



# True Health New Mexico Small Group HMO Plans for 2021

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	True Select Platinum HMO	True Select Gold A HMO	True Select Gold B HMO	True Select Gold C HMO	True Select Silver A HMO	True Select Silver B HMO	True Select Silver C HMO	True Select Silver D HMO	True Select Silver E HDHP HMO	True Select Bronze A HMO	True Select Bronze B HDHP HMO
<b>Annual In-Network Deductible</b>	\$100 individual \$200 family	\$500 individual \$1,000 family	\$1,500 individual \$3,000 family	\$2,000 individual \$4,000 family	\$2,500 individual \$5,000 family	\$4,000 individual \$8,000 family	\$5,000 individual \$10,000 family	\$6,000 individual \$12,000 family	\$5,000 individual \$10,000 family	\$7,800 individual \$15,600 family	\$6,900 individual \$13,800 family
<b>Coinsurance<sup>1</sup></b>	10%	30%	20%	30%	40%	40%	20%	30%	0%	50%	0%
<b>Annual Out-of-Pocket Maximum<sup>2</sup></b>	\$2,500 individual \$5,000 family	\$8,550 individual \$17,100 family	\$8,550 individual \$17,100 family	\$7,900 individual \$15,800 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	\$5,000 individual \$10,000 family	\$8,550 individual \$17,100 family	\$6,900 individual \$13,800 family
<b>Preventive Care Services<sup>3</sup></b>	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Primary Care</b>	\$10/visit	\$30/visit	\$25/visit	\$35/visit	\$35/visit	\$40/visit	\$20/visit	\$25/visit	0%	\$25/visit	0%
<b>Specialist Care</b>	\$20/visit	\$60/visit	\$75/visit	\$65/visit	\$100/visit	\$80/visit	\$60/visit	\$100/visit	0%	50%	0%
<b>Outpatient Behavioral Health Visits</b>	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	0%	No charge	0%
<b>Urgent Care</b>	\$10/visit	\$30/visit	\$25/visit	\$35/visit	\$35/visit	\$40/visit	\$20/visit	\$25/visit	0%	\$25/visit	0%
<b>Emergency Room Services</b>	\$350/visit	\$500/visit	20%	\$750/visit	\$1,000/visit	\$1,000/visit	20%	30%	0%	50%	0%
<b>MRI/CT/PET</b>	\$350/test	\$350/test	\$350/test	\$350/test	\$500/test	\$500/test	20%	30%	0%	50%	0%
<b>PT/OT/ST<sup>4</sup></b>	\$10/visit	\$30/visit	\$25/visit	\$35/visit	\$35/visit	\$40/visit	\$20/visit	\$25/visit	0%	\$25/visit	0%
<b>Outpatient Hospital</b>	\$500/visit	30%	20%	30%	40%	40%	20%	30%	0%	50%	0%
<b>Inpatient Hospital</b>	\$500/visit	30%	20%	30%	40%	40%	20%	30%	0%	50%	0%
<b>Lab and X-Ray Services<sup>5</sup></b>	No charge	\$5 lab \$80 x-ray	\$0 lab \$25 x-ray	\$10 lab \$50 x-ray	\$25 lab \$100 x-ray	\$25 lab \$100 x-ray	20%	30%	0%	50%	0%
<b>Preferred Generic Drugs<sup>6</sup></b>	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	0%	No charge	0%
<b>Generic Drugs</b>	\$10/Rx	\$10/Rx	\$10/Rx	\$10/Rx	\$25/Rx	\$25/Rx	\$25/Rx	\$30/Rx	0%	\$40/Rx	0%
<b>Brand-Name Drugs</b>	\$30/Rx	\$40/Rx	\$40/Rx	\$30/Rx	\$80/Rx	\$75/Rx	\$75/Rx	\$80/Rx	0%	50%	0%
<b>Non-Preferred Brand Drugs</b>	\$60/Rx	\$150/Rx	\$150/Rx	\$150/Rx	\$150/Rx	\$150/Rx	\$150/Rx	\$150/Rx	0%	50%	0%
<b>Preferred Specialty Drugs</b>	\$500/Rx	\$500/Rx	\$500/Rx	\$500/Rx	40%	40%	40%	40%	0%	50%	0%
<b>Non-Preferred Specialty Drugs</b>	50%	50%	50%	50%	50%	50%	50%	50%	0%	50%	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/](http://www.truehealthnewmexico.com/member-pharmacy-formulary/) for a complete listing 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](http://www.beWellnm.com)) if you wish to purchase pediatric dental coverage or a stand-alone dental insurance product.



