NEW MEXICO 2022 EHB-BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	N/A
Issuer Name	N/A
Product Name	N/A
Plan Name	N/A
Supplemented Categories (Supplementary Plan Type)	Pediatric dental (CHIP) Pediatric vision (CHIP)
Habilitative Services Included in Benchmark (Yes/No)	Yes
EHB-benchmark Plan Option (at 45 CFR § 156.111(a))	45 CFR § 156.111(a)(3): Otherwise selecting a set of benefits that would become the state's EHB-benchmark plan.
Comments	New Mexico changed its EHB-benchmark in 2020 to come into effect in plan year 2022. In fulfilling the scope of benefit requirements at § 156.111(b), New Mexico used the United Healthcare Choice Plus plan offered in New Mexico in plan year 2014 as the basis for determining the scope of benefits provided under a typical employer plan (with the pediatric vision EHB category supplemented by the pediatric vision Children's Health Insurance Plan offered in plan year 2014 and the pediatric dental EHB category supplemented by the pediatric dental Children's Health Insurance Plan from plan year 2014). New Mexico also selected these plans as the basis to determine the most generous among a set of comparison plans. The state's completed application for EHB-benchmark changes is available for review at https://www.cms.gov/CCIIO/Resources/Data-Resources/ehb#New_Mexico.

BENEFITS AND LIMITS

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Primary Care Visit to Treat an Injury or Illness	Yes	Covered	No				Page 27
Specialist Visit	Yes	Covered	No				Page 27
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Covered	No				Page 27
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Covered	No				Pages 26-27
Outpatient Surgery Physician/Surgical Services	Yes	Covered	No				Page 27
Hospice Services	Yes	Covered	No				Page 22
Routine Dental Services (Adult)	No	Not Covered	No				Page 15
Infertility Treatment	Yes	Covered	No				Pages 23-24; Diagnosis and medically indicated treatments for physical conditions causing infertility
Long-Term/Custodial Nursing Home Care	No	Not Covered	No				Page 23
Private-Duty Nursing	No	Not Covered	No				Page 19
Routine Eye Exam (Adult)	No	Not Covered	No				Page 21
Urgent Care Centers or Facilities	Yes	Covered	No				Page 17
Home Health Care Services	Yes	Covered	Yes	100	Day(s) per Year		Page 19
Emergency Room Services	Yes	Covered	No				Page 17
Emergency Transportation/ Ambulance	Yes	Covered	No				Pages 9-10
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No				Page 23
Inpatient Physician and Surgical Services	Yes	Covered	No				Page 23
Bariatric Surgery	Yes	Covered	No				Page 11; Bariatric surgery is Covered for patients with a Body Mass Index (BMI) of 35 kg/m2 or greater who are at high risk for increased morbidity due to specific obesity related comorbid medical conditions.
Cosmetic Surgery	No	Not Covered	No				Page 14
Skilled Nursing Facility	Yes	Covered	Yes	60	Day(s) per Year		Page 28
Prenatal and Postnatal Care	Yes	Covered	No				Pages 24-25
Delivery and All Inpatient Services for Maternity Care	Yes	Covered	No				Pages 24-25
Mental/Behavioral Health Outpatient Services	Yes	Covered	No				Pages 25-26

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Mental/Behavioral Health Inpatient Services	Yes	Covered	No				Pages 25-26
Substance Abuse Disorder Outpatient Services	Yes	Covered	No				Pages 25-26
Substance Abuse Disorder Inpatient Services	Yes	Covered	No				Pages 25-26
Generic Drugs	Yes	Covered	No				Pages 29-30
Preferred Brand Drugs	Yes	Covered	No				Pages 29-30
Non-Preferred Brand Drugs	Yes	Covered	No				Pages 29-30
Specialty Drugs	Yes	Covered	No				Pages 29-30
Outpatient Rehabilitation Services	Yes	Covered	No				Pages 28-29
Habilitation Services	Yes	Covered	No				Page 18
Chiropractic Care	Yes	Covered	Yes	20	Visit(s) per Year		Page 13; Unless for Habilitative and Rehabilitative Services
Durable Medical Equipment	Yes	Covered	No				Pages 19-22
Hearing Aids	Yes	Covered	Yes	1	Item(s) per 3 Years		Page 19; Per ear
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No				Page 23
Preventive Care/Screening/ Immunization	Yes	Covered	No				Pages 30-32; Shall include artery calcification testing for the diagnosis of heart disease
Routine Foot Care	No	Not Covered	No				Page 17
Acupuncture	Yes	Covered	Yes	20	Visit(s) per Year		Page 9; Unless for Habilitative and Rehabilitative Services
Weight Loss Programs	Yes	Covered	No				Page 35; Includes coverage for drugs and programs if medically necessary for morbid obesity and obesity.
Routine Eye Exam for Children	Yes	Covered	No				Page 31
Eye Glasses for Children	Yes	Covered	No				Page 31
Dental Check-Up for Children	Yes	Covered	No				Page 15
Rehabilitative Speech Therapy	Yes	Covered	No				Pages 28-29
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	No				Pages 28-29
Well Baby Visits and Care	Yes	Covered	No				Pages 31-32
Laboratory Outpatient and Professional Services	Yes	Covered	No				Page 23
X-rays and Diagnostic Imaging	Yes	Covered	No				Page 23
Basic Dental Care - Child	Yes	Covered	No				Page 15

