

# BlueDirect<sup>®</sup>

A new family of health plans designed for individuals and families who buy their own health insurance



## *How healthy can you get?<sup>™</sup>*

- Three plan options – A, B, and C – offering a choice of benefits, premiums, and deductibles to meet your needs and budget
- Up to \$5,000,000 lifetime benefits
- Over 8,300 Preferred Providers to choose from statewide
- Prescription drug benefits



**Blue Cross and Blue Shield  
of New Mexico**



Over a quarter million  
New Mexicans belong to  
a BCBSNM health plan

## BlueDirect — Health Coverage That Fits Your Life

BlueDirect is a portfolio of health plans that provides extensive health care coverage at an affordable price. It is specially designed for individuals who are self-employed, employees or their families who are not covered by a group plan, early retirees too young for Medicare, and dependent children from infants to college age.

With BlueDirect, you'll have the reassurance of knowing your health care plan is backed by Blue Cross and Blue Shield of New Mexico, a respected company that has served the health insurance needs of New Mexicans for more than 66 years. Over a quarter million New Mexicans belong to a BCBSNM health plan.

## Benefit Highlights

### Wide Range of Covered Services

Emergency and urgent care, specialist services, hospitalization, surgery, acupuncture, spinal manipulation by a chiropractor, prescription drug benefits, and diagnostic tests are some of the covered services. *BlueDirect does not provide benefits for maternity care (including any pregnancy-related condition), behavioral health conditions, or chemical dependency (alcoholism or drug abuse).*

### Preventive Services Benefit

Plans A and B cover well-care and preventive health screenings, such as lab tests, Pap tests, and mammograms, at 100% of covered charges up to \$400 per calendar year. Thereafter, deductible and coinsurance apply. Plan C covers routine adult and well-child care exams for an office visit copayment.

### Range of Deductibles

BlueDirect offers deductible options – ranging from \$100 to \$5,000 – so you can tailor the monthly premiums to fit your budget.

### No Pre-Existing Conditions Limitation with Prior Creditable Coverage

Proof of prior creditable coverage can waive up to the full six months of the pre-existing conditions limitation. *Please see Important Terms.*

### \$5,000,000 Lifetime Maximum Benefit

\$5 million in lifetime protection per covered member is substantial protection for today and the years ahead. Some services are subject to annual limits.

### Organ Transplants

Covered only at facilities that contract with BCBSNM or the national Blue Cross and Blue Shield Association Blue Quality Centers for Transplants. See the Benefit Booklet for details.



## Special Features

### Over 8,300 Preferred Providers in New Mexico!

Not only do you have many Preferred Providers to choose from, these providers will file your claims. Plan A and B members save money when seeing Preferred Providers. (Plan A and B members can also see nonpreferred providers for most services at a higher cost.) Plan C is exclusively a Preferred Provider plan.

### BlueCard® – Unequaled Coverage While Traveling

The BlueCard program coordinates coverage across the U.S. and in over 200 countries. Covered services from Preferred Providers in the U.S. are covered at the in-network level of benefits. See the following page.

### No Referrals

BlueDirect members can make appointments directly with specialists and receive benefits for most covered services. Prior approval is needed in some cases. See the Benefit Booklet for details.

### Annual Family Deductible Limit

The maximum deductible limit a family pays in a calendar year is equal to three times the individual deductible amount. For families with four or more members, this can be an added cost savings.

### Limited Out-of-Pocket Costs

BlueDirect pays 100% of your coinsurance (excluding prescription drugs) for the remainder of the calendar year once your individual or family coinsurance out-of-pocket limit is met. (Under Plan C, the out-of-pocket limit also includes fixed-dollar copayments.)

### Optional Term Life Insurance

Applying was never so easy: Fill in the life insurance section as you complete the BlueDirect application (check off a few boxes and provide beneficiary information). When you're approved for BlueDirect, you're automatically approved for term life insurance from Fort Dearborn Life.

