



**New Mexico  
Public Schools  
Insurance  
Authority**

**Medical Plan  
Side-by-Side Comparison Chart**

**High Option  
Low Option  
Exclusive Provider Organization  
(EPO)**

## 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 Exclusive Provider Organization (EPO) is only offered by BlueCross BlueShield of New Mexico.  
 The Summary Plan Descriptions supersede any information outlined in this summary.

NMPSIA Health Plan Benefits There is no overall lifetime maximum benefit. However, certain services have maximum annual limits. <i>(Deductible applies unless specified as "deductible waived")</i>	High Option PPO Benefits Member's Share of Covered Charges		Low Option PPO Benefits Member's Share of Covered Charges		EPO Benefits Member's Share of Covered Charges
	In-Network Provider	Out-Of-Network Provider	In-Network Provider	Out-Of-Network Provider	Preferred Provider (Narrow Network)
<b>Calendar Year Deductible</b>					
Individual	\$750	\$1,500	\$2,000	\$4,000	\$500
Family	\$1,500	\$3,000	\$4,000	\$8,000	\$1,000
<b>Member Coinsurance</b>	20%	40%	25%	50%	20%
<b>Annual Out-Of-Pocket Limit</b> <i>(Includes copayments, coinsurance, and deductibles)</i>					
Individual	\$4,100	\$9,500	\$4,100	\$9,500	\$3,250
Family	\$8,200	\$19,000	\$8,200	\$19,000	\$6,500
<b>Office Visit/Exam Charge</b> Office and Home Visits/Exams or Consultation	Office Visit Copay <i>(deductible waived)</i>		Office Visit Copay <i>(deductible waived)</i>		Office Visit Copay <i>(deductible waived)</i>
<b>Primary Preferred Provider Office/Home Visit</b>	\$25	40%	\$30	50%	\$25
<b>Specialist/Office/Home Visit</b>	\$50	40%	\$60	50%	\$35
<b>Telehealth</b> <i>(Virtual video visit access) * No charge when utilizing a nationwide network of providers for non-urgent healthcare.</i>	\$0*	Not Covered	\$0*	Not Covered	\$0*
<b>Urgent Care</b> <i>(Includes all services and supplies, in facility x-rays, labs, physician fees)</i>	\$50 copay <i>(deductible waived)</i>	40%	\$60 copay <i>(deductible waived)</i>	50%	\$45 copay <i>(deductible waived)</i>
<b>Emergency Room Treatment</b> Physician and other professional provider charges	\$450 copay <i>(deductible waived)</i>		\$450 copay after deductible		\$150 copay plus 20% coinsurance after deductible
<b>Ambulance Service:</b> Ground and Emergency Air Transport	\$50 copay <i>(deductible waived)</i>		25% coinsurance after deductible		\$25 <i>(deductible waived)</i>
<b>Ambulance Services:</b> Inter-facility Transport	\$0 <i>(deductible waived)</i>		\$0 <i>(deductible waived)</i>		\$0 <i>(deductible waived)</i>
<b>Routine/Preventive Services</b> <i>(included but not limited to the following)</i> Routine Annual Physicals, Well Member Screenings, and Routine Tests Colonoscopy Gynecological Exams and Mammograms Health Education Counseling Family Planning <i>(birth control devices and therapies; in office surgical sterilization)</i> Immunizations <i>(including travel immunizations)</i> Well-Child Care <i>(Routine Vision or Hearing Screenings through age 19)</i>	Plan pays 100% <i>(deductible waived)</i>	40% <i>(deductible waived)</i>	Plan pays 100% <i>(deductible waived)</i>	50% <i>(deductible waived for routine testing only)</i>	Plan pays 100% <i>(deductible waived)</i>
<b>Lab, X-Ray, and other Basic Diagnostic Tests</b> No charge for Professional Interpretation & Reading - non-routine <i>(Office/Freestanding Lab or Radiology Facility)</i>	Up to \$30 copay, per day <i>(deductible waived)</i>	40%	Up to \$35 copay, per day <i>(deductible waived)</i>	50%	Up to \$25 copay, per day <i>(deductible waived)</i>
<b>Lab, X-Ray, and other Basic Diagnostic Tests</b> No charge for Professional Interpretation & Reading - non-routine <i>(Outpatient Department of Hospital)</i>	Up to \$60 copay, per day <i>(deductible waived)</i>	40%	Up to \$70 copay, per day <i>(deductible waived)</i>	50%	Up to \$50 copay, per day <i>(deductible waived)</i>
<b>High Tech Imaging: MRI, MRA, CT Scan, PET Scan</b> No charge for Professional Interpretation & Reading <i>(No charge for breast imaging)</i>	Up to \$600 copay, per day <i>(deductible waived)</i>	40%	Up to \$700 copay, per day <i>(deductible waived)</i>	50%	Up to \$500 copay, per day <i>(deductible waived)</i>



