Medicare Eligibile / Over 65 Only

Blue Cross / Blue Shield of New Mexico HMO*

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Plan Changes are in Orange	2021 In-Network	2021 Comments
General Information	ZUZTIN-NEtWOTK	2021 Comments
Lifetime Maximum Benefit	Not Appliaphia	
	Not Applicable	
Annual Maximum Benefit	Not Applicable	
Coinsurance Percentage	Not Applicable	
Precertification Requirements	PET scans, MRI, MRA, Hospital admissions(non-	
	emergency), Home Healthcare, Surgery, Outpatient	
	Rehabilitation, DME, Safety Devices, Allergy care, including	
	tests and serums, Blepharoplasty, Botox injections,	
	Chemotherapy and Radiation Therapy, Dental Care, Fixed	
	wing air ambulance, Implantable devices, Nutritional	
	Counseling	
Precertification Penalty	Services may not be covered	
Health Savings Account (HSA)	Not Applicable	
Health Reimbursement Account (HRA)	Not Applicable	
R & C	Not Applicable	
Deductibles		
Individual Annual Deductible	Not Applicable	
Family Annual Deductible	Not Applicable	
Applies to Out-of-Pocket Maximum	Not Applicable	
Prescription benefits are covered under medical	Not Applicable	
deductible		
Out-of-Pocket Mx per Plan Year	¢0 500	
Individual Out-of-Pocket Maximum Per Year	\$2,500	
Family Out-of-Pocket Maximum Per Year	Not Applicable	
Outpatient Services		
Primary Care Physician Visits	\$5 copay per visit	
Specialist Visit	\$20 copay per visit	
Lab tests and X-ray	Covered at 100%	
Specialized Imaging	\$50 copay	
Outpatient Surgery	\$50 copay	
Allergy Injections	Covered under office visit copay	
Preventive Care		
Well Child Care Office Visit	Not applicable	
Well Child Age limit	Not applicable	
Adult Routine Physical Exams	\$0 copay	
Adult Immunizations	Part B vaccines covered at 100%; Part D vaccines vary	
	based on tier	
Routine Mammooram	Covered at 100%	
Pap Smear	Covered at 100%	
Prostate Screening (PSA)	Covered at 100%	
Colon Cancer Screenings	Covered at 100%	
Cardiovascular screenings	Covered at 100%	
Hearing Evaluations	\$20 copay - diagnostic hearing exam	
Innetiont Heopitel	\$30 copay - 1 routine hearing exam every year	
Inpatient Hospital	K1-1 P P	
Deductible per Confinement	Not applicable	
Deductible per Day	Not applicable	
Hospital Services	\$200 copay per admission	
Physicians and Surgeons' Services	Covered under admission copayment	
Emergency Services		
Emergency Room Treatment	\$50 copay for Medicare-covered	
	emergency room visits	
	Worldwide coverage.	
	Admitted within 24-hour(s) for the same condition,	
	\$0 copay for emergency room visit.	
Non-emergency or non-urgent use of ER	\$50 copay	
Ambulance	\$75 copay	
Urgent Care Facility Services	\$20 copay for Medicare-covered	Virtual Visits solution has been added to support urgent issues 24/7.
	urgently-needed-care visits	
	Worldwide coverage.	
	(\$10 copay Virtual Visits)	
Physician Office Visit	\$5 copay for PCP, \$20 copay for specialist	
After Hours	\$5 copay for PCP, \$20 copay for specialist	
Maternity Care		
Physician Office Visit	\$5 copay per visit	
Maternity Care - Inpatient Delivery	Not applicable	
Midwife delivery services	Not applicable	

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Plan Changes are in Orange	2021 In-Network	2021 Comments
Mental Health		
Deductible per Confinement	Not applicable	
Deductible per Day	Not applicable	
Mental Health Inpatient	\$200 copay per admission	
Mental Health-Inpatient Plan Maximums	Not applicable	
Mental Health Outpatient	\$20 copay	Virtual Visits solution has been added to support behavioral health. No
Mandal Hardtha One on The second	(\$20 copay Virtual Visits)	change for any other applicable provisions from 2020.
