

Point of Service Rider Amendment

This document provides new information and for Lovelace Health System, Inc. (Lovelace Health Plan) members enrolled in a Platinum or Premier Coverage plan with a Point of Service Rider. This document is part of your Lovelace Health Plan Summary of Benefits and/or 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. 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	Member Deductibles, Co-Payment & Co-Insurance	
		In-Network	Out-of-Network
Lifetime Maximum for Essential Benefits (effective 9-23-10)		None	None
Emergency and Urgent Care Services⁽⁸⁾ (effective 9-23-10)	Services obtained at a Hospital Emergency Room or Emergency Outpatient Facility (waived if admitted) or at a designated urgent care facility	Cost-sharing is the same for both In-Network and Out-of-Network Emergency Care. Cost sharing is also the same for both In-Network and Out-of-Network Urgent Care. Please refer to your Summary of Benefits and any Addenda, if applicable, for specific cost-sharing information.	
Outpatient Short-Term Rehabilitation⁽³⁾ (effective 9-23-10)	Physical, Occupational, and Speech Therapy Cardiac Rehabilitation Pulmonary Rehabilitation	Please refer to your Summary of Benefits and Addenda, if applicable, for In-Network cost-sharing information	Subject to Deductible & Coinsurance
Smoking/Tobacco Cessation⁽⁹⁾ (effective 07-01-10)	Please refer to your Summary of Benefits Prescription Drug Rider for a description of Covered Services		

ENDNOTES:

- (3) 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.
- (4) The Annual and Lifetime limitation on Autism benefits has been removed. These services must be Medically Necessary as defined in your Evidence of Coverage.
- (5) As a result of the Patient Protection and Affordable Care Act, Lovelace has removed the limits on this Essential benefit. Services must be provided by an audiologist, hearing aid dispenser or physician. Coverage is limited up to age 21.
- (8) As a result of the Patient Protection and Affordable Care Act, Lovelace has changed the Out-of-Network cost-sharing amounts for Emergency and Urgent Care Services to be the same as In-Network cost-sharing amounts.
- (9) As a result of the Mental Health Parity and Addiction Equity Act, Lovelace has removed limitations on Smoking Cessation Counseling and Smoking Cessation Prescription Drugs.