



**Presbyterian Health Plan, Inc.  
State of New Mexico HMO Plan  
and Health Investment Plan  
Summary of Benefits**



## SUMMARY OF BENEFITS

The following are the Highlights of the HMO administered by Presbyterian Health Plan, Inc. (PHP) for State of New Mexico employees Statewide. These benefits are effective 7/01/13 through 12/31/13. The specific terms of coverage, limitations and exclusions are detailed in Sections 2, 4, and 5 of the Summary Plan Description

BENEFITS	REGIONAL HMO PLAN	
	<i>Benefit Highlights</i>	<i>In-network and out-of-state MP/PHCS Provider Care</i>
	Copayments/Co-insurance vary depending on service; see below	
	Member deductible (Contract Year)	
	Single	\$ 350
	2-Party	\$ 700
	Family	\$ 1,050
	Out-of-Pocket Maximum (Contract Year)	
	Single	\$3,500
	2-Party	\$7,000
	Family	\$10,500
	Lifetime maximum	Unlimited (Certain services are subject to Contract Year and/or lifetime maximums or are limited per condition.)
<b><i>Physician Services</i></b>	Office visit	
	Primary/Gyn care	\$25 office visit Copayment <sup>5</sup>
	Specialty care	\$40 office visit Copayment
	On-campus student health center	\$25 Copayment per visit <sup>5</sup>
	Preventive services	
	Routine physicals	No Copayment <sup>5</sup>
	Well child care including vision and hearing screening (through age 26)	No Copayment <sup>5</sup>
	Immunizations	No Copayment <sup>5</sup>
	Adult wellness	No Copayment <sup>5</sup>
	Health education programs	Fees Vary (based on service)
	Women's Preventive Services	No Copayment
	Contraceptive Methods	
• Intrauterine Devices (IUD)		
• Hormone Contraceptive Injections		
• Inserted Contraceptive Devices		
• Implanted Contraceptive Devices		
Breastfeeding support, supplies and counseling (for one year after delivery)		
Laboratory	20%	
X-ray	20%	
Allergy testing and treatment	\$40 office visit Copayment	
Allergy injections by a nurse	No Copayment <sup>5</sup>	
Allergy extract preparation	No Copayment	
<b><i>Hospital Services</i></b>	Hospitalization (includes room and board, Inpatient Physician care – Physician visits, surgeon, and anesthesiologist) <sup>3</sup>	\$500 Copayment per Admission
	Inpatient rehabilitation services <sup>3</sup>	\$500 Copayment per Admission
	Laboratory	20%

