Program Guide 2026

New Mexico Public Schools Insurance Authority

Important Phone Numbers

Carriers & Consultants			
NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY			
New Mexico Public Schools Insurance Authority	Customer Service for Administrative Issues, Claim Issues, Appeals	1-800-548-3724	https://nmpsia.com
NMPSIA ELIGIBILITY ADMINISTRATION OFFICE			
EASI Edu INCORPORATED	Eligibility, Enrollment, Premium Billing, COBRA Administration	1-800-233-3164	https://nmpsiaonline.nmpsia.com/
MEDICAL			
Carrier	**Group Number**	**Customer Service**	**Website Address**
BlueCross BlueShield of New Mexico	High – N05501 Low – N05502	1-888-966-7742	https://www.bcbsnm.com/nmpsia
Video Visits: mdlive.com! NMPSIA (or visit bcbsnm.com; log in as a member to locate the link)			
PRESBYTERIAN Health Plan, Inc.	A0000035	1-888-275-7737	https://www.phs.org/health-plans/employer-plans/Pages/new-mexico-public-schools-insurance-authority.aspx
Video Visits: visit phs.org and click on "Login to MyPres" to locate link			
MUSCULOSKELETAL SURGERY AND PAIN MANAGEMENT SERVICES			
LANTERN	n/a	1-888-726-1350	https://lanterncare.com/for-members/surgery/
PRESCRIPTION DRUGS			
Express Scripts By EVERNORTH	Rx BIN 003858	1-800-818-9281	https://www.express-scripts.com
DENTAL			
BlueCare Dental	High – 319225 Low – 319228	1-877-723-5697	https://www.bcbsnm.com/nmpsia/benefits/dental
DELTA DENTAL	High – 8565 Low – 8564	1-877-395-9420	https://www.deltadentalnm.com/member/nmpsia-members/
United Concordia dental	812022 (refer to ID card for subgroup #)	1-888-898-0370	https://www.unitedconcordia.com/home
VISION			
DavisVision	3066	1-800-999-5431	https://www.davisvision.com/member
LIFE AND DISABILITY			
TheStandard	645549	1-888-609-9763 Ext. 0957	https://www.standard.com/my-benefits/nmpsia

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New Mexico Public Schools Insurance Authority
2026 Letter from NMPSIA

Greetings from NMPSIA,

The New Mexico Public Schools Insurance Authority (NMPSIA) was created by the New Mexico Legislature in 1986 to serve as a purchasing agency for public school districts, post-secondary educational entities, charter schools and other educational entities at large. Through NMPSIA, member schools are able to offer comprehensive medical, pharmacy, dental, vision, life and long-term disability benefits to approximately 41,800 employees and 79,300 total members.

NMPSIA offers both **High Option** and **Low Option** medical plans, administered by BlueCross BlueShield of New Mexico and Presbyterian Health Plan. These options are designed to give members meaningful choice when selecting coverage that best fits their needs. As of January 2026, NMPSIA introduced plan design changes to better align with this approach. While the **Low Option plan** has a lower monthly premium, it requires members to pay more out of pocket when they receive care. Out-of-network benefits are still available; however, the updated plan design encourages members to use in-network providers whenever possible to help manage costs.

We are proud to introduce the new Pharmacy Benefits Manager, Express Scripts by Evernorth. Members will continue to have access to **High Option** and **Low Option** prescription drug plans which correspond with their medical plan enrollment. High and Low Option dental plans are offered through BlueCare Dental, Delta Dental and United Concordia Dental. NMPSIA offers a Premier vision plan through Davis Vision, and Life and Disability plans through The Standard.

Since 2024, NMPSIA has partnered with Lantern to offer a unique benefit designed to **eliminate member's cost-share** for musculoskeletal-related surgery or pain management. Members will be automatically enrolled with Lantern when they elect any one of our medical plans.

Employees have access to comprehensive wellness program as part of their benefits package, providing no-cost digital health management programs and personalized nutrition coaching with licensed healthcare professionals. Watch for monthly communications, which include helpful health resources such as: fitness, weight management, and mental health support, along with reminders to help you stay on track with your personal health goals. No matter what your health goal or condition, NMPSIA offers wellness and benefit programs designed to support your needs. For more details, visit **https://nmpsia.com/wellnessWellBeing.html**.