### 24/7 Nurseline

The 24/7 Nurseline gives you toll-free access 24 hours a day, 7 days a week to a specially trained registered nurse to answer your health questions, help you assess your health care needs, and help guide you to the best care at the most appropriate location.



## BlueCard Coverage Across the U.S. and Around the World

The BlueCard program offers members peace of mind when needing medical care while traveling or living outside New Mexico, with access to the BlueCard Preferred Provider network of hospitals and physicians nationwide and in more than 200 countries and territories around the world.

With BlueCard, you can find participating providers, 24 hours a day, 7 days a week, by simply calling the **BlueCard Worldwide Service Center** toll-free at **1-800-810-BLUE (2583)** or calling collect 1-804-673-1177 (when outside the United States). You can also access the BlueCard Doctor and Hospital Finder at **bcbs.com**.

With BlueCard, you are responsible only for your usual out-of-pocket expenses (noncovered services, deductibles, copayments, and coinsurance) for services received from Preferred Providers and inpatient care at preferred hospitals in the U.S. You do not have to file claim forms.

In an emergency, go directly to the nearest hospital. If you are admitted, call the BlueCard Worldwide Service Center as soon as possible so that BlueCard can verify benefits and coordinate payment directly to the participating hospital. For nonemergency inpatient care, call BlueCard first to facilitate hospitalization. If prior approval for medical care is required, simply call the number on your BCBSNM ID card.

# Summary of BlueDirect Medical Benefits

	MEMBER'S SHARE OF COVERED CHARGES				
	BlueDirect Plan A <sup>1</sup>		BlueDirect Plan B <sup>1</sup>		BlueDirect Plan C <sup>1</sup> This plan does not cover services received from Nonpreferred Providers, except in an emergency
	Preferred Provider	Nonpreferred Provider	Preferred Provider	Nonpreferred Provider	Preferred Provider
<b>Highlights of Member Costs</b>					
<b>Lifetime Maximum Benefit</b> (Some services have annual or lifetime limits.)	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
<b>Calendar Year Deductible Options</b> (Family deductible is three times individual amount chosen.)	\$100 \$250 \$500 \$1,000	\$200 \$500 \$1,000 \$2,000	\$250 \$500 \$1,000 \$2,000 \$5,000	\$500 \$1,000 \$2,000 \$4,000 \$10,000	\$500 \$1,000 \$2,000 \$5,000 (Only covered charges for services subject to a percentage "coinsurance" are subject to the deductible, except for outpatient diagnostic tests.)
<b>Annual Out-of-Pocket Limit</b> (Does not include deductible, penalty amounts, and noncovered charges; copayments for Plans A and B are not included. Family limit is three times individual amount chosen.)	\$1,000	\$2,000	\$2,000	\$4,000	\$5,000
<b>Highlights of Benefits</b>					
<b>Office Visits</b> (for nonroutine; other services received during an office visit are subject to deductible and coinsurance as listed.)	\$20 copay/visit	30%	\$20 copay/visit	40%	Preferred Primary Provider (PPP) <sup>2</sup> – \$40 copay/visit Specialist <sup>2</sup> – \$55 copay/visit
Office Surgery (including casts, splints, and dressings) <sup>3</sup>	10%	30%	20%	40%	PPP - \$40 copay/visit; Specialist - \$55 copay/visit
Lab Tests, X-Rays, EKGs, and other Diagnostic Tests <sup>3</sup>	10%	30%	20%	40%	30% (no deductible)
Allergy Services (injections, tests, serum)	10%	30%	20%	40%	Allergy Services: PPP – \$40 copay/visit; Specialist – \$55 copay/visit Allergy Serum: 50%
<b>Preventive Care</b> (Routine adult exams and screenings; well-child care and immunizations; vision/hearing screenings through age 17)	Pays 100% (no deductible) for first \$400 in covered charges, including related testing. Thereafter, subject to deductible and coinsurance.	30%	Pays 100% (no deductible) for first \$400 in covered charges, including related testing. Thereafter, subject to deductible and coinsurance.	40%	Exam: PPP – \$40 copay/visit; Specialist – \$55 copay/visit Related Testing: Deductible/Coinsurance
<b>Emergency Services</b>	\$100 copay/visit	\$100 copay/visit	\$150 copay/visit	\$150 copay/visit	\$300 copay/visit
<b>Urgent Care Facility</b>	\$30 copay/visit	30%	\$30 copay/visit	40%	\$100 copay/visit
<b>Hospital – Inpatient and Outpatient</b> <sup>3,4</sup>	10%	30%	20%	40%	30%
<b>Surgery – Inpatient and Outpatient</b> <sup>3,4</sup>	10%	30%	20%	40%	30%
<b>Organ Transplants</b> <sup>5</sup>	10% <sup>3,4</sup>	No benefit	20% <sup>3,4</sup>	No benefit	Usual copays or coinsurance based on place of treatment and type of service <sup>3,4</sup>
<b>Other Covered Services</b> <sup>6</sup>					
<input type="checkbox"/> Out-of-Area Care <input type="checkbox"/> Acupuncture Services (\$1,500/calendar year max.) <input type="checkbox"/> Spinal Manipulation (\$1,500/calendar year max.) <input type="checkbox"/> Supplies and Durable Medical Equipment		<input type="checkbox"/> Therapy: Chemotherapy, Dialysis, and Radiation <input type="checkbox"/> Lab Tests, X-Rays, and Other Diagnostic Tests <input type="checkbox"/> Prescription Drug Benefits (see following page) <input type="checkbox"/> TMJ Services and Dental/Facial Accidents		<input type="checkbox"/> Prosthetics and Orthotics <input type="checkbox"/> Ambulance Services <input type="checkbox"/> Home Health Care/Home I.V. Services/Hospice (100 visits/calendar year max.) <input type="checkbox"/> Short-Term Rehabilitation (Occupational, Physical, and Speech Therapy; 30 days inpatient and \$3500 outpatient/calendar year max.)	
<b>Important note:</b> BlueDirect does not provide benefits for maternity care (including any pregnancy-related condition), behavioral health conditions, or chemical dependency (alcoholism or drug abuse).					

