new mexico health connections

Summary of Benefits for New Mexico Public Schools Insurance Authority

The following grid highlights this HMO plan as administered by New Mexico Health Connections (NMHC) for New Mexico Public Schools Insurance Authority (NMPSIA) members statewide. These benefits are effective 5/1/17. The specific terms of coverage, limitations, and exclusions are detailed in the *What Is Covered by the Plan?* and *Services Your Plan Does Not Cover* sections of your Benefit Booklet.

NMPSIA HMO Summary of Benefits **Administered by New Mexico Health Connections** There is no overall lifetime maximum benefit; however; certain services have maximum annual limits. See below.	**Member's Share of Covered Charge** **Preferred Provider[1,2]**
Calendar Year Deductible[1]	
Individual	$500
Family	$1,000
Annual Out-of-Pocket Limit[2]	
Individual	$3,250
Family	$6,500
Office Visit/Exam Charge Office and Home visits/Exams or Consultation (Other services received during the office visits and listed under "Other Services," below, such as therapy, are subject to deductible, copay, and/or coinsurance as listed in the rest of the summary.)	**Office Visit Copay** (Deductible Waived)
Primary Care Provider (PCP)* Office/Home Visit	$25
Specialist Office/Home Visit	$35
Office Surgery (including casts, splints, and dressings)[4]	20%
Allergy Injections (only), Extract Preparation[4]	No Charge (Deductible Waived)
Therapeutic Injections: Allergy Testing	Office Visit Copay
Routine/Preventive Services Routine Adult Physicals and Gynecological Exams, Routine Tests (Including Pap tests, Cholesterol tests, Urinalysis, Human Papillomavirus (HPV) Screening), Colonoscopies and Mammograms (one covered at 100% annually regardless of diagnosis when in-network), Health Education Counseling (including diabetic and smoking cessation counseling), Family Planning (including insertion/removal of birth control devices, surgical sterilization in office, birth control, and therapeutic injections), Immunizations (including travel immunization), Well-Child Care, Routine Vision or Hearing Screenings through age 19.	No Charge (Deductible Waived)
OTHER SERVICES	
Acupuncture, Chiropractic (Spinal Manipulation), Massage Therapy (if medically necessary)**,** and **Rolfing** (combined max. benefit of **30 visits** per calendar year)[7]	$35 Copay (Deductible Waived)
Naprapathy (limit $500 per year)	$50 Copay (Deductible Waived)
Ambulance Services: Ground and Emergency Air Transport	$25 Copay (Deductible Waived)
Ambulance Services: Inter-Facility Transport[3]	$0 (Deductible Waived)
Autism Spectrum Disorder Diagnosis and Treatment for all children up to age 19 or up to age 22 if still attending school. Up to 90 visits per member per year. PCP copay for Applied Behavioral Analysis (ABA). Specialist includes outpatient physical therapy occupational therapy and speech therapy.	PCP $25 Copay Specialist $35 Copay (Deductible Waived)
Biofeedback (for specified medical conditions only)[4]	$35 Copay (Deductible Waived)
Cardiac and Pulmonary Rehabilitation (office/outpatient)	$35 Copay (Deductible Waived)
Dental/Facial Accident, Oral Surgery, and TMJ/CMJ Services	Dependent on Place of Service

