Summary of Benefits

The following are the highlights of the HMO plan administered by Presbyterian Health Plan, Inc. for State of New Mexico employees statewide. These benefits are effective 1/1/19 through 12/31/19. The specific terms of coverage, limitations and exclusions are detailed in Sections 2, 4, and 5 of the Summary Plan Description.

BENEFITS	NATIONWIDE HMO PLAN	
	Benefit Highlights	In-network and out-of-state MP/PHCS Provider Care
	Copayments/Co-insurance vary depending on service; see below	
	Member deductible (Calendar Year) Single 2-Party Family	 $350 $700 $1,050
	Out-of-Pocket Maximum (Calendar Year) Includes medical and Rx cost sharing Single 2-Party Family	 $3,750 $7,500 $11,250
	Lifetime maximum	Unlimited (Certain services are subject to Calendar Year and/or lifetime maximums or are limited per condition.)
Physician Services	Office visit Primary/Gynecology care Specialty care	 $25 office visit Copayment [5] $45 office visit Copayment [5]
	On-campus student health center	$25 Copayment per visit [5]
	Preventive services Routine physicals Well child care including vision and hearing screening (through age 26) Immunizations Adult wellness Health education programs	 No Copayment [5] No Copayment [5] No Copayment [5] No Copayment [5] Fees Vary (based on service)
	Women's Preventive Services Contraceptive Methods • Intrauterine Devices (IUD) • Hormone Contraceptive Injections • Inserted Contraceptive Devices • Implanted Contraceptive Devices Breastfeeding support, supplies and counseling (for one year after delivery)	No Copayment

BENEFITS	NATIONWIDE HMO PLAN	
	Benefit Highlights	In-network and out-of-state MP/PHCS Provider Care
Physician Services (continued)	Laboratory	20%
	X-ray	20%
	Allergy testing and treatment	$45 office visit Copayment [5]
	Allergy injections by a nurse	No Copayment [5]
	Allergy extract preparation	No Copayment
Hospital Services	Hospitalization (includes room and board, Inpatient Physician care – Physician visits, surgeon, and anesthesiologist) [3]	$600 Copayment per Admission
	Inpatient rehabilitation services [3]	$600 Copayment per Admission
	Laboratory	20%
	X-ray	20%
	MRI/PET Scans/CT Scans [3]	20% Co-insurance up to a maximum of $200 per test per day
	Hospital Observation Services (no Admission)	$250 Copayment
	Surgery – Outpatient (no Hospital Admission) – Facility claim only	20% Co-insurance
Maternity Services	Physician/midwife services (delivery, prenatal/postnatal care) Note: Copayment does not include laboratory or x-ray services.	$25 Copayment – initial visit only, all other visits no Copayment
	Genetic testing and counseling [3]	Copayment based on place of service
	Hospital Admission [3]	$500 Copayment per pregnancy
	Routine nursery care for newborns	No Copayment
Emergency Services	Emergency room visit [2]	$275 Copayment
	Urgent Care center	$55 Copayment
	Ambulance [1] Ground transportation Air ambulance	 $30 Copayment per trip $100 Copayment per trip
Mental Health	Outpatient services [5] Inpatient services [3] Partial Hospitalization [3] Residential Treatment Center [3] (limited to 60 days/ Calendar Year; must be Medically Necessary.)	$25 office visit Copayment $500 Copayment per Admission $250 Copayment per Admission $500 Copayment per Admission
Substance Abuse	Outpatient services [3, 5] Acute Inpatient Hospital services [3] Partial Hospitalization [3] Intensive Outpatient (non-Step Down) [3, 5] Residential Treatment Center [3] (limited to 60 days/ Calendar Year; must be Medically Necessary.)	$25 office visit Copayment $500 Copayment per Admission $250 Copayment per Admission $25 Copayment per visit $500 Copayment per Admission

