



UNM LoboHealth

Current & New Plan Comparison

Plan Categories	FY 2019* UNM Team Health	FY 2019* BCBS	FY 2020** Combined
Deductible- Individual/Family (Only Applicable to Coinsurance)	\$600/\$1,200	\$600/\$1,200	\$600/\$1,200
Out of Pocket Max-Individual/Family (Includes Tier I and Tier II cost share and combined with Rx cost share)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Approval Required to access Tier II Providers	Approval from UNMTH (Benefit Certification) Required for Tier II. If not obtained, Cost Share is at Tier III (Out of Network)	Choice-Cost Share is based on network chosen at time of service. No Approval required.	Choice-Cost Share is based on network chosen at time of service. No Approval required.
Customer Service	UNMTH with warm transfer to BCBS	BCBS	BCBS with warm transfer to UNMTH UNMTH provide UNMTH network and clinic priority scheduling

Plan Cost Share (Out of Pocket Expenses)	Tier I Cost Share	Tier II Cost Share	Tier I Cost Share	Tier II Cost Share	Tier I Cost Share	Tier II Cost Share
PCP Visit copay	\$25	\$30	\$25	\$30	\$10	\$30
Specialist Visit copay	\$35	\$45	\$35	\$45	\$20	\$45
Complex Diagnostic (MRI, CT, PET, Nuclear Med) Deductible +	10%	30%	15%	25%	\$150	25%
Outpatient Procedures Deductible +	10%	30%	15%	25%	\$250	25%
Inpatient Deductible +	10%	30%	15%	25%	\$500	25%

* Jul. 1, 2018 – Jun. 30, 2019

** Jul. 1, 2019 – Jun. 30, 2020