

Summary of Benefits Amendment

This document provides new information and for Lovelace Insurance Company members enrolled in a Classic or Select PPO Coverage plan. This document is part of your Lovelace Insurance Company Summary of Benefits and Prescription Drug Rider, if applicable, and identifies enhancements made to your plan due to federal law, 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.

Classic PPO

Covered Services	Description	Member Deductibles, Copayment & Coinsurance	
		In-Network Participating Provider	Out-of-Network Non-Participating Provider
Pre-existing Condition Limitation (effective 9-23-10)	A condition is pre-existing if it is a physical or mental condition for which medical advice, medication, diagnosis, care or treatment was sought or recommended within a six-month period before the effective date of coverage. No benefits are available for pre-existing conditions for six (6) months after the effective date of coverage, unless prior creditable coverage exists. This limitation does not apply for members under the age of 19.		
Lifetime Maximum on Essential Benefits (effective 9-23-10)		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 screenings and tests • Vision and Hearing Screening (for members age 17 and under) • Colonoscopy Medically Necessary surgical procedures performed in the physician's office Diagnosis & treatment of illness and injury	No Charge ⁹ Non-Specialist or Specialist Co-payment applies Non-Specialist or Specialist Co-payment applies	Subject to Deductible & Coinsurance ⁽⁹⁾
Outpatient Short-Term Rehabilitation (effective 9-23-10)	<ul style="list-style-type: none"> • Physical, Occupational, and Speech Therapy • Cardiac Rehabilitation • Pulmonary Rehabilitation 	Subject to Deductible & Coinsurance ⁽⁵⁾	Not covered
Smoking/Tobacco Cessation (effective 7-1-10)	Prescription Drugs Counseling	Refer to Prescription Drug Rider ⁽¹⁰⁾ Non-Specialist Co-payment applies	Subject to Deductible & Coinsurance ⁽¹⁰⁾

ENDNOTES: Classic PPO Plans

- (3) The Lifetime and Annual limitations for Autism benefits has been removed. These services must be Medically Necessary as defined in your Evidence of Coverage.
- (4) 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 still limited up to age 21.
- (5) As a result of the Patient Protection and Affordable Care Act, Lovelace has removed the limits on the “Essential” benefits of Outpatient Short Term Rehabilitation. These services must be Medically Necessary as defined in your Evidence of Coverage.
- (9) 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. Services received from an Out-of-Network/Non-Participating Provider are not covered. 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.
- (10) 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.

Select PPO

Covered Services	Description	Member Cost-sharing: Deductibles & Coinsurance	
		In-Network Participating Provider	Out-of-Network Non-Participating Provider*
Lifetime Maximum on Essential Benefits (Effective 9-23-10)		None	None
Outpatient Short-Term Rehabilitation (effective 9-23-10)	<ul style="list-style-type: none"> • Physical, Occupational, and Speech Therapy • Cardiac Rehabilitation • Pulmonary Rehabilitation 	Subject to Deductible & Coinsurance ⁽⁹⁾	Subject to Deductible & Coinsurance ⁽⁹⁾
Smoking/Tobacco Cessation (effective 7-1-10)	Prescription Drugs Counseling	Subject to Deductible & Coinsurance ⁽¹⁰⁾	Subject to Deductible & Coinsurance ⁽¹⁰⁾

ENDNOTES: Select PPO Plans

- (3) The Lifetime and Annual limitations for Autism benefits has been removed. These services must be Medically Necessary as defined in your Evidence of Coverage.
- (4) 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 still limited t up to age 21.
- (9) 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.
- (10) 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.