- The member's initial covered medical charges incurred in a calendar year are applied to the calendar year deductible; the deductible must be met before benefit payments are made (excluding services for which you pay only a fixed dollar copay). Preferred Provider deductible amounts do not cross-apply to the Nonpreferred Provider deductible amount or vice versa. (N/A for Plan C.)
- For Plan C, services must be from Preferred Providers, including Preferred Primary Providers (PPP) and Specialists. A PPP is a physician or other professional Preferred Provider in one of the following categories of practice: Family or General Practice, Internal Medicine, Pediatrics, Obstetrics and Gynecology, and Gynecology Only.
- Certain services are not covered if prior approval is not obtained from BCBSNM. A complete list is available in the Benefit Booklet.
- Admission review is required for admissions; you pay a penalty (\$300 for Plans A and B; \$400 for Plan C) for covered facility services if not obtained.
- Cornea, kidney, and bone marrow; heart, lung, heart-lung, liver, and pancreas-kidney are subject to separate out-of-pocket limit per transplant type of \$5,000 for Plans A and B. Transplants must use facilities that contract with BCBSNM or through the national BCBSNM transplant network.
- Calendar year limits apply with some services. A complete list is available in the Benefit Booklet.

This is only a brief description of benefits. Some services require Admission Review and/or Prior Approval. Some services have annual or lifetime limits.



# Summary of BlueDirect Prescription Drug Plans

BlueDirect Plans provide a safety net to help you manage prescription drug costs. In addition to your Benefit Booklet, you will receive a Drug Plan Rider from BCBSNM, a drug plan brochure, and mail-order claim forms. These provide important and more complete information about your drug plan benefits. The information here is a general summary only.

Drugs must be purchased from a participating retail or specialty pharmacy provider in order to be covered. You present your member ID card to the pharmacist at the time of purchase to receive this benefit. Coverage is always subject to the limitations of your health care plan. For some medications, prior approval, generic substitutions, or quantity limits may apply.