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Orthodontia - Child	Yes	Covered	No				Page 15
Major Dental Care - Child	Yes	Covered	No				Pages 15-16
Basic Dental Care - Adult	No	Not Covered	No				Pages 15-16
Orthodontia - Adult	No	Not Covered	No				Pages 15-16
Major Dental Care – Adult	No	Not Covered	No				Pages 15-16
Abortion for Which Public Funding is Prohibited	No	Not Covered	No				Page 35
Transplant	Yes	Covered	No				Pages 33-34
Accidental Dental	Yes	Covered	No				Pages 14-15
Dialysis	Yes	Covered	No				Page 26
Allergy Testing	Yes	Covered	No				Page 9
Chemotherapy	Yes	Covered	No				Page 13
Radiation	Yes	Covered	No				Page 13
Diabetes Education	Yes	Covered	No				Page 16; Benefits are available when received from a Practitioner/Provider who is approved to provide diabetes education.
Prosthetic Devices	Yes	Covered	No				Pages 19-21
Infusion Therapy	Yes	Covered	No				Page 19
Treatment for Temporomandibular Joint Disorders	Yes	Covered	No				Page 15
Nutritional Counseling	Yes	Covered	No				Page 26; Covered: The following are covered benefits: • Nutritional supplements for prenatal care when prescribed by a practitioner/provider are covered for pregnant women. • Nutritional counseling as medically necessary • Nutritional supplements that require a prescription to be dispensed are covered when prescribed by a Practitioner/Provider and when medically necessary to replace a specific documented deficiency. • Nutritional supplements administered by injection at the practitioner's/provider's office are covered when medically necessary. • Enteral formulas or products, as nutritional support, are covered only when prescribed by a practitioner/provider and administered by enteral tube feedings. • Total Parenteral Nutrition (TPN) is the administration of nutrients through intravenous catheters via central or peripheral veins and is covered when ordered by a

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
							practitioner/provider. • Special medical foods as listed as covered benefits in the Genetic Inborn Errors of Metabolism (IEM) benefit or as medically necessary. Not Covered: The following are not covered: • Baby food (including baby formula or breast milk) or other regular grocery products that can be blenderized and used with the enteral system for oral or tube feedings. • Nutritional supplements prescribed by an attending practitioner/provider not due to a deficiency or as the sole source of nutrition.
Reconstructive Surgery	Yes	Covered	No				Page 33

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

CATEGORY	CLASS	SUBMISSION COUNT
Analgesics	Nonsteroidal Anti-inflammatory Drugs	18
Analgesics	Opioid Analgesics, Long-acting	9
Analgesics	Opioid Analgesics, Short-acting	16
Anesthetics	Local Anesthetics	2
Anti-Addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	2
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence	4
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	1
Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	2
Antibacterials	Aminoglycosides	2
Antibacterials	Antibacterials, Other	13
Antibacterials	Beta-lactam, Cephalosporins	8
Antibacterials	Beta-lactam, Penicillins	5
Antibacterials	Carbapenems	0
Antibacterials	Macrolides	4
Antibacterials	Quinolones	4
Antibacterials	Sulfonamides	2
Antibacterials	Tetracyclines	5
Anticonvulsants	Anticonvulsants, Other	6
Anticonvulsants	Calcium Channel Modifying Agents	2
Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	7
Anticonvulsants	Sodium Channel Agents	5
Antidementia Agents	Antidementia Agents, Other	1
Antidementia Agents	Cholinesterase Inhibitors	3
Antidementia Agents	N-methyl-D-aspartate (NMDA) Receptor Antagonist	1
Antidepressants	Antidepressants, Other	7
Antidepressants	Monoamine Oxidase Inhibitors	3
Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	12
Antidepressants	Tricyclics	9
Antiemetics	Antiemetics, Other	7
Antiemetics	Emetogenic Therapy Adjuncts	3
Antifungals	No USP Class	10
Antigout Agents	No USP Class	6
Antimigraine Agents	Ergot Alkaloids	2
Antimigraine Agents	Prophylactic	4

