2019 Presbyterian Senior Care HMO-POS
NMRHCA Plan I Plan II

Benefits	NMRHCA HMO-POS Plan I		NMRHCA HMO-POS Plan II	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	2019		2019	
Service Area	Statewide		Statewide	
Total Premium	$189.00		$142.00	
Deductible (Medical)	None		None	
Out of Pocket Maximum	$2,500	$7,500	$3,000	$7,500
Inpatient Hospital Care (per admission)	$125 per day for days 1 - 3	$750 (per admit)	$225 per day for days 1 - 5	$300 per day for days 1 - 5
Inpatient Mental Health Care	$125 per day for days 1 - 3 (per admit)	$750 (per admit)	Same as Inpatient Hospital Care	Same as Inpatient Hospital Care
SNF Days 1-20	$0	$0	$0	$0
Days 21-100 per day	$40	$60	$40	$60
Cardiac and Pulmonary Rehabilitation Services	$0 (36 visit limit)	$35 (36 visit limit)	$0 (36 visit limit)	$35 (36 visit limit)
Emergency Care (**waived if admitted)**	$65	$65	$75	$75
Urgently Needed Care (In-network/Out-of-network)	$10	$65	$10	$65
World-wide Coverage (Emergency/Urgent Care)	NA	$65	NA	$75
Outpatient Mental Health Care				
Partial Hospitalization (Psychiatric Treatment)	$0	50%	$0	50%
Psychiatric Services				
- Individual Sessions	$0	50%	$0	50%
- Group Sessions	$0	50%	$0	50%
Opioid Treatment Services	NA	NA	NA	NA
Mental Health Speciality Services	$0	50%	$0	50%
- Individual Sessions	$0	50%	$0	50%
- Group Sessions	$0	50%	$0	50%

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Benefits	NMRHCA HMO-POS Plan I		NMRHCA HMO-POS Plan II	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	2019		2019	
Outpatient Substance Abuse Care	$0	50%	$0	50%
- Individual Sessions	$0	50%	$0	50%
- Group Sessions	$0	50%	$0	50%
Home Health Care	$0	$0	$0	$0
Primary Care Physician Services	$10	$35	$10	$35
- Other Health Care Professionals	$10	$35	$10	$35
Specialist Services	$30	$60	$40	$60
Chiropractic Services (Medicare covered)	$20	$60	$20	$60
Chiropractic Services (Routine 25 visits)	$20	$60	$20	$60
Occupational Therapy Services	$10	$35	$15	$35
Physical Therapy and/or Speech/Language Therapy visit (including Biofeedback therapy)	$10	$35	$15	$35
Podiatry Services/Foot Care	$0	$60	$0	$60
Outpatient Diagnositic Procedures and Tests	$0	10%	$0	10%
Lab Services	$0	20%	$0	20%
Outpatient Diagnositic Radiological Services	$0	20%	$0	20%
Therapeutic Radiological Services	$0	20%	$0	20%
X-ray	$0	10%	$0	10%
MRI/MRA, CT Scan and Pet Scan	$0	20%	$250	20%
Outpatient Hospital - Medicare covered observation services	$65	$65	$75	$75
Outpatient Hospital - Surgery	$125	20%	$275	20%

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	In-Network	Out-of-Network	In-Network	Out-of-Network
	2019		2019	
Outpatient Hospital - ASC/ Services Outpatient Hospital Facility	$125	20%	$275	20%
Blood (No Limit)	$0	$0	$0	$0
Ambulance Services (Ground and Air)	$75	$75	$150	$150
Transportation	No	No	No	No
Durable Medical Equipment	$10	25%	10%	25%
Ostomy Supplies	$0	25%	$0	25%
Prosthetic Devices	$10	25%	10%	25%
Prosthetic Medical Supplies	$10	25%	10%	25%
Surgical dressings, splints, casts and other devices	$0	$0	$0	$0
Diabetes Self-management Training	$0	25%	$0	25%
Diabetes glucose monitors	$0	25%	$0	25%
Diabetec test strips	$0	20%	$0	20%
Diabetec lancets	$0	20%	$0	20%
Theraputic shoes and inserts	$0	25%	0%	25%
Kidney Disease and Conditions				
Renal Dialysis (ESRD)	$0	$0	$0	$0
Kidney Disease Education Services	$0	$0	$0	$0
Acupuncture Benefits	$15 (25 visits per year)	$60 (25 visits per year)	$15 (25 visits per year)	$60 (25 visits per year)
Preventive Services (Routine) • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement	$0	$35	$0	$35

