calendar year.   |
|   | <a href="#">Rehabilitation services</a>   | No charge after <a href="#">deductible</a>   | Not Covered  | Failure to obtain Prior Approval may result in a denial of coverage.   |
|   | <a href="#">Habilitation services</a>     | No charge after <a href="#">deductible</a>   | Not Covered  | Failure to obtain Prior Approval may result in a denial of coverage.   |
|   | <a href="#">Skilled nursing care</a>      | No charge after <a href="#">deductible</a>   | Not Covered  | Coverage is limited to 60 days/visits per calendar year.   |
|   | <a href="#">Durable medical equipment</a> | No charge after <a href="#">deductible</a>   | Not Covered  | Failure to obtain Prior Approval may result in a denial of coverage. The Plan covers hearing aids and the evaluation for the fitting of Hearing Aids only for Dependent children up to age eighteen (18), or up to age twenty-one (21) if still attending high school. |
|   | <a href="#">Hospice services</a>          | No charge after <a href="#">deductible</a>   | Not Covered  | Failure to obtain Prior Approval may result in a denial of coverage.   |

| Common Medical Event                   | Services You May Need      | What You Will Pay                                    |   | Limitations, Exceptions, & Other Important Information                        |
|--|----------------------------|--|---|---|
|  |                            | Network Provider<br>(You will pay the least)         | Out-of-Network Provider<br>(You will pay the most)                          |   |
| If your child needs dental or eye care | Children's eye exam        | No Charge; <a href="#">deductible</a> does not apply | 50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> does not apply | Coverage is limited to one exam per calendar year.                            |
|  | Children's glasses         | No charge after <a href="#">deductible</a>           | 50% <a href="#">coinsurance</a> ; <a href="#">deductible</a> does not apply | Coverage is limited to one pair of lenses and frames per calendar year.       |
|  | Children's dental check-up | Not Covered  | Not Covered   | Pediatric dental coverage can be purchased separately as a standalone policy. |

### Excluded Services & Other Covered Services:

| Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>Abortion Services (except in cases of rape, incest, or when the life of the mother is endangered)</li> <li>Cosmetic surgery</li> <li>Dental care (Adult)</li> <li>Hearing aids (Adult)</li> </ul> | <ul style="list-style-type: none"> <li>Home Births</li> <li>Infertility treatment (except for diagnosis and medically indicated treatments for physical conditions causing infertility)</li> <li>Long-term care</li> <li>Non-emergency care when traveling outside the U.S.</li> </ul> | <ul style="list-style-type: none"> <li>Private-duty nursing</li> <li>Routine eye care (Adult)</li> <li>Weight loss programs (Unless for Medically necessary treatment for morbid obesity)</li> </ul> |

| Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.) |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>Acupuncture (Max of 20 visits / year)</li> <li>Bariatric surgery</li> </ul>                           | <ul style="list-style-type: none"> <li>Chiropractic care (Max of 20 visits / year)</li> </ul> | <ul style="list-style-type: none"> <li>Routine foot care (diabetics only)</li> </ul> |

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-855-808-3568. You may also contact the Office of the Superintendent of Insurance (OSI) at 1-855-427-5674. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.Healthcare.gov](http://www.Healthcare.gov) or call 1-800-318-2596

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: New Mexico Health Connections 1-855-769-6642.

You may also contact the Office of the Superintendent of Insurance at 505-827-4601.

**Does this plan provide Minimum Essential Coverage? Yes.**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet Minimum Value Standards? Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**

See Multi-Language insert at the end of this document.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*—————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

| Peg is Having a Baby<br>(9 months of in-network pre-natal care and a hospital delivery)  |                 | Managing Joe's type 2 Diabetes<br>(a year of routine in-network care of a well-controlled condition)   |                | Mia's Simple Fracture<br>(in-network emergency room visit and follow up care)  |                |
|--|-----------------|--|----------------|--|----------------|
| ■ The plan's overall deductible  | \$6,750         | ■ The plan's overall deductible  | \$6,750        | ■ The plan's overall deductible  | \$6,750        |
| ■ Specialist Copayment   | \$0             | ■ Specialist Copayment   | \$0            | ■ Specialist Copayment   | \$0            |
| ■ Hospital (facility) coinsurance  | 0%              | ■ Hospital (facility) coinsurance  | 0%             | ■ Hospital (facility) coinsurance  | 0%             |
| ■ Other coinsurance  | 0%              | ■ Other coinsurance  | 0%             | ■ Other coinsurance  | 0%             |
| <p>This EXAMPLE event includes services like:<br/>                     Specialist office visits (<i>prenatal care</i>)<br/>                     Childbirth/Delivery Professional Services<br/>                     Childbirth/Delivery Facility Services<br/>                     Diagnostic tests (<i>ultrasounds and blood work</i>)<br/>                     Specialist visit (<i>anesthesia</i>)</p> |                 | <p>This EXAMPLE event includes services like:<br/>                     Primary care physician office visits (<i>including disease education</i>)<br/>                     Diagnostic tests (<i>blood work</i>)<br/>                     Prescription drugs<br/>                     Durable medical equipment (<i>glucose meter</i>)</p> |                | <p>This EXAMPLE event includes services like:<br/>                     Emergency room care (<i>including medical supplies</i>)<br/>                     Diagnostic test (<i>x-ray</i>)<br/>                     Durable medical equipment (<i>crutches</i>)<br/>                     Rehabilitation services (<i>physical therapy</i>)</p> |                |
| <b>Total Example Cost</b>  | <b>\$12,731</b> | <b>Total Example Cost</b>  | <b>\$7,389</b> | <b>Total Example Cost</b>  | <b>\$1,925</b> |
| In this example, Peg would pay:  |                 | In this example, Joe would pay:  |                | In this example, Mia would pay:  |                |
| <i>Cost Sharing</i>  |                 | <i>Cost Sharing</i>  |                | <i>Cost Sharing</i>  |                |
| Deductibles  | \$6,750         | Deductibles  | \$6,750        | Deductibles  | \$1,925        |
| Copayments   | \$0             | Copayments   | \$0            | Copayments   | \$0            |
| Coinsurance  | \$0             | Coinsurance  | \$0            | Coinsurance  | \$0            |
| <i>What isn't covered</i>  |                 | <i>What isn't covered</i>  |                | <i>What isn't covered</i>  |                |
| Limits or exclusions   | \$60            | Limits or exclusions   | \$55           | Limits or exclusions   | \$0            |
| <b>The total Peg would pay is</b>  | <b>\$6,810</b>  | <b>The total Joe would pay is</b>  | <b>\$6,805</b> | <b>The total Mia would pay is</b>  | <b>\$1,925</b> |