CATEGORY	CLASS	SUBMISSION COUNT
Antimigraine Agents	Serotonin (5-HT) Receptor Agonist	7
Antimyasthenic Agents	Parasympathomimetics	1
Antimycobacterials	Antimycobacterials, Other	2
Antimycobacterials	Antituberculars	6
Antineoplastics	Alkylating Agents	3
Antineoplastics	Antiandrogens	4
Antineoplastics	Antiangiogenic Agents	2
Antineoplastics	Antiestrogens/Modifiers	4
Antineoplastics	Antimetabolites	4
Antineoplastics	Antineoplastics, Other	4
Antineoplastics	Aromatase Inhibitors, 3rd Generation	3
Antineoplastics	Enzyme Inhibitors	2
Antineoplastics	Molecular Target Inhibitors	7
Antineoplastics	Monoclonal Antibody/Antibody-Drug Conjugate	0
Antineoplastics	Retinoids	1
Antineoplastics	Treatment Adjuncts	7
Antiparasitics	Anthelmintics	4
Antiparasitics	Antiprotozoals	6
Antiparkinson Agents	Anticholinergics	2
Antiparkinson Agents	Antiparkinson Agents, Other	4
Antiparkinson Agents	Dopamine Agonists	3
Antiparkinson Agents	Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	2
Antiparkinson Agents	Monoamine Oxidase B (MAO-B) Inhibitors	2
Antipsychotics	1st Generation/Typical	11
Antipsychotics	2nd Generation/Atypical	7
Antipsychotics	Treatment-Resistant	1
Antispasticity Agents	No USP Class	3
Antivirals	Anti-cytomegalovirus (CMV) Agents	1
Antivirals	Anti-hepatitis B (HBV) Agents	2
Antivirals	Anti-hepatitis C (HCV) Agents	2
Antivirals	Antiherpetic Agents	3
Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	2
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	7
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	14
Antivirals	Anti-HIV Agents, Other	3
Antivirals	Anti-HIV Agents, Protease Inhibitors (PI)	9
Antivirals	Anti-influenza Agents	4

CATEGORY	CLASS	SUBMISSION COUNT
Anxiolytics	Anxiolytics, Other	5
Anxiolytics	Benzodiazepines	8
Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	5
Bipolar Agents	Bipolar Agents, Other	7
Bipolar Agents	Mood Stabilizers	5
Blood Glucose Regulators	Antidiabetic Agents	16
Blood Glucose Regulators	Glycemic Agents	1
Blood Glucose Regulators	Insulins	10
Blood Products and Modifiers	Anticoagulants	6
Blood Products and Modifiers	Blood Products and Modifiers, Other	4
Blood Products and Modifiers	Hemostasis Agents	1
Blood Products and Modifiers	Platelet Modifying Agents	7
Cardiovascular Agents	Alpha-adrenergic Agonists	4
Cardiovascular Agents	Alpha-adrenergic Blocking Agents	4
Cardiovascular Agents	Angiotensin II Receptor Antagonists	7
Cardiovascular Agents	Angiotensin-converting Enzyme (ACE) Inhibitors	10
Cardiovascular Agents	Antiarrhythmics	14
Cardiovascular Agents	Beta-adrenergic Blocking Agents	12
Cardiovascular Agents	Calcium Channel Blocking Agents, Dihydropyridines	7
Cardiovascular Agents	Calcium Channel Blocking Agents, Nondihydropyridines	2
Cardiovascular Agents	Cardiovascular Agents, Other	5
Cardiovascular Agents	Diuretics, Loop	4
Cardiovascular Agents	Diuretics, Potassium-sparing	4
Cardiovascular Agents	Diuretics, Thiazide	5
Cardiovascular Agents	Dyslipidemics, Fibric Acid Derivatives	2
Cardiovascular Agents	Dyslipidemics, HMG CoA Reductase Inhibitors	7
Cardiovascular Agents	Dyslipidemics, Other	5
Cardiovascular Agents	Vasodilators, Direct-acting Arterial	2
Cardiovascular Agents	Vasodilators, Direct-acting Arterial/Venous	3
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	4
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	4
Central Nervous System Agents	Central Nervous System, Other	7
Central Nervous System Agents	Fibromyalgia Agents	3
Central Nervous System Agents	Multiple Sclerosis Agents	5
Dental and Oral Agents	No USP Class	7
Dermatological Agents	Acne and Rosacea Agents	10
Dermatological Agents	Dermatitis and Pruritus Agents	22
Dermatological Agents	Dermatological Agents, Other	9