NMPSIA also encourages members to be informed and engaged in their benefit choices. Understanding your selected plans is the best way to get the most value from the benefits you pay for each month. To help ensure you receive important updates and guidance, please:

- **Provide a personal email address** (not a work email) through the **MyBenefits Portal** so you don't miss important communications.
- **Schedule your free in-network preventive care**, including annual physicals, routine screenings (such as colonoscopies and mammograms), immunizations, family planning services, well-child care, routine vision or hearing screenings through age 19, and preventive dental checkups. For non-routine tests or procedures, be sure to obtain prior authorization and understand your plan's deductible, copays, and coinsurance. Please note that virtual visits with your primary care or specialist provider are billed at the standard office or specialist visit copay. To receive virtual care at no cost to you, use your carrier's designated virtual visit platform to access the national network of providers for non-emergency medical and behavioral health needs.
- **Partner with your healthcare providers** to plan cost-effective care, treatments, and medications. Ask about prior authorizations for services and medications, share quarterly formulary updates before filling prescriptions, and discuss whether generic alternatives are available to help reduce out-of-pocket costs.

To assist you in deciding the benefits that meet your health and wellness needs, we strongly encourage you to carefully read all information in this guide and visit each carrier's website. Compare medical plans by viewing a side-by-side comparison chart, available on the home page of **https://nmpsia.com/**.

Always visit your employer's Benefits Office FIRST for guidance on enrolling, disenrolling, or making timely changes to your coverages.

Thank you for participating in NMPSIA's benefits.

NMPSIA Benefits Team

Participating Employers

NMPSIA Participating Employers	Basic Life	Medical Plan Choices	Dental	Vision	Disability Plan	Add. Life
ACADEMY FOR TECHNOLOGY AND THE CLASSICS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
ACE LEADERSHIP HIGH SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
ACES TECHNICAL CHARTER SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
AFT NEW MEXICO	$10,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	N/A
ALAMOGORDO PUBLIC SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES
ALBUQUERQUE AVIATION ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
ALBUQUERQUE BILINGUAL ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
ALBUQUERQUE CHARTER ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
ALBUQUERQUE COLLEGIATE CHARTER SCHOOL	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
ALBUQUERQUE INSTITUTE FOR MATH & SCIENCE	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES
ALBUQUERQUE SCHOOL OF EXCELLENCE	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
ALBUQUERQUE SIGN LANGUAGE ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
ALDO LEOPOLD CHARTER SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
ALICE KING COMMUNITY SCHOOL	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
ALMA D ARTE CHARTER HIGH SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
ALTURA PREPARATORY SCHOOL	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
AMY BIEHL CHARTER HIGH SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
ANANSI CHARTER SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
ANIMAS PUBLIC SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
ARCHER ACADEMY OF ACCELERATED LEARNING	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
ARTESIA PUBLIC SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	N/A	N/A	YES
AZTEC MUNICIPAL SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES
BELEN CONSOLIDATED SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
BERNALILLO PUBLIC SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
BLOOMFIELD MUNICIPAL SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
CAPITAN MUNICIPAL SCHOOLS	$10,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
CARLSBAD MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
CARRIZOZO MUNICIPAL SCHOOLS	$10,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
CENTRAL CONSOLIDATED SCHOOL DISTRICT	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
CESAR CHAVEZ COMMUNITY SCHOOL	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
CHAMA VALLEY INDEPENDENT SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES
CHRISTINE DUNCAN'S HERITAGE ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
CIEN AGUAS INTERNATIONAL SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
CIMARRON MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
CLAYTON MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
CLOUDCROFT MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
CLOVIS MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
COBRE CONSOLIDATED SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
COLLINS LAKE OUTDOOR SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
COOPERATIVE EDUCATIONAL SERVICES	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
CORAL COMMUNITY CHARTER SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
CORONA PUBLIC SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	N/A
CORRALES INTERNATIONAL SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
COTTONWOOD CLASSICAL PREPARATORY SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
COTTONWOOD VALLEY CHARTER SCHOOL	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
CUBA INDEPENDENT SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
DEMING CESAR CHAVEZ CHARTER HIGH SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
DEMING PUBLIC SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	N/A	60 days	YES
DEMING SCHOOL EMPLOYEES CREDIT UNION	$10,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
DES MOINES MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
DEXTER CONSOLIDATED SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
DIGITAL ARTS AND TECHNOLOGY ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
DORA CONSOLIDATED SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
DREAM DINE' CHARTER SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
DULCE INDEPENDENT SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
DZIL DITL'OOÍ SCHOOL OF EMPOWERMENT, ACTION & PERSEVERANCE	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES

