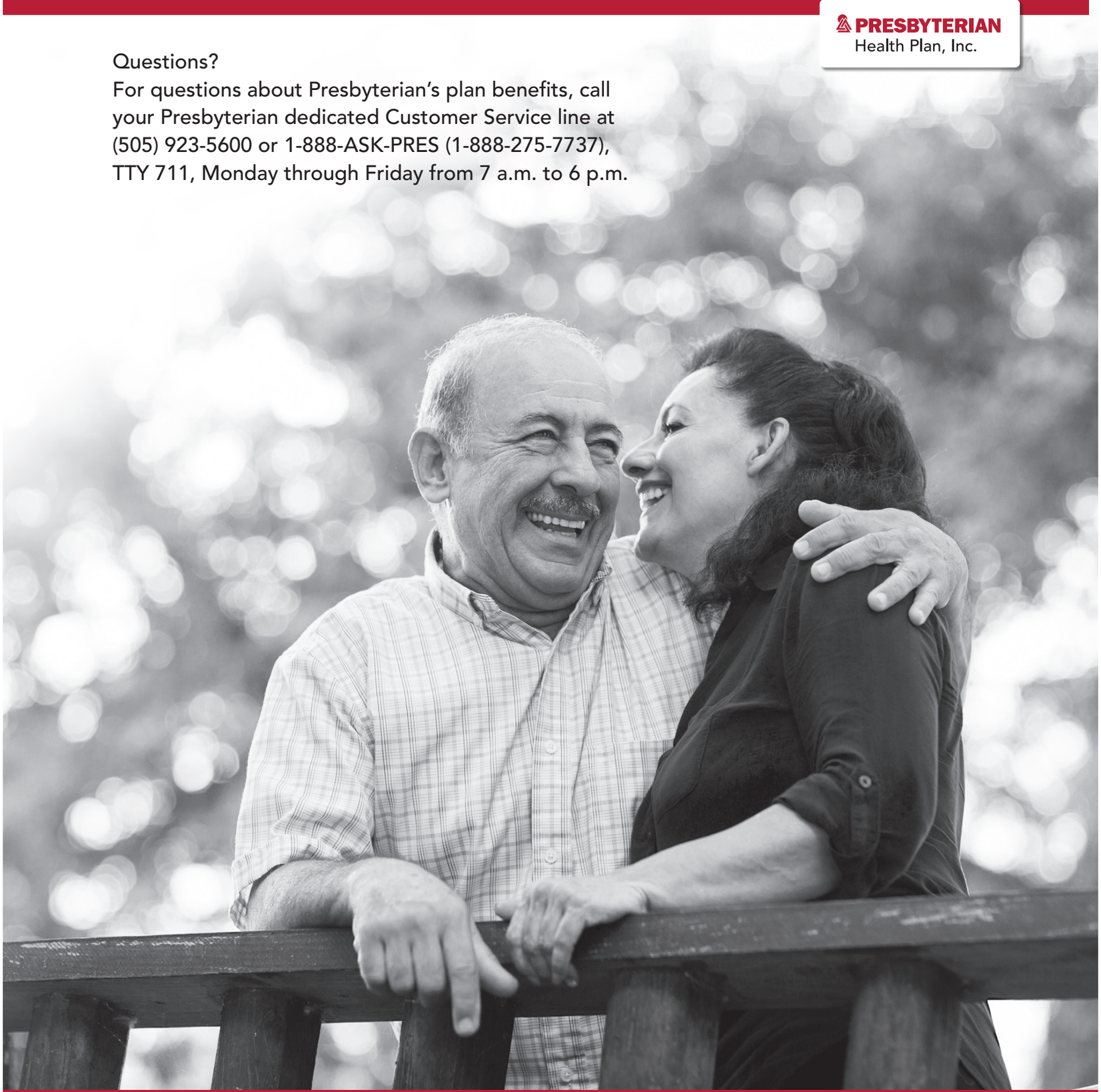
2019 Summary of Benefits
New Mexico Retiree Health Care Authority
Value HMO and Premier Option PPO

NEW MEXICO RETIREE HEALTH CARE AUTHORITY

PRESBYTERIAN Health Plan, Inc.

