

albuquerque public schools employees

you're going to love
lovelace



6 REASONS TO CHOOSE LOVELACE:

- Low cost premiums
- No cost preventive services
- Wellness programs to accommodate your personal needs
- Emergency and urgent care coverage when traveling outside of New Mexico and the country
- Access to a network of more than 7,500 health care providers
- National network of providers available when traveling outside of New Mexico or if you have dependants living out of state

a plan to fit
your budget.

THERE'S MORE

- You do not have to select a primary care physician (PCP). Simply use a contracted provider and the applicable co-pay will apply.
- You do not need a referral to seek care with a specialist.
- Complimentary seminars on Cardiac Care to Mindfulness Stress Reduction
- Complimentary yoga classes for Lovelace members



CUSTOMER CARE

For more information, please call

727.5700

or **800.844.7033**

se habla español

or email us at:

apscustomer care@lovelace.com

healthy steps

We are committed to helping you take charge of your health by providing you with health-wise information and resources. We encourage you to explore our no-cost HEALTHY Steps programs and make use of the services and education provided.



BABY LOVE

Health and support for a healthy pregnancy - 877.708.5777

HEALTHY TRAILS

Help your kids grow up strong and healthy - 877.480.9368

HEALTHY ROADS

Experience the rewards of healthy living - 877.480.9368

S.T.O.P.

Stop tobacco for optimal prevention - 877.480.9368

HEALTHY WEIGHT

Help to achieve and maintain a healthy weight - 877.480.9368

ONLINE EDUCATIONAL TOOLS

Tools to support and promote overall wellness - visit lovelacehealthplan.com

CASE MANAGEMENT

For members with complex health care needs - 800.808.7363

NURSE ADVICE & HEALTH INFORMATION LINE

Talk to a registered nurse about your health issues or concerns - 877.725.2552

HEALTHY STEPS COACHING

Support about various treatment options and disease management services - 800.390.9159

BEHAVIORAL HEALTH OUTREACH & EDUCATION

Community education programs for mental issues - 888.684.0461 ext. 21765

LIFE POINTS

Web-based incentive can be easily tailored to capture participation in desired health and wellness activities - visit lovelacehealthplan.com

CHOOSE HEALTHY PROGRAM

Members have access to a wide variety of complementary health care and health improvement services.

HEALTHY STEPS PERSONAL HEALTH ASSESSMENT

Assess your current health status - visit lovelacehealthplan.com

Benefits effective January 1, 2011

| BENEFIT HIGHLIGHTS | | HIGH OPTION | | LOW OPTION | |
|---|--|-----------------------------------|---------------------------------------|-----------------------------------|---------------------------------------|
| | | IN-NETWORK PARTICIPATING PROVIDER | OUT-OF-NETWORK PARTICIPATING PROVIDER | IN-NETWORK PARTICIPATING PROVIDER | OUT-OF-NETWORK PARTICIPATING PROVIDER |
| Annual Deductible ¹ | Member deductible (per calendar year) <ul style="list-style-type: none"> • Single • 2-Party • Family | None None None | \$300 \$600 \$900 | \$150 \$300 \$450 | \$300 \$600 \$900 |
| Annual Out-of-Pocket Maximum | Out-of-pocket maximum (per calendar year) <ul style="list-style-type: none"> • Single • 2-Party • Family | \$2,000 \$4,000 \$6,000 | \$3,500 \$7,000 \$10,500 | \$2,000 \$4,000 \$6,000 | \$4,000 \$8,000 \$12,000 |
| Lifetime Maximum | Unlimited (Certain services are subject to Calendar Year and/or benefit lifetime maximums or are limited per condition) | | | | |
| Pre-Existing Condition Limitation (PCL) | Applies to any injury or sickness for which a person receives treatment, incurs expenses or receives a diagnosis from a physician 6 months before the earlier of the date a person begins an eligibility waiting period or becomes insured for these benefits. Coverage for the pre-existing condition is excluded until one year of being continuously insured and/or is satisfying a waiting period. The insured will receive credit for any portion of the PCL waiting period that was satisfied under a previous plan if they are enrolled in the subsequent plan within 95 days (or the applicable timeframe required per state law). Does not apply to dependants under 19 years of age. | | | | |

