BlueCross BlueShield of New Mexico

2024 Summary of Benefits

Blue Cross MA Dual Care Plus Preferred (PPO DSNP)[SM]

January 1, 2024 – December 31, 2024

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-877-688-1813 (TTY 711). We are open from 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit getbluenm.com/dsnp or 1-877-688-1813 (TTY 711) to request a copy of the EOC.
- ☐ Review the *Provider Finder* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the *Pharmacy Directory* to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

1 SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage." You can also see the Evidence of Coverage on our website, getbluenm.com/dsnp.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Blue Cross MA Dual Care Plus Preferred (PPO DSNP)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Blue Cross MA Dual Care Plus Preferred (PPO DSNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on https://www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at https://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Blue Cross MA Dual Care Plus Preferred (PPO DSNP).**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as Braille, large print or audio.

This document may be available in a non-English language. For additional information, call us at 1-877-688-1813 (TTY: 711).

Things to Know About Blue Cross MA Dual Care Plus Preferred (PPO DSNP)

Hours of Operation & Contact Information

- From October 1 to March 31 we're open 8 a.m. – 8 p.m. Local Time, 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m. Local Time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.
- If you are a member of this plan, call us at 1-877-688-1813, TTY: 711.
- If you are not a member of this plan, call us at 1-877-213-1817, TTY: 711.
- Our website: getbluenm.com/dsnp.

Who can join?

To join **Blue Cross MA Dual Care Plus Preferred (PPO DSNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area and and receive any level of assistance from the New Mexico Medicaid. If you receive both Medicare and Medicaid benefits, this means you are a dual-eligible beneficiary. Our service area includes these counties in New Mexico: Bernalillo, Chaves, Curry, Dona Ana, Otero, Quay, Roosevelt, Sandoval, Santa Fe, Taos, Torrance and Valencia.

Blue Cross MA Dual Care Plus Preferred (PPO DSNP) may enroll dual-eligibles who are SLMB, QMB, FBDE, QI and QDWI.

Which doctors, hospitals, and pharmacies can I use?

Blue Cross MA Dual Care Plus Preferred (PPO DSNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's *Provider Finder* and *Pharmacy Directory* at our website (getbluenm.com/dsnp).

Or, call us at 1-877-688-1813 and we will send you a copy of the *Provider Directory* and *Pharmacy Directory*.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan *Formulary* (list of Part D prescription drugs) and any restrictions on our website, getbluenm.com/dsnp.
- Or, call us at 1-877-688-1813 and we will send you a copy of the *Formulary*.

How will I determine my drug costs?

You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Blue Cross and Blue Shield of New Mexico

2 SECTION II - SUMMARY OF BENEFITS

Blue Cross MA Dual Care Plus Preferred (PPO DSNP)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
Monthly Plan Premium	You pay $0 - $35.60 per month. In addition, you must keep paying your Medicare Part B premium.
Part B Premium Buy-down (if applicable)	This plan does not have a Part B Premium Buy-down.
Deductible	$0 or $248
Maximum Out-of-Pocket Responsibility	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs. Your yearly limit(s) in this plan: • $8,850 for services you receive from in-network providers. • $13,300 for services you receive from out-of-network providers. • $13,300 for services you receive from in and out-of-network providers combined.
COVERED MEDICAL AND HOSPITAL BENEFITS	
Inpatient Hospital	The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. In 2023 the amounts for each benefit period are $0 or: • $0 or $1,600 deductible for each benefit period; $0 copay per day for days 1-60; $0 or $400 copay per day for days 61-90 • $0 or $800 copay per day for each benefit period (up to 60 days over your lifetime) These amounts may change for 2024.