Emergency Room Treatment[3] Physician and Other Professional Provider Charges	$150 copay then 20% after deductible 20% after deductible
Hearing Aids and Related Services (**Age 21 and older**; Routine exams and testing not covered.)	**Hearing Aids:** No Charge up to $500; thereafter, you pay 90% in any 36-month period
Hearing Aids and Related Services (**Under age 21**: Exam/testing subject to usual cost-sharing.)	**Hearing Aids:** No Charge up to $2,200 per ear; thereafter, you pay 90% in any 36-month period
Home Health Care/Home IV Services[4] Limitations; see *What Is Covered by this Plan?* section of your Benefit Booklet for more information	20% after deductible Unlimited
Hospice Services including respite care (limited to **10 days** for each 6-month period – 2 periods per lifetime) and bereavement counseling (limited to **3 sessions** during the hospice benefit period)	No Charge (Deductible Waived)
Infertility: Diagnosis Only – No Treatment	Dependent on Place of Service
Lab, X-Ray, and Other Basic Diagnostic Tests (non-routine)[4] (Office/Freestanding Lab and Radiology)	$25 Copay or actual allowable amount, whichever is less, per day (Deductible Waived)
Lab, X-Ray, and Other Basic Diagnostic Tests (non-routine)[4] (Outpatient Department of Hospital)	$50 Copay or actual allowable amount, whichever is less, per day (Deductible Waived)
High-Tech Imaging: MRI, MRA, CT Scan, PET Scan	$500 or 20%, whichever is less, per day (Deductible Waived)
Professional Interpretation & Reading (Lab, X-Ray, and High Tech)	No Charge
Prothrombin Time Test	$10 Copay (Deductible Waived)
Sleep Study	20% after deductible
Inpatient Hospital/Facility Services (Copays are waived if you are re-admitted for the same condition within 15 days of discharge or transferred to a rehab or skilled nursing facility within 15 days of discharge from acute care facility.)	
Medical/Surgical Acute Care, and **Maternity-Related** Room and Board, Covered Ancillaries, Related Professional charges[5] **Skilled Nursing Facility** (max. **60 days** per calendar year)[5] **Inpatient Physical Rehabilitation**[5]	$500 Facility Copay per admission plus 20% after deductible
Observation Stay including Related Professional charges	$100 Facility Copay plus 20% after deductible
Maternity Services Physician/Midwife Services (delivery, pre- and post-natal care, including lab, diagnostic testing, and pre-natal genetic testing, if medically necessary) Hospital Admission (including routine newborn nursery charges) Extended Stay (Non-Routine) Charges for covered Newborn[5] Home Birth	 Office Visit Copay/Initial visit $500 Copay per pregnancy then 20% after deductible $500 Facility Copay/admission then 20% after deductible 20% after deductible
Mental Health Services[4,5,9] Office, Home, Outpatient Facility/Physician Inpatient Partial Hospitalization[8] Facility-Based Intensive Outpatient Programs (IOP)[8]	 $35 Copay (Deductible Waived) $500 Copay then 20% after deductible $250 Copay then 20% after deductible $125 Copay then 20% after deductible
Substance Abuse Rehabilitation[4,5,9] (Lifetime max of two courses of treatment for all services combined) Office, Home, Outpatient Facility/Physician (**max. 30 days** per calendar year)	$35 Copay (Deductible Waived)
Inpatient (**max. 30** days per calendar year combined with partial hospitalization) Partial Hospitalization[8] (**max. 30 days** per calendar year combined with Inpatient) Facility-Based Intensive Outpatient Programs (IOP)[8]	$500 Copay then 20% after deductible $250 Copay then 20% after deductible $125 Copay then 20% after deductible

Outpatient Hospital/Facility/Ambulatory Surgery Facility[4] (including Related Professional Charges)	$150 Copay then 20% after deductible
Residential Treatment Center (RTC): (for adults age 18 and older only) LIMIT: 60 days per calendar year and 30 days per admission.	$250 Copay then 20% after deductible
Short-Term Rehabilitation, Outpatient and Office: Occupational Physical, and Speech Therapy Services (Member pays $35 each visit up to a maximum of $350 per calendar year, thereafter plan pays 100% once met for the remaining calendar year. (Habilitative services are not covered.)	$35 Copay (Deductible Waived) up to $350; thereafter No Charge for the remaining calendar year
Smoking/Tobacco Use Cessation (includes medication, hypnotherapy, acupuncture, related tests, and any counseling programs not eligible under Preventive)	No Charge (for Prescription Drugs. See your Express Scripts Plan for details.)
Supplies, Durable Medical Equipment, Prosthetics, and Functional Orthotics[4,6] (Support hose limited to 12 **pair** or 24 **hose**, Mastectomy Bras up to 6 per calendar year.) Prior Authorization needed for services over $1,000.	20% after deductible
Insulin Pump Supplies (insertion sets, reservoirs)	No Charge (Deductible Waived)
Therapy: Chemotherapy and Radiation Therapy	No Charge (Deductible Waived)
Therapy, Dialysis[4]	20% after deductible
Transplant Services[4,5] Maximums apply to donor charges and travel and lodging. Must be received at a facility that contracts with NMHC.	Applicable Copays based on Place and Type of Service
Urgent Care (includes all services and supplies such as X-ray, labs, and physician fees)	$45 Copay (Deductible Waived)
Prescriptions Drugs, Insulin, Diabetic Supplies, Nutritional Products, Smoking/Tobacco Cessation Products: Administered by Express Scripts. Call Express Scripts Customer Service Center: 1-800-498-4904.	

