AcademicBlue℠

UNM

University of New Mexico Student Health Plan 2016-2017

Administered by:
Blue Cross and Blue Shield of New Mexico (BCBSNM)

Please read the brochure to understand your coverage.
Please see "Important Notice" on the final page of this document.

Account Number:
Medical: 190482

AcademicBlue℠

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Introduction

University of New Mexico (UNM) is pleased to offer AcademicBlue, its student health plan for students who are eligible to enroll in the UNM Student Health Plan (Plan). UNM contracts with Blue Cross and Blue Shield of New Mexico (BCBSNM) as its Third Party Administrator (TPA) for the administration of your health benefits. Academic HealthPlans, Inc. (AHP) is a separate company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of New Mexico.This brochure explains your health care benefits, including which health care services are covered and how to use the benefits. This plan protects Insured students and their covered Dependents on or off campus for weekends, holidays, summer vacations, at home or while traveling, 24 hours per day, for the Contract year. This Plan meets the requirements of the Affordable Care Act. The actuarial value of this plan is 83%, which would meet or exceed a Gold metal level of coverage. This plan will always pay benefits in accordance with any applicable Federal and New Mexico state insurance law(s). Please keep these three fundamental plan features in mind as you learn about this plan:

- **The Student Health Plan is a Preferred Provider Organization (PPO) plan.** You should seek treatment from the UNM Health Network or the BCBSNM Preferred Provider Organization (PPO) Network, which consists of hospitals, doctors, and ancillary and other health care providers who have contracted with UNM Health and BCBSNM for the purpose of delivering covered health care services at negotiated prices, so you can maximize your benefits under this plan. A list of Network Providers can be found online at **unm.myahpcare.com** by clicking on the ***"Find a Doctor or Hospital"*** link under ***"Benefits,"*** or by calling **(844) 866-2224**.
- **Your Plan includes services provided by UNM Student Health & Counseling (SHAC), many provided at a low cost to you.**
- **Participating in the Plan does not mean all of your health care costs are paid in full by the Plan.** There are several areas for which you could be responsible for payment, including, but not limited to, a Deductible, a Copayment or Coinsurance (patient percentage of Covered Expenses), and medical costs for services excluded by the plan.
- **It is your responsibility to familiarize yourself with this plan.** Exclusions and limitations are applied to the coverage as a means of cost containment (please see page 18 for more details). To make this coverage work for you, it is helpful to be informed and proactive. Check the covered benefits in this brochure before your procedure whenever possible. Know the specifics and communicate them to your health care provider. Review the User Guide for a step-by-step overview of how to use your benefits.

We are here to help.
Representatives from Academic HealthPlans and UNM Health are available to answer your questions. You may contact AHP at **(855) 865-0352** for enrollment and eligibility questions and UNM Health at **(844) 866-2224** for benefit and claim questions.

Please Note: We have capitalized certain terms that have specific, detailed meanings, which are important to help you understand your plan. Please review the meaning of the capitalized terms in the "Definitions" section on page 14.

Privacy Notice

We know that your privacy is important to you and we strive to protect the confidentiality of your personal health information. Under the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA), we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You will receive a copy of the HIPAA Notice of Privacy Practices upon request. Please write to Academic HealthPlans, Inc., P.O. Box 1605, Colleyville, TX 76034-1605, or call **(855) 865-0352,** or you may view and download a copy from the website at **unm.myahpcare.com**.

Eligibility/How to Enroll

It is your responsibility to enroll for coverage each year in order to maintain continuity of coverage, unless you are automatically enrolled. If you no longer meet the eligibility requirements, contact Academic HealthPlans at **(855) 865-0352** prior to your termination date.

Eligibility Requirements

The following types of students will be automatically enrolled in the Plan and the student health plan premium will be added to their tuition bill unless a waiver and proof of coverage under another plan is submitted and approved by the waiver deadline: (a) Non-Immigrant International Students enrolled in any number of credit hours (b) Medical Health Professional Students enrolling (and not receiving a tuition refund), paying fees and actively attending classes each semester for 6 or more credit hours or 3 hours in the summer and (c) Medical Doctorate Students. Graduate Students holding a Teaching Assistantship (TA), Graduate Assistantship (GA), Research Assistantship (RA), or Project Assistantship (PA), enrolled for six (6) or more graduate credit hours throughout the semester and working 25% FTE or higher (Contact the Office of Graduate Studies at 277-2711 for additional eligibility information regarding assistantships) will be automatically enrolled unless an opt-out waiver and proof of coverage under another Plan is submitted and approved prior to the waiver deadline. Waiver procedures and deadline information are available at unm.myahpcare.com and https://hr.unm.edu/benefits/student-health-insurance.

A student must actively attend classes for at least the first 31 days after the date for which coverage is purchased, unless he or she withdraws from classes due to an Injury or Sickness and the absence is an approved medical leave. Home study, correspondence, Internet classes and television (TV) courses do not fulfill the eligibility requirements that the student must actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the eligibility requirements have been met. If the Company discovers the eligibility requirements have not been met, its only obligation is refund of premium.