Participating Employers

NMPSIA Participating Employers	Basic Life	Medical Plan Choices	Dental	Vision	Disability Plan	Add. Life
EAST MOUNTAIN HIGH SCHOOL	$10,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
EL CAMINO REAL ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
ELIDA MUNICIPAL SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
ENMU - PORTALES	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
ENMU - ROSWELL	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
EQUIP ACADEMY OF NEW MEXICO	$10,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	N/A
ESPANOLA PUBLIC SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
ESTANCIA MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
ESTANCIA VALLEY CLASSICAL ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
EUNICE MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
EXPLORE ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
EXPLORE ACADEMY - LAS CRUCES	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
EXPLORE ACADEMY RIO RANCHO	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
FARMINGTON MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	N/A
FLOYD MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
FORT SUMNER MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
GADSDEN INDEPENDENT SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
GALLUP-MCKINLEY COUNTY SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
GILBERT L. SENA CHARTER HIGH SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES
GORDON BERNELL CHARTER SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
GRADY MUNICIPAL SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
GRANTS/CIBOLA COUNTY SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
HAGERMAN MUNICIPAL SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
HATCH VALLEY PUBLIC SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
HEALTH LEADERSHIP HIGH SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
HOBBS MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
HONDO VALLEY PUBLIC SCHOOLS	$10,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
HORIZON ACADEMY WEST	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
HOUSE MUNICIPAL SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
HÓZHÓ ACADEMY	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
INSPIRA STEAM ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
J. PAUL TAYLOR ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
JAL PUBLIC SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
JEFFERSON MONTESSORI ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
JEMEZ MOUNTAIN PUBLIC SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
JEMEZ VALLEY PUBLIC SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
LA ACADEMIA DE ESPERANZA	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
LA ACADEMIA DOLORES HUERTA	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
LAKE ARTHUR MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
LAS CRUCES PUBLIC SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
LAS VEGAS CITY SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
LEA REGIONAL EDUCATIONAL # 7	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
LOGAN MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
LORDSBURG MUNICIPAL SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
LOS ALAMOS PUBLIC SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES
LOS ALAMOS SCHOOLS CREDIT UNION	$10,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
LOS LUNAS SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	N/A	30 days	YES
LOVING MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
LOVINGTON MUNICIPAL SCHOOL DISTRICT	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
LUNA COMMUNITY COLLEGE	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
MAGDALENA MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES
MARK ARMIJO ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES
MAXWELL MUNICIPAL SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
MCCURDY CHARTER SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
MELROSE MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
MESA VISTA CONSOLIDATED SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES

Participating Employers

NMPSIA Participating Employers	Basic Life	Medical Plan Choices	Dental	Vision	Disability Plan	Add. Life
MESALANDS COMMUNITY COLLEGE	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
MIDDLE COLLEGE HIGH SCHOOL	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
MISSION ACHIEVEMENT AND SUCCESS CHARTER SCHOOL	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
MONTE DEL SOL CHARTER SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
MONTESSORI OF THE RIO GRANDE CHARTER SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
MORA INDEPENDENT SCHOOL DISTRICT	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
MORENO VALLEY HIGH SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
MORIARTY-EDGEWOOD SCHOOL DISTRICT	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
MOSAIC ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
MOSQUERO MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
MOUNTAIN MAHOGANY COMMUNITY SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES
MOUNTAINAIR PUBLIC SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
NATIVE AMERICAN COMMUNITY ACADEMY	$10,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
NEA	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
NEW MEXICO ACADEMY FOR THE MEDIA ARTS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
NEW MEXICO ACTIVITIES ASSOCIATION	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
NEW MEXICO ASSOCIATION OF SCHOOL BUSINESS OFFICIALS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
NEW MEXICO COALITION OF EDUCATIONAL LEADERS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
NEW MEXICO CONNECTIONS ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
NEW MEXICO INTERNATIONAL SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
NEW MEXICO JUNIOR COLLEGE	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES
NEW MEXICO SCHOOL BOARD ASSOCIATION	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
NEW MEXICO SCHOOL FOR THE ARTS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
NEW MEXICO SCHOOL FOR THE DEAF	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
NEW MEXICO TECH	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES
NEW MEXICO TECH RETIREES	$0	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
NMPSIA	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
NORTH VALLEY ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
NORTHERN NEW MEXICO COLLEGE	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
NORTHPOINT CHARTER SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
PECOS CYBER ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
PECOS INDEPENDENT SCHOOL DISTRICT	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
PECOS VALLEY REC #8	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
PENASCO INDEPENDENT SCHOOL DISTRICT	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
POJOAQUE VALLEY SCHOOL DISTRICT	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
PORTALES MUNICIPAL SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
PUBLIC ACADEMY FOR PERFORMING ARTS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
PUBLIC CHARTER SCHOOLS OF NEW MEXICO	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
QUAY SCHOOLS FEDERAL CREDIT UNION	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
QUEMADO INDEPENDENT SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
QUESTA INDEPENDENT SCHOOL DISTRICT	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
RAICES DEL SABER XINACHTLI COMMUNITY SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES
RATON PUBLIC SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
REC #2	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
RED RIVER VALLEY CHARTER SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	N/A
REGION IX EDUCATION COOPERATIVE	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
REGIONAL EDUCATIONAL CENTER #6	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
RENAISSANCE ACADEMY CHARTER SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
RESERVE INDEPENDENT SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
RIO GALLINAS SCHOOL FOR ECOLOGY AND THE ARTS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
RIO GRANDE ACADEMY OF FINE ARTS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
RIO RANCHO PUBLIC SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
ROBERT F. KENNEDY CHARTER SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
ROOTS AND WINGS COMMUNITY SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
ROSWELL INDEPENDENT SCHOOL DISTRICT	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
ROY MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES

Participating Employers

NMPSIA Participating Employers	Basic Life	Medical Plan Choices	Dental	Vision	Disability Plan	Add. Life
RUIDOSO MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
SACRAMENTO SCHOOL OF ENGINEERING AND SCIENCE	$10,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
SAN DIEGO RIVERSIDE CHARTER SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
SAN JON MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
SANDOVAL ACADEMY OF BILINGUAL EDUCATION	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
SANTA FE COMMUNITY COLLEGE	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES
SANTA FE PUBLIC SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
SANTA ROSA CONSOLIDATED SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
SCHOOL OF DREAMS ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
SENDERO SCHOOL OF ACADEMICS AND CAREER PREPARATION	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
SIDNEY GUTIERREZ MIDDLE SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
SIEMBRA LEADERSHIP HIGH SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
SILVER CONSOLIDATED SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
SIX DIRECTIONS INDIGENOUS SCHOOL	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
SOCORRO CONSOLIDATED SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
SOLARE COLLEGIATE CHARTER SCHOOL	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
SOUTH VALLEY ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	N/A
SOUTH VALLEY PREPARATORY SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
SPRINGER MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
SUN MOUNTAIN COMMUNITY SCHOOL	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
TAOS ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
TAOS CHARTER SCHOOL	$10,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	N/A
TAOS INTEGRATED SCHOOL OF THE ARTS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
TAOS INTERNATIONAL SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
TAOS MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
TATUM MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
TECHNOLOGY LEADERSHIP HIGH SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
TEXICO MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
THE ALBUQUERQUE TALENT DEVELOPMENT	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
THE ASK ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
THE GREAT ACADEMY	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
THE INTERNATIONAL SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
THE MASTERS PROGRAM	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
THE MONTESSORI ELEMENTARY & MIDDLE SCHOOL	$10,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
THE NEW AMERICA SCHOOL - LAS CRUCES	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
THE NEW AMERICA SCHOOL NEW MEXICO	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
THRIVE COMMUNITY SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES
TIERRA ADENTRO OF NEW MEXICO	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
TIERRA ENCANTADA CHARTER HIGH SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES
TRUTH OR CONSEQUENCES MUNICIPAL SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
TUCUMCARI PUBLIC SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
TULAROSA MUNICIPAL SCHOOL DISTRICT	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
TURQUOISE TRAIL CHARTER SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
TWENTY FIRST CENTURY PUBLIC ACADEMY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
VAUGHN MUNICIPAL SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
VISTA GRANDE CHARTER HIGH SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
VOZ COLLEGIATE PREPARATORY CHARTER SCHOOL	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	60 days	YES
WAGON MOUND PUBLIC SCHOOLS	$25,000	BCBSNM AND PRESBYTERIAN	YES	YES	N/A	YES
WALATOWA HIGH CHARTER SCHOOL	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES
WEST LAS VEGAS SCHOOL DISTRICT	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
WESTERN NM UNIVERSITY	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	30 days	YES
ZUNI PUBLIC SCHOOLS	$50,000	BCBSNM AND PRESBYTERIAN	YES	YES	90 days	YES

Enrollment and Eligibility Guidelines

This guide gives you an overview to help you understand your eligibility requirements, enrollment guidelines, and qualifying events for enrolling in benefit coverages and wellness programs.