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	In-Network	Out-of-Network	In-Network	Out-of-Network
	2019		2019	
Vaccinations: - Flu, Pneumonia, Hepatitis B shots	$0	$35	$0	$35
Annual Physical Exam	$0	$35	$0	$35
Pap Smears & Pelvic Exams	$0	$0	$0	$0
Wellness/Education and Other Supplemental Benefits & Services	$0	No	$0	No
Supplemental Benefits as defined in Chapter 4				
Health Education	$0	$0	$0	$0
Nutritional/Dietary Benefit	$0	$0	$0	$0
Additional Smoking and Tobacco	$0	$35	$0	$35
Fitness Benefit	$0	$35	$0	$35
Enhanced Disease Management	$0	$35	$0	$35
Telemonitoring Services	$0	$35	$0	$35
Remote Access Technologies (Video Visit & Nursing Hotline)	$0	$35	$0	$35
Counseling Services	$0	$35	$0	$35
Medical Nutrition Therapy (MNT)	$0	$35	$0	$35
Part B - Drugs				
Chemotherapy and other drugs administered by a medical	$50	20%	10%	20%
Part B - Drugs purchased at a retail pharmacy	$0	20%	0%	20%
Part D home infusion drugs as part of a bundled service	No		No	
Part D - Prescription Drugs				
Deductible	$0		$300 (Tiers 3, 4 & 5)	

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Benefits	NMRHCA HMO-POS Plan I		NMRHCA HMO-POS Plan II	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	2019		2019	
Initial Coverage	Unlimited		$3,820	
Tier 1: Preferred Generic (30 days)	$4		$4	
60 Day Preferred Generic	$8		$8	
90 Day Preferred Generic	$12		$12	
Standard Mail Order (30 days)	$4		$4	
60 Day Preferred Generic	$8		$8	
90 Day Preferred Generic	$12		$12	
Preferred Mail Order (30 days)	$4		$4	
60 Day Preferred Generic	$8		$8	
90 Day Preferred Generic (**Mail Orde**	$8		$8	
OON (34) & Long Term Pharmacy (3	$4		$4	
Tier 2: Generic (30 days)	$10		$10	
60 Day Non-Preferred Generic	$20		$20	
90 Day Non-Preferred Generic	$30		$30	
Standard Mail Order (30 days)	$10		$10	
60 Day Non-Preferred Generic	$20		$20	
90 Day Non-Preferred Generic	$30		$30	
Preferred Mail Order (30 days)	$10		$10	
60 Day Non-Preferred Generic	$20		$20	
90 Day Non-Preferred Generic	$20		$20	
OON (34) & Long Term Pharmacy (3	$10		$10	
Tier 3: Preferred Brand (30 days)	$45		$45	
60 Day Preferred Brand	$90		$90	
90 Day Preferred Brand	$135		$135	
Standard Mail Order (30 days)	$45		$45	
60 Day Preferred Brand	$90		$90	
90 Day Preferred Brand	$135		$135	
Preferred Mail Order (30 days)	$45		$45	
60 Day Preferred Brand	$90		$90	
90 Day Preferred Brand	$112.50		$112.50	
OON (34) & Long Term Pharmacy (3	$45		$45	
Tier 4: Non-Preferred Drug (30 day	$95		$95	
60 Non-Preferred Drug	$190		$190	
90 Non-Preferred Drug	$285		$285	
Standard Mail Order (30 days)	$95		$95	
60 Non-Preferred Drug	$190		$190	
90 Non-Preferred Drug	$285		$285	
Preferred Mail Order (30 days)	$95		$95	
60 Non-Preferred Drug	$190		$190	

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Benefits	NMRHCA HMO-POS Plan I		NMRHCA HMO-POS Plan II	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	2019		2019	
90 Non-Preferred Drug	$285		$285	
OON (34) & Long Term Pharmacy (3	$95		$95	
Tier 5: Specialty (34 days)	33% up to $100 max		27%	
Standard Mail Order (34 days)	33% up to $100 max		27%	
Preferred Mail Order (34 days)	33% up to $100 max		27%	
OON (34) & Long Term Pharmacy (31)	33% up to $100 max		27%	
Generic through Gap (member pays)	Yes		Yes	
Brand through Gap (member pays)	Yes		25%	
Catastrophic Begins	$5,100		$5,100	
Catastrophic Coverage (Generic drugs) Greater of:	5% or $3.40		5% or $3.40	
Catastrophic Coverage (Brand drugs) Greater of:	5% or $8.50		5% or $8.50	
Preventive and Comprehensive Dental Services	No	No	No	No
Medicare Covered Dental	$30	$60	$40	$60
Routine Annual Eye Exam	$0 to $30*	$60	$0 to $40*	$60
Eyewear (frames, lenses and contacts)	No	No	No	No
Vision Services Diagnosis and treatment of diseases and conditions of the eye	$0 to $30*	$60	$0 to $40*	$60
One diabetic retinopathy screening per year	$0 to $30*	$60	$0 to $40*	$60
Eyeglasses (lenses and frames) or contact lenses **after cataract surgery**	$10	25%	10%	25%
Routine Hearing Exam and Medicare covered hearing	$45	$60	$45	$60

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	In-Network	Out-of-Network	In-Network	Out-of-Network
	2019		2019	
Hearing Aids (hearing aid costs does not go toward MOOP)	$699 - $999	No	$699 - $999	No