Footnotes:

1. All services are subject to deductible unless otherwise indicated in the Summary of Benefits (e.g., "deductible waived"). When applicable, the deductible must be met before benefit payments are made (excluding routine services, hearing aids for children under age 21 and drugs and items covered under the drug plan).
2. After a member reaches the applicable out-of-pocket limit, the Plan pays 100 percent of his/her covered charges for the rest of the calendar year.
3. Initial treatment of a medical emergency is paid at the Preferred provider benefit level. Follow-up treatment from a non-preferred provider and treatment that is not for an emergency is paid at the Non-Preferred Provider level. Nonemergency air ambulance services are covered only when it is medically necessary to transfer the patient from one facility to another.
4. Certain services are not covered if preauthorization is not obtained from NMHC. See the *What Is Covered by the Plan?* section for services that require preauthorization. Some services may require a written request for preauthorizatrion in order to be covered.
5. Preauthorization is required for inpatient admissions. Some services, such as transplants and physical rehabilitation require additional authorization. If you do not receive authorization for these individually identified procedures, benefits for any related admissions will be denied.
6. Rental benefits for medical equipment and other items will not exceed purchase price of a new unit.
7. Services administered by a licensed medical doctor (MD), doctor of osteopathy (DO), physical therapist (RPT or LPT), doctor of oriental medicine (DOM), doctor of chiropractic (DC), and licensed massage therapist (LMT) are covered. Rolfing must be provided by a certified Rolfer. Naprapathy must be provided by a certified provider.
8. The partial hospitalization and facility-based intensive outpatient program (IOP) copayments are waived if the patient is admitted directly into either program from an inpatient facility or residential treatment center, or if the patient is admitted into a partial hospitalization program directly from an inpatient facility or residential treatment center.
9. This plan opted out of compliance with Mental Health Parity Addictions Equity Act.

Language-Access Services and Non-Discrimination Notice

English
You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free Customer Service phone number listed on your health plan ID card. TTY: 711.

This letter is also available in other formats like large print. To request it in another format, call the toll-free Customer Service phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. TTY: 711.

Spanish
Tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para solicitar un intérprete, llame al número de teléfono gratuito del Servicio al Cliente que aparece en su tarjeta de identificación del plan de salud. TTY: 711.

Navajo
Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-855-769-6642 (TTY: 711).

Vietnamese
Bạn có quyền được trợ giúp và thông tin trong ngôn ngữ của bạn miễn phí. Để yêu cầu một thông dịch viên, hãy gọi đến số điện thoại dịch vụ khách hàng miễn phí liệt kê trên thẻ ID chương trình sức khỏe của bạn. TTY: 711.

German
Sie haben das Recht, Hilfe und Informationen in Ihrer Sprache kostenlos zu bekommen. Um einen Dolmetscher anzufordern, rufen Sie die gebührenfreie Telefonnummer des Kundendienstes an, die in Ihrem Personalausweis aufgeführt ist. TTY: 711.

