

2021 Summary of Benefits New Mexico Retiree Health Care Authority Value HMO and Premier Option PPO



 **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.



New Resources Available to You!

Dedicated Member Service Team



You now have access to a highly trained, dedicated customer service team that can help:

- Navigate you to the most cost-effective level of medical care, whether

it's a virtual visit, outpatient options, or urgent or emergency care.

- Find in-network primary care providers (PCPs) and specialists and schedule appointments.
- Answer questions about your benefits and help coordinate benefits for your personalized needs.
- Assist with follow-up care and claims resolution.

Contact us 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.

Assist America



You have the protection of Assist America's global emergency travel assistance services 24 hours a day, 365 days a year. This unique program immediately

connects you to services when experiencing a medical emergency while traveling 100 miles or more away from a permanent residence or in another country.

First, download the *free* Assist America Mobile App, then log in with reference number 01-AAPXI-10071.

For questions, contact Assist America's Operations Center at **1-800-872-1414** (or +1-609-986-1234 outside of the USA).

Wellness at Work



Through this online tool you can access all your wellness programming and create a personalized health improvement plan. It

features a powerful Personal Health Assessment (PHA) tool to help identify personal health risks and provide recommendations for improving those risks. To participate, visit **www.phs.org** and register or login to myPRES.

Community Health Worker Program



Our community health workers work and live in the same communities as you and are specially trained to help you get what you need to stay as healthy as possible. They can help you

find housing, food, utility assistance, transportation and translation services, and they will help you schedule a visit with a healthcare provider. They can also help you better manage other health conditions such as pregnancy, asthma, diabetes, high blood pressure, behavioral health, and substance use problems.

This service is confidential and provided at no additional cost to you. For more information, call **(505) 923-8567**.

Disease Management Programs



As a member, you have access to several comprehensive disease management programs at no additional cost to you.

If you have diabetes, asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), or coronary artery disease (CAD), our licensed nurses will work collaboratively with your healthcare provider to provide you with coaching and self-management tools. To enroll in one or more of these Healthy Solutions programs, call **1-800-841-9705** or email **healthysolutions@phs.org**.

Our care coordinators also provide support for managing cancer or low back pain/musculoskeletal conditions. To enroll in one or more of the care coordination programs, call **1-866-672-1242** or email **phpreferral@phs.org**.

No-Cost Member Benefits

PresRN Nurse Advice Line



Speak with a registered Presbyterian nurse for medical advice at no cost 24 hours a day, every day, including holidays. Call (505) 923-5570 or 1-866-221-9679.

For details, visit www.phs.org and search for "PresRN."

Video Visits

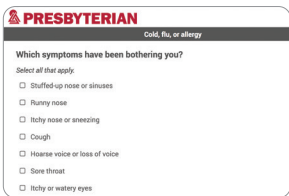


See a provider anytime, day or night. This option offers a new way to see a medical provider for non-emergency medical conditions via secure video through a smartphone, tablet or

computer webcam. Visits are \$0.

For details, visit www.phs.org/videovisits.

Online Visits



With Online Visits, patients who have previously visited a Presbyterian facility can save a trip to a provider's office. Through our online system, Presbyterian Medical Group providers

diagnose, treat and prescribe medications. Online Visits are available 24/7 at no cost.

For details, visit www.phs.org/onlinevisits.

MyChart

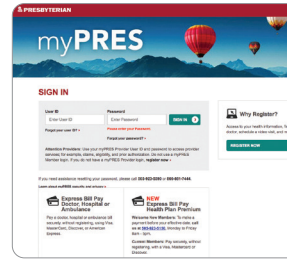


Members with a Presbyterian Medical Group provider can send electronic messages and communicate with their care team, request prescription renewals and schedule office or

telephone visits. You can also view medical records, lab and radiology reports, procedures and test results.

For details, visit www.phs.org/mychart.

myPRES



Get the information you want when you need it. Presbyterian's web-based services offer fast and convenient service any day of the year. To sign in or register, visit www.phs.org/myPRES.

- Look up benefit information securely, view claims status and track deductibles.
- Access your personal health assessment and other health education tools.
- View or request a replacement member ID card.

Talkspace

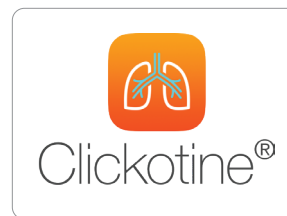


No-cost messaging therapy offers members age 14 and older behavioral health coaching with licensed behavioral therapists via

text, video or audio messaging at a time and place that is convenient for them.