	Plan A – 4-Tier Prescription Drug Plan	Plan B – 4-Tier Prescription Drug Plan	Plan C – 25%/50% Drug Plan <sup>3</sup>
<b>Pharmacy Benefits</b>	<b>Copayments</b> (not to exceed actual retail price) <sup>1</sup>	<b>Copayments</b> (not to exceed actual retail price) <sup>1</sup>	<b>Percentages/Copayments</b> (not to exceed actual retail price) <sup>3</sup>
<b>Retail Pharmacy</b>			
Generic drug	\$7 <sup>2</sup>	\$10 <sup>2</sup>	25% (\$20 minimum/\$75 maximum)
Brand-name on Drug List (no generic equivalent)	\$30	\$35	50% (\$40 minimum/\$125 maximum)
Brand-name not on Drug List (no generic equivalent)	\$60	\$75	
<b>Specialty Pharmacy</b>			
Specialty Medications	15% of covered charge up to a maximum copayment of \$250 per prescription	15% of covered charge up to a maximum copayment of \$250 per prescription	25% for generic prescriptions/50% for brand-name prescriptions with applicable minimum/maximum
<b>Mail-Order Pharmacy</b> (does not include Specialty Medications)			
Generic drug	\$17.50 <sup>2</sup>	\$25 <sup>2</sup>	25% (\$40 minimum/\$150 maximum)
Brand-name on Drug List (no generic equivalent)	\$75	\$87.50	50% (\$80 minimum/\$250 maximum)
Brand-name not on Drug List (no generic equivalent)	\$150	\$187.50	
<b>Prior-approved enteral nutritional products and specialty foods</b>	50% of covered charges	50% of covered charges	50% of covered charges
<b>\$5,000 Deductible Option for Rx for Plans B and C (mandated drugs only):</b> If you select Plan B or C and the \$5,000 deductible, in order to provide a lower premium, pharmacy coverage is limited to only diabetic prescription drugs, supplies, and special medical foods for certain genetic conditions.	N/A	25% for generic prescriptions/50% for brand-name prescriptions with applicable minimum/maximum as indicated under Plan C	25% for generic prescriptions/50% for brand-name prescriptions

1. For Plans A and B, copayments are not subject to a deductible and are not included in any out-of-pocket limit, and are not eligible for reimbursement once an out-of-pocket limit is reached.
2. For Plans A and B, for brand-name drugs with a generic equivalent, if you or your provider order the brand-name, you will pay the generic copayment plus the difference in cost between the brand-name drug and its generic equivalent.
3. For Plan C, copayments for prescription drugs are 25% of covered charge for generic drugs and 50% of covered charge for brand-name drugs, with minimum and maximum copayment amounts. If the covered cost of the drug or other item is less than the minimum copayment, you pay only the retail cost. If the cost of the drug is higher than the maximum

copayment, you pay only the maximum copayment. If the percentage of the covered cost falls between the minimum and maximum copayments, you pay the actual percentage amounts. Your annual cost for prescription drugs or other covered items will not exceed the \$2,500 drug plan out-of-pocket limit; when this limit is reached, this drug plan pays 100% of covered charges for the remainder of the calendar year. This limit includes coinsurance, copayments, and retail charges for prescription drugs that cost less than the minimum copayment; this limit is separate from the Medical Plan's out-of-pocket limit.

**Retail Pharmacy Program** – With this program, you can get up to a 30-day supply or up to 120 units (e.g., pills) for Plan A or B, or up to 180 units for Plan C, whichever is less, per copayment. For items that come in a commercial package (such as an inhaler, a blister pack, or a tube), one copayment purchases one package. Prior approval is required for larger quantities.

**Specialty Pharmacy Drugs** – Specialty medications are used to treat serious or chronic medical conditions, such as multiple sclerosis, hepatitis, cystic fibrosis, cancer, and rheumatoid arthritis. They are typically high-cost injectables, requiring special dispensing or delivery.

