



True Health New Mexico Small Group 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. For more information, visit our website at www.truehealthnewmexico.com/small-group-forms/.

	True Select Platinum 100/10	True Select Platinum 250/10	True Select Gold 500/30	True Select Gold 1500/20	True Select Gold 2000/30	True Select Silver 2500/40	True Select Silver 4000/40	True Select Silver 5000/20	True Select Silver 6000/30	True Select Silver HDHP 5000/0	True Select Bronze 7800/50	True Select Bronze HDHP 6900/0
Annual In-Network Deductible	\$100 individual \$200 family	\$250 individual \$500 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
Coinsurance¹	10%	10%	30%	20%	30%	40%	40%	20%	30%	0%	50%	0%
Annual Out-of-Pocket Maximum²	\$2,500 individual \$5,000 family	\$3,500 individual \$7,000 family	\$8,700 individual \$17,400 family	\$8,700 individual \$17,400 family	\$7,900 individual \$15,800 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	\$5,000 individual \$10,000 family	\$8,700 individual \$17,400 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	No charge	No charge
Primary Care	\$10/visit	\$5/visit	\$30/visit	\$40/visit	\$35/visit	\$35/visit	\$40/visit	\$25/visit	\$25/visit	0%	50%	0%
Doctor On Demand[®]	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	0%	No charge	0%
Specialist Care	\$20/visit	\$25/visit	\$60/visit	\$75/visit	\$65/visit	\$100/visit	\$80/visit	\$70/visit	\$100/visit	0%	50%	0%
Outpatient and Inpatient Behavioral Health Visits	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	0%	No charge	0%
Urgent Care	\$10/visit	\$5/visit	\$30/visit	\$40/visit	\$35/visit	\$35/visit	\$40/visit	\$25/visit	\$25/visit	0%	\$45/visit	0%
Emergency Room Services	\$350/visit	\$300/visit	\$650/visit	\$650	\$750/visit	\$1,500/visit	\$1,125/visit	20%	30%	0%	50%	0%
MRI/CT/PET	\$350/test	10%	\$350/test	\$350/test	\$350/test	\$550/test	\$500/test	20%	30%	0%	50%	0%
PT/OT/ST⁴	\$10/visit	\$5/visit	\$30/visit	\$40/visit	\$35/visit	\$35/visit	\$40/visit	\$25/visit	\$25/visit	0%	50%	0%
Outpatient Hospital	\$500/visit	10%	30%	20%	30%	40%	40%	20%	30%	0%	50%	0%
Inpatient Hospital	\$500/visit	10%	30%	20%	30%	40%	40%	20%	30%	0%	50%	0%
Lab and X-Ray Services⁵	No charge	10%	\$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%
Preferred Generic Drugs⁶	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	0%	No charge	0%
Generic Drugs	\$10/Rx	\$10/Rx	\$10/Rx	\$10/Rx	\$10/Rx	\$25/Rx	\$25/Rx	\$25/Rx	\$30/Rx	0%	\$10/Rx	0%
Brand-Name Drugs	\$30/Rx	\$30/Rx	\$40/Rx	\$40/Rx	\$30/Rx	\$80/Rx	\$75/Rx	\$75/Rx	\$80/Rx	0%	50%	0%
Non-Preferred Brand Drugs	\$60/Rx	\$60/Rx	\$150/Rx	\$150/Rx	\$150/Rx	\$150/Rx	\$150/Rx	\$150/Rx	\$150/Rx	0%	50%	0%
Preferred Specialty Drugs	\$500/Rx	\$500/Rx	\$500/Rx	\$500/Rx	\$500/Rx	40%	40%	40%	40%	0%	50%	0%
Non-Preferred Specialty Drugs	50%	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 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 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) if you wish to purchase pediatric dental coverage or a stand-alone dental insurance product.

