## New Mexico Public Schools Insurance Authority Side-by-Side Medical Plan Benefit Comparison Chart

These are only summaries that list the member cost-sharing amounts and provides a brief description of NMPSIA Health Plan medical benefits.

The High and Low Option Plans are available under BlueCross BlueShield of New Mexico (BCBSNM) and Presbyterian Health Plan.

The High and Low Option Plans are available un The Summary Plan Descri				Plan.
NMPSIA Health Plan Benefits  There is no overall lifetime maximum benefit. However, certain services have maximum annual limits.  (Deductible applies unless specified as "deductible waived")	High Option PPO Benefits Member's Share of Covered Charges		Low Option PPO Benefits Member's Share of Covered Charges	
See below:	In-Network Provider	Out-Of-Network Provider	In-Network Provider	Out-Of-Network Provider
Calendar Year Deductible Individual Family	\$825 \$1,650	\$3,000 \$6,000	\$2,200 \$4,400	\$6,000 \$12,000
Member Coinsurance	25% coinsurance	50% coinsurance	30% coinsurance	60% coinsurance
Annual Out-Of-Pocket Limit (Includes copayments, coinsurance, and deductibles Individual Family	\$4,500 \$9,000	\$10,000 \$20,000	\$5,500 \$11,000	\$10,000 \$20,000
Office Visit/Exam Charge Office and Home Visits/Exams or Consultation Primary Preferred Provider Office/Home Visit Specialist/Office/Home Visit Telehealth (Virtual video visit access) * No charge when utilizing a nationwide network of providers for non-urgent healthcare.	Office Visit Copay (deductible waived) \$30 \$55 \$0*	50% coinsurance 50% coinsurance Not Covered	Office Visit Copay (deductible waived) \$35 \$70 \$0*	60% coinsurance 60% coinsurance Not Covered
Urgent Care (Includes all services and supplies, in facility x-rays, labs, physician fees	\$55 copay (deductible waived)	50% coinsurance	\$70 copay (deductible waived)	60% coinsurance
Emergency Room Treatment Physician and other professional provider charges	\$550 copay (deductible waived)		\$550 copay	
Ambulance Service: Ground and Emergency Air Transport	•	copay <i>le waived)</i>	30% coi	nsurance
Ambulance Services: Inter-facility Transport	\$0 (deductible waived)		\$0 (deductible waived)	
Routine/Preventive Services (included but not limited to the following) Routine Annual Physicals, Well Member Screenings, and Routine Tests Colonoscopy Gynecological Exams and Mammograms Health Education Counseling Family Planning (birth control devices and therapies; in office surgical sterilization Immunizations (including travel immunizations) Well-Child Care (Routine Vision or Hearing Screenings through age 19)	Plan pays 100% (deductible waived)	50% coinsurance (deductible waived)	Plan pays 100% (deductible waived)	60% coinsurance (deductible waived for routine testing only)
Lab, X-Ray, and other Basic Diagnostic Tests  No charge for Professional Interpretation & Reading  - non-routine (Office/Freestanding Lab or Radiology Facility)	Up to \$30 copay, per day (deductible waived)	50% coinsurance	Up to \$35 copay, per day (deductible waived)	60% coinsurance
Lab, X-Ray, and other Basic Diagnostic Tests  No charge for Professional Interpretation & Reading  - non-routine (Outpatient Department of Hospital)	Up to \$60 copay, per day (deductible waived)	50% coinsurance	Up to \$70 copay, per day (deductible waived)	60% coinsurance
High Tech Imaging: MRI, MRA, CT Scan, PET Scan No charge for Professional Interpretation & Reading (No charge for breast imaging)	Up to \$600 copay, per day (deductible waived)	50% coinsurance	Up to \$700 copay, per day (deductible waived)	60% coinsurance
	Inpatient Hospital/Facility	Services		
Medical/Surgical Acute Care and Maternity-Related Room & Board (Covered Ancillaries and Related Professional Charges) Skilled Nursing Facility (max. 60 days/calendar year)	25% coinsurance	50% coinsurance	30% coinsurance	60% coinsurance



50% coinsurance

\$100 facility copay plus

25% coinsurance



Inpatient Physical Rehabilitation

**Observation Stay** including Related Professional Charges

10	<b>A PRESBYTERIAN</b>	BlueCross BlueShield of New Mexico
SS	Health Coaching through The	Wondr Health Obesity &
2	Solutions Group	Metabolic Syndrome Reversal
		Program
Ţ,	Health Coaching through Good	
Weight	Measures	
>	Noom: App that is a Psychology-	
	based program to help individuals make healthier choices.	