Eligible students who enroll may also insure their Dependents. Dependent enrollment must take place at the initial time of student enrollment (or within 30 days, if the premium is billed on the student's tuition); exceptions to this rule are made for newborn or adopted children, or for dependents who become eligible for coverage as the result of a qualifying event. (Please see "Qualifying Events," page 3, for more details.) "Dependent" means an Insured's lawful spouse including Domestic Partner; or an Insured's child, stepchild, child of a Covered Person's Domestic Partner, foster child, dependent grandchild or spouse's dependent grandchild; or a child who is adopted by the Insured or placed for adoption with the Insured, or for whom the Insured is a party in a suit for the adoption of the child; or a child whom the Insured is required to insure under a medical support order issued or enforceable by the courts. Any such child must be under age 26.

Coverage will continue for a child who is 26 or more years old, chiefly supported by the Insured and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to the Company within 31 days after the date the child ceases to qualify as a dependent, under this plan, for the reasons listed above. During the next two years, the Company may, from time to time, require proof of the continuation of such condition and dependence. After that, the Company may require proof no more than once a year. Dependent coverage is available only if the student is also insured. Dependent coverage must take place within the exact same coverage period as the Insured's; therefore, it will expire concurrently with the Insured's plan.

A newborn child will be covered for the first 31 days following the child's birth, provided the covered student:

1) Enrolls the child within 31 days of birth, and
2) Pays any required additional premium

If you're not eligible for the Student Health Plan and would like coverage, please visit **ahpcare.com.**

If you're enrolled in Medicare due to age or disability, you are not eligible for the Student Health Plan.

Qualifying Events

Eligible students who have a change in status and lose coverage under another health care plan are eligible to enroll for coverage under the plan, provided, within 31 days of the qualifying event, such students send to Academic HealthPlans:

- A copy of the Certificate of Creditable Coverage, or a letter of ineligibility (lost coverage), from their previous health insurer
- A "Qualifying Events" form, which they can download from **unm.myahpcare.com**

A change in status due to a qualifying event includes but is not limited to:

- Birth or adoption of a child
- Loss of a spouse, whether by death, divorce, annulment or legal separation
- If you are no longer covered on a family member's plan because you turned 26

The premium will be prorated as it would have been at the beginning of the semester. However, the effective date will be the later of the following: the date the student enrolls for coverage under the Plan and pays the required premium, or the day after the prior coverage ends. To apply for coverage that is needed because of a qualifying event, you may download the "Qualifying Events Form" from **unm.myahpcare.com.**

Effective Dates and Termination

The coverage under the Plan becomes effective at 12:00 a.m. Central time at the university's address on the later of the following dates:

1) The effective date of the Plan**, August 1, 2016**; or

2) The date **after the** premium is received by the Company or its authorized representative.

Effective and Termination Dates

Term	From	Through
Fall*	08/01/16	01/15/17
Spring/Summer	01/16/17	07/31/17
Summer	06/05/17	07/31/17

*MD coverage starts 7/11/16

Waiver Deadlines

Term	Date
Fall (MD Students)	08/11/16
Fall	09/15/16
Spring/Summer	02/10/17
Summer	06/23/17

The coverage provided with respect to the Covered Person shall terminate at 11:59 p.m. Central time on the earliest of the following dates:

1) The last day of the period through which the premium is paid;
2) **July 31, 2017;** or
3) The date the eligibility requirements are not met.

Renewal Notice

It is the student's responsibility to enroll in or waive out of coverage each semester. Please refer to enrollment periods and effective dates for your campus listed above.

PLEASE NOTE: Renewal notices will not be mailed from one semester to the next. If you maintain your student status, you will be eligible to enroll in or waive the following semester.

Coverage period notice: Coverage Periods are established by the University and subject to change from one Plan year to the next. In the event that a coverage period overlaps another coverage period, the prior coverage period will terminate as of the effective date of the new coverage period. In no case will an eligible member be covered under two coverage periods within the same group.

Coordination of Benefits

Under a Coordination of Benefits (COB) provision, the plan that pays first is called the primary plan. The secondary plan typically makes up the difference between the primary plan's benefit and the Covered Expenses. When one plan does not have a COB provision, that plan is always considered the primary plan, and always pays first. You may still be responsible for applicable Deductible amounts, Copayments and Coinsurance.

Additional Covered Expenses

The Plan will always pay benefits in accordance with any applicable federal and state insurance law(s).

UNM Student Health & Counseling (SHAC)

Eligibility and Cost: Students currently enrolled at UNM are eligible for medical care at UNM SHAC. This service is funded in part by student activity fees. Fees are charged for: primary care and specialist visits, physical therapy, pharmacy, Counseling Services and for certain procedures (e.g., x-rays, lab tests, injections). The UNM Student Health Plan may help pay for these charges.

Hours and Location: Monday through Thursday 8 a.m. - 5:30 p.m.; Friday 9:00 a.m. - 5:00 p.m. (Closed on all official University holidays and campus closures due to weather/unseen circumstances.) Location: Main campus north of Johnson Center. Hours are subject to change; check SHAC website for updates— shac.unm.edu.

SHAC TTY Phone: 277-7926. SHAC website: shac.unm.edu.

Appointments: (277-3136): Appointments with a Doctor or practitioner are available weekdays.