BENEFITS	NATIONWIDE HMO PLAN	
	Benefit Highlights	In-network and out-of-state MP/PHCS Provider Care
Autism Spectrum Disorder (Habilitative)	PCP [3, 5] Specialist [3, 5] Outpatient Physical Therapy [3, 5] Outpatient Speech Therapy [3, 5] Applied Behavioral Analysis (ABA) [5] Diagnosis and Treatment for all children up to age 19 or up to age 22 if still attending high school.	$25 office visit Copayment $45 office visit Copayment $45 office visit Copayment $45 office visit Copayment $45 office visit Copayment
Other Services	Biofeedback (for specified medical conditions only)	$45 office visit Copayment [5]
	Cardiac or pulmonary rehabilitation	$45 office visit Copayment [5]
	Chemotherapy and/or radiation therapy	No Copayment in Physician's office
	Chiropractic (Combined annual limit of 25 visits) [4] Acupuncture (Combined annual limit of 25 visits) [4] Naprapathic Services ($500 Calendar Year max) [4]	$50 office visit Copayment [5] $50 office visit Copayment [5] $55 office visit Copayment [5]
	Dental services (for specified medical conditions only) Inpatient [3] Outpatient	 $600 Copayment per Admission $45 office visit Copayment [5]
	Dialysis	No Copayment
	Durable Medical Equipment, orthotics, prosthetics and appliances [3]	23%
	Injectable drugs received in the office [3] If billed in conjunction with an office visit If provided by a nurse and no office visit is billed	Included in office visit Copayment based on the location of the services (PCP, Specialist, etc.) No Copayment
	Home health care [3, 5]	$45 Physician Copayment; no Copayment for nursing services
	Hearing Aids (to include repair, replacement, and associated testing)	Plan pays 100% up to a maximum of $2,500 per hearing impaired ear every 36 months [5]
	Hospice [3] Bereavement counseling (limited to 3 sessions during the Hospice benefit period) Respite care (lifetime maximum of 2 sessions of up to 10 days for each Hospice benefit period)	No Copayment [5]
	Infertility related services (only limited services covered)	Copayment based on services
	Physical, occupational and speech therapy	$45 office visit Copayment [5]

BENEFITS	NATIONWIDE HMO PLAN	
	Benefit Highlights	In-network and out-of-state MP/PHCS Provider Care
Other Services (continued)	Skilled nursing facility (Admission Copayment waived if readmitted within 15 days) [3]	$600 Copayment per Admission
	Sleep disorder studies	
	Inpatient [3]	$600 Copayment per Admission
	Home/Sleep lab (2 nights)	20% Co-insurance
	Smoking cessation	50% Co-insurance
	Surgical services	
	Inpatient	Covered as part of Hospital Admission
	Outpatient	20% Co-insurance (Facility claim only)
	In-Office	
	PCP	Included in PCP office visit Copayment [5]
	Specialist	$45 office visit Copayment [5]
	Reconstructive Surgery [3]	
	Inpatient	$600 Copayment per Admission
	Outpatient	20% Co-insurance (Facility claim only)
	Weight loss programs (Morbid Obesity treatment only)	
	Inpatient [3]	$600 Copayment per Admission
	Outpatient	$45 office visit Copayment [5]
Transplants [3] *(No Lifetime Maximum)*	Coverage for human organ transplants (refer to Sections 4 and 5 for details on transplant coverage)	Copayments based on place of service
Prescription Drugs	Administered by Express Scripts. Call Express Scripts at 1-800-743-1720.	

[1] Ambulance copayment is waived if transportation is medically necessary and results in a hospital admission.

[2] The $275 emergency care is waived if a hospital admission results. Then, the hospital admission copay applies. Copay is for the ER visit only; other services are subject to deductible and coinsurance.

[3] Prior authorization may be required.

[4] This benefit includes an annual maximum payment, annual visit limitation, lifetime visit limitation and/or lifetime maximum payment.

[5] Not subject to the deductible.

The State of New Mexico provides group health care coverage through the Health Maintenance Organization Plan (HMO) administered by Presbyterian Health Plan, Inc.