	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.
Outpatient Hospital	**In-Network:** 0% or 20% of the total cost. **Out-of-Network:** 40% of the total cost.
Ambulatory Surgical Center	**In-Network:** 0% or 20% of the total cost. **Out-of-Network:** 40% of the total cost.
Doctor's Office Visits	**In-Network:** Primary care physician visit: 0% or 20% of the total cost. Specialist visit: 0% or 20% of the total cost. **Out-of-Network:** Primary care physician visit: 40% of the total cost. Specialist visit: 40% of the total cost.
Preventive Care ***(e.g., flu vaccine, diabetic screenings)***	**In-Network:** $0 copay for all preventive services covered under Original Medicare at zero cost sharing. **Out-of-Network:** 40% of the total cost for all preventive services covered under Original Medicare at zero cost sharing. Other preventive services are available. There are some covered services that have a cost. Please reference EOC for more detail. **Important Message About What You Pay for Vaccines** Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.
Emergency Care	0% or 20% of the total cost up to $100 per visit.

	Copay is waived if you are admitted to the hospital within 3 days for the same condition. See the "Inpatient Hospital" section of this booklet for other costs.
Urgently Needed Services	0% or 20% of the total cost up to $55 per visit.
Diagnostic Services / Labs/ Imaging	**In-Network:** Diagnostic tests and procedures: 0% of the total cost. Lab services: 0% of the total cost. Diagnostic Radiology Services (such as MRIs, CT scans): 0% or 20% of the total cost. X-rays: 0% or 20% of the total cost. Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the total cost. **Out-of-Network:** Diagnostic tests and procedures: 40% of the total cost. Lab services: 40% of the total cost. Diagnostic Radiology Services (such as MRIs, CT scans): 40% of the total cost. X-rays: 40% of the total cost. Therapeutic radiology services (such as radiation treatment for cancer): 40% of the total cost.
Hearing Services	**In-Network:** Exam to diagnose and treat hearing and balance issues: 0% or 20% of the total cost. Routine hearing exam (1 every year): $0 copay. Hearing aid fitting/evaluation: $0 copay Purchase includes unlimited provider visits for fitting and adjustments within 12 months of purchase of hearing aids. **Out-of-Network:** Exam to diagnose and treat hearing and balance issues: 40% of the total cost. **In-Network and Out-of-Network:** There is a $2,000 maximum plan coverage limit for hearing aids (both ears combined) purchased every year.

Dental Services	**In-Network:** Medicare-covered: 0% or 20% of the total cost. **Out-of-Network:** Medicare-covered: 40% of the total cost. **In-Network and Out-of-Network:** Preventive dental services: • Oral exam (2 every year): $0 copay. • Cleaning (2 every year): $0 copay. • Dental X-ray (1 every year): $0 copay. Comprehensive dental services: • $4,000 annual maximum coverage. For more details on benefits and benefit limitations regarding your dental coverage, please see your Evidence of Coverage.
Vision Services	**In-Network:** **Medicare-covered:** • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the total cost • Eyeglasses or contact lenses after cataract surgery: 0% or 20% of the total cost **Routine Vision:** • Routine eye exam (1 every year): $0 copay • Contact lenses: $0 copay • Eyeglass lenses: $0 copay (Standard lenses only. Progressive lenses excluded.) • Eyeglass frames: $0 copay • $250 maximum plan coverage combined in-network and out-of-network for routine eye wear every year (including eyeglass frames, lenses, and contact lenses). **Out-of-Network:** **Medicare-covered:** • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 40% of the total cost for an eye exam; 40% of the total cost for one vision specialist exam.

	• Eyeglasses or contact lenses after cataract surgery: 40% of the total cost **<u>Routine Vision:</u>** • Routine eye exam (1 every year): $0 copay • Contact lenses: $0 copay • Eyeglass lenses: $0 copay (Standard lenses only. Progressive lenses excluded.) • Eyeglass frames: $0 copay • $250 maximum plan coverage combined in-network and out-of-network for routine eye wear every year (including eyeglass frames, lenses, and contact lenses).
Mental Health Services	Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. In 2023, the amounts for each benefit period are $0 or: • $0 or $1,600 deductible for each benefit period; $0 copay per day for days 1-60; $0 or $400 copay per day for days 61-90 • $0 or $800 copay per day for each benefit period (up to 60 days over your lifetime) These amounts may change for 2024. **<u>In-Network:</u>** Outpatient group therapy visit: 0% or 20% of the total cost. Outpatient Individual therapy visit: 0% or 20% of the total cost. **<u>Out-of-Network:</u>** Outpatient group therapy visit: 40% of the total cost. Outpatient Individual therapy visit: 40% of the total cost.
Skilled Nursing Facility (SNF)	The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new

	benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. In 2023 the amounts for each benefit period are $0 or: • $0 copay per day for days 1-20; $200 copay per day for days 21-100. These amounts may change for 2024 **Our plan covers up to 100 days in a SNF.**
Physical Therapy	**In-Network:** 0% or 20% of the total cost. **Out-of-Network:** 40% of the total cost.
Outpatient Rehabilitation	**In-Network:** Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): 0% or 20% of the total cost. Occupational therapy visit: 0% or 20% of the total cost. **Out-of-Network:** Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): 40% of the total cost. Occupational therapy visit: 40% of the total cost.
Ambulance	Ground Ambulance: 0% or 20% of the total cost for each one-way trip. Air Ambulance: 0% or 20% of the total cost for each one-way trip.
Transportation	$0 copay. 30 one-way trips every year to plan-approved locations.
Medicare Part B Drugs	**In-Network:** For Part B drugs such as chemotherapy drugs: 0% or 20% of the total cost. For other Part B drugs: 0% or 20% of the total cost. For Part B Insulin Drugs: 0% or 20% of the total cost with a maximum copay amount per month of $35. **Out-of-Network:** For Part B drugs such as chemotherapy drugs: 40% of the total cost. Other Part B drugs: 40% of the total cost.

	For Part B Insulin Drugs: 40% of the total cost with a maximum copay amount per month of $35.

PRESCRIPTION DRUG BENEFITS	
Deductible	If you receive Extra Help, you do not have a prescription drug deductible. If you do not receive Extra Help, your deductible is $545 per year for Part D prescription drugs. **Important Message About What You Pay for Insulin** If you do not receive Extra Help, you won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.
Initial Coverage	If you receive Extra Help, you pay the following for covered Part D drugs, depending on your income and institutional status: **Generic Drugs** (including brand drugs treated as generic): • You pay $0 copay; or $1.55 copay; or $4.50 copay **Other Drugs** • You pay $0 copay; or $4.60 copay; or $11.20 copay If you do not receive Extra Help, you pay 25% coinsurance for all covered Part D drugs until your total drug costs reach $5,030 at which time you will leave the Initial Coverage stage and enter the Coverage Gap stage. If you reside in a long-term facility, you pay the same as at a standard retail pharmacy. We cover prescriptions filled at out-of-network pharmacies in only limited situations.
Coverage Gap	If you receive Extra Help, the coverage gap does not apply to you. If you do not receive Extra Help, the coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $5,030. After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total $8,000 which is the end of the coverage gap.
Catastrophic Coverage	Depending on your income and institutional status, after your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach $8,000, you pay nothing for covered Part D drugs.

Additional Member Benefits	Blue Cross MA Dual Care Plus Preferred (PPO DSNP)[SM]
Acupuncture for Chronic Low Back Pain	**In-Network:** • 0% or 20% of the total cost **Out-of-Network:** • 40% of the total cost
Chiropractic Care	**Medicare-covered manipulation of the spine to correct a subluxation** (when 1 or more of the bones of your spine move out of position) **In-Network:** • 0% or 20% of the total cost **Out-of-Network:** • 40% of the total cost
Diabetes Supplies and Services - Diabetes Monitoring Supplies - Diabetes self-management training - Therapeutic shoes or inserts	**In-Network:** **Diabetes monitoring supplies** • 0% or 20% of the total cost **Diabetes self-management training** • $0 copay **Therapeutic shoes or inserts** • 0% or 20% of the total cost **Out-of-Network:** **Diabetes monitoring supplies** • 0% or 20% of the total cost **Diabetes self-management training** • 40% of the total cost **Therapeutic shoes or inserts** • 0% or 20% of the total cost
Durable Medical Equipment	**In-Network:**