Questions?
For questions about Presbyterian's plan benefits, call your Presbyterian dedicated Customer Service line at (505) 923-5600 or 1-888-ASK-PRES (1-888-275-7737), TTY 711, Monday through Friday from 7 a.m. to 6 p.m.



2019 Summary of Benefits
New Mexico Retiree Health Care Authority
Value HMO

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

		Value HMO In-Network Care
	Annual Deductible (Deductible must be met before payments are made and applies to all services otherwise indicated.)	$1500
	Annual Out-of-Pocket Max (Does not include penalty amounts, charges above Reasonable and Customary, or non-Covered charges including charges incurred after the benefit maximum has been reached.)	$5500
	Lifetime maximum	Unlimited (Certain services are subject to Calendar Year and/or lifetime maximums or are limited per condition.)
Physician Services	**Office Services**	
	Office Visit (Deductible waived - other services received during the office visit, such as therapy or Surgery, are subject to Deductible and Coinsurance as listed in the rest of the summary)	$35 Copay
	Office Services Specialist (Deductible waived)	$55 Copay
	Allergy Injections, Tests, Serums	30%

		Value HMO In-Network Care
Physician Services *continued*	**Preventive services** (Deductible waived) Routine physicals and Gynecological Exams Well child care including vision and hearing screening (through age 17) Women's Healthcare Contraceptive Methods • Intrauterine Devices (IUD) • Hormone Contraceptive Injections • Inserted Contraceptive Devices • Implanted Contraceptive Devices Breastfeeding support, supplies and counseling (for one year after delivery) Related Testing (including routine Pap tests, mammograms, colonoscopies, cholesterol tests, urinalysis, etc., and immunizations.)	Plan Pays 100%
Outpatient Diagnostic Testing	PET [1], MRI [1], CT Scans [1] In Free Standing Imaging Center (Deductible waived) Laboratory, X-rays, and Pathology (Deductible waived) EKG Home/Sleep Studies	30% $125 Per test, per day Plan pays 100% 30% 30%
Hospital Services	**Hospitalization** Medical/Surgical and Maternity Related Room and Board and Covered Ancillaries [2] Physicians and other Professional Provider Charges Inpatient rehabilitation services [1,2]	 30% 30% 30%
Surgical Services	Inpatient Surgery [1,2] Outpatient Surgery [1] Outpatient Surgery[1] for the facilities and services detailed below: Deductible waived • Presbyterian (Kaseman Hospital Abuquerque, Rust Medical Center Rio Rancho): Hernia and Laparoscopic Cholecystectomy Surgery • New Mexico Orthopedics (Albuquerque): Shoulder Arthroscopy and Knee Arthroscopy	30% 30% $650

		Value HMO In-Network Care
Surgical Services *continued*	Office Surgery (including casts, splints, and dressings) [1]	30%
Maternity Services	Physician/midwife services (delivery, prenatal, postnatal care)	30%
	Hospital Admission [1,2]	30%
	Routine nursery care for newborns	30%
Urgent and Emergency Services	Urgent Care Facility (Deductible waived In-network only)	$40 Copay
	Emergency room visit/Observation room treatment (Deductible waived)	$175 Copay
	Physician and Other Professional Provider Charges [3]	30%
	Ambulance Services	30%
	Emergency Air Transport	30%
Mental Health	Outpatient services (first visit will be Covered at 100% per calendar year)	$35 copay
	Inpatient services [1,2]	30%
Substance Abuse	Outpatient services	$35 copay
	Inpatient services [1,2]	30%
Other Services	Alternative therapy (e.g. Acupuncture, Chiropractic, Massage therapy, and Rolfing) ***($1,500 combined In-Network and Out-of-Network Calendar Year maximum)*** [5]	30%
	Biofeedback	30%
	Cardiac or Pulmonary Rehabilitation – Outpatient	30%
	Chemotherapy and/or Radiation Therapy	30%
	Dialysis	30%
	Durable Medical Equipment [1,4]	30%
	Prosthetics and Orthotics [1]	30%

