

you're going to love **lovelace**

With more than 85 years experience providing New Mexicans with quality health care, Lovelace is proud to offer State of New Mexico employees integrated health care coverage including a network of 36 hospitals & 6,500 providers **at a very affordable price**. Take a look. You're going to love Lovelace.



232.1988 or  
877.232.1988

statecustomer@lovelace.com  
(responses within 24 hours)

se habla español

you're  
covered



**LOCAL DECISION SUPPORT**

Contact our dedicated State of New Mexico Employee customer care team to provide you with the support you need to make a smart decision. You'll find our knowledgeable and friendly customer service team responsive and ready to help you answer the simplest question or navigate the sometimes complicated waters of health care.

**ACROSS TOWN OR AROUND THE WORLD, YOU'RE COVERED**

With our statewide network of providers and worldwide emergency medical coverage, you'll take better health with you, wherever you are.

**Lovelace**  
Insurance Company  
lovelacehealthplan.com



# statewide coverage

Our network of hospitals and physicians gives you access to great care anywhere throughout the state, including contracted providers in bordering states.

**NO SPECIALIST REFERRAL NEEDED**

# 6500

**NETWORK PROVIDERS**

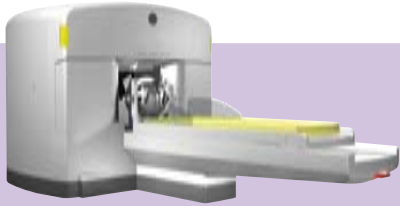
## 36 HOSPITALS STATEWIDE

- Alta Vista Regional Hospital
- Artesia General Hospital
- Carlsbad Medical Center
- Cibola General Hospital
- Clovis Plains Regional Medical Center
- Dan C. Trigg Memorial Hospital
- Del Sol Medical Center
- Eastern New Mexico Medical Center
- Espanola Hospital
- Gerald Champion Medical Center
- Gila Regional Medical Center
- Guadalupe County Hospital
- Highland Community Hospital
- Holy Cross Hospital
- Las Palmas Medical Center
- Lea Regional Medical Center
- Lincoln County Medical Center
- Lovelace Medical Center

- Lovelace Westside Hospital
- Lovelace Women's Hospital
- Memorial Medical Center
- Mimbres Memorial Hospital
- Miner's Colfax Hospital
- Mountain View Regional Medical Center
- Nor Lea Hospital
- PHC Los Alamos Medical Center
- Rehoboth Mckinley Christian Hospital
- Roosevelt General Hospital
- Roswell Regional Hospital
- San Juan Regional Medical Center
- Socorro General Hospital
- St. Vincent Hospital
- Union County General Hospital
- University Hospital
- University Medical Center-Lubbock
- UNM Carrie Tingley Hospital

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# specialized medicine

right here in new mexico

The **GAMMA KNIFE CENTER OF NEW MEXICO** is the only Gamma Knife Center in the state for non-invasive brain surgery.

Our **CANCER CARE CENTER** features advanced imaging and new targeted anti-cancer therapies.

The **SLEEP CENTER OF NEW MEXICO** is the premier sleep disorder center in the region.

**LOVELACE REHAB HOSPITAL** is the only hospital in NM accredited by the Commission on Accreditation of Rehabilitation Facilities in four programs.

Our **CARDIAC CARE CENTER** utilizes some of the most advanced cardiovascular technology anywhere.



## lovelace women's hospital is new mexico's only hospital devoted to women's health.

Our integrated breast care center provides mammograms, counseling & education.

Our family birthing center brings more than 3,600 babies into the world each year.

Expanded state-of-the-art NICU staffed with neonatologists & perinatologists for high-risk births.

For more information, please call

**232.1988 or 877.232.1988**

or email us at [statecustomercare@lovelace.com](mailto:statecustomercare@lovelace.com)



### DEDICATED CUSTOMER CARE

As a Lovelace member & State of New Mexico Employee, you'll have a local customer care team whose exclusive responsibility is to provide you with answers.



### HEALTH COACHING

No cost one-on-one personal health coaches help you achieve & maintain a healthy lifestyle, and can help you make the best decisions for your health.



### HEALTH & WELLNESS PROGRAMS

Our personalized programs will help you live a healthy life. Stop smoking, lose weight, pre-natal care & disease management are just a few.