General Medical Services: (277-3136): UNM SHAC is a primary care facility offering comprehensive primary care including scheduled and same day Doctor appointments. Students with long-term healthcare problems are urged to make an appointment to discuss their health problems.

Women's Health Care: (277-3136): A comprehensive service addresses women's health needs: birth control, pregnancy counseling, sexually transmitted disease testing, routine pap smears, and annual exams.

Counseling Services: (277-3136): Counseling Services provide services that help students function successfully in their academic lives. Those services include assessment; emergency and crisis intervention; short-term counseling for individuals; and medication evaluation and monitoring. Sessions are confidential. Students in need of extended care are referred to professionals in the community.

Allery and Immunization: (277-3136): UNM SHAC offers a full-service, year-round allergy and immunization clinic, as well as travel consultation.

Specialty Clinics: (277-3136): Appointments for specialty clinics may be obtained by a referral from a UNM SHAC practitioner. These clinics are held on a regular basis and are conducted by qualified specialists in the areas of Acupuncture, Physical Therapy, Psychiatry, Massage Therapy and Sports Medicine.

Lab and X-Ray: (277-3136): Routine laboratory tests and X-rays are performed at UNM SHAC at a reduced rate.

Pharmacy: (277-6306): Location: Second floor (Room 206). Prescriptions and over-the-counter drugs are available. Prescriptions from any healthcare provider can be filled. Current I.D. cards are always required.

Health Education: (277-1074): Nutrition Clinic and Health Weight Plan are offered at low-cost rates.

Schedule of Benefits

In addition to SHAC, the provider networks for this plan are the UNM Health and BCBSNM PPO Networks. After the Deductible is satisfied, benefits will be paid based on the selected provider. Benefits will be paid at **20%** of the Allowable Amount of services rendered by Network Providers in the UNM Health and BCBSNM PPO Network, unless otherwise specified in the Plan. Services obtained from Out-of- Network Providers (any provider outside the UNM Health Network or BCBSNM PPO Network) will not be paid EXCEPT for ambulance and emergency services. Benefits will be paid up to the maximum for each service, as specified below, regardless of the provider selected.

AT PHARMACIES CONTRACTING WITH THE PRIME THERAPEUTICS NETWORK: You must go to a pharmacy contracting with the Prime Therapeutics Network in order to access this program. Present your insurance ID card to the pharmacy to identify yourself as a participant in this Plan. Eligibility status will be online at the pharmacy. You can locate a participating pharmacy by calling **(800) 423-1973** or online at **bcbsnm.com** by clicking on the "Find a Pharmacy" link under Benefits.

Maximum Benefit	Unlimited		
	UNM SHAC Network	UNM Health Network	BCBSNM PPO Network
Deductible (Per Covered Person, Per Plan Year)	$0 Student N/A Family	$250 Student $500 Family	
Out-Of-Pocket Maximum (Per Covered Person, Per Plan Year)	$6,350 Student $12,700 Family		

OUT-OF-POCKET MAXIMUM means the maximum liability that may be incurred by a Covered Person in a benefit period for covered services, under the terms of a coverage plan. Once the Out-of-Pocket Maximum has been satisfied, Covered Expenses will be payable at **100%** for the remainder of the Plan year, up to any maximum that may apply. Coinsurance applies to the Out-of-Pocket Maximum.

The Network Out-of-Pocket Maximum may be reached by:

- The network Deductible
- Charges for outpatient prescription drugs
- The hospital emergency room Copayment
- The Copayment for Doctor office visits
- The Copayment for specialist's office visits
- The payments for which a Covered Person is responsible after benefits have been provided (except for the cost difference between the hospital's rate for a private room and a semi-private room, or any expenses incurred for Covered Expenses rendered by an Out-of-Network Provider other than Emergency Care and Inpatient treatment during the period of time when a Covered Person's condition is serious)

Deductible applies only to UNM Health Network and BCBSNM PPO Network unless otherwise noted. The benefits on this chart represent what the member will pay:

Inpatient	UNM SHAC Network	UNM Health Network	BCBSNM PPO Network
Hospital Expenses: Include the daily semi-private room rate; intensive care; general nursing care provided by the hospital; and hospital miscellaneous expenses such as the cost of the operating room, laboratory tests, X-ray examinations, pre-admission testing, anesthesia, drugs (excluding take-home drugs) or medicines, physical therapy, therapeutic services and supplies.	Not Available	**20%** of Allowable Amount	**20%** of Allowable Amount
Surgical Expenses, Anesthetist and Assistant Surgeon: When multiple surgical procedures are performed during the same operative session, the primary or major procedure is eligible for full Allowable Amount for that procedure.	Not Available	**20%** of Allowable Amount	**20%** of Allowable Amount
Doctor's Visits	Not Available	**20%** of Allowable Amount	**20%** of Allowable Amount
Routine Well-Baby Care	Not Available	**20%** of Allowable Amount	**20%** of Allowable Amount
Mental Illness/Chemical Dependency	Not Available	Paid as any other covered Sickness	Paid as any other covered Sickness