		Value HMO In-Network Care
Other Services *continued*	Hearing Aids – (Deductible waived) Benefits are limited. Please see "Hearing Aids" under Durable Medical Equipment subsection of Section 4 - Covered Services for details on this benefit.	No Copay
	Home health care[1]	30%
	Hospice[1]	30%
	Bereavement counseling ***(limited to 3 sessions during the Hospice benefit period)***	
	Respite care ***(limited to 10 continuous days and no more than 2 respite stays allowed during a 6-month Hospice benefit period)***	
	Physical, Occupational and Speech Therapy [1,2]	30%
	If PT obtained as alternative to surgery (Maximum of 4 copayments per course of treatment) (Deductible waived)	$35 Copay
	Dialysis/Plasmapheresis/ Photopheresis	30%
	Skilled Nursing Facility [1,2] ***(limited to 60 days per Calendar Year)***	30%
	Smoking cessation (Deductible waived)	Plan pays 100%
Transplants	Coverage for human organ transplants [1,2] (refer to *Member Benefit Booklet* for complete details on transplant coverage)	30%
Prescription Drugs	Administered by Express Scripts. Call Express Scripts at **1-800-501-0987**.	

The Deductible must be met before benefit payments are made. (Deductible may be waived for routine/preventive services, drugs and other services as indicated on the Summary of Benefits.)

After Member reaches the applicable Out-of-Pocket Maximum, the Plan pays 100 percent (up to Reasonable and Customary for Out-of-network Providers) of most of that Member's covered charges. (Copayments are not waived after the Out-of-Pocket Maximum is met.)

Footnotes:

[1] Certain services are **not Covered** if prior approval is not obtained from the plan administrator. See Section 2 of the Member Benefit Booklet for a list of services requiring prior approval.

[2] Admission review is required for Inpatient Admissions. Some services, such as transplants and physical rehabilitation, require additional approval. If you do not receive approval for these individually identified procedures and services, benefits for any related Admissions will be denied. See Section 2 of the Member Benefit Booklet for details.

[3] Initial treatment of a Medical Emergency is paid at In-network Provider level. Follow-up treatment from an Out-of-network Provider and treatment that is not for an emergency is paid at Out-of-network Provider level. The Emergency Room copayment does not include related physician charges (which will be subject to deductible and coinsurance). The Emergency Room/Observation Room copay is waived if the Member is subsequently admitted.

[4] Rental benefit for medical equipment and other items will not exceed the purchase prices of a new unit.

[5] Services administered by a licensed medical doctor (M.D.), doctor of osteopathy (D.O.), physical therapist (R.P.T. or L.P.T.), licensed massage therapist (L.M.T.), doctor of oriental medicine (D.O.M.), and doctor of chiropractic (D.O.C.) are Covered. Rolfing must be provided by a certified Rolfer.

2019 Summary of Benefits
New Mexico Retiree Health Care Authority
Premier Option

The following highlights the PPO plans administered by Presbyterian Health Plan, Inc. for New Mexico Retiree Health Care Authority members statewide. These benefits are effective 1/1/19 through 12/31/19. The specific terms of coverage, limitations and exclusions are detailed in Sections 4 and 5 of the Summary Plan Description.

		Premier Option	
		In-Network Care	Out-of-Network
	Annual Deductible (Deductible must be met before payments are made and applies to all services otherwise indicated.)	$800	
	Annual Out-of-Pocket Max (Does not include penalty amounts, charges above Reasonable and Customary, or non-Covered charges including charges incurred after the benefit maximum has been reached.)	$4,500	
	Lifetime maximum	Unlimited (Certain services are subject to Calendar Year and/or lifetime maximums or are limited per condition.)	
Physician Services	**Office Services** Office Visit (Deductible waived - other services received during the office visit, such as therapy or Surgery, are subject to Deductible and Coinsurance as listed in the rest of the summary)	$30 Copay	50%
	Office Services Specialist (Deductible waived)	$45 Copay	50%
	Allergy Injections, Tests, Serums	25%	50%
	Preventive services Women's Healthcare Contraceptive Methods • Intrauterine Devices (IUD) • Hormone Contraceptive Injections • Inserted Contraceptive Devices • Implanted Contraceptive Devices	Plan Pays 100%	50%

