New Mexico Medical Insurance Pool
"When no one else will help, we're there"

NMMIP Comparison Summary Table

	$500 Plan	$1,000 Plan	$2,000 Plan	$5,000 Plan
ANNUAL DEDUCTIBLE	$500	$1,000	$2,000	$5,000
OUT-OF-POCKET ANNUAL MAXIMUM (INCLUDES DEDUCTIBLE)	$5,000	$5,000	$6,000	$7,350
OFFICE VISITS • PCP • Specialist	 $20 copay* $40 copay*	 $25 copay* $45 copay*	 $30 copay* $50 copay*	 $35 copay* $55 copay*
PREVENTIVE CARE	No Charge	No Charge	No Charge	No Charge
MATERNITY CARE • PRENATAL • DELIVERY & NEWBORN CARE	 No Charge 20%	 No Charge 20%	 No Charge 30%	 No Charge 40%
PRESCRIPTION DRUGS • Generic • Preferred Brand • Non-Preferred Brand • Specialty	 $10 copay* $35 copay* $70 copay* 30% up to $400	 $10 copay* $35 copay* $70 copay* 30% up to $400	 $10 Co-pay* $35 co-pay* $70 co-pay* 30% up to 400	 $10 co-pay* $35 co-pay* $70 co-pay* 30% up to 400
INPATIENT HOSPITAL	20%	20%	30%	40%
OUTPATIENT SURGERY	20%	20%	30%	40%
DIAGNOSTICS • LAB • X-Ray • MRI, CT, PET	 $20 copay* $20 copay* 20%	 $25 copay* $25 copay* 20%	 $30 copay* $30 copay* 30%	 $35 copay* $35 copay* 40%
PHYSICIAN SERVICES	20%	20%	30%	40%
DIABETIC TESTING & SUPPLIES	No Charge	No Charge	No Charge	No Charge
EMERGENCY ROOM	$250 copay*	$300 copay*	$350 copay*	$400 copay*
AMBULANCE	20%	20%	30%	40%
URGENT CARE	$40 copay*	$45 copay*	$50 copay*	$55 copay*
MENTAL HEALTH OP (Non-intensive)	No Charge	No Charge	No Charge	No Charge
MENTAL HEALTH OP (Intensive)	No Charge	No Charge	No Charge	No Charge
MENTAL HEALTH IP	No Charge	No Charge	No Charge	No Charge
PHYSICAL, OCCUPATIONAL & SPEECH THERAPY (outpatient)	$20 copay*	$25 copay*	$30 copay*	$35 copay*
PHYSICAL, OCCUPATIONAL & SPEECH THERAPY (inpatient)	20%	20%	30%	40%
DURABLE MEDICAL EQUIPMENT	20%	20%	30%	40%
ORGAN TRANSPLANT TRAVEL BENEFIT	$10,000 max per transplant	$10,000 max per transplant	$10,000 max per transplant	$10,000 max per transplant
HOME HEALTH CARE	No Charge Max 100 visits per yr	No Charge Max 100 visits per yr	No Charge Max 100 visits per yr	No Charge Max 100 visits per yr
HOSPICE CARE	No Charge	No Charge	No Charge	No Charge
SKILLED NURSING CARE	20% Max 100 days per yr	20% Max 100 days per yr	30% Max 100 days per yr	40% Max 100 days per yr
DENTAL CARE	Children no charge	Children no charge	Children no charge	Children no charge
VISION CARE	Children no charge	Children no charge	Children no charge	Children no charge
CHIROPRACTIC CARE	$20 co-pay	$25 co-pay	$30 co-pay	$35 co-pay
ACUPUNCTURE	20% 20 visits per year	20% 20 visits per year	30% 20 visits per year	40% 20 visits per year

*Deductible does not apply.