The following pages include a summary of the benefits and wellness programs offered for medical, prescription, dental, vision, disability, and life options. Through its benefits and wellness programs, NMPSIA offers options to select health coverages with delivery systems to support your healthcare needs while managing your health, healthcare costs and stabilizing NMPSIA's self-funded claims. Wellness programs are at no-cost to enrolled members.

Benefit Enrollment Guidelines

You are Eligible for Benefits if:

- Your employer has informed you that you are eligible for benefits.
- You work the minimum qualifying number of hours established by your employer.

NMPSIA Requirements:

- You must work 15 hours or more per week to receive basic life insurance.
- You must work 20 hours or more per week to enroll in all other lines of coverage.
  Note: If you work fewer than 20 hours per week, but at least 15 hours per week, you may be eligible to participate if your employer has adopted an annual part-time employee resolution that has been approved by the NMPSIA Board of Directors.
- You are a one-bus owner operator, designated as a *bus employee*.
- You are an international employee on a work visa in the U.S.
- You are a variable hour or seasonal employee (or substitute), as determined by your employer, eligible for medical coverage only, as stated in the Affordable Care Act guidelines.

You are Ineligible for Benefits if:

- You are an employee of an independent contractor or fleet bus driver.

Benefits Enrollment Begins Here!

Automatic Basic Life Enrollment

Your employer will:

- Enroll you in the basic life benefit amount offered to you. Basic life coverage is effective the first day of the month following your date of hire (date scheduled to report to work).

Guidelines on How to Apply for Your Benefit Options:

Your employer will provide you with the benefit options available to you, or you can find this information by looking for your employer on pages 4-7.

You must provide a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).

- An international employee must also provide a copy of a passport *and* work visa.

Note: If your SSN or ITIN has not been received by the time benefits are scheduled to start, a temporary ID number will be provided by the NMPSIA Benefits Administrator. *(Visit your benefits office for details.)*

Guidelines on How to Apply for Your Benefit Options:

- You have **31 days** from your date of hire (date scheduled to report to work) **to apply** for all other benefits offered by your employer.
- You have **31 days** from the date of a qualifying event **to apply** for other benefits offered by your employer. *(See **How to Report a Change of Status** section on page 14 for details.)*

To apply you must complete, digitally sign, and submit requested enrollment and upload required supportive documentation via the **MyBenefits Portal**.

REMEMBER: The effective date for all other lines of coverage is determined by you and your employer, provided NMPSIA rules of enrollment have been met and you have authorized payroll deductions in writing.

Coverage can never go into effect retroactively and will never be effective sooner than the first day of the month following your first day you report to work.

If you miss the 31-day enrollment period or decline coverage, the following applies:

- You must wait until the annual open enrollment period in the fall to apply for Medical/Prescription Drug Coverage, Dental Coverage, or Vision Coverage. Your coverage will become effective January 1st of the next year.
- You may apply for Long Term Disability Coverage (LTD) and/or Additional Life Coverage (ADL) at any time. Coverage is not guaranteed.
    - You may apply for LTD or add/increase ADL coverage by providing satisfactory evidence of insurability for yourself. Coverage will become effective the first of the month following approval by the LTD and Life Carrier.

Once enrolled you may switch medical and dental carriers and/or medical and dental plans during the annual switch enrollment period in the fall, and coverage will start January 1st of the next year.

Coverage ends on the last day of the month that your employer deducts premium from your payroll check. This end date is determined by NMPSIA rules and set by your employer.

Active Eligible Board Member Enrollment Process:

You may qualify for benefits as a board member if you are actively serving as a *(publicly elected)* board member of a participating school district, appointed charter school governing council member, or an appointed/elected board of regents at a participating college/university.

- You have **31 days** from being appointed or elected into office **to apply** for benefits.
- You are eligible to enroll in benefit plans offered at the entity you represent (except for basic life and long-term disability coverage).
- Any additional life insurance amounts available are equal to the basic life insurance amount offered to active employees at the entity.
- You pay 100% of the premiums.
- Coverage ends on **December 31st** of the year in which your governing body position term expires.

Benefit Enrollment Guidelines for Eligible Dependents:

Dependents must meet one of the following definitions of eligible dependent, and you must provide all required documentation to prove your dependent's eligibility. When enrolling dependents, coverage may not be greater than that of the employee.

