



True Health New Mexico Individual HMO Plans for 2021

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 Premier HMO | True Gold 2 HMO | True Gold HMO | True Silver Premier HMO | True Silver Premier A HMO | True Silver HMO | True Silver HDHP HMO | True Bronze Premier HMO | True Bronze HMO | True Bronze HDHP HMO |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Annual In-Network Deductible | \$500 individual \$1,000 family | \$1,500 individual \$3,000 family | \$2,500 individual \$5,000 family | \$4,000 individual \$8,000 family | \$5,000 individual \$10,000 family | \$5,500 individual \$11,000 family | \$3,000 individual \$6,000 family | \$6,750 individual \$13,500 family | \$8,550 individual \$17,100 family | \$6,900 individual \$13,800 family |
| Coinsurance¹ | 30% | 30% | 20% | 30% | 30% | 40% | 20% | 40% | 0% | 0% |
| Annual Out-of-Pocket Maximum² | \$8,550 individual \$17,100 family | \$5,000 individual \$10,000 family | \$8,550 individual \$17,100 family | \$8,550 individual \$17,100 family | \$8,550 individual \$17,100 family | \$8,550 individual \$17,100 family | \$6,000 individual \$12,000 family | \$8,550 individual \$17,100 family | \$8,550 individual \$17,100 family | \$6,900 individual \$13,800 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 | \$10/visit | \$25/visit | \$15/visit | \$25/visit | \$20/visit | \$20/visit | 20% | \$35/visit | \$35/visit | 0% |
| Specialist Care | \$50/visit | \$75/visit | \$75/visit | \$75/visit | \$100/visit | \$100/visit | 20% | 40% | 0% | 0% |
| Outpatient Behavioral Health Visits | No charge | No charge | No charge | No charge | No charge | No charge | 20% | No charge | No charge | 0% |
| Urgent Care | \$15/visit | \$30/visit | \$20/visit | \$30/visit | \$20/visit | \$25/visit | 20% | \$40/visit | \$40/visit | 0% |
| Emergency Room Services | 30% | 30% | 20% | 30% | 30% | 40% | 20% | 40% | 0% | 0% |
| MRI/CT/PET | \$350/test | 30% | 20% | 30% | \$500/test | 40% | 20% | 40% | 0% | 0% |
| PT/OT/ST⁴ | \$10/visit | \$25/visit | \$15/visit | \$25/visit | \$20/visit | \$20/visit | 20% | \$35/visit | \$35/visit | 0% |
| Outpatient Hospital | 30% | 30% | 20% | 30% | 30% | 40% | 20% | 40% | 0% | 0% |
| Inpatient Hospital | 30% | 30% | 20% | 30% | 30% | 40% | 20% | 40% | 0% | 0% |
| Lab and X-Ray Services⁵ | \$15 lab \$75 x-ray | 30% | \$15 lab 20% x-ray | \$25 lab \$100 x-ray | \$5 lab \$100 x-ray | \$25 lab 40% x-ray | 20% | 40% | 0% | 0% |
| Preferred Generic Drugs⁶ | No charge | No charge | No charge | No charge | No charge | No charge | 20% | No charge | No charge | 0% |
| Generic Drugs | \$10/Rx | \$10/Rx | \$10/Rx | \$25/Rx | \$25/Rx | \$25/Rx | 20% | \$50/Rx | 0% | 0% |
| Brand-Name Drugs | \$50/Rx | \$75/Rx | \$50/Rx | \$75/Rx | \$85/Rx | \$75 | 20% | 40% | 0% | 0% |
| Non-Preferred Brand Drugs | \$125/Rx | 30% | \$125/Rx | \$150/Rx | \$150/Rx | 40% | 20% | 40% | 0% | 0% |
| Preferred Specialty Drugs | 40% | 40% | 40% | 40% | 40% | 40% | 20% | 40% | 0% | 0% |
| Non-Preferred Specialty Drugs | 50% | 50% | 50% | 50% | 50% | 50% | 20% | 40% | 0% | 0% |

- 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 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.