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	True Preferred Platinum 100/10		True Preferred Platinum 250/10		True Preferred Gold 500/30		True Preferred Gold 2000/20	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual In-Network Deductible	\$100 individual \$200 family	\$200 individual \$400 family	\$250 individual \$500 family	\$500 individual \$1,000 family	\$500 individual \$1,000 family	\$1,000 individual \$2,000 family	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family
Coinsurance¹	10%	50%	10%	30%	30%	50%	20%	50%
Annual Out-of-Pocket Maximum²	\$2,500 individual \$5,000 family	\$5,000 individual \$10,000 family	\$3,500 individual \$7,000 family	\$7,000 individual \$14,000 family	\$8,700 individual \$17,400 family	\$17,400 individual \$34,800 family	\$6,000 individual \$12,000 family	\$12,000 individual \$24,000 family
Preventive Care Services³	No charge	50%	No charge	30%	No charge	50%	No charge	50%
Primary Care	\$10/visit	50%	\$5/visit	30%	\$35/visit	50%	\$25/visit	50%
Doctor On Demand[®]	No charge	50%	No charge	30%	No charge	50%	No charge	50%
Specialist Care	\$20/visit	50%	\$25/visit	30%	\$70/visit	50%	\$65/visit	50%
Outpatient and Inpatient Behavioral Health Visits	No charge	50%	No charge	30%	No charge	50%	No charge	50%
Urgent Care	\$10/visit	\$10/visit	\$5/visit	\$5/visit	\$35/visit	\$35/visit	\$25/visit	\$25/visit
Emergency Room Services	\$350/visit	\$350/visit	\$300/visit	\$300/visit	\$600/visit	\$600/visit	\$750/visit	\$750/visit
MRI/CT/PET	\$350/test	50%	10%	30%	\$350/test	50%	20%	50%
PT/OT/ST⁴	\$10/visit	50%	\$5/visit	30%	\$35/visit	50%	\$25/visit	50%
Outpatient Hospital	\$500/visit	50%	10%	30%	30%	50%	20%	50%
Inpatient Hospital	\$500/visit	50%	10%	30%	30%	50%	20%	50%
Lab and X-Ray Services⁵	No charge	50%	10%	30%	\$0 lab \$75 x-ray	50%	20%	50%
Preferred Generic Drugs⁶	No charge	50%	No charge	30%	No charge	50%	No charge	50%
Generic Drugs	\$10/Rx	50%	\$10/Rx	30%	\$10/Rx	50%	\$10/Rx	50%
Brand-Name Drugs	\$30/Rx	50%	\$30/Rx	30%	\$40/Rx	50%	\$30/Rx	50%
Non-Preferred Brand Drugs	\$60/Rx	50%	\$60/Rx	30%	\$150/Rx	50%	\$150/Rx	50%
Preferred Specialty Drugs	\$500/Rx	50%	\$500/Rx	30%	\$500/Rx	50%	\$500/Rx	50%
Non-Preferred Specialty Drugs	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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- 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 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 listing of \$0 copayment medications for True Health New Mexico members.

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	True Preferred Silver 4000/30		True Preferred Silver 2800/40		True Preferred Silver 3500/20		True Preferred Silver 6000/20	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual In-Network Deductible	\$4,000 individual \$8,000 family	\$8,000 individual \$16,000 family	\$2,800 individual \$5,600 family	\$5,600 individual \$11,200 family	\$3,500 individual \$7,000 family	\$7,000 individual \$14,000 family	\$6,000 individual \$12,000 family	\$12,000 individual \$24,000 family
Coinsurance¹	30%	50%	40%	50%	20%	50%	20%	50%
Annual Out-of-Pocket Maximum²	\$8,550 individual \$17,100 family	\$17,100 individual \$34,200 family	\$8,700 individual \$17,400 family	\$17,400 individual \$34,800 family	\$7,000 individual \$14,000 family	\$14,000 individual \$28,000 family	\$8,550 individual \$17,100 family	\$17,100 individual \$34,200 family
Preventive Care Services³	No charge	50%	No charge	50%	No charge	50%	No charge	50%
Primary Care	\$30/visit	50%	\$35/visit	50%	\$50/visit	50%	\$40/visit	50%
Doctor on Demand[®]	No charge	50%	No charge	50%	No charge	50%	No charge	50%
Specialist Care	\$80/visit	50%	\$90/visit	50%	\$125/visit	50%	\$90/visit	50%
Outpatient and Inpatient Behavioral Health Visits	No charge	50%	No charge	50%	No charge	50%	No charge	50%
Urgent Care	\$30/visit	\$30/visit	\$35/visit	\$35/visit	\$50/visit	\$50/visit	\$40/visit	\$40/visit
Emergency Room Services	30%	30%	\$1,500/visit	\$1,500/visit	\$1,500/visit	\$1,500/visit	20%	20%
MRI/CT/PET	\$550/test	50%	\$500/test	50%	\$500/test	50%	\$600/test	50%
PT/OT/ST⁴	\$30/visit	50%	\$35/visit	50%	\$50/visit	50%	40\$/visit	50%
Outpatient Hospital	30%	50%	40%	50%	20%	50%	20%	50%
Inpatient Hospital	30%	50%	40%	50%	20%	50%	20%	50%
Lab and X-Ray Services⁵	\$30 lab \$100 x-ray	50%	\$50 lab \$100 x-ray	50%	\$50 lab \$125 x-ray	50%	\$40 lab \$75 x-ray	50%
Preferred Generic Drugs⁶	No charge	50%	No charge	50%	No charge	50%	No charge	50%
Generic Drugs	\$25/Rx	50%	\$25/Rx	50%	\$25/Rx	50%	\$25/Rx	50%
Brand-Name Drugs	\$75/Rx	50%	\$75/Rx	50%	\$75/Rx	50%	\$75/Rx	50%
Non-Preferred Brand Drugs	\$150/Rx	50%	\$150/Rx	50%	\$150/Rx	50%	\$150/Rx	50%
Preferred Specialty Drugs	40%	50%	40%	50%	40%	50%	40%	50%
Non-Preferred Specialty Drugs	50%	50%	50%	50%	50%	50%	50%	50%

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