CATEGORY	CLASS	SUBMISSION COUNT
Dermatological Agents	Pediculicides/Scabicides	4
Dermatological Agents	Topical Anti-infectives	11
Electrolytes/ Minerals/ Metals/ Vitamins	Electrolyte/Mineral Replacement	2
Electrolytes/ Minerals/ Metals/ Vitamins	Electrolyte/Mineral/Metal Modifiers	1
Electrolytes/ Minerals/ Metals/ Vitamins	Phosphate Binders	2
Electrolytes/ Minerals/ Metals/ Vitamins	Potassium Binders	1
Electrolytes/ Minerals/ Metals/ Vitamins	Vitamins	1
Gastrointestinal Agents	Anti-Constipation Agents	2
Gastrointestinal Agents	Anti-Diarrheal Agents	3
Gastrointestinal Agents	Antispasmodics, Gastrointestinal	2
Gastrointestinal Agents	Gastrointestinal Agents, Other	4
Gastrointestinal Agents	Histamine2 (H2) Receptor Antagonists	3
Gastrointestinal Agents	Protectants	3
Gastrointestinal Agents	Proton Pump Inhibitors	6
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	No USP Class	1
Genitourinary Agents	Antispasmodics, Urinary	7
Genitourinary Agents	Benign Prostatic Hypertrophy Agents	7
Genitourinary Agents	Genitourinary Agents, Other	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	No USP Class	8
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	No USP Class	2
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)	No USP Class	2
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Anabolic Steroids	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	2
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	13
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progestins	14
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Selective Estrogen Receptor Modifying Agents	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	No USP Class	2
Hormonal Agents, Suppressant (Adrenal)	No USP Class	1
Hormonal Agents, Suppressant (Pituitary)	No USP Class	4
Hormonal Agents, Suppressant (Thyroid)	Antithyroid Agents	2
Immunological Agents	Angioedema Agents	1
Immunological Agents	Immunoglobulins	0
Immunological Agents	Immunological Agents, Other	4
Immunological Agents	Immunostimulants	3
Immunological Agents	Immunosuppressants	10
Inflammatory Bowel Disease Agents	Aminosalicylates	3

CATEGORY	CLASS	SUBMISSION COUNT
Inflammatory Bowel Disease Agents	Glucocorticoids	7
Metabolic Bone Disease Agents	No USP Class	10
Ophthalmic Agents	Ophthalmic Agents, Other	3
Ophthalmic Agents	Ophthalmic Anti-allergy Agents	6
Ophthalmic Agents	Ophthalmic Anti-Infectives	12
Ophthalmic Agents	Ophthalmic Anti-inflammatories	10
Ophthalmic Agents	Ophthalmic Beta-Adrenergic Blocking Agents	7
Ophthalmic Agents	Ophthalmic Intraocular Pressure Lowering Agents, Other	10
Ophthalmic Agents	Ophthalmic Prostaglandin and Prostamide Analogs	3
Otic Agents	No USP Class	6
Respiratory Tract/ Pulmonary Agents	Antihistamines	7
Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	7
Respiratory Tract/ Pulmonary Agents	Antileukotrienes	3
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	3
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	8
Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	3
Respiratory Tract/ Pulmonary Agents	Mast Cell Stabilizers	1
Respiratory Tract/ Pulmonary Agents	Phosphodiesterase Inhibitors, Airways Disease	2
Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	2
Respiratory Tract/ Pulmonary Agents	Pulmonary Fibrosis Agents	0
Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	5
Skeletal Muscle Relaxants	No USP Class	8
Sleep Disorder Agents	Sleep Promoting Agents	7
Sleep Disorder Agents	Wakefulness Promoting Agents	3