**Lovelace**  
Insurance Company

[lovelacehealthplan.com](http://lovelacehealthplan.com)

| BENEFIT HIGHLIGHTS                  |   | IN-NETWORK PARTICIPATING PROVIDER |
|-------------------------------------|---|-----------------------------------|
| <b>Annual Deductible</b>            | Member deductible (contract year) <ul style="list-style-type: none"> <li>• Single</li> <li>• 2-Party</li> <li>• Family</li> </ul>     | \$50<br>\$100<br>\$150            |
| <b>Annual Out-of-Pocket Maximum</b> | Out-of-pocket maximum (contract year) <ul style="list-style-type: none"> <li>• Single</li> <li>• 2-Party</li> <li>• Family</li> </ul> | \$2,000<br>\$4,000<br>\$6,000     |
| <b>Lifetime Maximum</b>             | Unlimited (Certain services are subject to contract year and/or lifetime maximums or are limited per condition.)                      |                                   |

| COVERED SERVICES  | DESCRIPTION   | IN-NETWORK PARTICIPATING PROVIDER  |
|---|---|--|
| <b>Physician Services</b>   | Office visit <ul style="list-style-type: none"> <li>• Primary/GYN care</li> <li>• Specialty care</li> </ul>   | \$10 <sup>5</sup> office visit Co-pay<br>\$25 office visit Co-pay  |
|   | Preventive services <ul style="list-style-type: none"> <li>• Routine physicals</li> <li>• Well child care</li> <li>• Vision screening (through age 17)</li> <li>• Hearing screening (through age 25)</li> <li>• Immunizations</li> <li>• Adult wellness</li> <li>• Health education programs</li> </ul> | No Co-pay <sup>5</sup><br>No Co-pay <sup>5</sup><br>No Co-pay <sup>5</sup><br>No Co-pay <sup>5</sup><br>No Co-pay <sup>5</sup><br>No Co-pay <sup>5</sup><br>Fees Vary (based on service) |
|   | Laboratory  | No Co-pay <sup>5</sup>   |
|   | X-ray   | No Co-pay  |
|   | Allergy testing, treatment  | \$25 office visit co-pay   |
|   | Allergy injections by a nurse   | No Co-pay  |
|   | Allergy extract preparation   | No Co-pay  |
|   | <b>Hospital Services</b>  | Hospitalization (includes room and board, inpatient physician care – physician visits, surgeon, and anesthesiologist) <sup>3</sup>   |
| Inpatient rehabilitation services <sup>3</sup>                          |   | \$300 Admission Co-pay   |
| Laboratory  |   | No Co-pay <sup>5</sup>   |
| X-ray   |   | No Co-pay  |
| MRI/PET Scans/CT Scans (maximum \$200 per occurrence)                   |   | 10% Co-insurance   |
| Hospital Observation Services (no admission)                            |   | \$150 Co-pay   |
| Surgery – Outpatient (no hospital admission)                            |   | 10% Co-insurance   |
| <b>Maternity Services</b>   | Physician/midwife services (delivery, prenatal/postnatal care)  | \$10 Co-pay – initial visit only, all other visits no Co-pay   |
|   | Genetic testing and counseling <sup>3</sup>   | Co-pay based on place of service   |
|   | Home birth  | No Co-pay  |
|   | Hospital admission <sup>3</sup>   | \$300 Co-pay per pregnancy   |
|   | Routine nursery care for newborns   | No Co-pay  |
| <b>Emergency Services</b>   | Emergency room visit <sup>2</sup><br>Urgent Care Center<br>Ambulance <sup>1</sup> <ul style="list-style-type: none"> <li>• Ground transportation</li> <li>• Air ambulance</li> </ul>  | \$150 Co-pay<br>\$35 Co-pay<br>\$30 Co-pay per trip<br>\$100 Co-pay per trip   |
|   | <b>Mental Health</b>  | Outpatient services  |
| Inpatient services <sup>3</sup><br>Partial hospitalization <sup>3</sup> |   | \$300 Co-pay per Admission<br>\$150 Co-pay per Admission   |
| Residential Treatment Center (must be medically necessary) <sup>3</sup> |   | \$300 Co-pay per Admission   |