30% coinsurance

60% coinsurance

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The Summary Plan Descriptions supersede any information outlined in this summary.

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NMPSIA Health Plan Benefits There is no overall lifetime maximum ber maximum annual limits. [Deductible applies unless specified as "de		High Option PPO Benefits Member's Share of Covered Charges		·	Low Option PPO Benefits Member's Share of Covered Charges	
See below:		In-Network Provider	Out-Of-Network Provider	In-Network Provider	Out-Of-Network Provider	
		Maternity Service:	S			
Physicians Midwife Services (Delivery, pre- diagnostictesting, and pre-natal genetic		\$30 Office Visit Copay/Initial Visit	50% coinsurance	30% coinsurance	60% coinsurance	
Hospital Admission (Including routine ne	wborn nursery charges)	25% coinsurance	50% coinsurance	30% coinsurance	60% coinsurance	
Extended Stay - (non-routine) Charges for covered New	vborn apply	25% coinsurance	50% coinsurance	30% coinsurance	60% coinsurance	
Home Birth		25% coinsurance	50% coinsurance	30% coinsurance	60% coinsurance	
NMPSIA Prescription Drug Pharmacy Ben Administered by CVS Caremark. Call CVS Caremark Customer Service Cent See below:			ed on Medical Enrollment) of Covered Charges		ed on Medical Enrollment) of Covered Charges	
Prescription Drug Annual Out-Of-Pocket (Includes copayments and coinsurance)	cription Drug Annual Out-Of-Pocket Limit		\$3,000/Individual \$6,000/Family			
Immunizations at a Retail Pharmacy Administered by a Certified Pharmacist.		\$0 copy (Contact CVS Caremark for list of Certified Pharmacists and qualified vaccinations.)		ed vaccinations.)		
Retail Pharmacy	Generic	Up to \$10 copay (30-day supply); Up to \$15 copay (30-day supply); \$22 copay (31-90 day supply) \$35 copay (31-90 day supply)				
	Preferred Brand-Name	•	inimum / \$75 maximum); 1-90 day supply)	••	nimum / \$112 maximum); 1-90 day supply)	
	Non-Preferred Brand-Name	70% coinsurance (30-90 day supply)				
Mail-Order Service Pharmacy	Generic	\$22 copay (one 90-day supply) \$35 copay (one 90-day supply)		00-day supply)		
	Preferred Brand-Name	\$150 copay (on	e 90-day supply)	\$175 copay (one	90-day supply)	
	Non-Preferred Brand-Name		70% coinsurance (	one 90-day supply)		
Prescription Specialty Drugs (through CVS Specialty Pharmacy)		Generic \$55 (30-day supply)				
Specialty drugs require preauthorization I  Pharmacy at 1-866-387-2573.  Members may qualify for Specialty drug c		Preferred Brand-Name	2 \$80 (30-day supply)	Preferred Brand-Name	\$120 (30-day supply)	
and the product of th						



Non-essential health benefit specialty pharmacy drugs under the PrudentRx program do not accumulate to the Outpatient Drug Out-of-Pocket Limit.

Non-Preferred Brand-Name \$130 (30-day supply)

nts		PRESBYTERIAN  WELLNESS AT WORK	BlueCross BlueShield of New Mexico
& Discounts	Rewards	NMPSIA Wellness Rewards: Earn up to \$75 in Amazon.com gift cards by participating in wellness activities.	Blue Points: Redeem points in the online Shopping mall with over a million products.
entives 8	Gym Memberships	Fitness Pass Membership	Fitness Programs- Unlimited access to tiered national gym network including digital programs.
Ince	Discounts	Presbyterian MemberPerks	Blue 365 Health & Wellness Discounts

enrollment in the PrudentRx program for certain Specialty drugs.

To enroll, contact PrudentRx at 1-800-578-4403.

	A PRESBYTERIAN	BlueCross BlueShield of New Mexico
Ξ.	*Life on Mindfulness: Online	Learn to Live: Digital
ā	Platform with live workshops & daily	programming with lessons,
неап	live guided meditations	activities and one-to-one
		support.
σ.	Talkspace: Messaging Therapy for	
Mentat	emotional wellbeing	
<u> </u>	My Stress Tools: Online suite of	
	stress management and resilience-	
	building resources	

Non-Preferred Brand-Name \$170 (30-day supply)