# True Health New Mexico Small Group PPO Plans for 2021

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	True Preferred Platinum PPO		True Preferred Gold A PPO		True Preferred Gold B PPO		True Preferred Silver PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual In-Network Deductible</b>	\$100 individual \$200 family	\$200 individual \$400 family	\$500 individual \$1,000 family	\$1,000 individual \$2,000 family	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family	\$4,000 individual \$8,000 family	\$8,000 individual \$16,000 family
<b>Coinsurance<sup>1</sup></b>	10%	50%	30%	50%	20%	50%	30%	50%
<b>Annual Out-of-Pocket Maximum<sup>2</sup></b>	\$2,500 individual \$5,000 family	\$5,000 individual \$10,000 family	\$8,550 individual \$17,100 family	\$17,100 individual \$34,200 family	\$6,000 individual \$12,000 family	\$12,000 individual \$24,000 family	\$8,150 individual \$16,300 family	\$16,300 individual \$32,600 family
<b>Preventive Care Services<sup>3</sup></b>	No charge	50%	No charge	50%	No charge	50%	No charge	50%
<b>Primary Care</b>	\$10/visit	50%	\$30/visit	50%	\$25/visit	50%	\$30/visit	50%
<b>Specialist Care</b>	\$20/visit	50%	\$65/visit	50%	\$65/visit	50%	\$80/visit	50%
<b>Outpatient Behavioral Health Visits</b>	No charge	50%	No charge	50%	No charge	50%	No charge	50%
<b>Urgent Care</b>	\$10/visit	\$10/visit	\$30/visit	\$30/visit	\$25/visit	\$25/visit	\$40/visit	\$40/visit
<b>Emergency Room Services</b>	\$350/visit	\$350/visit	\$600/visit	\$600/visit	\$750/visit	\$750/visit	30%	30%
<b>MRI/CT/PET</b>	\$350/test	50%	\$350/test	50%	20%	50%	\$500/test	50%
<b>PT/OT/ST<sup>4</sup></b>	\$10/visit	50%	\$30/visit	50%	\$25/visit	50%	\$30/visit	50%
<b>Outpatient Hospital</b>	\$500/visit	50%	30%	50%	20%	50%	30%	50%
<b>Inpatient Hospital</b>	\$500/visit	50%	30%	50%	20%	50%	30%	50%
<b>Lab and X-Ray Services<sup>5</sup></b>	No charge	50%	\$0 lab \$75 x-ray	50%	20%	50%	\$25 lab \$100 x-ray	50%
<b>Preferred Generic Drugs<sup>6</sup></b>	No charge	50%	No charge	50%	No charge	50%	No charge	50%
<b>Generic Drugs</b>	\$10/Rx	50%	\$10/Rx	50%	\$10/Rx	50%	\$25/Rx	50%
<b>Brand-Name Drugs</b>	\$30/Rx	50%	\$40/Rx	50%	\$30/Rx	50%	\$75/Rx	50%
<b>Non-Preferred Brand Drugs</b>	\$60/Rx	50%	\$150/Rx	50%	\$150/Rx	50%	\$150/Rx	50%
<b>Preferred Specialty Drugs</b>	\$500/Rx	50%	\$500/Rx	50%	\$500/Rx	50%	40%	50%
<b>Non-Preferred Specialty Drugs</b>	50%	50%	50%	50%	50%	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.
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