Go to www.talkspace.com/php to access the program.

Clickotine



Clickotine is a no-cost, innovative program that uses clinically driven app technology to help you create and stick to a quit plan and overcome nicotine cravings.

Go to www.clktx.com/join and enter Client ID code: LNV20C.

On to Better Health



This interactive software offers an alternative to traditional mental health and substance abuse care by providing access to tools

and resources that are easy to use, confidential and available 24/7 at no cost.

Go to www.ontobetterhealth.com/php.

2021 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 1/1/21 through 12/31/21. 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
	<p>Annual Deductible</p> <p>(Deductible must be met before payments are made and applies to all services otherwise indicated.)</p>	\$1500
	<p>Annual Out-of-Pocket Max</p> <p>(Does not include penalty amounts, charges above Reasonable and Customary, or non-Covered charges including charges incurred after the benefit maximum has been reached.)</p>	\$5500
	<p>Lifetime maximum</p>	Unlimited (Certain services are subject to Calendar Year and/or lifetime maximums or are limited per condition.)
Physician Services	<p>Office Services</p> <p>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)</p> <p>Office Services Specialist (Deductible waived)</p> <p>Allergy Injections, Tests, Serums</p>	<p>\$35 Copay</p> <p>\$55 Copay</p> <p>30%</p>

		Value HMO In-Network Care
Physician Services <i>continued</i>	<p>Preventive services (Deductible waived)</p> <p>Routine physicals and Gynecological Exams</p> <p>Well child care including vision and hearing screening (through age 17)</p> <p>Women's Healthcare</p> <p>Contraceptive Methods</p> <ul style="list-style-type: none"> • Intrauterine Devices (IUD) • Hormone Contraceptive Injections • Inserted Contraceptive Devices • Implanted Contraceptive Devices <p>Breastfeeding support, supplies and counseling (for one year after delivery)</p> <p>Related Testing (including routine Pap tests, mammograms, colonoscopies, cholesterol tests, urinalysis, etc., and immunizations.)</p>	Plan Pays 100%
Outpatient Diagnostic Testing	<p>PET ¹, MRI ¹, CT Scans ¹</p> <p>In Free Standing Imaging Center (Deductible waived)</p> <p>Laboratory, X-rays, and Pathology (Deductible waived)</p> <p>EKG</p> <p>Home/Sleep Studies</p>	<p>30%</p> <p>\$125 Per test, per day</p> <p>Plan pays 100%</p> <p>30%</p> <p>30%</p>
Hospital Services	<p>Hospitalization</p> <p>Medical/Surgical and Maternity Related Room and Board and Covered Ancillaries ²</p> <p>Physicians and other Professional Provider Charges</p> <p>Inpatient rehabilitation services ^{1,2}</p>	<p>30%</p> <p>30%</p> <p>30%</p>
Surgical Services	<p>Inpatient Surgery ^{1,2}</p> <p>Outpatient Surgery ¹</p> <p>Outpatient Surgery¹ for the facilities and services detailed below: Deductible waived</p> <ul style="list-style-type: none"> • Presbyterian (Kaseman Hospital Albuquerque, Rust Medical Center Rio Rancho): Hernia and Laparoscopic Cholecystectomy Surgery • New Mexico Orthopedics (Albuquerque): Shoulder Arthroscopy and Knee Arthroscopy 	<p>30%</p> <p>30%</p> <p>\$650</p>

		Value HMO In-Network Care
Surgical Services <i>continued</i>	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 Roling) (\$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 <i>continued</i>	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}	\$35 Copay
	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 <i>Member Benefit Booklet</i> 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. Roling must be provided by a certified Rolfer.

		Premier Option	
		In-Network Care	Out-of-Network
Physician Services <i>continued</i>	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%	50%
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	25% \$100 per test, per day Plan pays 100%	50% 50% 50% 50%
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}	25% 25% 25%	50% 50% 50%
Surgical Services	Inpatient Surgery ^{1,2} Outpatient Surgery ^{1,2} Outpatient Surgery ¹ for the facilities and services detailed below: In-Network Deductible waived <ul style="list-style-type: none"> • Presbyterian (Kaseman Hospital Albuquerque, Rust Medical Center Rio Rancho): Hernia and Laparoscopic Cholecystectomy Surgery • New Mexico Orthopedics (Albuquerque): Shoulder Arthroscopy and Knee Arthroscopy Office Surgery (including casts, splints, and dressings) ¹	25% 25% \$500 25%	50% 50% 50% 50%

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		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 Rolwing) (\$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%
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