**Mail Service Pharmacy Program** – This program is designed especially for members taking maintenance medications (drugs taken for a long time for a chronic condition). You get convenient mail delivery with reduced costs: you can receive a 90-day supply or 360 units for Plan A or B, or 540 units for Plan C, whichever is less. For Plans A and B, you pay

only 2 ½ times the cost of a 30-day supply from a retail pharmacy, depending on generic/brand and Drug List status. For Plan C, you pay 2 times the 30-day charge.

**Enteral Nutritional Products and Specialty Foods** – You must meet criteria and products must be prior-approved. This plan covers up to a 30-day supply for any approved 30-day period. You pay 50% coinsurance. These products must be purchased through a participating retail pharmacy.

**Limitations on Certain Medications** – For some medications, prior approval, generic substitution, step therapy, or quantity limits may apply. For more information, see the prescription drug section of our website, bcbsnm.com, or call Customer Service at the number on the back of your ID card.



## Help When You Need It

We are committed to helping our members get the most out of their plan.

### Easy Access to Customer Service

Access knowledgeable customer service representatives via a toll-free phone number, our website, or email. Translation services are available for most languages.

### Blue Access<sup>®</sup> for Members

Information is just a click away at Blue Access for Members (BAM), our secure member website at [bcbsnm.com](http://bcbsnm.com). At BAM, you can:

- Check the status of your medical claims and view explanations of benefits (EOBs)
- Locate doctors and hospitals with our **Provider Finder<sup>®</sup>**
- Request a replacement ID card or print a temporary ID card
- Email customer service
- Research and compare the quality and costs of hospital care using the **Hospital Comparison Tool**
- Obtain cost estimates of various procedures based on geographic region using the **Treatment Cost Advisor<sup>™</sup>**
- Research specific conditions and health topics
- Complete a health risk assessment and receive information and tools specific to your health needs

## Important Terms

**Admission Review** – To receive full benefits for nonemergency admissions and certain medical/surgical services, you or your provider must obtain admission review approval from BCBSNM.

**Coinsurance** – This is the percentage of covered charges you pay directly to a provider for health care services after your deductible has been reached.

**Copayment (Copay)** – This is the fixed-dollar amount of a covered charge that is paid by you directly to the provider for certain medical services and prescription drugs and other items payable under the *Drug Plan Rider*. (Some copayments are based on a percentage of covered charges.) Drug plan copayments are **not** subject to the deductible or out-of-pocket provisions; you may also have to pay the difference in costs between a brand name drug and its generic equivalent.

**Creditable Coverage** – Prior creditable coverage is group or individual health insurance with no more than a 63-day lapse in coverage before the application date (date an application is received). To qualify for a waiver of some or all of the six-month period, you must submit a letter of creditable coverage from your current or former insurance company(s). See Pre-Existing Condition.

**Deductible** – The amount you pay for some health care services each year before BlueDirect begins to pay. Prescription drug coverage and services subject to a fixed-dollar copay have no deductible. Under Plan C, diagnostic tests (e.g., lab, x-ray, EKGs) are subject to a percentage payment and are not subject to a deductible.

**Nonpreferred Provider** – Nonpreferred Providers, available to members of Plans A and B, do not have Preferred Provider contracts with BCBSNM or another Blue Cross Blue Shield Plan and may charge you more than our covered charges. You are responsible for paying any amount over our covered charges. Nonpreferred Providers are not required to file claims or obtain necessary prior approvals for you.

**Out-of-Pocket Limit** – This is the maximum amount of coinsurance an individual member or family pays in a calendar year. Once the limit is met, BlueDirect pays 100% of the member's or family's coinsurance for eligible benefits for the rest of the calendar year.

Under Plan C, both coinsurance and copayments count toward the out-of-pocket limit. Once the limit is met, the member does not pay any copayments or coinsurance for eligible benefits for the rest of the calendar year.

**Pre-Existing Condition** – A physical or mental condition for which medical advice, medication, diagnosis, care, or treatment was recommended for or received by an applicant, or for which a reasonable person would have sought treatment, within the six-month period before his/her effective date of coverage. No benefits are available for any pre-existing condition for six months after the member's effective date of coverage. Pregnancy, complications of pregnancy, and pregnancy-related diagnoses are not covered. See Creditable Coverage.

