



True Health New Mexico Large Group PPO Plans for 2021^{8,9}

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 Choice \$500 PPO		True Choice \$1,000 PPO		True Choice \$2,000 PPO		True Choice \$2,500 PPO		True Choice HDHP PPO		True Choice HDHP \$2,800 PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual In-Network Deductible¹	\$500	\$1,000	\$1,000	\$2,000	\$2,000	\$4,000	\$2,500	\$5,000	\$4,000	\$8,000	\$2,800	\$5,600
Coinsurance²	10%	50%	20%	50%	20%	50%	30%	50%	0%	0%	20%	50%
Annual Out-of-Pocket Maximum³	\$2,500	\$5,000	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$4,000	\$8,000	\$5,600	\$11,200
Preventive Care Services⁴	No charge	50%	No charge	50%	No charge	50%	No charge	50%	No charge	0%	No charge	50%
Primary Care⁵	\$15/visit	50%	\$20/visit	50%	\$25/visit	50%	\$25/visit	50%	0%	0%	20%	50%
Specialist Care⁵	\$30/visit	50%	\$40/visit	50%	\$50/visit	50%	\$50/visit	50%	0%	0%	20%	50%
Outpatient Behavioral Health Visits	No charge	50%	No charge	50%	No charge	50%	No charge	50%	0%	0%	20%	50%
Urgent Care	\$15/visit	\$15/visit	\$20/visit	\$20/visit	\$25/visit	\$25/visit	\$25/visit	\$25/visit	0%	0%	20%	20%
Emergency Room Services	\$350/visit	\$350/visit	\$350/visit	\$350/visit	\$350/visit	\$350/visit	\$500/visit	\$500/visit	0%	0%	20%	20%
MRI/CT/PET	\$300/test	50%	\$300/test	50%	\$300/test	50%	\$300/test	50%	0%	0%	20%	50%
PT/OT/ST⁶	\$15/visit	50%	\$20/visit	50%	\$25/visit	50%	\$25/visit	50%	0%	0%	20%	50%
Outpatient Hospital	\$500/visit	50%	20%	50%	20%	50%	30%	50%	0%	0%	20%	50%
Inpatient Hospital	\$1,000/visit	50%	20%	50%	20%	50%	30%	50%	0%	0%	20%	50%
Lab and X-Ray Services	No charge	50%	No charge	50%	No charge	50%	No charge	50%	0%	0%	20%	50%
Generic Drugs⁷	\$5/Rx	50%	\$10/Rx	50%	\$10/Rx	50%	\$10/Rx	50%	0%	0%	20%	50%
Brand-Name Drugs	\$15/Rx	50%	\$30/Rx	50%	\$30/Rx	50%	\$30/Rx	50%	0%	0%	20%	50%
Non-Preferred Brand Drugs	\$30/Rx	50%	\$60/Rx	50%	\$60/Rx	50%	\$60/Rx	50%	0%	0%	20%	50%
Preferred Specialty Drugs	\$350/Rx	50%	\$400/Rx	50%	\$400/Rx	50%	\$500/Rx	50%	0%	0%	20%	50%
Non-Preferred Specialty Drugs	50%	50%	50%	50%	50%	50%	50%	50%	0%	0%	20%	50%

1. Family Deductible is two (2) times the Individual Deductible.
2. All Coinsurance percentages are after deductible unless specified otherwise.
3. Family Annual Out-of-Pocket Maximum is two (2) times the Individual Out-of-Pocket Maximum. Annual Out-of-Pocket Maximum includes the Deductible, Copayments, Coinsurance, and prescription drug costs.
4. 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.
5. Cost-share may apply for other services received during the visit, such as Primary Care, Specialist, or Emergency Room Copays.
6. PT/OT/ST are therapy services. PT = Physical Therapy, OT = Occupational Therapy, ST = Speech Therapy.
7. True Health New Mexico offers medications at a \$0 copay for many chronic conditions on most plans. The \$0 copay applies to 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 listing of \$0 copayment medications for True Health New Mexico members.
8. All plans include 25 visits per calendar year to both Chiropractors and Acupuncturists.
9. All plans have an embedded Deductible and Out-of-Pocket Maximum.