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

|                  |  |
|------------------|--|
| English          | ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-769-6642 (TTY: 711).                             |
| Spanish          | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-769-6642 (TTY: 711).                            |
| Navajo           | Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíłnih 1-855-769-6642 (TTY: 711).       |
| Vietnamese       | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-769-6642 (TTY: 711).   |
| German           | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-769-6642 (TTY: 711).                |
| Chinese          | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-769-6642 (TTY: 711)。  |
| Arabic           | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-769-6642 (رقم هاتف الصم والبكم: 711).                            |
| Korean           | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-769-6642 (TTY: 711) 번으로 전화해 주십시오.   |
| Tagalog-Filipino | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-769-6642 (TTY: 711).          |
| Japanese         | 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-769-6642 (TTY: 711) まで、お電話にてご連絡ください。   |
| French           | ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-769-6642 (ATS: 711).                      |
| Italian          | ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-769-6642 (TTY: 711). |
| Russian          | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-769-6642 (телетайп: 711).                                 |
| Hindi            | ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-769-6642 (TTY: 711) पर कॉल करें।                                    |
| Farsi            | توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-769-6642 (TTY: 711) تماس بگیرید.                              |
| Thai             | เรียน: ถ้ำคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-769-6642 (TTY: 711).   |



## Notice of Non-Discrimination and Accessibility *Aviso de no discriminación y accesibilidad*

The following is a statement describing nondiscrimination for NMHC and the services it provides to its clients and members.

- We do not discriminate on the basis of race, color, national origin, age, disability, or gender in our health programs or activities.
- We provide help free of charge to people with disabilities or whose primary language is not English. To ask for a document in another format such as large print, or to get language help such as a qualified interpreter, please call NMHC Customer Service at 1-855-769-6642, Monday through Friday, 8:00 a.m. to 5:00 p.m. TTY: 1-800-659-8331.
- If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can send a complaint to: NMHC Compliance Hotline, 2440 Louisiana Blvd. NE, Suite 601, Albuquerque, NM 87110. Phone: 1-855-882-3904. Fax: 1-866-231-1344.

You also have the right to file a complaint directly with the U.S. Dept. of Health and Human Services online, by phone, or by mail:

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- Phone: Toll-free: 1-800-368-1019, TDD: 1-800-537-7697
- Mail: U.S. Dept. of Health & Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201

### **Aviso de no discriminación y accesibilidad**

A continuación presentamos una declaración que resume la norma de no discriminación de NMHC y los servicios que prestamos a nuestros clientes y asegurados.

- No discriminamos por la raza, el color, el origen nacional, la edad, las discapacidades o el sexo en nuestras actividades o programas de salud.
- Ayudamos gratuitamente a las personas que tienen discapacidades o cuyo idioma nativo no es el inglés. Para pedir un documento en otro formato, como en letra grande, o para recibir la ayuda de un intérprete calificado, favor de llamar al Centro de Atención al Cliente de NMHC al 1-855-769-6642, para los servicios TTY llame al 1-800-659-8331, de lunes a viernes, de las 8:00 de la mañana a las 5:00 de la tarde.
- Si usted cree que no hemos prestado estos servicios o que le hemos discriminado de alguna otra manera por su raza, color, origen nacional, edad, discapacidad o sexo, puede enviar una queja a: NMHC Compliance Hotline, 2440 Louisiana Blvd. NE, Suite 601, Albuquerque, NM 87110. Teléfono: 1-855-882-3904. Fax: 1-866-231-1344.

Además tiene derecho a presentar una queja directamente al Departamento de Salud y Servicios Humanos de los EE. UU. [*U.S. Dept. of Health and Human Services*] ya sea en línea, por teléfono o por correo:

- En línea: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Los formularios de queja están a su disposición en: <http://www.hhs.gov/ocr/office/file/index.html>.
- Por teléfono: Línea telefónica gratis: 1-800-368-1019, TDD: 1-800-537-7697
- Por correo: U.S. Dept. of Health & Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201