Additional Member Benefits	Blue Cross MA Dual Care Plus Preferred (PPO DSNP)[SM]
(wheelchairs, oxygen, etc.)	• 0% or 20% of the total cost **<u>Out-of-Network:</u>** • 20% of the total cost
Wellness Programs	$0 copay for SilverSneakers®† Fitness Program SilverSneakers can help you live a healthier, more active life through fitness and social connection. You are covered for a fitness benefit through SilverSneakers online and at participating locations[1]. You have access to a nationwide network of participating locations where you can take classes[2] and use exercise equipment and other amenities. Enroll in as many locations as you like, at any time. You also have access to instructors who lead specially designed group exercise classes in-person and online, seven days a week. Additionally, SilverSneakers Community gives you options to get active outside of traditional gyms at recreation centers, parks and other neighborhood locations. SilverSneakers also connects you to a support network and online resources through SilverSneakers LIVE classes, SilverSneakers On-Demand videos and the SilverSneakers GO mobile app. Activate your free online account at <u>SilverSneakers.com</u> to view your SilverSneakers Member ID number, and all program features available to you at no additional cost. For additional questions, go to <u>SilverSneakers.com</u> or call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET. Always talk with your doctor before starting an exercise program. 1. Participating locations (“PL”) are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. 2. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.
Flex Card	**$1,000 annual benefit (Dental, Vision, Hearing):** The flexible spending card is a preloaded debit card that can be used to help with out-of-pocket expenses at your dental, vision and hearing providers. **$255/every 3 Months (Over-the-Counter Items):**

Additional Member Benefits	Blue Cross MA Dual Care Plus Preferred (PPO DSNP)[SM]
	The flexible spending card is a preloaded debit card that is included as separate benefit for specific over-the-counter drugs and other health-related products every 3 months. You can use the OTC catalog as well as participating retailers. Unused OTC amounts do not roll over to the next calendar year. Please see your EOC for details.
Foot Care ***(podiatry services)***	**Medicare-covered foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions** **In-Network:** • 0% or 20% of the total cost **Out-of-Network:** • 40% of the total cost
Home Health Care	**In-Network:** • $0 copay **Out-of-Network:** • 40% of the total cost
Opioid Treatment Program Services	**In-Network:** • 0% of the total cost **Out-of-Network:** • 40% of the total cost
Outpatient Substance Abuse Services	**In-Network:** **Group therapy visit** • 0% or 20% of the total cost **Individual therapy visit** • 0% or 20% of the total cost **Out-of-Network:** **Group therapy visit** • 40% of the total cost **Individual therapy visit**

Additional Member Benefits	Blue Cross MA Dual Care Plus Preferred (PPO DSNP)[SM]
	• 40% of the total cost
Over-the-Counter Items	The Flexible Spending Card can be used for OTC. See the Flex Card benefit for details.
Prosthetic Devices ***(braces, artificial limbs, etc.)***	**In-Network:** **Prosthetic devices** • 0% or 20% of the total cost **Related medical supplies** • 0% or 20% of the total cost **Out-of-Network:** **Prosthetic devices** • 20% of the total cost **Related medical supplies** • 20% of the total cost
Meals	Eligible members will receive 2 meals a day for 14 days. Unlimited occurrences annually, after an inpatient stay.
Renal Dialysis	**In-Network:** • 0% or 20% of the total cost **Out-of-Network:** • 40% of the total cost
Telehealth Services	• $0 copay for urgent care visits through MDLive
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the total costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

New Mexico MEDICAID BENEFITS

New Mexico MEDICAID ELIGIBLE MEMBERS

A person who is eligible for both Medicare and Medicaid, and is enrolled in the Blue Cross and Blue Shield of New Mexico Medicaid plan, may enroll in the Blue Cross MA Dual Care Plus Preferred (PPO DSNP) plan for their Medicare services.

