



New Mexico Public Schools Insurance Authority

Medical Plan Side-by-Side Comparison Chart

**High Option
Low Option**

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 Summary Plan Descriptions supersede any information outlined in this summary.

All benefits are subject to the Deductible except where noted. This Schedule outlines the amounts of Coinsurance, Deductible, and Copay that you are responsible to pay for the services listed.

*IMPORTANT: Out-of-Network providers are paid according to the Allowed Charge and could result in Balance Billing to you except for No Surprises Act services.

There is no overall lifetime maximum benefit. However, certain services have maximum annual benefit limits.

For services not listed or do not show member copayment/cost share, the covered person is responsible for the full allowed amount until the deductible is met, at which point standard coinsurance applies.

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	
	In-Network Provider	Out-Of-Network Provider	In-Network Provider	Out-Of-Network Provider
See below:				
Calendar Year Deductible				
Individual	\$825	\$3,000	\$2,200	\$6,000
Family	\$1,650	\$6,000	\$4,400	\$12,000
Member Coinsurance	25% coinsurance	50% coinsurance	30% coinsurance	60% coinsurance
Annual Out-Of-Pocket Limit (Includes copayments, coinsurance, and deductibles)				
Individual	\$4,500	\$10,000	\$5,500	\$10,000
Family	\$9,000	\$20,000	\$11,000	\$20,000
Office Visit/Exam Charge Office and Home Visits/Exams or Consultation	Office Visit Copay (deductible waived)		Office Visit Copay (deductible waived)	
Primary Preferred Provider Office/Home Visit	\$30	50% coinsurance	\$35	60% coinsurance
Specialist/Office/Home Visit	\$55	50% coinsurance	\$70	60% coinsurance
Telehealth (Virtual video visit access) * No charge when utilizing a nationwide network of providers offered by your selected carrier for non-urgent healthcare.	\$0*	Not Covered	\$0*	Not Covered
Urgent Care (In most cases includes ancillary services and supplies such as x-ray/labs/physician fees for the occurrence.)	\$55 copay (deductible waived)	50% coinsurance	\$70 copay (deductible waived)	60% coinsurance
Emergency Room Treatment (Hospital emergency room (ER) facility for a medical Emergency; Ancillary charges (such as lab or x-ray) performed during the ER visit; Physician and other professional provider charges.)	\$550 copay (deductible waived)		\$550 copay	
Ambulance Service: Ground and Emergency Air Transport to or from the nearest local adequate Hospital or Skilled Nursing Facility.	\$55 copay (deductible waived)		30% coinsurance	
Ambulance Services: Inter-facility Transport	\$0 (deductible waived)		\$0 (deductible waived)	
Preventive Care Services Routine Adult Physicals and Gynecological Exams; Routine Well-Child Care; Routine Tests (including Pap Tests, Cholesterol tests, Urinalysis, Human Papillomavirus (HPV) Screening); Family Planning (including insertion/removal of birth control devices, surgical sterilization in office, birth control, and therapeutic injections.); Health Education Counseling (including diabetic and smoking cessation counseling); Colonoscopies (one covered at 100% annually regardless of diagnosis when in-network); Mammograms (no charge or service limit for breast imaging); Immunizations (including travel immunizations); Routine vision or hearing screenings through age 19. Note: See the following Government websites for a complete description of covered preventive care/services or call the your respective Claims Administrative Office with any questions. http://www.uspreventiveservicestaskforce.org/BrowseRec/Index http://www.cdc.gov/vaccines/schedules/hcp/index.html http://www.uspreventiveservicestaskforce.org/BrowseRec/Index http://www.hrsa.gov/womensguidelines/ Note: Preventive Care for covered immunizations/vaccines received at an In-Network Pharmacy will be paid under the Pharmacy Benefit Plan. If there is not an In-Network provider who can provide the preventive care service, then the Plan will cover the service when performed by an Out-of-Network provider without cost sharing.	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 Lab or X-ray Diagnostic Tests - non-routine (Office/Freestanding Lab or Radiology Facility)	Up to \$30 copay or actual allowable amount, whichever is less per day (deductible waived)	50% coinsurance	Up to \$35 copay or actual allowable amount, whichever is less per day (deductible waived)	60% coinsurance
Lab, X-Ray, and other Basic Lab or X-ray Diagnostic Tests - non-routine (Outpatient Department of Hospital)	Up to \$60 copay or actual allowable amount, whichever is less per day (deductible waived)	50% coinsurance	Up to \$70 copay or actual allowable amount, whichever is less per day (deductible waived)	60% coinsurance
High Tech Imaging: MRI, MRA, CT Scan, PET Scan (No charge for breast imaging)	Up to \$600 copay or 25% coinsurance, whichever is less per day (deductible waived)	50% coinsurance	Up to \$700 copay or 30% coinsurance, whichever is less per day (deductible waived)	60% coinsurance
Inpatient Hospital/Facility Services				
Medical/Surgical Acute Care and Maternity-Related Room & Board Room & board facility fees in a semiprivate room with general nursing services; Specialty care units (e.g., intensive care unit, cardiac care unit); Medical/Surgical Acute Care; Inpatient Physical Rehabilitation; Lab, X-ray, Diagnostic services; Related Medically Necessary Ancillary Services (e.g., prescriptions, supplies); Related Professional Charges.	25% coinsurance	50% coinsurance	30% coinsurance	60% coinsurance
Skilled Nursing Facility (SNF) or Subacute Facility (Skilled Nursing Facility (SNF); Subacute Care Facility, also called Long Term Acute Care (LTAC) Facility.)	25% coinsurance	50% coinsurance	30% coinsurance	60% coinsurance
Observation Stay includes Related Professional Charges	\$100 facility copay plus 25% coinsurance	50% coinsurance	30% coinsurance	60% coinsurance

