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<tr>
<th>Type of Service</th>
<th>Description of Service and Limitations</th>
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| **Physician Services, Office** | Primary Care Physician/Provider (PCP) Office Visit/Exam Copayment (non-preventive)  
  - Office Surgery (including casts, splints, etc.)  
  - Other non-Routine Office Services: Includes services of non-PCP providers (Specialists)  
  - Office Surgery  
  - Allergy Tests, Serum  
  - Allergy Injections  
  - Therapeutic Injections (with Physician)  
  - Therapeutic Injections (with Nurse)  
  Preventive Services: including immunizations, lab, X-ray, colonoscopies, pap tests, mammograms, immunizations, and other wellness services; smoking/tobacco cessation counseling, etc. |
| **Diagnostic Testing, Outpatient** | PET Scans, CT Scans, MRIs, (unless covered as part of a fixed-dollar copayment during ER visit, admission, etc.)  
  - Other Lab, X-Ray, EKGs diagnostic services |
| **Inpatient Hospital Services, Acute Care** | Hospitalization (includes semi-private room, board, drugs, medications, and ancillaries; inpatient physician visits, surgeon, assistant, and anesthesiologist) |
| **Outpatient Hospital Services** | Surgery – operating and recovery room  
  Observation (nonemergency)  
  Other treatment room services not otherwise specified in this Summary  
  Related physician services (e.g., anesthesit, surgeon) |
| **Emergency Services and Urgent Care** | Emergency room or emergency observation room visit  
  Urgent care center  
  Ambulance (ground and air transport) |
| **Transplants** | Bone marrow, heart, heart-lung, liver, lung, pancreas-kidney, and other medically necessary transplants (Case management required. Maximums apply to covered travel and lodging fees.) |
| **Maternity Services** | Initial visit to confirm pregnancy  
  Physician/midwife services (delivery, prenatal/postnatal care)  
  Hospital admission  
  Routine nursery care for covered newborn (Child covered from birth but must apply for coverage within 31 days.) |

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| **Mental Health and Substance Abuse Rehabilitation Services** | Outpatient/Office services  
  Inpatient services  
  Partial hospitalization  
  Intensive outpatient program  
  Residential treatment center (max. 60 days/year) |
| **Other Office and Home Services** | Acupuncture/Spinal Manipulation/Chiropractic Services (limited to 25 visits/year combined)  
  Biofeedback (for specified conditions only)  
  Cardiac and Pulmonary Rehabilitation  
  Chemotherapy, Radiation therapy, Dialysis  
  Durable medical equipment, diabetic equipment, and supplies; orthopedic appliances, prosthetics and orthotics (Rental benefits may not exceed the purchase price of a new unit. Supplies limited to a 30-day supply during a 30-day period)  
  Hearing exam/test – Adults and Children  
  Hearing aids – Adults Only – Age 22 and Older  
  Hearing aids – Adults Only – Age 21 and Younger  
  Home health care and home I.V. services  
  Hospice  
  Naprapathy (limited to 25 visits/calendar year)  
  Rehabilitation facility and Skilled Nursing facility  
  Short-term rehabilitation: outpatient/office Physical, Occupational, and Speech therapies  
  Applied Behavioral Analysis for Autism (Habilitative)  
  TMJ/CMJ, oral surgery, and dental accident services  
  Prescription Drugs, Diabetic Supplies, Enteral Nutritional Products, Special Medical Foods, Smoking/Tobacco Cessation |

Based on BCBSNM SONM 2020 HMO Plan Highlights