		Premier Option	
		In-Network Care	Out-of-Network
Physician Services *continued*	Breastfeeding support, supplies and counseling (for one year after delivery)	Plan Pays 100%	50%
	Related Testing (including routine Pap tests, mammograms, colonoscopies, cholesterol tests, urinalysis, etc., and immunizations.)		
Outpatient Diagnostic Testing	PET [1], MRI [1], CT Scans [1]	25%	50%
	In Free Standing Imaging Center (Deductible waived)	$100 per test, per day	
	Laboratory, X-rays, and Pathology (Deductible waived)	Plan pays 100%	50%
	EKG	25%	50%
	Home/Sleep Studies	25%	50%
Hospital Services	**Hospitalization** Medical/Surgical and Maternity Related Room and Board and Covered Ancillaries [2]	25%	50%
	Physicians and other Professional Provider Charges	25%	50%
	Inpatient rehabilitation services [1,2]	25%	50%
Surgical Services	Inpatient Surgery [1,2]	25%	50%
	Outpatient Surgery [1,2]	25%	50%
	Outpatient Surgery[1] for the facilities and services detailed below: In-Network Deductible waived • Presbyterian (Kaseman Hospital Abuquerque, Rust Medical Center Rio Rancho): Hernia and Laparoscopic Cholecystectomy Surgery • New Mexico Orthopedics (Albuquerque): Shoulder Arthroscopy and Knee Arthroscopy	$500	50%
	Office Surgery (including casts, splints, and dressings) [1]	25%	50%

		Premier Option	
		In-Network Care	Out-of-Network
Maternity Services	Physician/midwife services (delivery, prenatal, postnatal care)	25%	50%
	Hospital Admission [1,2]	25%	50%
	Routine nursery care for newborns	25%	50%
Urgent and Emergency Services	Urgent Care Facility (Deductible waived In-network only)	$35 Copay	50%
	Emergency room visit/Observation room treatment (Deductible waived)	$125 Copay	$125 Copay
	Physician and Other Professional Provider Charges [3]	25%	25%
	Ambulance Services	25%	25%
	Emergency Air Transport	25%	25%
Mental Health	Outpatient services (first visit will be Covered at 100% per calendar year)	$30 copay	50%
	Inpatient services [1,2]	25%	50%
Substance Abuse	Outpatient services	$30 copay	50%
	Inpatient services [1,2]	25%	50%
Other Services	Alternative therapy (e.g. Acupuncture, Chiropractic, Massage therapy, and Rolfing) ***($1,500 combined In-Network and Out-of-Network Calendar Year maximum)*** [5]	25%	50%
	Biofeedback	25%	50%
	Cardiac or Pulmonary Rehabilitation – Outpatient	25%	50%
	Chemotherapy and/or Radiation Therapy	25%	50%
	Dialysis	25%	50%
	Durable Medical Equipment [1,4]	25%	50%
	Prosthetics and Orthotics [1]	25%	50%

		Premier Option	
		In-Network Care	Out-of-Network
Other Services *continued*	Hearing Aids – (Deductible waived) Benefits are limited. Please see "Hearing Aids" under Durable Medical Equipment subsection of Section 4 - Covered Services for details on this benefit.	No Copay	No Copay
	Home health care[1]	25%	50%
	Hospice[1]	25%	50%
	Bereavement counseling ***(limited to 3 sessions during the Hospice benefit period)***		
	Respite care ***(limited to 10 continuous days and no more than 2 respite stays allowed during a 6-month Hospice benefit period)***		
	Physical, Occupational and Speech Therapy [1,2]	25%	50%
	If PT obtained as alternative to surgery (Maximum of 4 copayments per course of treatment) (Deductible waived)	$30 Copay	50%
	Dialysis/Plasmapheresis/ Photopheresis	25%	50%
	Skilled Nursing Facility [1,2] ***(limited to 60 days per Calendar Year)***	25%	50%
	Smoking cessation (Deductible waived)	Plan pays 100%	Plan pays 100%
Transplants	Coverage for human organ transplants [1,2] (refer to *Member Benefit Booklet* for complete details on transplant coverage)	25%	**No benefit**
Prescription Drugs	Administered by Express Scripts. Call Express Scripts at **1-800-501-0987**.		

The Deductible must be met before benefit payments are made. (Deductible may be waived for routine/preventive services, drugs and other services as indicated on the *Summary of Benefits*.)

After Member reaches the applicable Out-of-Pocket Maximum, the Plan pays 100 percent (up to Reasonable and Customary for Out-of-network Providers) of most of that Member's covered charges. (Copayments are not waived after the Out-of-Pocket Maximum is met.)

Footnotes:

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