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NMPSIA Health Plan Benefits	High Option PPO Benefits Member's Share of Covered Charges		Low Option PPO Benefits Member's Share of Covered Charges	
There is no overall lifetime maximum benefit. However, certain services have maximum annual limits. <i>(Deductible applies unless specified as "deductible waived")</i>				
See below:	In-Network Provider	Out-Of-Network Provider	In-Network Provider	Out-Of-Network Provider
Maternity Services				
Inpatient and Home Birth <i>(Hospital Admission on Maternity-Related Room & Board include routine newborn nursery charges.)</i>	25% coinsurance	50% coinsurance	30% coinsurance	60% coinsurance
Outpatient Physician and Midwife Services <i>(Physician/Midwife Services include delivery, pre- and post-natal care, including lab, diagnostic testing, and pre-natal genetic testing, if medically necessary.)</i>	Initial visit copay applies based on place and type of service received	50% coinsurance	30% coinsurance	60% coinsurance
Primary Preferred Provider Office/Home Visit Copay	\$30 Office Visit Copay	50% coinsurance	30% coinsurance	60% coinsurance
Specialist Provider or Midwife Office/Home Visit Copay	\$55 Office Visit Copay	50% coinsurance	30% coinsurance	60% coinsurance
NMPSIA Prescription Drug Pharmacy Benefit Administered by CVS Caremark. Call CVS Caremark Customer Service Center: 1-877-787-0652 See below:	High Option Benefits (Based on Medical Enrollment) Member's Share of Covered Charges		Low Option Benefits (Based on Medical Enrollment) Member's Share of Covered Charges	
Prescription Drug Annual Out-Of-Pocket Limit <i>(Includes copayments and coinsurance)</i>	\$3,000/Individual \$6,000/Family			
Immunizations at a Retail Pharmacy <i>Administered by a Certified Pharmacist.</i>	\$0 copay <i>(Contact CVS Caremark for list of Certified Pharmacists and qualified vaccinations.)</i>			
Retail Pharmacy	Generic	Up to \$10 copay (30-day supply); \$22 copay (31-90 day supply)	Up to \$15 copay (30-day supply); \$35 copay (31-90 day supply)	
	Preferred Brand-Name	30% coinsurance (\$30 minimum / \$75 maximum); \$150 copay (31-90 day supply)	30% coinsurance (\$45 minimum / \$112 maximum); \$175 copay (31-90 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)	
	Preferred Brand-Name	\$150 copay (one 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 by calling CVS Caremark Specialty Pharmacy at 1-866-387-2573 .	Preferred Brand-Name \$80 (30-day supply)		Preferred Brand-Name \$120 (30-day supply)	
Members may qualify for Specialty drug copayment assistance available via enrollment in the PrudentRx program for certain Specialty drugs. To enroll, contact PrudentRx at 1-800-578-4403.	Non-Preferred Brand-Name \$130 (30-day supply)		Non-Preferred Brand-Name \$170 (30-day supply)	



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

Online Platforms		
	Wellnest 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 on Target: Online Member Wellness Portal with several tools and resources to assist you in a personalized health & wellness journey.
	Mobile App:  myPres	Mobile App:  Always On

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



Incentives & Discounts		
	Rewards	Blue Points: Redeem points in the online Shopping mall with over a million products.
	Gym Memberships	Fitness Programs- Unlimited access to tiered national gym network including digital programs.
Discounts	Presbyterian MemberPerks	Blue 365 Health & Wellness Discounts

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