

Summary of Benefits Amendment

This document provides new information and for Lovelace Health System, Inc. (Lovelace Health Plan) members enrolled in a Platinum, Premier, Primary or Select HMO Coverage plan. This document is part of your Lovelace Health Plan Summary of Benefits and/or Prescription Drug Rider and identifies enhancements made to your plan due to new federal laws, specifically the Mental Health Parity and Addiction Equity Act, and the Patient Protection and Affordable Care Act (Health Care Reform). The effective dates of these enhancements are listed below. If you have questions about this information, please contact the Lovelace Customer Care Center at 505.727.5683, toll-free at 800.808.7363 or TTY 800.659.8331.

Covered Services	Description	Platinum Plans	Premier Plans	Primary Plans
		Your Cost/Co-Payments		
Lifetime Maximum on Essential Benefits (effective 9-23-10)		None	None	None
Medical Office Visits (effective 9-23-10)	Preventive Care Services <ul style="list-style-type: none"> • Annual Physicals • Well Baby/Child Care • Immunizations • Periodic screening and tests • Vision and Hearing Screening (for members age 17 and under) • Colonoscopy Medically Necessary surgical procedures performed in the physician's office Diagnosis and treatment of illness and injury	No Charge ⁶	No Charge ⁷	No Charge ⁷
		PCP or Specialist Co-payment applies	PCP or Specialist Co-payment applies	PCP or Specialist Co-payment applies
		PCP or Specialist Co-payment applies	PCP or Specialist Co-payment applies	PCP or Specialist Co-payment applies
Outpatient Short-Term Rehabilitation (effective 9-23-10)	<ul style="list-style-type: none"> • Physical, Occupational, and Speech Therapy • Cardiac Rehabilitation • Pulmonary Rehabilitation 	PCP Co-Payment applies ⁷	Subject to Deductible & Coinsurance ⁸	Subject to Deductible & Coinsurance ⁸
Smoking/Tobacco Cessation (effective 7-1-10)	Prescription Drugs Counseling	Refer to Prescription Drug Rider PCP Co-payment applies ⁸	Refer to Prescription Drug Rider PCP Co-payment applies ⁹	Refer to Prescription Drug Rider PCP Co-payment applies ⁹

ENDNOTES: Platinum Plans

- (2) The Lifetime and Annual limitations on Autism benefits have been removed. These services must be Medically Necessary as defined in your Evidence of Coverage.
- (3) As a result of the Patient Protection and Affordable Care Act, Lovelace has removed the limits on this “Essential” benefit. These services must be Medically Necessary as defined in your Evidence of Coverage. Services must be provided by an audiologist, hearing aid dispenser or physician. Coverage is limited up to age 21.
- (6) The Patient Protection and Affordable Care Act requires health plans to cover specific Preventive Care Services at no cost to our members, when the services are provided by an In-Network Participating Provider. Though these specific services are covered at no charge, the provider may charge a co-payment for other services provided during the office visit. If you have questions regarding the Preventive Care Services that are covered under your plan, or your cost for these services, please contact the Lovelace Customer Care Center.
- (7) As a result of the Patient Protection and Affordable Care Act, Lovelace has removed the limits on these “Essential” benefits. These services must be Medically Necessary as defined in your Evidence of Coverage.
- (8) As a result of the Mental Health Parity and Addiction Equity Act, Lovelace has removed the limitation on Smoking Cessation Counseling and Smoking Cessation Prescription Drugs. A PCP Co-payment applies for these services.

ENDNOTES: Premier Plans

- (3) The Lifetime and Annual limitations on Autism benefits has been removed. These services must be Medically Necessary as defined in your Evidence of Coverage.
- (4) As a result of the Patient Protection and Affordable Care Act, Lovelace has removed the limits on this “Essential” benefit. These services must be Medically Necessary as defined in your Evidence of Coverage. Services must be provided by an audiologist, hearing aid dispenser or physician. Coverage is limited up to age 21.
- (7) The Patient Protection and Affordable Care Act requires health plans to cover specific Preventive Care Services at no cost to our members, when the services are provided by an In-Network Participating Provider. Though these specific services are covered at no charge, the provider may charge a co-payment for other services provided during the office visit. If you have questions regarding the Preventive Care Services that are covered under your plan, or your cost for these services, please contact the Lovelace Customer Care Center.
- (8) As a result of the Patient Protection and Affordable Care Act, Lovelace has removed the limits on these “Essential” benefits. These services must be Medically Necessary as defined in your Evidence of Coverage.
- (9) As a result of the Mental Health Parity and Addiction Equity Act, Lovelace has removed the limitation on Smoking Cessation Counseling and Smoking Cessation Prescription Drugs. A PCP Co-payment applies for these services.

ENDNOTES: Primary Plans

- (3) The Lifetime and Annual limitations on Autism benefits has been removed. These services must be Medically Necessary as defined in your Evidence of Coverage.
- (4) As a result of the Patient Protection and Affordable Care Act, Lovelace has removed the limits on this “Essential” benefit. These services must be Medically Necessary as defined in your Evidence of Coverage. Services must be provided by an audiologist, hearing aid dispenser or physician. Coverage is limited up to age 21.
- (7) The Patient Protection and Affordable Care Act requires health plans to cover specific Preventive Care Services at no cost to our members, when the services are provided by an In-Network Participating Provider. Though these specific services are covered at no charge, the provider may charge a co-payment for other services provided during the office visit. If you have questions regarding the Preventive Care Services that are covered under your plan, or your cost for these services, please contact the Lovelace Customer Care Center.
- (8) As a result of the Patient Protection and Affordable Care Act, Lovelace has removed the limits on these “Essential” benefits. These services must be Medically Necessary as defined in your Evidence of Coverage.
- (9) As a result of the Mental Health Parity and Addiction Equity Act, Lovelace has removed the limitation on Smoking Cessation Counseling and Smoking Cessation Prescription Drugs. A PCP Co-payment applies for these services.

Covered Services	Description	Select HMO Plans
		Your Cost, Co-Payment or Coinsurance Amount
Outpatient Short-Term Rehabilitation (effective 9-23-10)	<ul style="list-style-type: none"> Physical, Occupational, and Speech Therapy Cardiac Rehabilitation Pulmonary Rehabilitation 	\$20 Co-payment per visit ⁷
Smoking/Tobacco Cessation (effective 7-1-10)	Prescription Drugs Counseling	20% after deductible PCP Co-payment applies ⁸

ENDNOTES: Select HMO Plans

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- (4) As a result of the Patient Protection and Affordable Care Act, Lovelace has removed the limits on this “Essential” benefit. These services must be Medically Necessary as defined in your Evidence of Coverage. Services must be provided by an audiologist, hearing aid dispenser or physician. Coverage is limited up to age 21.
- (7) As a result of the Affordable Care Act, Lovelace has removed the limits on these “Essential” benefits. These services must be Medically Necessary as defined in your Evidence of Coverage.
- (8) As a result of the Mental Health Parity and Addiction Equity Act, Lovelace has removed the limitation on Smoking Cessation Counseling and Smoking Cessation Prescription Drugs. A PCP Co-payment applies for these services.