Outpatient	UNM SHAC Network	UNM Health Network	BCBSNM PPO Network
Surgical Expenses, Anesthetist and Assistant Surgeon: When multiple surgical procedures are performed during the same operative session, the primary or major procedure is eligible for full Allowable Amount for that procedure. **For Covered Students only, surgery to remove non-malignant warts, moles and lesions will be covered at UNM SHAC.*	Not Available	**20%** of Allowable Amount	**20%** of Allowable Amount
Day Surgery Miscellaneous: Related to scheduled surgery performed in a hospital, including the cost of the operating room, laboratory tests, X-ray examinations, professional fees, anesthesia, drugs or medicines and supplies.	Not Available	**20%** of Allowable Amount	**20%** of Allowable Amount
Doctor Office Visit: 0% of Allowable Amount after copay			
Doctor Copayment Amount: For office visit/consultation when services rendered by a Family Practitioner, OB/GYN, Pediatrician, Behavioral Health Practitioner, or Internist and Physician Assistant or Advanced Practice Nurse who works under the supervision of one of these listed physicians.	**$5** Copayment per visit (Deductible Waived)	**$15** Copayment per visit (Deductible waived)	**$25** Copayment per visit (Deductible waived)
Specialist Copayment Amount: For office visit/consultation when services rendered by a Specialty Care Provider refer to Medical/Surgical Expenses section for more information.	**$10** Copayment per visit (Deductible waived)	**$25** Copayment per visit (Deductible waived)	**$35** Copayment per visit (Deductible waived)
Physical Medicine Services: Physical therapy or chiropractic care – office services. Physical medicine services include, but are not limited to, physical, occupational and manipulative therapy.	**20%** of Allowable Amount	**50%** of Allowable Amount	**50%** of Allowable Amount
Benefit Period Visit Maximum	Benefits for physical medicine services will be limited to 30-visits per Benefit Period.		
Massage Therapy:	**$5** Copayment Per visit. Limited to 2 per semester and 6 per Benefit Period.	Not Available	Not Available
Radiation Therapy and Chemotherapy: Including dialysis and respiratory therapy.	Not Available	**20%** of Allowable Amount	**20%** of Allowable Amount
Emergency Care and Accidental Injury			
Facility Services: (Copayment is waived if the Insured is admitted; Inpatient hospital expenses will apply).	Not Available	**20%** of Allowable Amount	
Physician Services	Not Available	**20%** of Allowable Amount	
Non-Emergency Care			

Outpatient	UNM SHAC Network	UNM Health Network	BCBSNM PPO Network
Facility Services: (Copayment is waived if the Insured is admitted; Inpatient hospital expenses will apply).	Not Available	**20%** of Allowable Amount	**20%** of Allowable Amount
Physician Services	Not Available	**20%** of Allowable Amount	**20%** of Allowable Amount
Urgent Care Services	Not Available	**20%** of Allowable Amount after **$15** Copayment for Urgent Care Visit	**20%** of Allowable Amount after **$25** Copayment for Urgent Care Visitf
Diagnostic X-rays and Laboratory Procedures	**20%** of Allowable Amount	**20%** of Allowable Amount	**20%** of Allowable Amount
Tests and Procedures: Diagnostic services and medical procedures performed by a Doctor, other than Doctor's visits.	**20%** of Allowable Amount	**20%** of Allowable Amount	**20%** of Allowable Amount
Allergy Injections and Testing	**20%** of Allowable Amount	**20%** of Allowable Amount	**20%** of Allowable Amount
Mental Illness/Chemical Dependency	**20%** of Allowable Amount	Paid as any other covered Sickness	Paid as any other covered Sickness
Extended Care Expenses	**UNM SHAC Network**	**UNM Health Network**	**BCBSNM PPO Network**
Extended Care Expenses: All services must be pre-authorized.	Not Available	**20%** of Allowable Amount	**20%** of Allowable Amount
Home Health Care	Not Available	Limited to 100 visit maximum each Benefit Period	
Skilled Nursing	Not Available	Limited to 60 days maximum each Benefit Period	
Hospice Care	Not Available	No Benefit Period Visit Maximum	
Private Duty Nursing	Not Available	Not Available	
Other	**UNM SHAC Network**	**UNM Health Network**	**BCBSNM PPO Network**
Ground and Air Ambulance Services	Not Available	**20%** of Allowable Amount	**20%** of Allowable Amount
Durable Medical Equipment: When prescribed by a Doctor and a written prescription accompanies the claim when submitted.	Not Available	**20%** of Allowable Amount	**20%** of Allowable Amount
Maternity/Complications of Pregnancy	Not Available	**20%** of Allowable Amount	**20%** of Allowable Amount
Speech and Hearing Services: Services to restore loss of hearing/speech, or correct an impaired speech or hearing function.	Not Available	**20%** of Allowable Amount	**20%** of Allowable Amount
Hearing Aids Hearing Aid Maximum		Hearing aids are limited to one hearing aid per ear, per 36-month period.	