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## SUMMARY OF BENEFITS

<b>Hospital Services</b> <i>(continued)</i>	X-ray	20%
	MRI/PET Scans/CT Scans <sup>3</sup>	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
<b>Maternity Services</b>	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 <sup>3</sup>	Copayment based on place of service
	Hospital Admission <sup>3</sup>	\$500 Copayment per pregnancy
	Routine nursery care for newborns	No Copayment
<b>Emergency Services</b>	Emergency room visit <sup>2</sup>	\$175 Copayment
	Urgent Care center	\$50 Copayment
	Ambulance <sup>1</sup>	
	Ground transportation Air ambulance	\$30 Copayment per trip \$100 Copayment per trip
<b>Mental Health</b>	Outpatient services <sup>5</sup>	\$25 office visit Copayment
	Inpatient services <sup>3</sup>	\$500 Copayment per Admission
	Partial Hospitalization <sup>3</sup>	\$250 Copayment per Admission
	Residential Treatment Center <sup>3</sup> (limited to 60 days/ Contract Year; must be Medically Necessary.)	\$500 Copayment per Admission
<b>Substance Abuse</b>	Outpatient services <sup>3,5</sup>	\$25 office visit Copayment
	Acute Inpatient Hospital services <sup>3</sup>	\$500 Copayment per Admission
	Partial Hospitalization <sup>3</sup>	\$250 Copayment per Admission
	Intensive Outpatient (non-Step Down) <sup>3,5</sup>	\$25 Copayment per visit
	Residential Treatment Center <sup>3</sup> (limited to 60 days/ Contract Year; must be Medically Necessary.)	\$500 Copayment per Admission
<b>Other Services</b>	Biofeedback (for specified medical conditions only)	\$40 office visit Copayment
	Cardiac or pulmonary rehabilitation	\$40 office visit Copayment
	Chemotherapy and/or radiation therapy	No Copayment in Physician's office
	Chiropractic, Acupuncture (\$1,500 combined Contract Year max.) <sup>4</sup>	\$40 office visit Copayment
	Naprapathic Services (\$500 Contract Year max) <sup>4</sup>	\$50 office visit Copayment
	Dental services (for specified medical conditions only)	
	Inpatient <sup>3</sup>	\$500 Copayment per Admission
	Outpatient	\$40 office visit Copayment
	Dialysis	No Copayment
	Durable Medical Equipment, orthotics, prosthetics and appliances <sup>3</sup>	20%
	Injectable drugs received in the office <sup>3</sup> If billed in conjunction with an office visit	Included in office visit Copayment based on the location of the services (PCP, Specialist, etc.)
If provided by a nurse and no office visit is billed	No Copayment	
Home health care <sup>3</sup>	\$40 Physician Copayment; no Copayment for nursing services	

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## SUMMARY OF BENEFITS

<b>Other Services (cont'd)</b>	Hearing Aids (to include repair, replacement, and associated testing)	Plan pays 100% up to a maximum of \$2500 per hearing impaired ear every 36 months <sup>5</sup>
	Hospice <sup>3</sup> 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 <sup>5</sup>
	Infertility related services (only limited services covered)	Copayment based on services
	Physical, occupational and speech therapy	\$40 office visit Copayment
	Skilled nursing facility (Admission Copayment waived if readmitted within 15 days) <sup>3</sup>	\$500 Copayment per Admission
	Sleep disorder studies Inpatient <sup>3</sup> Home/Sleep lab (2 nights)	\$500 Copayment per Admission 20% Co-insurance
	Smoking cessation	50% Co-insurance
	Surgical services Inpatient  Outpatient  In-Office PCP Specialist	Covered as part of Hospital Admission 20% Co-insurance (Facility claim only)  Included in PCP office visit Copayment <sup>5</sup> \$40 office visit Copayment
	Reconstructive Surgery <sup>3</sup> Inpatient Outpatient	\$500 Copayment per Admission 20% Co-insurance (Facility claim only)
	Weight loss programs (Morbid Obesity treatment only) Inpatient <sup>3</sup> Outpatient	\$500 Copayment per Admission \$40 office visit Copayment
<b>Transplants<sup>3</sup></b> <i>(No Lifetime Maximum)</i>	Coverage for human organ transplants (refer to Sections 4 and 5 for details on transplant coverage)	Copayments based on place of service
<b>Prescription Drugs</b>	<b>Administered by Express Scripts. Call Express Scripts at 1-800-743-1720.</b>	

<sup>1</sup> Ambulance Copayment is waived if transportation is Medically Necessary and results in a Hospital Admission.

<sup>2</sup> The \$175 emergency care is waived if a Hospital Admission results. Then, the Hospital Admission Copayment applies.

<sup>3</sup> **Prior Authorization** may be required. See Section 2 for Prior Authorization requirements and potential penalties.

<sup>4</sup> This benefit includes an annual maximum payment, annual visit limitation, lifetime visit limitation and/or lifetime maximum payment. Refer to Sections 2 and 4 of this booklet.

