



True Health New Mexico Individual HMO Plans for 2022

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.

	True Gold 500/30	True Gold 1500/30	True Gold 2500/20	True Gold 3000/20	True Silver 100/50	True Silver 2500/40	True Silver HDHP 3000/20	True Silver 4000/30	True Silver 5000/40	True Silver 5500/40
Annual In-Network Deductible	\$500 individual \$1,000 family	\$1,500 individual \$3,000 family	\$2,500 individual \$5,000 family	\$3,000 individual \$6,000 family	\$100 individual \$200 family	\$2,500 individual \$5,000 family	\$3,000 individual \$6,000 family	\$4,000 individual \$8,000 family	\$5,000 individual \$10,000 family	\$5,500 individual \$11,000 family
Coinsurance¹	30%	30%	20%	20%	50%	40%	20%	30%	40%	40%
Annual Out-of-Pocket Maximum²	\$8,700 individual \$17,400 family	\$5,000 individual \$10,000 family	\$8,700 individual \$17,400 family	\$8,700 individual \$17,400 family	\$8,700 individual \$17,400 family	\$8,700 individual \$17,400 family	\$6,000 individual \$12,000 family	\$8,700 individual \$17,400 family	\$8,700 individual \$17,400 family	\$8,550 individual \$17,100 family
Preventive Care Services³	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Primary Care	\$20/visit	\$30/visit	\$20/visit	No charge	\$75/visit	\$25/visit	20%	\$35/visit	\$25/visit	\$20/visit
Doctor On Demand[®]	No Charge	No Charge	No Charge	No charge	No charge	No charge	0%	No Charge	No Charge	No Charge
Specialist Care	\$50/visit	\$75/visit	\$50/visit	\$35/visit	\$175/visit	\$75/visit	20%	\$80/visit	\$100/visit	\$100/visit
Outpatient and Inpatient Behavioral Health Visits	No charge	No charge	No charge	No charge	No charge	No charge	20%	No charge	No charge	No charge
Urgent Care	\$20/visit	\$30/visit	\$20/visit	\$20/visit	\$75/visit	\$25/visit	20%	\$35/visit	\$25/visit	\$20/visit
Emergency Room Services	30%	30%	20%	\$500/visit	50%	40%	20%	30%	40%	40%
MRI/CT/PET	\$350/test	30%	20%	20%	50%	40%	20%	30%	\$500/test	40%
PT/OT/ST⁴	\$20/visit	\$30/visit	\$20/visit	No charge	\$75/visit	\$25/visit	20%	\$35/visit	\$25/visit	\$20/visit
Outpatient Hospital	30%	30%	20%	20%	50%	\$250 facility fee \$250 physician fee	20%	30%	40%	40%
Inpatient Hospital	30%	30%	20%	20%	50%	40%	20%	30%	40%	40%
Lab and X-Ray Services⁵	\$25 lab \$75 x-ray	30%	\$25 lab \$100 x-ray	\$35 lab \$125 x-ray	50%	\$60 lab \$100 x-ray	20%	\$50 lab \$150 x-ray	\$20 lab \$100 x-ray	\$25 lab 40% x-ray
Preferred Generic Drugs⁶	No charge	No charge	No charge	No charge	No charge	No charge	20%	No charge	No charge	No charge
Generic Drugs	\$10/Rx	\$10/Rx	\$10/Rx	\$10/Rx	\$35/Rx	\$25/Rx	20%	\$25/Rx	\$25/Rx	\$25/Rx
Brand-Name Drugs	\$50/Rx	\$75/Rx	\$50/Rx	\$75/Rx	50%	\$80/Rx	20%	\$75/Rx	\$85/Rx	\$75
Non-Preferred Brand Drugs	\$125/Rx	30%	\$125/Rx	30%	50%	40%	20%	\$150/Rx	\$150/Rx	40%
Preferred Specialty Drugs	40%	40%	40%	40%	50%	40%	20%	40%	40%	40%
Non-Preferred Specialty Drugs	50%	50%	50%	50%	50%	50%	20%	50%	50%	50%

- All coinsurance percentages are after deductible unless specified otherwise.
- Annual Out-of-Pocket Maximum includes the Deductible, Copayments, Coinsurance, and prescription drug costs.
- Cost-share may apply for services received during visits that are not related to Preventive Care, such as Primary Care, Specialist, or Emergency Room Services.
- PT/OT/ST are therapy services. PT = Physical Therapy, OT = Occupational Therapy, ST = Speech Therapy.
- Cost-share may apply for other services received during the visit, such as Primary Care, Specialist, or Emergency Room Copays.
- True Health New Mexico offers medications at a \$0 copay for many chronic conditions on most plans. 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 certain oral chemotherapy medications. Please refer to the True Health New Mexico Formulary Reference Guide (Drug List) at www.truehealthnewmexico.com/member-pharmacy-formulary/ for a complete list of \$0 copayment medications for True Health New Mexico members.

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.bewellnm.com) if you wish to purchase pediatric dental coverage or a stand-alone dental insurance product.



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	True Bronze 0/50	True Bronze 6900/40	True Bronze 8550/0	True Bronze HDHP 6900/0	True Bronze 8700/0
Annual In-Network Deductible	\$0 individual \$0 family	\$6,900 individual \$13,800 family	\$8,550 individual \$17,100 family	\$6,900 individual \$13,800 family	\$8,700 individual \$17,400 family
Coinsurance¹	50%	40%	0%	0%	0%
Annual Out-of-Pocket Maximum²	\$8,700 individual \$17,400 family	\$8,700 individual \$17,400 family	\$8,550 individual \$17,100 family	\$6,900 individual \$13,800 family	\$8,700 individual \$17,400 family
Preventive Care Services³	No charge	No charge	No charge	No charge	No charge
Primary Care	\$65/visit	\$55/visit	0%	0%	0%
Doctor on Demand	No charge	No Charge	No Charge	0%	No charge
Specialist Care	\$150/visit	40%	0%	0%	0%
Outpatient and Inpatient Behavioral Health Visits	No charge	No charge	No charge	0%	No charge
Urgent Care	\$65/visit	\$45/visit	\$65/visit	0%	0%
Emergency Room Services	\$1,850	40%	0%	0%	0%
MRI/CT/PET	\$2,000	40%	0%	0%	0%
PT/OT/ST⁴	\$65/visit	\$55/visit	0%	0%	0%
Outpatient Hospital	\$220 facility fee \$250 physician fee	40%	0%	0%	0%
Inpatient Hospital	\$2,500	\$2,500	0%	0%	0%
Lab and X-Ray Services⁵	\$70 lab \$140 x-ray	40%	0%	0%	0%
Preferred Generic Drugs⁶	No charge	No charge	No charge	0%	No charge
Generic Drugs	\$50/Rx	\$50/Rx	\$10/Rx	0%	\$10/Rx
Brand-Name Drugs	\$160/Rx	40%	0%	0%	0%
Non-Preferred Brand Drugs	50%	40%	0%	0%	0%
Preferred Specialty Drugs	50%	40%	0%	0%	0%
Non-Preferred Specialty Drugs	50%	40%	0%	0%	0%

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