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Centennial Care (Medicaid) covers and what this Blue Cross MA Dual Care Plus Preferred (PPO DSNP) plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

COST-SHARE/COPAYMENT INFORMATION

In the Blue Cross MA Dual Care Plus Preferred (PPO DSNP) plan, the member receives Medicare cost-sharing assistance from the state Medicaid program. Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, Blue Cross MA Dual Care Plus Preferred (PPO DSNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to call: 1-877-688-1813 (TTY users should call 711). The Medicaid eligibility categories and amount of member cost-sharing are listed below:

IF YOU ARE A QUALIFIED MEDICARE BENEFICIARY (QMB)

You are entitled to payment of Medicare premiums as well as the deductible and coinsurance amounts on Medicare-covered services. To be eligible, you must already have, or be conditionally eligible for Medicare Part A (Hospital Insurance). Medicaid will pay your Medicare premiums, deductibles, and co-insurance charges on Medicare covered services only.

IF YOU ARE A SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLMB)/QUALIFIED INDIVIDUALS (QI1)

You are entitled to payment of your Medicare Part B premiums. For SLMBs, your income must be below 120% of the Federal Poverty Level Guidelines and for QI1's, your income must be between 120-135% of the Federal Poverty Level Guidelines. You must be enrolled in Medicare Part A. Medicaid does not pay the Medicare Part A premium. Since payment of the Medicare Part B premium is the only benefit, no Medicaid card is issued.

IF YOU ARE A QUALIFIED WORKING DISABLED INDIVIDUALS (QWDI)

For a QWDI, Medicaid coverage is limited to payment of the Medicare Part A premium. No Medicaid card is issued.