<sup>5</sup> Not subject to the Deductible

## SUMMARY OF BENEFITS

The following are the Highlights of the New Mexico Health Investment Plan administered by Presbyterian Health Plan, Inc. (PHP) for State of New Mexico employees statewide. These benefits are effective 7/1/13 through 12/31/13. The specific terms of coverage, limitations and exclusions are detailed in Sections 2, 4, and 5 of the Summary Plan Description

BENEFITS	NEW MEXICO HEALTH INVESTMENT PLAN	
	In-network and Out-of-state MP/PHCS providers	Out-of-network
	Deductible/Co-insurance vary depending on service; see below	
Member Deductible	Contract Year	
Individual	\$1,250	\$1,250
Family	\$2,500	\$2,500
Co-insurance (Most Services)	20%	40%
Out-of-pocket Maximum	Includes Deductible	
Individual	Individual - \$3,500	Individual - \$7,000
2-Party	2-Party - \$7,000	2-Party - \$14,000
Family	Family - \$10,500	Family - \$21,000
Lifetime Maximum	Unlimited	
Benefit Cost Sharing	In-network and Out-of-state MP/PHCS providers	Out-of-network
Physician Services	20% after Deductible	40% after Deductible
Office Visit		
Primary/Gyn care		
Specialty care		
Laboratory		
X-ray		
Allergy testing and treatment		
Allergy injections by a nurse		
Allergy extract preparation		
Preventive Services	No Co-insurance (Preventive Care Covered at 100%)	40% after Deductible
Routine physicals		
Well child care including vision and hearing screening (through age 25)		
Immunizations		
Adult Wellness		
Health education programs		
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)		
Hospital Services	20% after Deductible	40% after Deductible
Hospitalization (includes room and board, Inpatient Physician care – Physician visits, surgeon, and anesthesiologist) <sup>3</sup>		
Inpatient rehabilitation services <sup>3</sup>		
Laboratory		
X-ray		
MRI/PET/CAT scans <sup>3</sup>		
Hospital Observation Services (no Admission)		
Surgery – Outpatient (no Hospital Admission – Facility claim only)		

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BENEFITS	NEW MEXICO HEALTH INVESTMENT PLAN	
<i>Benefit Cost Sharing</i>	<i>In-network</i>	<i>Out-of-network</i>
Maternity Services Physician/midwife services (delivery, prenatal/postnatal care) Genetic testing and counseling <sup>3</sup> Hospital Admission <sup>3</sup> Routine nursery care for newborns	20% after Deductible	40% after Deductible
Urgent Care	20% after Deductible	20% after Deductible
Emergency Services Emergency room visit <sup>2</sup> Ambulance <sup>1</sup> Ground transportation Air ambulance	20% after Deductible	20% after Deductible
Mental Health Outpatient service Inpatient services <sup>3</sup> Partial hospitalization <sup>3</sup> Residential Treatment Center <sup>3</sup> (limited to 60 days/Contract Year, must be Medically Necessary)	20% after Deductible	40% after Deductible
Substance Abuse Outpatient service <sup>3</sup> Acute Inpatient Hospital services <sup>3</sup> Inpatient services <sup>3</sup> Partial hospitalization Intensive Outpatient (non-Step Down) <sup>3</sup> Residential Treatment Center <sup>3</sup> (limited to 60 days/Contract Year, must be Medically Necessary)	20% after Deductible	40% after Deductible
Complementary Therapies <sup>4</sup> (\$1,500 Contract Year max) Chiropractic, Acupuncture	20% after Deductible	40% after Deductible
Naprapathic Services (\$500 Contract Year max)	20% after Deductible	40% after Deductible
Other Services Biofeedback Cardiac or pulmonary rehabilitation Chemotherapy and/or radiation therapy Dental services (for specified medical conditions only) <sup>3</sup> <b>Other Services continued next page</b>	20% after Deductible	40% after Deductible