<b>Online Platforms</b>		
	Wellness at Work: Online wellness portal with tons of wellness tools you can utilize. Everything is covered from nutrition, physical activities, health challenges, event registration, and health education.	Well onTarget: Online Member Wellness Portal with several tools and resources to assist you in a personalized health & wellness journey.
	Mobile App: Virgin Pulse	Mobile App: Always On

<b>Incentives &amp; Discounts</b>			
	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.
	Gym Memberships	Fitness Pass Membership	Fitness Programs- Unlimited access to tiered national gym network including digital programs.
	Discounts	Presbyterian MemberPerks	Blue 365 Health & Wellness Discounts

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NMPSIA Health Plan Benefits <small>There is no overall lifetime maximum benefit. However, certain services have maximum annual limits. <i>(Deductible applies unless specified as "deductible waived")</i></small>	High Option PPO Benefits <small>Member's Share of Covered Charges</small>		Low Option PPO Benefits <small>Member's Share of Covered Charges</small>		EPO Benefits <small>Member's Share of Covered Charges</small>
See below:	In-Network Provider	Out-Of-Network Provider	In-Network Provider	Out-Of-Network Provider	Preferred Provider <small>(Narrow Network)</small>
<b>Inpatient Hospital/Facility Services</b>					
(EPO Option 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 an acute care facility.)					
<b>Medical/Surgical Acute Care and Maternity-Related Room &amp; Board</b> <small>(Covered Ancillaries and Related Professional Charges)</small>	20% coinsurance after deductible	40% coinsurance after deductible	25%	50%	\$500 facility copay per admission plus 20%
<b>Skilled Nursing Facility</b> <small>(max. 60 days/calendar year)</small>					
<b>Inpatient Physical Rehabilitation</b>					
<b>Observation Stay</b> including Related Professional Charges	\$100 facility copay plus 20%	40%	25%	50%	\$100 facility copay plus 20%
<b>Maternity Services</b>					
<b>Physicians Midwife Services</b> <small>(Delivery, pre- and post-natal care, including lab, diagnostic testing, and pre-natal genetic testing, when medically necessary)</small>	\$25 Office Visit Copay/Initial Visit	40%	25%	50%	\$25 Office Visit Copay per Initial Visit
<b>Hospital Admission</b> <small>(Including routine newborn nursery charges)</small>	20% coinsurance after deductible	40%	25%	50%	\$500 copay per pregnancy plus 20%
<b>Extended Stay</b> <small>- (non-routine) Charges for covered Newborn apply</small>	20% coinsurance after deductible	40%	25%	50%	\$500 facility copay per admission plus 20%
<b>Home Birth</b>	20%	40%	25%	50%	20%
<b>Prescription Drug Pharmacy Benefit</b>					
<small>Administered by CVS Caremark. Call CVS Caremark Customer Service Center: 1-877-787-0652</small>					
<b>Prescription Drug Annual Out-Of-Pocket Limit</b> <small>(Includes copayments and coinsurance)</small>	\$3,000/Individual \$6,000/Family		\$3,000/Individual \$6,000/Family		\$3,100/Individual \$6,200/Family
<b>Retail Pharmacy</b>	Generic Preferred Non-Preferred Brand Name	Up to \$10 copay (30-day supply); \$22 copay (31-90 day supply) 30% coinsurance (\$30 minimum / \$60 maximum); \$60 copay (31-90 day supply) 70% coinsurance (30-90 day supply)			
<b>Mail-Order Service Pharmacy</b>	Generic Preferred Non-Preferred Brand Name	\$22 copay (one 90-day supply) \$60 copay (one 90-day supply) 70% coinsurance (one 90-day supply)			
<b>Prescription Specialty Drugs</b> <small>Specialty drugs require preauthorization by calling <a href="tel:1-866-387-2573">CVS Caremark Specialty Pharmacy at 1-866-387-2573</a>.</small>	Per 30-day supply of Specialty Medications through CVS Specialty Pharmacy; Generic \$55 Preferred Brand \$80 Non-Preferred Brand \$130				
<small>Members may qualify for Specialty drug copayment assistance available via enrollment in the PrudentRx program for certain Specialty drugs. <a href="tel:1-800-578-4403">To enroll, contact PrudentRx at 1-800-578-4403</a>.</small>	<small>Non-essential health benefit specialty pharmacy drugs under the PrudentRx program do not accumulate to the Outpatient Drug Out-of-Pocket Limit.</small>				



<b>Mental Health</b>	<b>PRESBYTERIAN</b>	
	* Life on Mindfulness: Online Platform with live workshops & daily live guided meditations  Talkspace: Messaging Therapy for emotional wellbeing  My Stress Tools: Online suite of stress management and resilience-building resources	Learn to Live: Digital programming with lessons, activities and one-to-one support.

<b>Weight Loss</b>	<b>PRESBYTERIAN</b>	
	Health Coaching through The Solutions Group  Health Coaching through Good Measures  Noom: App that is a Psychology-based program to help individuals make healthier choices.	Wondr Health Obesity & Metabolic Syndrome Reversal Program