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2024 – December 31, 2024	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2024 – December 31, 2024
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 to find out if a service needs a Prior Approval or a referral.		
Benefit	**Centennial Care (Medicaid)**	**Blue Cross MA Dual Care Plus Preferred (PPO DSNP)[SM]** **(See benefit details above)**
Acupuncture	• Not Covered	• Coverage is limited to Medicare-covered acupuncture for chronic low back pain
Ambulance	If an emergency occurs, there is no need to call BCBSNM before going or calling 911 for emergency ambulance services. In an emergency, you do not have to worry about whether or not the ambulance is in the Blue Cross Community Centennial network.	• Covered
Chemotherapy and Radiation Therapy	• Is covered and prior authorization is required.	• Covered
Chiropractic Care	• Not Covered	• Covered
Dental Services	Services for eligible members are covered through a program administered by DentaQuest. One complete oral exam every 12 months all ages. Emergency dental care is available	• Covered
Diabetes Supplies and Services	Includes coverage for test strips, lancets, and screening tests	• Covered
Diagnostic Tests, Lab and Radiology Services, and X-Rays (Costs for these services may be different if received in an outpatient surgery setting)*	• Laboratory, X-ray, EKGs, medical imaging services and other diagnostics tests dependent on exact services. PET, MRA, MRI and CT scans are covered and require prior authorization.	• Covered
Doctor's Office Visits	• Office visits to PCPs or specialists, including dieticians, nurse practitioners, and physician assistants.	• Covered
Durable Medical Equipment	Medical supplies; durable medical equipment.	• Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2024 – December 31, 2024	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2024 – December 31, 2024
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 to find out if a service needs a Prior Approval or a referral.		
Benefit	**Centennial Care (Medicaid)**	**Blue Cross MA Dual Care Plus Preferred (PPO DSNP)SM (See benefit details above)**
(wheelchairs, oxygen, etc.)	All medical supplies costing $1,500 or more require prior authorization. Please call customer service and speak with a Care Coordinator/Case Manager for more information. Prior authorization is required.	
Emergency Care	• Ground and air ambulance are covered. Air ambulance requires prior authorization.	• Covered
Foot Care (podiatry services)	• Podiatry (foot and ankle services require prior authorization).	• Covered
Hearing Services	• Hearing services are covered and require prior authorization.	• Covered
Home Health Care	• Home health care and intravenous services are covered and require prior authorization.	• Covered
Behavioral Health Care	• Inpatient professional services, hospital outpatient services, evaluations, assessments, counseling, applies to all ages with no prior authorization. Psychiatric Inpatient hospital services applies to all ages and requires prior authorization. Partial hospitalization requires prior authorization. Therapy services, Psychological testing and comprehensive community support services are covered and services beyond core coverage may need prior authorization	• Covered
Outpatient Rehab	• Outpatient rehab services are covered and require prior authorization.	• Covered
Outpatient Substance Abuse Services	Intensive outpatient services for substance abuse and Co-occurring Disorders applies to all ages with no prior authorization required.	• Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2024 – December 31, 2024	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2024 – December 31, 2024
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 to find out if a service needs a Prior Approval or a referral.		
Benefit	**Centennial Care (Medicaid)**	**Blue Cross MA Dual Care Plus Preferred (PPO DSNP)SM** **(See benefit details above)**
Outpatient Surgery	• Minor surgeries dependent on exact service are covered. Surgery, including pre- and post-operative care dependent on surgery require prior authorization. Assistant Surgeon Anesthesiologist, Organ transplants; all transplants and pre-transplant evaluation require prior authorization.	• Covered
Special Rehabilitation Services	• Special rehabilitation services such as Physical therapy, Occupational therapy, Speech therapy, Cardiac therapy, and Pulmonary rehabilitation are covered and require prior authorization.	• Covered
Over-the-Counter Items	• Not Covered	• Covered
Prosthetic Devices (braces, artificial limbs, etc.)	Prosthetic coverage depends on the section number of the procedure code and prior authorization is required	• Covered
Renal Dialysis	• Dialysis services are covered and require prior notification.	• Covered
Transportation	MotivCare* coordinates all non-emergency transportation for members, including food and lodging expenses when long distance travel is needed to get covered medical care. Rides to routine appointments mileage reimbursement, and mass transit are covered. *MotivCare Solutions, LLC, is an independent company that administers transportation services for Blue Cross Community Centennial.	• Covered
Urgently Needed Services	Urgent care is provided for sudden illnesses or injuries that are not life threatening at in-	• Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2024 – December 31, 2024	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2024 – December 31, 2024
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 to find out if a service needs a Prior Approval or a referral.		
Benefit	**Centennial Care (Medicaid)**	**Blue Cross MA Dual Care Plus Preferred (PPO DSNP)℠** **(See benefit details above)**
	network Blue Cross Community Centennial facilities.	
Vision Services	Routine vision care, eyeglasses, and eye checkups are covered anytime and apply to all ages through a program administered by Davis Vision.	• Covered
Preventive Care	Preventive health care is for everyone and well-child visits from birth to age 21. Early and periodic Screening Diagnostic and treatment (EPSDT) services are provided to every Medicaid-eligible child from birth to age 21. Blue Cross Community Centennial will provide checkups and preventive services through providers. Other recommended health screenings include mammograms for women ages 40 through 69 every one or two years and both men and women age 50 should be screened for colon cancer. Routine PCP visits are covered as preventative measures.	• Covered
Second Opinions	Members may disagree with PCP or specialist, have concerns and need more information or treatment regarding illness. In these cases, the second opinion needs prior authorization	• Covered
Hospice	Hospice is covered with prior authorization.	• Covered
Pregnancy-Related and Maternity Services	Pregnancy-related and maternity services are covered	• Covered
Inpatient Hospital Care	Hospital services (inpatient, outpatient, is covered with prior authorization).	• Covered
School-Based Health Clinics	Covered services with no prior authorization required.	• Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2024 – December 31, 2024	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2024 – December 31, 2024
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 to find out if a service needs a Prior Approval or a referral.		
Benefit	**Centennial Care (Medicaid)**	**Blue Cross MA Dual Care Plus Preferred (PPO DSNP)℠** **(See benefit details above)**
Bariatric Surgery	Covered service with prior authorization required.	• Covered
Skilled Nursing Facility (SNF)	Skilled nursing is covered with prior authorization required.	• Covered
Prescription Drug Benefits	The *Blue Cross Community Centennial Drug List* is a list of drugs that are covered.	• Covered
ADDITIONAL INFORMATION		
Alternative Benefit Plan	The Alternative Benefit Plan (ABP) is a part of the New Mexico Medicaid program. The ABP offers coverage for Medicaid-eligible adults ages 19-64 who have income up to 138% of the Federal Poverty Level (FPL).	• Not Covered
Value-Added Services	In addition to covering the services required by state law, Blue Cross Community Centennial offers extra services to help keep you and your family healthy. Some services are not always available all year and may have additional limits and steps. Call Customer Service at 1-877-688-1813 for more details. **Note:** Services may change from year-to-year.	See SilverSneakers † Fitness Program
Member Rewards	Every member of Blue Cross Community Centennial is able to enroll in the Centennial Rewards Program. The Rewards Program allows you to earn "credits" by just taking part in certain healthy actions. To use your credits, enrollment is required. You can enroll at www.centennialrewards.com or call Centennial Rewards Wellness Services at 1-877-806-8964. Credits can be used by making choices from a catalog. You can order catalog items through a website or by	• Not Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2024 – December 31, 2024	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2024 – December 31, 2024
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 to find out if a service needs a Prior Approval or a referral.		
Benefit	**Centennial Care (Medicaid)**	**Blue Cross MA Dual Care Plus Preferred (PPO DSNP)SM (See benefit details above)**
	calling Centennial Rewards Wellness Services at 1-877-806-8964. Shipping costs will not apply. You will get your Centennial Rewards Program catalog when you earn your first credits.	

