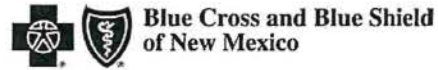


City of Las Cruces HSA

\$2,000 Plan

Administered by:



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

HSA Benefits – There is no lifetime maximum benefit. However, certain services have maximum annual limits.	Member's Share of Covered Charges	
	Preferred Provider ¹	Nonpreferred Provider ¹
Individual Annual Deductible	\$2,000	\$4,000
Family Annual Deductible: Embedded - One family member meets the Individual deductible dollar amount; coinsurance benefits begin for that member. Remaining Family members continue to apply services to the Deductible until the total Family Deductible amount is met.	\$3,000	\$6,000
Annual Out-of-Pocket Limit (Includes deductible, coinsurance, and prescription drugs only - NOT penalty amounts or noncovered charges.) ²	\$4,500/Individual Coverage \$9,000/Family Coverage	\$8,000/Individual Coverage \$16,000/Family Coverage
Office Services (nonroutine)	20% coinsurance	50% coinsurance
Office Visit/Exams/Consultations		
Allergy Injections, Tests, Serum		
Office Surgery (including casts, splints, and dressings)		
Mental Health and Chemical Dependency (outpatient/office)	20% coinsurance	50% coinsurance
Preventive Services: Routine Adult Physicals and Gynecological Exams, Related Testing (includes routine Pap tests, mammograms, cholesterol tests, urinalysis, etc.), Routine colonoscopies (outpatient/office), Immunizations, Well-Child Care; and Routine Vision or Hearing Screenings	No Charge (Deductible waived)	50% coinsurance
Acupuncture Treatment (max. 25 visits/year)	20% coinsurance	50% coinsurance
Ambulance Services: Ground and Emergency Air Transport	20% coinsurance ³	
Ambulance Services: Nonemergency Air Transfer	20% coinsurance ⁴	50% coinsurance ⁴
Autism Spectrum Disorders Applied Behavioral Analysis ⁴ , and Occupational, Physical, and Speech Therapy	20% coinsurance	50% coinsurance
Cardiac and Pulmonary Rehabilitation, Outpatient	20% coinsurance	50% coinsurance
Dental/Facial Accident, Oral Surgery, and TMJ/CMJ Services	20% coinsurance	50% coinsurance
Emergency Room Treatment	20% coinsurance 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)	20% coinsurance	50% coinsurance
Hospice Services	20% coinsurance ^{4,5}	50% coinsurance ^{4,5}
Inpatient Hospital/Facility and Physician Services		
Medical/Surgical, Mental Health/Chemical Dependency (including partial hospitalization), Residential Treatment Center, Maternity-Related Room and Board and Covered Ancillaries	20% coinsurance ⁵	50% coinsurance ⁵
Routine Nursery Care for Covered Newborns	20% coinsurance	50% coinsurance
Maternity Services (pre- and post-natal visits, delivery, and newborn charges)	20% coinsurance ⁵	50% coinsurance ⁵
Lab, X-Ray and Other Diagnostic Tests	20% coinsurance	50% coinsurance
MRI, CT Scans, PET Scans	20% coinsurance ⁴	50% coinsurance ⁴

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.

HSA Benefits – There is no lifetime maximum benefit. However, certain services have maximum annual limits.	Member's Share of Covered Charges	
	Preferred Provider ¹	Nonpreferred Provider ¹
Outpatient Facility/Surgeon/Physician (surgical procedures, pregnancy-related services, and nonroutine colonoscopies)	20% coinsurance	50% coinsurance
Short-Term Rehabilitation Inpatient Rehabilitation/Skilled Nursing Facility (max. 30 days/year/combined) ⁵ Outpatient and Office Rehabilitation: Occupational, Physical, and Speech Therapy (max. 35 visits/year/combined)	20% coinsurance ⁵	50% coinsurance ⁵
Spinal Manipulation Services (max. 25 visits/year)	20% coinsurance	50% coinsurance
Supplies, Durable Medical Equipment, Prosthetics, Orthotics	20% coinsurance ⁶	50% coinsurance ⁶
Therapy: Chemotherapy, Dialysis, and Radiation	20% coinsurance	50% coinsurance
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}	
Heart, Heart-Lung, Liver, Lung, and Pancreas-Kidney: \$10,000 maximum for travel and lodging per diem	20% coinsurance ^{4,5}	No Benefit
Urgent Care Facility	20% coinsurance	50% coinsurance

FOOTNOTES:

- ¹ The Individual or Family Coverage deductible (as applicable) must be met before benefit payments are made, including for services covered under the drug plan.
- ² After a member or family reaches the applicable out-of-pocket limit, BCBSNM pays 100 percent of that member's or family's Preferred Provider or Nonpreferred Provider covered charges, whichever is applicable. Amounts paid under the drug plan are subject to the Preferred Provider limit. Preferred Provider/prescription drug coinsurance amounts do not cross-apply to the Nonpreferred Provider out-of-pocket limit amount, or vice versa.
- 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 Benefit Booklet for a list of services requiring preauthorization.
- ⁵ Preauthorization is required for inpatient admissions. Some services, such as transplants, 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 Benefit Booklet for details
- ⁶ Rental benefits 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.