| COVERED SERVICE | DESCRIPTION | HIGH OPTION | | LOW OPTION | |
|-------------------------------|--|---|---------------------------------------|--|---------------------------------------|
| | | IN-NETWORK PARTICIPATING PROVIDER | OUT-OF-NETWORK PARTICIPATING PROVIDER | IN-NETWORK PARTICIPATING PROVIDER | OUT-OF-NETWORK PARTICIPATING PROVIDER |
| Physician Services | Office visit (OV) <ul style="list-style-type: none"> • Primary care (PCP selection not required) • Specialty care (referral not required) • Surgery in Office | \$25 co-pay | 30% | 20% | 40% |
| | | \$35 co-pay | 30% | 20% | 40% |
| | | Included in OV co-pay | 30% | 30% | 40% |
| | Preventive services <ul style="list-style-type: none"> • Routine physical • Annual Women's Exam • Annual Men's Exam including PSA • Immunizations • Related laboratory tests & x-rays • Well child care including vision and hearing screening (under age 18) • Colonoscopy • Mammograms | No co-pay | 30%; deductible waived | No charge and deductible waived up to \$250 annual maximum; thereafter 20% subject to deductible | 40%; subject to deductible |
| | Family planning <ul style="list-style-type: none"> • Birth control injections, insertion/removal of birth control devices • Surgical sterilization in office | \$35 co-pay Included in OV Co-pay | 30% | 20% | 40% |
| | | Included in OV Co-pay | 30% | 20% | 40% |
| | Allergy injections only | No co-pay | 30% | 20% | 40% |
| | Allergy testing, treatment Allergy extract preparation | \$35 co-pay Included in office visit | 30% 30% | 20% 20% | 40% 40% |
| Outpatient Diagnostic Testing | Advanced Radiological Imaging (i.e. MRI/PET Scans/CT Scans) | \$50 co-pay per test | 30% | 20% | 40% |
| | Mammograms | No co-pay | 30%; deductible waived | 20%; deductible waived | 40% |
| | Laboratory & X-ray | No co-pay | 30% | 20% | 40% |

| COVERED SERVICE | DESCRIPTION | HIGH OPTION | | LOW OPTION | |
|--|--|--|---------------------------------------|---|---------------------------------------|
| | | IN-NETWORK PARTICIPATING PROVIDER | OUT-OF-NETWORK PARTICIPATING PROVIDER | IN-NETWORK PARTICIPATING PROVIDER | OUT-OF-NETWORK PARTICIPATING PROVIDER |
| Hospital Services | Hospitalization (includes room and board, inpatient physician care – physician visits, surgeon and anesthesiologist, laboratory tests & x-rays, and inpatient rehabilitation services) | \$750 co-pay per admission | 30% ² | 20% | 40% ² |
| Surgical Services | Inpatient Surgery | Covered as part of hospitalization | 30% | 20% | 40% ² |
| | Outpatient Surgery | \$100 co-pay | 30% | 20% | 40% |
| Maternity Services | Physician /midwife services (delivery, prenatal and postnatal care) | \$35 co-pay – initial visit only, all other visits no co-pay | 30% | 20% | 40% |
| | Genetic testing and counseling | Co-pay based on place of service | 30% | 20% | 40% |
| | Hospital admission | \$750 co-pay per pregnancy | 30% ² | 20% | 40% ² |
| | Routine nursery care for newborns | No co-pay | 30% | 20% | 40% |
| | Home Birth | No co-pay | 30% | 20% | 40% |
| Urgent and Emergency Services | Urgent care center | \$40 co-pay | 30% | 20% | 20% |
| | Emergency room visit | \$120 co-pay ⁵ (In-network deductible applies for both in- and out-of-network.) | | 20% | 20% ⁵ |
| | Ambulance (when medically necessary) | No co-pay | 30% ⁵ | 20% | 40% ⁵ |
| Mental Health* | Outpatient services | \$35 co-pay | 30% | 20% | 40% |
| | Inpatient services ⁶ | \$750 co-pay per admission | 30% ² | 20% | 40% ² |
| | Partial hospitalization <ul style="list-style-type: none"> Two partial hospitalizations equal one Inpatient day | \$750 co-pay per admission (waived if following inpatient hospitalization) | 30% ² | 20% | 40% ² |
| Substance Abuse* | Outpatient services | \$35 co-pay | 30% ² | 20% | 40% ² |
| | Inpatient services ⁶ | \$750 co-pay per admission | 30% ² | 20% | 40% ² |
| | Partial hospitalization <ul style="list-style-type: none"> Two partial hospitalizations equal one inpatient day | \$750 co-pay per admission (waived if following inpatient hospitalization) | 30% ² | 20% | 40% ² |
| Transplants | Coverage for major human transplants (refer to the Summary Plan Description for details on transplant coverage) | Applicable co-pays based on type/place of service | No benefit | Applicable co-pays based on type/place of service | No benefit |
| Other Services | Biofeedback (for specified medical conditions only) | \$35 co-pay per visit | 30% | 20% | 40% ² |
| | Cardiac Rehabilitation – 12 sessions continuous ECG monitoring and 24 sessions intermittent ECG monitoring per calendar year combined In-Network and Out-of-Network maximum | \$35 co-pay per visit | 30% | 20% | 40% |
| | Pulmonary Rehabilitation – 24 sessions per calendar year combined In-Network and Out-of-Network maximum | | | | |
| | Chemotherapy and/or radiation therapy | No co-pay | 30% | 20% | 40% |
| | Chiropractic, acupuncture, massage therapy and rolfing ³ | \$35 co-pay per visit | 30% | 20% | 40% |
| | | (\$1,500 combined calendar year maximum) | | (maximum 20 combined visits per calendar year) | |
| | Dialysis | No Co-pay | 30% | 20% | 40% |
| Durable medical equipment, prosthetics, orthotics and appliances | 15% | 30% | 20% | 40% | |