**Preferred Provider** – Preferred Providers are doctors, hospitals, laboratories, and other health care providers that have Preferred Provider contracts with BCBSNM or another Blue Cross Blue Shield Plan. These providers have agreed to accept the Plan's payment for a covered service plus the member's share of the covered charge as payment in full. Preferred Providers file claims for members.

**Primary Preferred Provider (PPP)** – A PPP is a physician or other professional provider with a Preferred Provider contract and who is in one of the following types of practice: Family or General Practice, Internal Medicine, Pediatrics, Obstetrics and Gynecology, Gynecology Only.

**Prior Approval** – Certain services require prior approval from BCBSNM before benefits are available. Please refer to the Benefit Booklet for a list of these services.



## Limitations and Exclusions

If a service is not covered, then all services performed in conjunction with it are not covered. This plan will not cover any of the following services, supplies, situations, or related expenses:

\* **Alcohol or drug abuse rehabilitation** \* **Behavioral (mental) health services** \* Biofeedback \* Communication devices or voice synthesizers \* Complications of noncovered services \* Convalescent care or rest cures \* Cosmetic services \* Custodial care \* **Dental services** (dentures, orthodontics, dental implants, and any other dental services) \* Domiciliary care \* Duplicate (double) coverage \* Duplicate testing \* Equipment and external prosthetics that are nonstandard or deluxe \* Examinations at the request of a third party \* Experimental, investigational, or unproven services \* Food or lodging expenses, except as provided in Benefit Booklet \* Genetic counseling or testing \* Hair loss treatments \* **Hearing exams, procedures, and hearing aids** \* Hypnotherapy \* Immunizations required for international travel \* Infertility services/artificial conception \* Late claim filing \* Learning deficiencies/behavioral problems \* Long-term and maintenance therapy or care after rehabilitation potential is reached \* Massage therapist services or rolfing \* **Maternity care** \* Medically unnecessary services \* Military service-connected disabilities \* No legal payment obligation or free services \* Nonmedical expenses \* Nonpreferred Provider services under Plan C, except as noted in Benefit Booklet \* Nonprescription drugs and nutritional supplements unless covered under drug rider \* Obesity treatment \* Orthotics and orthopedic shoes \* Post-termination services \* **Pre-existing conditions (as applicable)** \* **Prior approval not obtained when required** \* Private duty nursing \* Private room expenses \* Reversal of sterilization procedures \* Services exceeding maximum benefit limitation or covered charges \* Services from a family member or a noncovered provider \* Services of more than one assistant surgeon unless identified as necessary by BCBSNM \* Services received before effective date \* Sex-change operations and services \* Sexual dysfunction treatment \* Speech therapy or diagnostic testing when not the direct result of a diagnosed speech organ abnormality \* Stethoscopes or blood pressure monitors \* **Stress management, self-help, or smoking cessation programs** \* Therapeutic exercise equipment prescribed for home use \* Therapy for treatment of chronic conditions \* Thermography \* **Transplant services, except as provided in Benefit Booklet** \* Travel and other transportation, except as provided in Benefit Booklet \* Vision services, except as provided in Benefit Booklet \* War-related conditions \* Weight management \* Work-related conditions (if applicable)

See the Benefit Booklet for complete information on limitations and exclusions.

## Guaranteed Renewability

Blue Cross and Blue Shield of New Mexico will not cancel or nonrenew an individual policy, except under the following conditions:

- Nonpayment of premium
- Fraud/misrepresentation by the insured
- BCBSNM elects to discontinue offering all individual policies
- The insured is no longer a resident of the state of New Mexico

**Apply Today!**  
**If you have any questions about applying,**  
**or about this plan in general, call your broker**  
**or call us toll-free at 1-866-445-1396.**

**This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to the terms and conditions specified in the Benefit Booklet, which members receive upon enrollment. Therefore, it is important for members to carefully read their Benefit Booklet.**



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**bcbsnm.com**