Other	UNM SHAC Network	UNM Health Network	BCBSNM PPO Network
Dental: Made necessary by Injury to sound, natural teeth only.	Not Available	**20%** of Allowable Amount	**20%** of Allowable Amount
Pediatric Vision, up to age 21: See benefit flier for details.	Not Available	**0%** of Allowable Amount	**0%** of Allowable Amount
Pediatric Routine Dental Care, up to age 21: See benefit flier for details.	Not Available	**20%** of Allowable Amount	**20%** of Allowable Amount
Pediatric Basic and Major Dental, up to age 21: See benefit flier for details.	Not Available	**50%** of Allowable Amount	**50%** of Allowable Amount
Pediatric Medically Necessary Orthodontia, up to age 21: See benefit flier for details.	Not Available	**50%** of Allowable Amount	**50%** of Allowable Amount
Organ and Tissue Transplant Services: The transplant must meet the criteria established by BCBSNM for assessing and performing organ or tissue transplants as set forth in BCBSNM's written medical policies.	Not Available	**20%** of Allowable Amount	**20%** of Allowable Amount
Preventive Care Services: Includes but are not limited to: **a.** Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force ("USPSTF"); **b.** Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention ("CDC"); **c.** Evidenced-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration ("HRSA") for infants, child(ren), and adolescents; and **d.** With respect to women, such additional preventive care and screenings, not described in item "a" above, as provided for in comprehensive guidelines supported by the HRSA. Preventive care services as mandated by state and federal law are covered. Please refer to the Plan or call UNM Health for more information at **(844) 866-2224.**	**0%** of Allowable Amount (Deductible waived)	**0%** of Allowable Amount (Deductible waived)	**0%** of Allowable Amount (Deductible waived)

Pharmacy Benefits	UNM SHAC Network	UNM Health Network	BCBSNM PPO Network
Retail Pharmacy: (Deductible waived) Benefits include diabetic supplies. Copayment amounts are based on a 30-day supply. With appropriate prescription order, up to a 90-day supply is available at three (3) times the Copayment. Copayment amounts will apply to Out-of-Pocket maximum. **Prescription Drugs at SHAC:** (Deductible waived)		*At pharmacies contracting with Prime Therapeutics Network:* **0%** of Allowable Amount after the below copayment:	*At pharmacies contracting with Prime Therapeutics Network: 0% of Allowable Amount after the below copayment:*
Generic Drug	**$10** Copayment	**$20** Copayment	**$20** Copayment
Preferred Brand-name Drug	**$20** Copayment*	**$40** Copayment*	**$40** Copayment*
Non-preferred Brand-name Drug	**$30** Copayment *	**$60** Copayment *	**$60** Copayment *
Specialty Drug	**$100** Copayment	**$100** Copayment	**$100** Copayment

*Copayment plus the cost difference between the Brand Name Drug or supplies per prescription for which there is Generic Drug or supply available

The relationship between Blue Cross and Blue Shield of New Mexico (BCBSNM) and Contracting Pharmacies is that of Independent Contractors, contracted through a related company, Prime Therapeutics, LLC. Prime Therapeutics also administers the pharmacy benefit program. BCBSNM, as well as several other independent Blue Cross Plans, has an ownership interest in Prime Therapeutics.

Pre-Authorization Notification

BCBSNM should be notified of all hospital confinements prior to admission.

1) **Pre-authorization Notification of Medical Non-emergency Hospitalizations:** The patient, Doctor or hospital should telephone **(844) 866-2224** from 8 a.m. to 5 p.m. Mountain Time at least one (1) business day prior to the planned admission.

2) **Pre-authorization Notification of Medical Emergency Hospitalizations:** The patient, patient's representative, Doctor or hospital should telephone **(844) 866-2224** from 8 a.m. to 5 p.m. Mountain Time within two (2) working days of the admission or as soon as reasonably possible to provide the notification of any admission due to medical emergency.

3) **Pre-authorization Notification of Mental Illness/Chemical Dependency Hospitlizations:** The patient, Doctor or hospital should telephone **(888) 898-0070** from 8 a.m. to 5 p.m. Mountain Time at least one (1) business day prior to the planned admission.

IMPORTANT: Failure to follow the notification procedures will not affect benefits otherwise payable under the Plan; in addition, pre-authorization notification is not a guarantee that benefits will be paid.

Allowable Amount means the maximum amount determined by Us to be eligible for consideration of payment for a particular service, supply or procedure.

For hospitals, Doctors and other providers contracting with UNM Health and BCBSNM in New Mexico or any other Blue Cross and Blue Shield Plan – The Allowable Amount is based on the terms of the Network Provider contract and the payment methodology in effect on the date of service. The payment methodology used may include diagnosis-related groups (DRGs), fee schedule, package pricing, global pricing, per diems, case-rates, discounts, or other payment methodologies.

For hospitals, Doctors and other providers not contracting with UNM Health and BCBSNM in New Mexico or any other Blue Cross and Blue Shield Plan outside of New Mexico (non-contracting Allowable Amount) – The Allowable Amount will be the lesser of:

i. The provider's billed charges, or;

ii. The BCBSNM non-contracting Allowable Amount. Except as otherwise provided in this section, the non-contracting Allowable Amount is developed from base Medicare participating reimbursements adjusted by a predetermined factor established by BCBSNM. Such factor shall be not less than [**75 percent**] and will exclude any Medicare adjustment(s) which is/are based on information on the claim.

