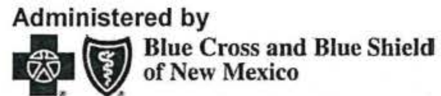
City of Las Cruces PPO
$1,000 Plan

Administered by



Highlights the copayments, deductible and out-of-pocket limit amounts; member coinsurance percentage amounts; and provides a brief description of City of Las Cruces PPO health care plan benefits.

PPO Benefits – There is no lifetime maximum benefit. However, certain services have maximum annual limits. See below.	**Member's Share of Covered Charges**	
	Preferred Provider[1]	**Nonpreferred Provider[1]**
Annual Deductible – All services are subject to deductible unless noted otherwise.	$1,000/Individual $2,000/Two-Person $3,000/Family	$3,000/Individual $6,000/Two-Person $9,000/Family
Annual Out-of-Pocket Limit – Includes medical deductible, coinsurance, copayments and prescription drug copayments; NOT penalty amounts, or noncovered charges.[2]	$4,500/Individual $9,000/Two-Person $13,500/Family	$7,000/Individual $14,000/Two-Person $21,000/Family
Primary Preferred Provider* Office Visit and initial office visit to diagnose pregnancy	$40 copay/visit (deductible waived)	50% coinsurance
Mental Health and Chemical Dependency (outpatient/office)	$40 copay/visit (deductible waived)	50% coinsurance
Specialist Provider Office Visit and initial office visit to diagnose pregnancy	$60 copay/visit	50% coinsurance
Office Surgery (including casts, splints, and dressings) Allergy Injections, Tests, Serum	PCP: $40 copay/visit (ded waived) Specialist: $60 copay/visit (after ded)	50% coinsurance
Preventive Services Routine Adult Physicals and Gynecological Exams, Well-Child Care; Routine Vision or Hearing Screenings, Related Testing (includes routine Pap tests, lab and X-rays, cholesterol tests, urinalysis, etc.), Routine Colonoscopies (outpatient/office), Smoking/Tobacco Cessation Counseling, and Immunizations	No Charge (deductible waived)	50% coinsurance (deductible waived)
Acupuncture Treatment and Spinal Manipulation (max. **20** visits/year combined)	$60 copay/visit	50% coinsurance
Ambulance Services: Ground and Emergency Air Transport	20% coinsurance[3]	
Ambulance Services: Nonemergency Air Transfer	20% coinsurance [4]	50% coinsurance[4]
Applied Behavioral Analysis for Autism Spectrum Disorders for Children (preauthorized treatment plan is required.)	20% coinsurance [4]	50% coinsurance[4]
Cardiac and Pulmonary Rehabilitation	$60 copay/visit	50% coinsurance
Chemotherapy, Dialysis, and Radiation	$60 copay/visit	50% coinsurance
Dental/Facial Accident, Oral Surgery, and TMJ/CMJ Services	Based on place of treatment and type of service	
Durable Medical Equipment, Supplies, Prosthetics and Orthotics	20% coinsurance[6]	50% coinsurance[6]
Emergency Room Treatment	$250 copay/ER visit [3]	
Hearing Aids and Related Services for Adults and Children: Hearing aids are paid at 100% of covered charges up to a maximum of **2 hearing aids during any 3 year period;** exams and testing are subject to usual cost-sharing provisions.		
Home Health Care/Home I.V. Services (max. **100** visits/year)	$60 copay/visit	50% coinsurance
Hospice Services	No Charge (deductible waived)[4,5]	50% coinsurance[4,5]
Lab, X-Ray, and Other Basic Diagnostic Tests	20% coinsurance	50% coinsurance
MRI, CT Scans, PET Scans	$200 copay/test [4]	50% coinsurance[4]

* A Primary Preferred Provider is a physician or other professional provider in one of the following categories of practice: Family or General Practice, Internal Medicine, Pediatrics, Obstetrics and Gynecology, and Gynecology Only. A "PPP" is a Primary Preferred Provider in the Preferred Provider network.

Blue Cross and Blue Shield of New Mexico (BCBSNM) is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

PPO Benefits – There is no lifetime maximum benefit. However, certain services have maximum annual limits. See below.	**Member's Share of Covered Charges**	
	Preferred Provider[1]	**Nonpreferred Provider[1]**
Inpatient Hospital/Facility Services		
Medical/Surgical, Mental Health/Chemical Dependency (including Partial Hospitalization), Residential Treatment Center (RTC), Maternity-Related Room and Board, and Covered Ancillaries	$1,000 copay/admission[5]	50% coinsurance[5]
Maternity Services (facility/delivery charges; routine nursery & pediatrician care for covered newborns)	$1,000 copay/admission[5]	50% coinsurance[5]
Extended Stay Nursery/Pediatrician Care for Covered Newborns	$1,000 copay/admission[5]	50% coinsurance[5]
Naprapathy (max. **$500**/year)	$60 copay/visit	50% coinsurance
Outpatient Facility, Physician/Surgeon (including surgical procedures related to pregnancy and family planning; and nonroutine colonoscopies)	20% coinsurance	50% coinsurance
Outpatient Observation (no ER charges)	$500 copay/visit	50% coinsurance
Short-Term Rehabilitation: **Inpatient Rehabilitation / Skilled Nursing Facility** **Outpatient/Office Rehabilitation**: Occupational, Physical, and Speech Therapy; (max **35 visits**/year/combined)	$1,000 copay/admission[5] $60 copay/visit	50% coinsurance[5]
Transplant Services (Must use facilities that contract with BCBSNM or through the national BCBS transplant network.)		
Cornea, Kidney, Bone Marrow	Based on Place of Treatment and Type of Service[4,5]	Based on Place of Treatment and Type of Service[4,5]
Heart, Heart-Lung, Liver, Lung, and Pancreas-Kidney: **$10,000** maximum for travel and lodging per diem		Not Covered
Urgent Care Facility	$75 copay/visit	50% coinsurance

FOOTNOTES:

[1] The deductible must be met before benefit payments are made for most services. Note: A deductible is not required for preventive services, PPP office visits, and Hospice. Deductible amounts do not cross-apply in the Preferred Provider and Nonpreferred Provider benefit levels.

[2] After a member reaches the applicable out-of-pocket limit, BCBSNM pays 100 percent of most of that member's covered Preferred or Nonpreferred Provider charges, whichever is applicable. Out-of-pocket amounts do not cross-apply in the Preferred Provider and Nonpreferred Provider benefit levels. (Specified transplant services are subject to a separate out-of-pocket limit.)

[3] Initial treatment of a medical emergency is paid at Preferred Provider level. Follow-up treatment and treatment that is not for an emergency is paid at Nonpreferred Provider level.

[4] Certain services are not covered if preauthorization is not obtained from BCBSNM. See a Member's Benefit Booklet for a list of services requiring preauthorization.

[5] Preauthorization is required for inpatient admissions. Some services, such as transplants and inpatient physical rehabilitation, require additional preauthorization. If you do not receive preauthorization for these individually-identified procedures and services, benefits for any related admissions will be denied. See a Member's Benefit Booklet for details.

[6] Rental benefits for medical equipment and other items will not exceed the purchase price of a new unit.

IMPORTANT: Deductible amounts and coinsurance percentages are applied to BCBSNM's covered charges, which may be less than the provider's billed charges. Preferred Providers will not charge you the difference between the covered charge and the billed charge for covered services; Nonpreferred Providers may.

NOTE: BCBSNM provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims, except as may be specified in the Administrative Services Agreement.

This is a summary only – please refer to the Summary of Benefits and Coverage (SBC) document and Benefit Booklet for more details.