

## **Alternative Benefit Plan**

Attachment 3.1	-c-		OMB Control Number: 0938-1148 OMB Expiration date: 10/31/2014	
Selection of I	Benchmark Ben	efit Package or Benchmark-Equivalent Benefit F	Package ABP3	
Select one of the	e following:			
○ The star	te/territory is amend	ing one existing benefit package for the population defined in	Section 1.	
The star	te/territory is creatin	g a single new benefit package for the population defined in S	Section 1.	
Name o	of benefit package:	Expansion Alternative Benefit Plan (Expansion ABP)		
Selection of the	Section 1937 Cove	rage Option		
		ion 1937 Coverage option the following type of Benchmark Enis Alternative Benefit Plan (check one):	Benefit Package or Benchmark-	
@ Benchma	ark Benefit Package.			
C Benchma	ark-Equivalent Bene	fit Package.		
The sta	te/territory will prov	ride the following Benchmark Benefit Package (check one tha	t applies):	
0	The Standard Blue Program (FEHBP)	Cross/Blue Shield Preferred Provider Option offered through	the Federal Employee Health Benefit	
0	State employee co	verage that is offered and generally available to state employe	es (State Employee Coverage):	
0	A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):			
•	Secretary-Approve	ed Coverage.		
	C The state/terri	tory offers benefits based on the approved state plan.		
	The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.			
	Please briefly idea	ntify the benefits, the source of benefits and any limitations:	STATE: New Mexico	
	New Mexico's Se	ction 1937 coverage option is Secretary-Approved Coverage.	DATE RECEIVED: 3/18/14 DATE APPROVED: 6/12/14	
			EFFECTIVE DATE: 1/1/14 TN: 13-30	
Selection of Bas	se Benchmark Plan		114. 13-30	
The state/territor Benchmark-Equ	-	e Benchmark Plan as the basis for providing Essential Health	Benefits in its Benchmark or	
The Base Bench	mark Plan is the san	ne as the Section 1937 Coverage option. No		
Indicate whi	ich Benchmark Plan	described at 45 CFR 156.100(a) the state/territory will use as	its Base Benchmark Plan:	
€ Lar	rgest plan by enrolln	nent of the three largest small group insurance products in the	state's small group market.	
C An	y of the largest three	e state employee health benefit plans by enrollment.		

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	C Any of the la	rgest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
	C Largest insur	red commercial non-Medicaid HMO.
	Plan name:	Lovelace Classic PPO
Other	Information Relate	d to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):
The L	ovelace Classic PP	O plan was also chosen by the New Mexico Health Insurance Marketplace as its EHB Base Benchmark Plan.
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## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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