Chinese
您有权免费使用您的语言获取帮助和信息。 要请求翻译，请拨打您的健康计划身份证上列出的免费客户服务电话号码. TTY：711。

Arabic
لديك الحق في الحصول على المساعدة والمعلومات في لغتك دون أي تكلفة .لطلب مترجم، اتصل بخدمة العملاء رقم الهاتف المجاني المدرجة في بطاقة الهوية خطة صحتك. TTY: 711.

Korean
귀하는 귀하의 언어로 무료로 도움과 정보를 얻을 권리가 있습니다. 통역사를 요청하려면 건강 플랜 ID 카드에 나와있는 무료 고객 서비스 전화 번호로 전화하십시오. TTY : 711 입니다.

Tagalog
Kayo ay may karapatan na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang humiling ng isang interpreter, tumawag sa toll-free Customer Service numero ng telepono na nakalista sa iyong planong pangkalusugan ID card. TTY: 711.

Japanese
あなたは無料であなたの言語でヘルプと情報を入手する権利があります。 通訳を希望する場合は、保健プランIDカードに記載されているフリーダイヤルのカスタマーサービスの電話番号にお電話ください。 TTY：711

French
Vous avez le droit d'obtenir de l'aide et des informations dans votre langue sans frais. Pour demander un interprète, appelez le numéro de téléphone sans frais du Service à la clientèle figurant sur votre carte d'identité du régime de soins de santé. TTY: 711.

Italian
Lei ha il diritto di richiedere assistenza e informazioni nella propria lingua, senza alcun costo. Per richiedere un interprete, chiamare il numero di telefono Servizio Clienti al numero verde indicato sulla carta d'identità piano sanitario. TTY: 711.

Russian
Вы имеете право получить помощь и информацию на вашем языке без каких-либо затрат. Для того, чтобы попросить переводчика, позвоните по бесплатному телефону обслуживания клиентов номер, указанный в вашем плане здоровья удостоверения личности. TTY: 711.

Hindi
आप कोई भी कीमत पर अपनी भाषा में और जानकारी प्राप्त करने का अधिकार रखते हैं। एक दुभाषिया के अनुरोध के लिए टोल फ्री ग्राहक सेवा फोन अपने स्वास्थ्य योजना आईडी कार्ड पर सूचीबद्ध नंबर पर कॉल। TTY: 711।

Persian-Farsi

شما حق دارید که کمک و اطلاعات به زبان خود را بدون هیچ هزینه داشته باشد .برای درخواست یک مترجم از رایگان خدمات مشتریان شماره تلفن ذکر شده برنامه بهداشتی خود تماس بگیرید .711 ID بر روی کارت :TTY.

Thai
คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณไม่มีค่าใช้จ่าย
หากต้องการขอล่ามโทรไปยังหมายเลขโทรศัพท์โทรฟรีบริการลูกค้าระบุไว้ในบัตรประจำตัวประชาชนแผนสุขภาพของคุณ TTY: 711

Notice of Non-Discrimination and Accessibility

The following is a statement describing nondiscrimination for NMHC and the services it provides to its clients and members:

- We do not discriminate on the basis of race, color, national origin, age, disability, or gender in our health programs or activities.
- We provide help free of charge to people with disabilities or whose primary language is not English. To ask for a document in another format such as large print, or to get language help such as a qualified interpreter, please call NMHC Customer Service at 1-855-769-6642, Monday through Friday, 8:00 a.m. to 5:00 p.m. TTY: 1-800-659-8331.
- If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can send a complaint to:
  NMHC Compliance Hotline
  2440 Louisiana Blvd. NE, Suite 601
  Albuquerque, NM 87110
  Phone: 1-855-882-3904
  Fax: 1-866-231-1344

You also have the right to file a complaint directly with the U.S. Dept. of Health and Human Services online, by phone, or by mail:

- **Online:** https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
- **Phone:** Toll-free: 1-800-368-1019, TDD: 1-800-537-7697
- **Mail:** U.S. Dept. of Health & Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201