True Health New Mexico Large Group HMO Plans for 2021^{8,9}

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	True Care \$0 HMO	True Care \$500 HMO	True Care \$750 HMO	True Care \$1,000 HMO	True Care \$1,500 HMO	True Care \$2,500 HMO	True Care \$4,000 HMO	True Care \$6,000 HMO	True Care HDHP \$4,000 HMO	True Care HDHP \$5,000 HMO	True Care HDHP \$6,000 HMO	True Connect \$500 HMO	True Connect \$750 HMO	True Connect \$1,000 HMO	True Connect \$1,500 HMO	True Connect \$2,500 HMO
Annual In-Network Deductible ¹	\$0	\$500	\$750	\$1,000	\$1,500	\$2,500	\$4,000	\$6,000	\$4,000	\$5,000	\$6,000	\$500	\$750	\$1,000	\$1,500	\$2,500
Coinsurance ²	10%	10%	20%	20%	20%	20%	50%	20%	0%	0%	0%	30%	30%	30%	30%	30%
Annual Out-of-Pocket Maximum ³	\$2,500	\$3,000	\$3,000	\$4,000	\$5,000	\$6,000	\$6,350	\$7,500	\$4,000	\$5,000	\$6,000	\$5,000	\$6,000	\$6,000	\$6,850	\$6,850
Preventive Care Services ⁴	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Primary Care ⁵	\$10/visit	\$15/visit	\$20/visit	\$20/visit	\$20/visit	\$25/visit	\$50/visit	\$30/visit	0%	0%	0%	\$20/visit	\$20/visit	\$20/visit	\$50/visit	\$50/visit
Specialist Care ⁵	\$20/visit	\$30/visit	\$40/visit	\$40/visit	\$50/visit	\$50/visit	\$75/visit	\$45/visit	0%	0%	0%	\$50/visit	\$50/visit	\$50/visit	\$75/visit	\$75/visit
Outpatient Behavioral Health Visits	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	0%	0%	0%	No charge	No charge	No charge	No charge	No charge
Urgent Care	\$10/visit	\$15/visit	\$20/visit	\$20/visit	\$20/visit	\$25/visit	\$50/visit	\$30/visit	0%	0%	0%	\$20/visit	\$20/visit	\$20/visit	\$50/visit	\$50/visit
Emergency Room Services	\$350/visit	\$350/visit	\$350/visit	\$350/visit	\$350/visit	\$500/visit	\$500/visit	\$350/visit	0%	0%	0%	\$350/visit	\$350/visit	\$350/visit	\$350/visit	\$500/visit
MRI/CT/PET	\$300/test	\$300/test	\$300/test	\$300/test	\$300/test	\$300/test	\$300/test	\$300/test	0%	0%	0%	\$300/test	\$300/test	\$300/test	30%; deduct. does not apply	30%; deduct. does not apply
PT/OT/ST ⁶	\$10/visit	\$15/visit	\$20/visit	\$20/visit	\$20/visit	\$25/visit	\$50/visit	\$30/visit	0%	0%	0%	\$20/visit	\$20/visit	\$20/visit	\$20/visit	\$20/visit
Outpatient Hospital	\$250/visit	\$500/visit	\$500/visit	20%	20%	20%	50%	20%	0%	0%	0%	30%	30%	30%	30%	30%
Inpatient Hospital	\$500/visit	\$1,000/visit	\$1,000/visit	20%	20%	20%	50%	20%	0%	0%	0%	\$1,500/visit	\$1,500/visit	30%	30%	30%
Lab and X-Ray Services	No charge	No charge	No charge	No charge	No charge	30%; deduct. does not apply	30%; deduct. does not apply	20%; deduct. does not apply	0%	0%	0%	No charge	No charge	No charge	30%; deduct. does not apply	30%; deduct. does not apply
Generic Drugs ⁷	\$5/Rx	\$5/Rx	\$10/Rx	\$10/Rx	\$10/Rx	\$10/Rx	\$10/Rx	\$10/Rx	0%	0%	0%	\$15/Rx	\$15/Rx	\$20/Rx	\$20/Rx	\$20/Rx
Brand-Name Drugs	\$15/Rx	\$15/Rx	\$30/Rx	\$30/Rx	\$30/Rx	\$30/Rx	\$30/Rx	\$30/Rx	0%	0%	0%	\$45/Rx	\$45/Rx	\$45/Rx	\$45/Rx	\$45/Rx
Non-Preferred Brand Drugs	\$30/Rx	\$30/Rx	\$60/Rx	\$60/Rx	\$60/Rx	\$60/Rx	\$60/Rx	\$60/Rx	0%	0%	0%	\$75/Rx	\$75/Rx	\$75/Rx	\$75/Rx	\$75/Rx
Preferred Specialty Drugs	\$350/Rx	\$350/Rx	\$400/Rx	\$400/Rx	\$400/Rx	\$500/Rx	\$500/Rx	\$350/Rx	0%	0%	0%	\$400/Rx	\$400/Rx	\$500/Rx	\$500/Rx	\$500/Rx
Non-Preferred Specialty Drugs	50%	50%	50%	50%	50%	50%	50%	50%	0%	0%	0%	50%	50%	50%	50%	50%

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