Mental Health - Group Therapy	\$20 copay	
Mental Health-Outpatient Plan Maximums	Not applicable	
Severe Mental Illness	\$0 copay for partial hospitalization; \$20 copay for outpatient therapy; \$200 copay per inpatient admission	
Substance Abuse		
Deductible per Confinement	Not applicable	
Deductible per Day	Not applicable	
Detoxification	\$200 copay for inpatient admission; \$20 copay for group/individual outpatient therapy; \$0 copay for opiod	Opioid coverage has been mandated by CMS for 2021.
	treatment services	
Substance Abuse - Inpatient Treatment	\$200 copay per admission	
Substance Abuse-Inpatient Plan Maximums	Not applicable	
Substance Abuse-Outpatient	\$20 copay for Group/Individual Therapy; \$0 for Opioid Treatment Services	Opioid coverage has been mandated by CMS for 2021.
Substance Abuse-Outpatient Plan Maximums	Not applicable	
Rehabilitation Therapy		
Inpatient Rehabilitation	For SNF, it is \$0 copay per day for days 1-100.	
Outpatient Physical, Occupational, and Speech	\$10 copay for Medicare-covered occupational therapy	
Therapy	visits, physical and speech therapy	
Alternative Care		
Chiropractic Care	\$20 copay for Medicare-covered and for up to 36 routine	
	chiropractic visit(s) every year	
Acupuncture	\$0 copay Medicare-covered	Acupuncture is a CMS mandated benefit beginning in 2021
	(chronic low back pain. Up to	· · · · · · · · · · · · · · · · · · ·
	12 visits in 90 days)	
Acupressure	Not covered	
Massage Therapy	Not covered	
Other Services	NOI COVEIEU	
	Not covered	
Private-Duty Nursing Care Durable Medical Equipment		
	\$0 copay	
Prosthetic and Orthotic Appliances	\$0 copay	
Smoking Cessation	\$0 copay	
Weight control program	Weight management programs	
Bariatric surgery	Medicare covered only	
TMJ	if Medicare covered only	
Podiatry Services	\$5 copay	Based on overall plan design, CMS allowable copay cannot exceed new level
Home Health Care	\$0 copay	
Skilled Nursing Facility Care	\$0 copay days 1-100.	
Hospice Care	Member must get care from a Medicare-certified hospice. Member must consult with plan before selecting hospice.	
Rewards and Incentives	\$25 for up to 4 times a year	
Rewards and Incentives	\$25 for up to 4 times a year	
Rewards and Incentives Hearing Aids	\$25 for up to 4 times a year \$900 allowance on hearing aids every 3 years	
	\$900 allowance on hearing aids	
Hearing Aids	\$900 allowance on hearing aids	
Hearing Aids Family Planning	\$900 allowance on hearing aids every 3 years	
Hearing Aids Family Planning Tubal ligation Vasectomy	\$900 allowance on hearing aids every 3 years Not covered	
Hearing Aids Family Planning Tubal ligation Vasectomy Contraceptive Drugs	\$900 allowance on hearing aids every 3 years Not covered Not covered Not covered Not covered Not covered	
Hearing Aids Family Planning Tubal ligation Vasectomy Contraceptive Drugs Contraceptive Devices	\$900 allowance on hearing aids every 3 years Not covered	
Hearing Aids Family Planning Tubal ligation Vasectomy Contraceptive Drugs Contraceptive Devices Infertility Testing	\$900 allowance on hearing aids every 3 years Not covered	
Hearing Aids Family Planning Tubal ligation Vasectomy Contraceptive Drugs Contraceptive Devices Infertility Testing Infertility Treatments - Office Visit	\$900 allowance on hearing aids every 3 years Not covered Not covered	
Hearing Aids Family Planning Tubal ligation Vasectomy Contraceptive Drugs Contraceptive Devices Infertility Testing	\$900 allowance on hearing aids every 3 years Not covered	

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Interstyle Drugs Not covered Contraceptives - Injectable See formulary listing Fertility Drugs Not covered Smoking Cessation See formulary listing	Tier 5 - Specialty Injectable Medications Day Supply Other Services - Prescription Drugs Over the Counter Prenatal Vitamins	\$450 copay Depends on where it falls in the formulary list 90 day supply Not covered Not covered	0% cost sharing limited to diabetic testing supplies (meters, strips and lancets) obtained through the pharmacy for a LifeScan branded product (OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio, OneTouch Ultra Mini and OneTouch Ultra 2). 20% cost sharing for plan approved non-preferred diabetic testing supplies (meters, strips and lancets). 20% cost sharing for all other diabetic supplies in this category.