MEDICAID COVERED BENEFITS

Medical, behavioral health, and long-term care services are covered. Some categories of eligibility may also cover dental, vision, transportation, and prescription services. Additional Medicaid covered services may include:

- Preventive services
- Well-child visits
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services
- Medical/surgical services
- Family planning services
- Pregnancy-related and maternity services
- Prenatal care
- Urgent care services
- Emergency services
- Behavioral health benefits
- Prescription drug benefits
- Vision benefits
- Dental benefits
- Transportation benefits

MEDICAID LONG-TERM CARE SERVICES

Long-term care services for members who meet the Nursing Facility Level of Care (NFLOC) criteria are covered. Long-term care includes medical and nonmedical care for people who have disabilities or long- lasting illnesses. The member has to be in Agency-Based Community Benefit for 120 days before switching to Self-Directed Community Benefit.

The following services are covered for members who are eligible for the Self-Directed Community Benefit

- Behavior support consultation
- Customized community support
- Emergency response
- Employment supports
- Environmental modifications
- Home health aide
- Homemaker/Direct Support
- Nutritional counseling

MEDICAID AGENCY-BASED COMMUNITY BENEFIT

The following services are covered for members who meet NF LOC and select the Agency-Based Community Benefit (ABCB):

- Adult day health
- Assisted living
- Behavior support consultation
- Community transition services
- Emergency response
- Employment supports
- Environmental modifications
- Home health aide
- Nutritional Counseling
- Personal care services
- Private duty nursing for adults
- Respite
- Skilled maintenance therapy services

MEDICAID SELF-DIRECTED COMMUNITY BENEFIT

The Self-Directed Community Benefit (SDCB) is composed of certain home and community-based services available to eligible members. Self-direction gives you choices. It also gives you control over how the services are provided. You can choose who provides the services.

OTHER INSURANCE

If a Medicaid member has other medical or dental plan coverage, including Medicare, it is important that the member inform the Human Services Departments (HSD) Income Support Division (ISD) office. If the member does not know how to contact ISD, they should call the Medicaid Call Center at 1-888-997-2583 to get that information. The member should tell his or her provider about other insurance before any appointment.