| COVERED SERVICES       | DESCRIPTION   | IN-NETWORK PARTICIPATING PROVIDER  |                                  |
|------------------------|---|--|----------------------------------|
| <b>Substance Abuse</b> | Outpatient services (30 visits per contract year) <sup>4</sup>  | \$25 office visit Co-pay   |                                  |
|                        | Inpatient services (30 days per contract year, 2 courses of treatment per lifetime) <sup>3,4</sup>  | \$300 Co-pay per admission   |                                  |
|                        | Partial hospitalization (same limits as above, combined with Inpatient services) <sup>3,4</sup>   | \$150 Co-pay per admission   |                                  |
|                        | Intensive outpatient (non-Step Down)  | \$75 Co-pay per admission  |                                  |
|                        | Residential Treatment Center (limited to 60 days/Contract Year; must be medically necessary) <sup>3,4</sup>   | \$300 Co-pay per admission   |                                  |
| <b>Other Services</b>  | Biofeedback (for specified medical conditions only)   | \$25 Office visit Co-pay   |                                  |
|                        | Cardiac or pulmonary rehabilitation   | \$25 Office visit Co-pay   |                                  |
|                        | Chemotherapy and/or radiation therapy   | No Co-pay in physicians office   |                                  |
|                        | Chiropractic, Acupuncture, and Massage Therapy (\$1,500 combined contract year max.) <sup>4</sup>   | \$25 Office visit Co-pay   |                                  |
|                        | Naprapathic services (\$1,500 combined contract year max.) <sup>4</sup>   | \$25 Office visit Co-pay   |                                  |
|                        | Chronic pain treatment  | Co-pay based on place of service   |                                  |
|                        | Dental services (for specified medical conditions only) <ul style="list-style-type: none"> <li>Inpatient<sup>3</sup></li> <li>Outpatient</li> </ul>   | \$300 Co-pay per admission<br>\$25 Office visit Co-pay   |                                  |
|                        | Dialysis  | No Co-pay  |                                  |
|                        | Durable Medical Equipment, orthotics, prosthetics and appliances <sup>3</sup>   | 15%  |                                  |
|                        | Injectable drugs received in the office <sup>3</sup> <ul style="list-style-type: none"> <li>If billed in conjunction with an office visit</li> <li>If provided by a nurse and no office visit is billed</li> </ul>  | Included in office visit Co-pay<br>No Co-pay   |                                  |
|                        | Home health care <sup>3</sup>   | \$25 Physician Co-pay;<br>no Co-pay for nursing services   |                                  |
|                        | Hospice <sup>3,4</sup> <ul style="list-style-type: none"> <li>Bereavement counseling (limited to 3 sessions during the Hospice benefit period)</li> <li>Respite care (lifetime maximum of 2 sessions of up to 10 days for each Hospice benefit period)</li> </ul> | No Co-pay  |                                  |
|                        | Infertility related services (only limited services covered)  | Co-pay based on services   |                                  |
|                        | Physical, occupational and speech therapy (maximum of 60 visits per condition, per contract year) <sup>4</sup>  | \$25 office visit Co-pay   |                                  |
|                        | Restorative speech therapy <sup>3</sup>   | 50% to a lifetime maximum of \$500   |                                  |
|                        | Skilled nursing facility (max. 60 days per contract year) (Admission co-pay waived if readmitted within 15 days) <sup>3,4</sup>   | \$300 Admission Co-pay   |                                  |
|                        | Sleep disorder studies <ul style="list-style-type: none"> <li>Inpatient<sup>3</sup></li> <li>Sleep lab (2 nights)</li> </ul>  | \$300 Admission Co-pay<br>\$150 Co-pay   |                                  |
|                        | Smoking cessation   | 50%  |                                  |
|                        | Surgical services <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> <li>In-Office <ul style="list-style-type: none"> <li>PCP</li> <li>Specialist</li> </ul> </li> </ul>   | Covered as part of Hospital Admission<br>10% Co-insurance<br><br>Included in PCP office visit Co-pay<br>\$25 Office visit Co-pay |                                  |
|                        | Reconstructive Surgery <sup>3</sup> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>   | \$300 Admission Co-pay<br>\$150 Co-pay   |                                  |
|                        | Weight loss programs (Morbid Obesity) <ul style="list-style-type: none"> <li>Inpatient <sup>3</sup></li> <li>Outpatient</li> </ul>  | \$300 Admission Co-pay<br>\$25 Office visit Co-pay   |                                  |
|                        | <b>Transplants</b>  | Coverage for human organ transplants (refer to SPD for details on transplant coverage) (max. \$500,000 lifetime benefit)         | Co-pay based on place of service |

1 Ambulance Co-pay is waived if transportation is Medically Necessary and results in an Inpatient Hospital Admission.

2 The \$150 emergency care is waived if an Admission results. Then, the Hospital Admission Co-pay applies.

3 Benefit Certification may be required or benefits may be denied.

4 This benefit includes an annual maximum payment, annual visit limitation, lifetime visit limitation and/or lifetime maximum payment. Refer to SPD for more information.

5 Not subject to the Deductible