Ifestyle Drugs Not covered Contraceptives - Injectable See formulary listing Fertility Drugs Not covered Smoking Cessation See formulary listing	Tier 5 - Specialty Injectable Medications Day Supply Other Services - Prescription Drugs Over the Counter Prenatal Vitamins	\$450 copay Depends on where it falls in the formulary list 90 day supply Not covered Not covered	0% cost sharing limited to diabetic testing supplies (meters, strips and lancets) obtained through the pharmacy for a LifeScan branded product (OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio, OneTouch Ultra Mini and OneTouch Ultra 2). 20% cost sharing for plan approved non-preferred diabetic testing supplies (meters, strips and lancets). 20% cost sharing for all other diabetic supplies in this category. All test strips will also be subject to a quantity limit of 204 per 30
Contraceptives - Injectable See formulary listing Fertility Drugs Not covered Smoking Cessation See formulary listing	Tier 5 - Specialty Injectable Medications Day Supply Other Services - Prescription Drugs Over the Counter Prenatal Vitamins	\$450 copay Depends on where it falls in the formulary list 90 day supply Not covered Not covered	0% cost sharing limited to diabetic testing supplies (meters, strips and lancets) obtained through the pharmacy for a LifeScan branded product (OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio, OneTouch Ultra Mini and OneTouch Ultra 2). 20% cost sharing for plan approved non-preferred diabetic testing supplies (meters, strips and lancets). 20% cost sharing for all other diabetic supplies in this category. All test strips will also be subject to a quantity limit of 204 per 30 days. Continuous Glucose Monitoring (CGM) products obtained through
Fertility Drugs Not covered Smoking Cessation See formulary listing	Tier 5 - Specialty Injectable Medications Day Supply Other Services - Prescription Drugs Over the Counter Prenatal Vitamins Diabetic Supplies	\$450 copay Depends on where it falls in the formulary list 90 day supply Not covered 0-20% coinsurance for diabetic supplies and services	0% cost sharing limited to diabetic testing supplies (meters, strips and lancets) obtained through the pharmacy for a LifeScan branded product (OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio, OneTouch Ultra Mini and OneTouch Ultra 2). 20% cost sharing for plan approved non-preferred diabetic testing supplies (meters, strips and lancets). 20% cost sharing for all other diabetic supplies in this category. All test strips will also be subject to a quantity limit of 204 per 30 days. Continuous Glucose Monitoring (CGM) products obtained through
Fertility Drugs Not covered Smoking Cessation See formulary listing	Tier 5 - Specialty Injectable Medications Day Supply Other Services - Prescription Drugs Over the Counter Prenatal Vitamins	\$450 copay Depends on where it falls in the formulary list 90 day supply Not covered 0-20% coinsurance for diabetic supplies and services	0% cost sharing limited to diabetic testing supplies (meters, strips and lancets) obtained through the pharmacy for a LifeScan branded product (OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio, OneTouch Ultra Mini and OneTouch Ultra 2). 20% cost sharing for plan approved non-preferred diabetic testing supplies (meters, strips and lancets). 20% cost sharing for all other diabetic supplies in this category. All test strips will also be subject to a quantity limit of 204 per 30 days. Continuous Glucose Monitoring (CGM) products obtained through