Notwithstanding the preceding sentence, the non-contracting Allowable Amount for home health care is developed from base Medicare national per-visit amounts for low utilization payment adjustment, or LUPA, episodes by home health discipline type adjusted for duration and adjusted by a predetermined factor established by Us. Such factor shall be not less than [**75 percent**] and shall be updated on a periodic basis. When a Medicare reimbursement rate is not available or is unable to be determined based on the information submitted on the claim, the Allowable Amount for non-contracting providers will represent an average contract rate in aggregate for network providers adjusted by a predetermined factor established by Us. Such factor shall be not less than [**75 percent**] and shall be updated not less than every two years.

We will utilize the same claim processing rules and/or edits that We utilize in processing Network Provider claims for processing claims submitted by non-contracted providers, which may also alter the Allowable Amount for a particular service. In the event we do not have any claim edits or rules, We may utilize the Medicare claim rules or edits that are used by Medicare in processing the claims. The Allowable Amount will not include any additional payments that may be permitted under the Medicare laws or regulations which are not directly attributable to a specific claim, including, but not limited to, disproportionate share and graduate medical education payments.

Any change to the Medicare reimbursement amount will be implemented by Us within ninety (90) days after the effective date that such change is implemented by the Centers for Medicare and Medicaid Services, or its successor.

For multiple surgeries - The Allowable Amount for all surgical procedures performed on the same patient on the same day will be the amount for the single procedure with the highest Allowable Amount plus a determined percentage of the Allowable Amount for each of the other covered procedures performed.

For prescription drugs as applied to Network Provider and Out-of-Network Provider pharmacies - The Allowable Amount for pharmacies that are Network Providers will be based on the provisions of the contract between BCBSNM and the pharmacy in effect on the date of service. The Allowable Amount for pharmacies that are not Network Providers will be based on the Average Wholesale Price.

Benefit Period means the period of time starting with the effective date of this plan through the termination date as shown on the face page of the plan. The Benefit Period is as determined by UNM.

Coinsurance means a percentage of an eligible expense that the Covered Person is required to pay toward a Covered Expense.

Company means Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (also referred to herein as "BCBSNM").

Copayment means a fixed dollar amount that the Covered Person must pay before benefits are payable under the Plan.

Covered Expenses means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies not excluded or limited by the Plan. Coverage under the Plan must remain continuously in force from the date of the accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply that gave rise to the expense or the charge was rendered or obtained.

Covered Person means any eligible student or an eligible dependent who applies for coverage, and for whom the required premium is paid to the Company.

Deductible means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a plan term basis before benefits are payable under the Plan.

Dependent means an Insured's lawful spouse including Domestic Partner; or an Insured's child, stepchild, child of a Covered Person's Domestic Partner, foster child, dependent grandchild or spouse's dependent grandchild; or a child who is adopted by the Insured or placed for adoption with the Insured, or for whom the Insured is a party in a suit for the adoption of the child; or a child whom the Insured is required to insure under a medical support order issued or enforceable by the courts. Any such child must be under age 26.

Doctor means a Doctor licensed to practice medicine. It also means any other practitioner of the healing arts who is licensed or certified by the state in which his or her services are rendered and acting within the scope of that license or certificate. It will not include a Covered Person or a member of the Covered Person's immediate family or household.

Domestic Partner means a person with whom a student has entered into a Domestic Partnership**.**

Domestic Partnership means a long-term committed relationship of indefinite duration with a person that meets the following criteria: (i) a student and his/her Domestic Partner have lived together for at least six (6) months; (ii) neither a student nor his/her Domestic Partner is married to anyone else or has another domestic partner; (iii) a student's Domestic Partner is at least 18 years of age and mentally competent to consent to a contract; (iv) a student's Domestic Partner resides with him/her and intends to do so indefinitely; (v) a student and his/her Domestic Partner have an exclusive mutual commitment similar to marriage; and (vi) a student and his/her Domestic Partner are jointly responsible for each other's common welfare and share financial obligations.

Emergency Care means health care services provided in a hospital emergency facility (emergency room) or comparable facility to evaluate and stabilize medical conditions of recent onset and severity, including, but not limited to, severe pain, that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that the person's condition, Sickness, or Injury is of such a nature that failure to get immediate care could result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment of bodily functions;
- Serious dysfunction of any bodily organ or part;
- Serious disfigurement; or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Emergency Services means, with respect to an emergency medical condition, a medical screening examination that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition, and, within the capabilities of the staff and facilities available at the hospital, such further medical examination and treatment as are required to stabilize the patient.

Injury means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a covered accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Inpatient means that a Covered Person is a registered bed patient and is treated as such in a health care facility.

Insured means a person in a Class of Eligible Persons who enrolls for coverage and for whom the required premium is paid, making coverage in effect for that person. An Insured is not a dependent covered under the Plan.

Interscholastic Activities means playing, participating and/or traveling to or from an interscholastic, intercollegiate, club sports, professional, or semi-professional sport, contest or competition, including practice or conditioning for such activity.

Medically Necessary means those services or supplies covered under the plan that are:

- Essential to, consistent with, and provided for in the diagnosis or in the direct care and treatment of the condition, Sickness, disease, Injury, or bodily malfunction; and
- Provided in accordance with, and are consistent with, generally accepted standards of medical practice in the United States; and
- Not primarily for the convenience of the Insured, his physician, behavioral health practitioner, the hospital, or other provider; and
- The most economical supplies or levels of service that are appropriate for the safe and effective treatment of the Insured. When applied to hospitalization, this further means that the Insured requires acute care as a bed patient due to the nature of the services provided or the Insured's condition, and the Insured cannot receive safe or adequate care as an outpatient.