| COVERED SERVICE | DESCRIPTION | HIGH OPTION | | LOW OPTION | | |
|-----------------------------|--|---|---------------------------------------|-----------------------------------|---|--------------------|
| | | IN-NETWORK PARTICIPATING PROVIDER | OUT-OF-NETWORK PARTICIPATING PROVIDER | IN-NETWORK PARTICIPATING PROVIDER | OUT-OF-NETWORK PARTICIPATING PROVIDER | |
| Other Services continued | Hearing Aids for Dependant Children (up to the age of 21) Maximum of \$2200 per ear every 36 months | No co-pay | No co-pay | No co-pay | No co-pay | |
| | Home health care In-Network – Unlimited visits Out-of-Network - limited 120 visits per calendar year | \$35 co-pay per physician visit; no co-pay for non-physician services | 30% ^{3,4} | 20% | 40% | |
| | Hospice | No co-pay | 30% | 20% | 40% | |
| | Physical, occupational and speech therapy ^{3,6} | | \$35 co-pay | 30% | (maximum 60 days per condition per calendar year) | |
| | | | | | (maximum 50 days per condition per calendar year) | |
| | Skilled nursing facility ³ (Admission Co-pay waived if admitted within 72 hours of acute care hospitalization) | | \$750 co-pay | 30% ^{2,4} | 20% | 40% ^{3,4} |
| | | | | | | |
| Sleep Studies In-patient | | \$750 co-pay per admission | 30% | 20% | 40% | |
| | | | | | | \$100 co-pay |
| Out-patient | | | | | | |
| Smoking cessation | | 50% | 50% | 20% | 40% | |

FOOTNOTES

- * Outpatient Mental Health and Substance Abuse Services do not require Prior Authorization. Prior Authorization is required for all Mental Health and Substance Abuse inpatient care. Failure to do so will result in benefits paid under the Out-of-Network benefit level.
1. The Deductible must be met before benefit payments are made.
 2. Pre-Admission Authorization is required; \$300 penalty, reduction or denial applies to facility's services if not obtained.
 3. This benefit includes an annual maximum payment, annual visit limitation, and/or lifetime visit limitation. See your Summary Plan Description for more information.
 4. No benefits or reduced benefits if Prior Authorization is not obtained.
 5. The emergency care Co-Pay is waived if an admission results; then hospital admission Co-Pay applies.
 6. Prior Authorization must be obtained or benefits denied.



ACCESS TO A NETWORK OF MORE THAN 7,500 PROVIDERS

As a Lovelace Health Plan member, you will have access to more than 7,500 providers including all ABQ Health Partners physicians and many, many more. For a complete listing of providers, visit lovelacehealthplan.com.



NATIONAL ACCREDITATION

The Lovelace Women's Hospital Breast Care Center is accredited by NAPBC for providing the highest level of quality breast care to its patients.



NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS



lovelace medical center

State-of-the-art technology.
State-of-the-heart care.

CARDIAC CARE CENTER

- Full range of diagnostic services to detect heart disease
- New 64-slice CT Scanner
- Electrophysiology Lab and Catheterization Labs
- Technologically advanced operating rooms
- Inpatient Cardiac Rehab

24/7 EMERGENCY CARE

- Board-certified ED physicians
- Fast-track unit for minor care needs

GAMMA KNIFE

- Non-invasive brain surgery
- Multi-disciplinary team of breast care specialists



lovelace women's hospital

Only hospital in New Mexico dedicated to women's health.

FAMILY BIRTHING CENTER

- Prenatal classes
- Labor and Delivery Unit
- Level III Neonatal Intensive Care Unit

BREAST CARE CENTER

- High Risk Breast Cancer Program
- Rapid Results Assessment for same-day mammogram results
- Multi-disciplinary team of breast care specialists
- Breast care navigator to guide patients through treatment

24/7 EMERGENCY CARE



lovelace westside hospital

Loving care close to home.

BIRTHING CENTER

- Lovelace Women's Hospital Birthing Center is coming to Lovelace Westside Hospital in early 2011.

SURGICAL SERVICES

RADIOLOGY SERVICES

24/7 EMERGENCY CARE

coverage
wherever you go!



MULTIPLAN DELIVERS NETWORK ACCESS UNDER THE PHCS NETWORK

PHCS Network offers access in all states to 568,000 health care professionals, over 4,100 hospitals and 63,000 ancillary care facilities. No matter where health plan participants live, work, and seek health care, they have access to the largest independent network in the nation.

Access nationwide or regionally through the PHCS Network, with seamless access for participants whether they seek care in their hometown through the local network or across the country.