	Tier 5 - Specialty Injectable Medications Day Supply Other Services - Prescription Drugs Over the Counter Prenatal Vitamins Diabetic Supplies Lifestyle Drugs Contraceptives - Injectable	\$450 copay Depends on where it falls in the formulary list 90 day supply Not covered 0-20% coinsurance for diabetic supplies and services 0-20% coinsurance for diabetic supplies and services Not covered 0-20% coinsurance for diabetic supplies and services	0% cost sharing limited to diabetic testing supplies (meters, strips and lancets) obtained through the pharmacy for a LifeScan branded product (OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio, OneTouch Ultra Mini and OneTouch Ultra 2). 20% cost sharing for plan approved non-preferred diabetic testing supplies (meters, strips and lancets). 20% cost sharing for all other diabetic supplies in this category. All test strips will also be subject to a quantity limit of 204 per 30 days. Continuous Glucose Monitoring (CGM) products obtained through
	Tier 5 - Specialty Injectable Medications Day Supply Other Services - Prescription Drugs Over the Counter Prenatal Vitamins Diabetic Supplies	\$450 copay Depends on where it falls in the formulary list 90 day supply Not covered 0-20% coinsurance for diabetic supplies and services 0-20% coinsurance for diabetic supplies and services Not covered See formulary listing	0% cost sharing limited to diabetic testing supplies (meters, strips and lancets) obtained through the pharmacy for a LifeScan branded product (OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio, OneTouch Ultra Mini and OneTouch Ultra 2). 20% cost sharing for plan approved non-preferred diabetic testing supplies (meters, strips and lancets). 20% cost sharing for all other diabetic supplies in this category. All test strips will also be subject to a quantity limit of 204 per 30 days. Continuous Glucose Monitoring (CGM) products obtained through
Sosmetic Medications Not covered	Tier 5 - Specialty Injectable Medications Day Supply Other Services - Prescription Drugs Over the Counter Prenatal Vitamins Diabetic Supplies Lifestyle Drugs Contraceptives - Injectable	\$450 copay Depends on where it falls in the formulary list 90 day supply Not covered 0-20% coinsurance for diabetic supplies and services 0-20% coinsurance for diabetic supplies and services Not covered See formulary listing Not covered	0% cost sharing limited to diabetic testing supplies (meters, strips and lancets) obtained through the pharmacy for a LifeScan branded product (OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio, OneTouch Ultra Mini and OneTouch Ultra 2). 20% cost sharing for plan approved non-preferred diabetic testing supplies (meters, strips and lancets). 20% cost sharing for all other diabetic supplies in this category. All test strips will also be subject to a quantity limit of 204 per 30 days. Continuous Glucose Monitoring (CGM) products obtained through
Not covered Not covered	Tier 5 - Specialty Injectable Medications Day Supply Other Services - Prescription Drugs Over the Counter Prenatal Vitamins Diabetic Supplies Lifestyle Drugs Contraceptives - Injectable Fertility Drugs	\$450 copay Depends on where it falls in the formulary list 90 day supply Not covered 0-20% coinsurance for diabetic supplies and services 0-20% coinsurance for diabetic supplies and services Not covered See formulary listing Not covered	0% cost sharing limited to diabetic testing supplies (meters, strips and lancets) obtained through the pharmacy for a LifeScan branded product (OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio, OneTouch Ultra Mini and OneTouch Ultra 2). 20% cost sharing for plan approved non-preferred diabetic testing supplies (meters, strips and lancets). 20% cost sharing for all other diabetic supplies in this category. All test strips will also be subject to a quantity limit of 204 per 30 days. Continuous Glucose Monitoring (CGM) products obtained through