The member should always show all insurance ID cards

- Private duty nursing for adults
- Related goods
- Respite
- Self-Directed Personal Care
- Skilled maintenance therapy services
- Specialized therapies
- Start Up Goods
- Transportation (non-medical)

IF YOU ARE A QMB, SLMB, QI1, OR QDWI BENEFICIARY:

Because Medicaid does not pay your cost-share, and you do not have full Medicaid benefits, your cost-share is typically 20%. There are a few exceptions such as preventive wellness exams and most supplemental benefits provided by Blue Cross Medicare Advantage Dual Care plus, where you will have a 0% cost-share.

when he or she sees a provider and/or goes to the hospital. The other insurance plan needs to be billed for the members health care services before Centennial Care (Medicaid) can be billed. The member's Medicaid Managed Care Organization (MCO) will work with the other insurance plan on payment for these services. The only exception to this is if a member has Indian Health Service (IHS) coverage. Medicaid will pay before IHS does.
If a member has both Medicare and Medicaid, the member has more than one insurance coverage. Medicare is considered as the primary insurance and Medicaid is the secondary insurance. The members Medicaid benefits will not change the primary insurance benefits.

Medicaid Plan Notice:

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. Such services are funded in part with the State of New Mexico.

Medicare Advantage Plan Notice:

Our service area includes these counties in New Mexico: Bernalillo, Chaves, Curry, Dona Ana, Otero, Quay, Roosevelt, Sandoval, Santa Fe, Taos, Torrance and Valencia.

PPO Special Needs Plan provided by Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. Enrollment in HCSC's plan depends on contract renewal.

Such services are funded in part with the State of New Mexico.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Premium, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

DISCLAIMERS

This document is available in other alternate formats.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-877-688-1813 (TTY: 711).

ATENCIÓN: Si habla español, hay servicios de traducción, libre de cargos, disponibles para usted. Llame al 1-877-583-8129 (TTY: 711).

Blue Cross MA Dual Care Plus Preferred is a Local PPO plan with a Medicare contract. Enrollment in **Blue Cross MA Dual Care Plus Preferred** depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of New Mexico members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Customer Service number or see your “Evidence of Coverage” for more information, including the cost-sharing that applies to out-of-network services.

Health coverage is offered by Health Care Service Corporation.

Blue Cross and Blue Shield of New Mexico complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of New Mexico does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of New Mexico:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact a Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of New Mexico has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, a Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-688-1813 (TTY/TDD: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-688-1813 (TTY/TDD: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-688-1813 (TTY/ TDD: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-877-688-1813 (TTY/TDD: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-688-1813 (TTY/TDD: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-688-1813 (TTY/TDD: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-688-1813 (TTY/TDD: 711). sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phi.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-688-1813 (TTY/TDD: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-688-1813 (TTY/TDD: 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-688-1813 (TTY/TDD: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic 711): سيقوم شخصما يتحدث العربية إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليسعليك سوى الاتصال بنا على 1-877-688-1813 (TTY/TDD: هذه خدمة مجانية. بمساعدتك

Hindi: हमारेस्वास्थ्य या दवा की योजना केबारेमेंआपकेकिसी भी प्रश्न केजवाब देनेकेलिए हमारेपास मुफ्त दुभाषिया सेवाएँउपलब्ध हैं. एक दुभाषिया प्राप्त करनेकेलिए, बस हमें 1-877-688-1813 (TTY/TDD: 711). पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता हैआपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-688-1813 (TTY/TDD: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-688-1813 (TTY/TDD: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-688-1813 (TTY/TDD: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-688-1813 (TTY/TDD: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用 命になるには、1-877-688-1813 (TTY/TDD: 711). にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Medicare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

This information is not a complete description of benefits. Call 1-877-688-1813 (TTY: 711) for more information.

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This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Premium, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

THANK YOU

Connect with us

Contact Information: 1-877-688-1813, TTY: 711

Organization Name: Blue Cross and Blue Shield of New Mexico

Organization website: getbluenm.com/dsnp