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BENEFITS	NEW MEXICO HEALTH INVESTMENT PLAN	
<i>Benefit Cost Sharing</i>	<i>In-network</i>	<i>Out-of-network</i>
<p>Other Services <i>continued from previous page</i></p> <ul style="list-style-type: none"> <li>Dialysis</li> <li>Durable Medical Equipment (orthotics, prosthetics, and appliances)<sup>3</sup></li> <li>Injectable drugs received in the office<sup>3</sup></li> <li>Home Health Care<sup>3</sup></li> <li>Hearing Aids</li> <li>Hospice<sup>3</sup> <ul style="list-style-type: none"> <li>Bereavement counseling (limited to 3 sessions during the Hospice benefit period)</li> <li>Respite care (lifetime maximum of 2 sessions of up to 10 days for each Hospice benefit period)</li> </ul> </li> <li>Infertility related services (only limited services covered)</li> <li>Physical, occupational and speech therapy</li> <li>Skilled nursing facility</li> <li>Sleep disorder studies                             <ul style="list-style-type: none"> <li>Inpatient<sup>3</sup></li> <li>Home/Sleep lab (2 nights)</li> </ul> </li> <li>Smoking cessation</li> <li>Surgical services</li> <li>Reconstructive Surgery<sup>3</sup></li> <li>Weight loss programs (Morbid Obesity treatment only)<sup>3</sup></li> </ul>	20% after Deductible	40% after Deductible
<p><b>Transplants<sup>3</sup></b>                      Coverage for human organ transplants (refer to Section 4 and 5 for details on transplant coverage)</p>	20% after Deductible	<b>Not Covered</b>
<p><b>Prescription Drugs (Retail)</b></p> <ul style="list-style-type: none"> <li>• Generic (Preferred)</li> <li>• Brand (Preferred)</li> <li>• Non-Preferred</li> <li>• Specialty Pharmaceuticals<sup>3</sup></li> </ul> <p>Contraceptive Methods</p> <ul style="list-style-type: none"> <li>• Generic Birth Control</li> </ul>	<p>20% after Deductible</p> <p>30% after Deductible</p> <p>40% after Deductible</p> <p>15% Copayment up to a \$250 per prescription</p> <p>Play Pays 100%</p>	<p><b>Not Covered</b></p> <p>(Must use Participating Pharmacy, unless required due to an emergency occurring outside of the PHP <u>Service Area.</u>)</p>

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BENEFITS	NEW MEXICO HEALTH INVESTMENT PLAN	
<i>Benefit Cost Sharing</i>	<i>In-network</i>	<i>Out-of-network</i>
<b>Prescription Drugs</b> (Mail Order) <ul style="list-style-type: none"> <li>• Generic</li> <li>• Brand (Preferred)</li> <li>• Non-Preferred</li> </ul>	20% after Deductible 30% after Deductible 40% after Deductible	<b>Not Covered</b> (Must use Participating Pharmacy, unless required due to an emergency occurring outside of the PHP <u>Service Area</u> .)

*1 Ambulance Co-insurance is waived if transportation is Medically Necessary and results in a Hospital Admission.*

*2 The emergency room Co-insurance is waived if results in a Hospital Admission. Then, the Hospital Admission Co-insurance applies.*

*3 **Prior Authorization** may be required. See Section 2 for Prior Authorization requirements and potential penalties.*

*4 This benefit includes a contract year maximum payment and/or contract year visit limitation. Refer to Sections 2 and 4 of this booklet.*

### Health Management

PHP provides members a number of tools to help better manage all health conditions, including:

- Direct access to medical advice any time, day or night through NurseAdvice New Mexico – 1-866-221-9679.
- Help with managing chronic conditions through Presbyterian Healthy Solutions program – (505) 923-5487 or 1-800-841-9705.
- Useful online WebMD Health Manager site featuring up-to-date health information and resources to help create a personalized health improvement – <http://www.phs.org/PHS/healthplans/employer/WebMD/WCMPROD1030650>
- Useful diabetes education and support through our Certified Diabetes Educators. These resources are available through “Find a Doctor” on [www.phs.org](http://www.phs.org).

The State of New Mexico provides group health care coverage administered by Presbyterian Health Plan, Inc.