



## New Mexico Health Connections Individual and Family HMO Plans for 2019

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 (Member Handbook), including plan limitations and exclusions.

	Care Connect Gold Plus HMO	Care Connect Gold Essential HMO	Care Connect Silver Plus HMO	Care Connect Silver HMO	Care Connect Silver HDHP HMO	Care Connect Bronze Plus HMO	Care Connect Bronze Essential HMO	Care Connect Bronze HDHP HMO	Care Connect Catastrophic HMO <sup>7</sup>
<b>Annual In-Network Deductible</b>	\$500 individual \$1,000 family	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family	\$5,000 individual \$10,000 family	\$5,000 individual \$10,000 family	\$7,800 individual \$15,600 family	\$7,800 individual \$15,600 family	\$6,750 individual \$13,500 family	\$7,900 individual \$15,800 family
<b>Coinsurance after Deductible<sup>1</sup></b>	30%	30%	40%	40%	0%	50%	50%	0%	0%
<b>Annual Out-of-Pocket Maximum<sup>2</sup></b>	\$7,900 individual \$15,800 family	\$7,900 individual \$15,800 family	\$7,900 individual \$15,800 family	\$7,900 individual \$15,800 family	\$5,000 individual \$10,000 family	\$7,900 individual \$15,800 family	\$7,900 individual \$15,800 family	\$6,750 individual \$13,500 family	\$7,900 individual \$15,800 family
<b>Preventive Care Services<sup>3</sup></b>	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Primary Care</b>	\$25/visit	\$25/visit	\$35/visit	\$50/visit	0%	\$50/visit	50%	0%	\$0 first 3 visits, then 0%
<b>Specialist Care</b>	\$50/visit	\$50/visit	\$80/visit	\$80/visit	0%	\$100/visit	50%	0%	0%
<b>Outpatient Behavioral Health Visits</b>	No charge	\$25/visit	No charge	\$50/visit	0%	\$50/visit	50%	0%	0%
<b>Urgent Care</b>	\$50/visit	\$50/visit	\$50/visit	\$80/visit	0%	\$100/visit	50%	0%	0%
<b>Emergency Room Services</b>	\$350/visit	\$500/visit	\$1,000/visit	40%	0%	50%	50%	0%	0%
<b>MRI/CT/PET</b>	30% (ded. does not apply)	30% (ded. does not apply)	40% (ded. does not apply)	40%	0%	50%	50%	0%	0%
<b>PT/OT/ST<sup>4</sup></b>	\$50/visit	\$50/visit	\$80/visit	\$80/visit	0%	50%	50%	0%	0%
<b>Outpatient Hospital</b>	30%	30%	40%	40%	0%	50%	50%	0%	0%
<b>Inpatient Hospital</b>	30%	30%	40%	40%	0%	50%	50%	0%	0%
<b>Lab and X-Ray Services</b>	\$10 lab \$30 x-ray	\$10 lab \$50 x-ray	\$30 lab \$100 x-ray	\$30 lab \$100 x-ray	0%	50%	50%	0%	0%
<b>Preferred Generic Drugs<sup>5</sup></b>	No charge	No charge	No charge	No charge	0%	No charge	No charge	0%	0%
<b>Generic Drugs<sup>5</sup></b>	\$10/Rx	\$25/Rx	\$25/Rx	\$25/Rx	0%	\$50/Rx	50%	0%	0%
<b>Brand-Name Drugs</b>	\$30/Rx	\$75/Rx	\$75/Rx	\$75/Rx	0%	\$80/Rx	50%	0%	0%
<b>Non-Preferred Brand Drugs</b>	\$150/Rx	\$150/Rx	40%	40%	0%	50%	50%	0%	0%
<b>Preferred Specialty Drugs</b>	40%	40%	40%	40%	0%	50%	50%	0%	0%
<b>Non-Preferred Specialty Drugs</b>	50%	50%	50%	50%	0%	50%	50%	0%	0%
<b>Pediatric Vision<sup>6</sup></b>	No charge	No charge	No charge	No charge	0%	No charge	No charge	0%	No charge

1. All coinsurance percentages are after deductible unless specified otherwise.
2. 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 Care, 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 Silver, Care Connect HDHP Bronze, and Care Connect Catastrophic). The \$0 copay applies to certain 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.mymnhc.org/Formulary.aspx](http://www.mymnhc.org/Formulary.aspx) for a complete listing of \$0 copayment medications for NMHC members.
6. 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.
7. Only for individuals under the age of thirty (30) years, or a person age thirty (30) or older holding a Certificate of Exemption.

All plans have an embedded deductible and out-of-pocket maximum.

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](http://www.nmhix.com)) if you wish to purchase pediatric dental coverage or a stand-alone dental insurance product.