The medical staff of BCBSNM shall determine whether a service or supply is Medically Necessary under the Plan and will consider the views of the state and national medical communities; the guidelines and practices of Medicare, Medicaid, or other government-financed programs; and peer-reviewed literature. Although a physician, behavioral health practitioner or professional other provider may have prescribed treatment, such treatment may not be Medically Necessary within this definition.

Network Provider means a hospital, Doctor or other provider who has entered into an agreement with UNM Health or BCBSNM (and, in some instances, with other participating Blue Cross and/or Blue Shield Plans) to participate as a managed care provider.

Out-of-Network Provider means a hospital, Doctor or other provider who has not entered into an agreement with UNM Health or BCBSNM (or other participating Blue Cross and/or Blue Shield Plan) as a managed care provider.

Outpatient means that a Covered Person is receiving treatment while not an Inpatient. Services considered Outpatient include, but are not limited to, services in an emergency room regardless of whether a Covered Person is subsequently registered as an Inpatient in a health care facility**.**

Out-of-Pocket Maximum means the maximum liability that may be incurred by a Covered Person in a Benefit Period before benefits are payable at 100 percent of the Allowable Amount.

Pre-authorization means the process that determines in advance the Medical Necessity or experimental, investigational and/or unproven nature of certain care and services under this Plan.

Qualifying Intercollegiate Sport means a sport: a.) which has been accorded varsity status by the Institution as an NCAA sport; and (b.) which is administered by such Institution's department of intercollegiate athletics; and (c.) for which the eligibility of the participating student athlete is reviewed and certified in accordance with NCAA legislation, rules, or regulations; and (d.) which entitles qualified participants to receive the Institution's official awards.

Sickness means an illness, disease or condition causing a Covered Person to incur medical expenses while covered under the Plan. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

We, Our, Us means Blue Cross and Blue Shield of New Mexico or its authorized agent.

Exclusions and Limitations

Except as specified in this Plan, coverage is not provided for loss or charges incurred by or resulting from:

1. as a result of dental treatment, except as provided elsewhere in the Plan. This exclusion does not apply to Essential Health Benefits mandated by the Patient Protection and Affordable Care Act.

2. for services normally provided without charge by the Policyholder's Health Center or by health care providers employed/retained by the Policyholder. The eligibility fee assessed by the Policyholder's Health Center is not a covered item.

3. for eye examinations, eyeglasses, contact lenses, or prescription for such (except as specifically provided in the Plan) or treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision apart from the disease process. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.

4. for hearing examinations or hearing aids, except as provided herein; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing apart from the disease process. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.

5. as a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.

6. for physical, behavioral or mental health conditions, Injury, Sickness or disease resulting from war or act of war, declared or undeclared.

7. as a result of an physical, behavioral or mental health conditions, Injury, Sickness or disease for which benefits are paid under any Workers' Compensation or Occupational Disease Law.

8. as a result of Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.

9. for treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.

10. for cosmetic surgery except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent newborn child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.

11. for Injuries sustained as the result of a motor vehicle Accident to the extent provided for any loss or any portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.

12. for preventive treatment, testing, medicines, serums, vaccines, vitamins or contraceptive except as specifically provided in the Plan. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.

13. as a result of committing or attempting to commit an assault or felony or participation in a riot or civil commotion.

14. for Elective Treatment or elective surgery, except as specifically provided in the Plan.

15. after the date plan terminates for a Covered Person except as may be specifically provided in the Extension of Benefits provision.

16. for any services rendered by a Covered Person's Immediate Family Member.

17. for a treatment, service or supply which is not Medically Necessary or covered as a Preventive Service.

18. for surgery and/or treatment of: except as specifically provided in the Plan; biofeedback-type services; breast implants or breast reduction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; family planning, except as specifically provided; hair growth or removal; sexual reassignment surgery and related therapy; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; vasectomy; and erectile dysfunction. This exclusion does not apply to Essential Health Benefit mandated by the Patient Protection and Affordable Care Act.

19. for routine physical examinations, health examinations or preschool physical examinations, except as specifically provided for in the Plan. This exclusion does not apply to Preventive Services mandated by the Patient Protection and Affordable Care Act.

20. for Injury resulting from: the practicing for, participating in, or traveling as a team member to and from intercollegiate, professional and semi-professional sports; hang gliding; sky diving; glider flying; sail planing. This exclusion does not apply to injuries sustained while participating in the UNM intramural Plan or UNM Club Sport Plan or activities, which are not under auspices of the UNM Athletic Department but are conducted under the jurisdiction of the Policyholder.

21. for treatment in the Hospital emergency room which is not due to an Emergency Medical Condition.

22. for treatment, services, drugs, device, procedures or supplies that are Experimental or Investigational unless specifically provided under Clinical Trials Expense.

23. for treatment, services or supplies that are not deemed to be an Eligible Expense.

24. for weight management, weight reduction, or treatment for obesity including bariatric surgery and any condition resulting therefrom, including surgery for the removal of excess skin or fat.

Academic Emergency Services*

To ensure immediate access to assistance if you experience a crisis while traveling over 100 miles from home, or outside your home country, Academic HealthPlans has included Academic Emergency Services (AES) benefits in your student health plan coverage. AES offers a wide range of services and benefits to provide everything you need to prepare for your international experience, as well as get the help or information you need in a crisis, no matter how large or small.

The following services and benefits are available to you 24 hours a day, 7 days a week:

Medical Assistance: Pre-travel information; physician referrals; medical monitoring to ensure adequate care; 24/7 Nurse Help Line; prescription assistance or medicine dispatch.

Emergency Medical Evacuation and Repatriation: Unlimited benefit for evacuation from inadequate facility to a higher level of care facility, repatriation home for continued care if medically necessary, or recovery and repatriation of deceased remains.

Accidental Death and Dismemberment: $25,000 benefit

Emergency Family Assistance: Benefits for visit of a family member or friend if hospitalized for 3 or more days, return of children if left unattended, bereavement reunion, emergency return home in the event a participant's family member suffers life threatening illness or death and return of participant's personal belongings in the event of evacuation or death.

Travel, Legal and Security Assistance: Pre-travel destination information or security advice; assistance locating lost luggage; passport replacement assistance; emergency travel arrangements; translation assistance; interpreter referral; legal consultation and referral; emergency message forwarding.

Preparing for your time away from home is easy; simply visit the Academic Emergency Services portal:

aes.myahpcare.com

To obtain additional pre-travel information or advice, or in the event of a medical, travel or security crisis, call Academic Emergency Services immediately.

(855) 873-3555 call toll free from the US

+ 1 (410) 453-6354 call collect from anywhere

Email: assistance@ahpcare.com

This provides you with a brief outline of the services available to you. Terms, conditions, limitations and exclusions apply. All services must be arranged and paid for through the AES service provider. There is no claim process for reimbursement of self-paid expenses unless specifically described in the service plan.

*Academic Emergency Services (AES) is a global emergency services product. These services are provided by a separate and independent company from AES or Academic HealthPlans. AES provides medical, security and natural disaster evacuation services, repatriation of remains, emergency medical and travel assistance, travel information and other services for Academic HealthPlans.

BlueCard®

Like all Blue Cross and Blue Shield Licensees, We participate in a program called "BlueCard." Whenever the Covered Person accesses health care services outside Our service area, the claims for those services may be processed through BlueCard and presented to Us for payment in conformity with network access rules of the BlueCard Policies then in effect ("Policies"). Under BlueCard, when Covered Persons incur Covered Expenses within the geographic area served by an onsite Blue Cross and/or Blue Shield Licensee ("Host Blue"), We will remain responsible to the Covered Person for fulfilling the Plan's contract obligations. The Host Blue will only be responsible, in accordance with applicable BlueCard Policies, if any, for providing such services as contracting with its participating Providers and handling all interactions with its participating Providers.

Summary of Benefits and Coverage

The Affordable Care Act requires all health insurers to provide consumers with a Summary of Benefits and Coverage (SBC). The SBC is a description of the benefits and health coverage offered by a particular health plan. The SBC is intended to provide clear, consistent descriptions that may make it easier for people to understand their health plan coverage.

The items in the SBC just represent an overview of coverage; they are not an exhaustive list of what is covered or excluded. The full terms of coverage are located in your plan. To obtain an SBC for your Plan, please go to **unm.myahpcare.com.**

BCBSNM Online Resources

BCBSNM members have online access to claims status, Explanations of Benefits, ID cards, Network Providers, correspondence and coverage information by logging in to **Blue Access for Members**[SM] (BAM)**.** Visit **BCBSNM.com** and click on the "Log in" tab. Follow the simple, onscreen directions to establish an online account in minutes.

BAM has been enhanced to include BAM Mobile, a self-service tool that provides a quick and easy way to view any email notifications We may have sent. In Message Center, notifications are securely sent directly to the Insured student's email address. If the Insured student prefers to receive paper copies, he or she may opt out of electronic delivery by going into "My Email Preferences" and making the change there.

Please go to **unm.myahpcare.com** for additional premium and benefit information.

Claims Procedure

In the event of Injury or Sickness, the student should:

1. Report to the Student Health Center for treatment, or, when not in school, to his/her Doctor or hospital. Insureds should go to a Network Doctor or hospital for treatment, if possible.

   IN AN EMERGENCY, REPORT DIRECTLY TO THE NEAREST EMERGENCY ROOM FOR TREATMENT.

2. Mail to the address below all prescription drug receipts (for providers outside of those contracting with Prime Therapeutics), medical and hospital bills, along with patient's name and Insured student's name, address, Social Security Number, BCBSNM member ID number, and name of the University under which the student is Insured.

3. File claims within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

The Plan is administered by:
Blue Cross Blue Shield of New Mexico

UNM Health Customer Service: **(844) 866-2224**

Administrative Services by:
Academic HealthPlans, Inc.
P. O. Box 1605 Colleyville, TX
76034-1605

Fax (**817) 809-4701**

For more information
unm.myahpcare.com