ELIGIBLE DEPENDENT	SUPPORTIVE DOCUMENTATION REQUIRED
Legal Spouse	Original official state publicly filed marriage certificate from the County Clerk's Office or from the Bureau of Vital Statistics *(Chapel certificate is also acceptable).*
Domestic Partner *(Only if offered by the Employer)*	Notarized affidavit of domestic partnership.
Child UNDER the age of 26 as follows: **Natural** Child or Stepchild	Original official state publicly filed birth certificate from the Bureau of Vital Statistics *(hospital birth registration form is also acceptable for newborns in lieu of an official birth certificate).* For children of international employees, also provide a copy of a passport *and* U.S. visa.
Legally adopted child	Evidence of placement by a state licensed agency, governmental agency, or a court order/decree **(*notarized statement and power of attorney are not acceptable*).**
Child for whom you have obtained **legal guardianship** and who is primarily dependent on the eligible employee for maintenance and support.	Legal Guardianship Document if evidenced in a court order or decree **(notarized statement and power of attorney documents, or conservatorship documents are not acceptable).** NMAC 6.50.1.7.P.3.e
Foster child living in the same household as a result of placement by a state licensed placement agency, provided that the foster home is appropriately licensed.	Placement order AND foster home license.
Dependent child with **Qualified Medical Child Support Order or National Child Support Order.**	Qualified Medical Child Support Order or National Child Support Order.
Child enrolled in the NMPSIA Group Plan who reaches age 26 while covered under the NMPSIA Group Plan*, who is **impaired and relies completely on the eligible employee** for maintenance and support, who is incapable of self-sustaining employment because of mental or physical impairment. **If your child is not enrolled and covered under the NMPSIA Group Plan prior to reaching age 26, your child is not an eligible dependent.*	Evidence of impairment and dependency in the form of a physician statement indicating diagnosis and prognosis along with your request to continue this child's coverage **must be provided to your employer 31 days before the child reaches age 26** or within **31 days** from the date the child becomes impaired **while covered under the NMPSIA Group Plan.** Final determination is made by the insurance carrier. For Dental and Vision only enrollees, the final determination is made by NMPSIA.

Visit the Vital Records website to obtain required documentation
https://www.nmhealth.org/about/erd/bvrhs/vrp/

Your Dependent is Ineligible for Benefits if they are:

- Ex-spouses *(Even if specified in a final divorce decree)* or terminated domestic partners.
- Common Law relationships which are not recognized by New Mexico Law.
- Children that are age 26 or older.
- Children left in the care of an eligible employee without evidence of legal guardianship.
- Parents, aunts, uncles, brothers, sisters, or any other person not defined as an eligible dependent under the NMPSIA Rules or **Benefit Enrollment Guidelines for Eligible Dependents** on page 10.
- Domestic partners unless your employer has elected this option.

Guidelines on How to Apply for Your Dependent's Benefit Options:

- You have **31 days** from your date of hire (date scheduled to report to work) to apply for eligible dependent benefits offered by your employer.
- You have **31 days** from the date of a qualifying event to apply for eligible dependent benefits offered by your employer. *(See **How to Report a Change of Status** section on page 14 for details.)*

*To apply you must complete, digitally sign, submit requested enrollment, and upload required supportive documentation via the **MyBenefits Portal** for employer approval.*

If you apply to enroll one eligible dependent, you **MUST enroll all eligible dependents** (NMAC 6.50.10.8.B and 6.50.10.8.C.8), unless one of the following applies:

1. The eligible dependent you are requesting to exclude from a particular line of NMPSIA coverage is covered for that particular line of coverage under another plan.
2. Your enrollment meets the requirements of a Special Enrollment event for adding medical coverage only. *(See **Guidelines for a Special Enrollment Event** section on page 15 for details) or,*
3. A final divorce decree states that the ex-spouse is to provide a particular coverage for a dependent child.

Supportive documentation in the form of a letter from the other plan is required when #1 above applies.
(A current insurance identification card is an acceptable form of supportive documentation if it lists the dependent's name and the type of coverage.)

Supportive documentation, as determined by NMPSIA, is required when #2 or #3 above apply.

- You must provide an SSN or ITIN for **all enrolled dependents**.
  Note: For international dependents - if SSN or ITIN has not been received by the time benefits are scheduled to start, a temporary ID number will be provided by the NMPSIA Benefits Administrator. (Visit your benefits office for details.)
- A copy of the required dependent supportive documentation must accompany your requested enrollment and be uploaded via the **MyBenefits Portal** for employer approval **prior to** coverage becoming effective.

All required documents must be submitted within **61 days** of your new hire coverage effective date or the date of a qualifying event.

- Coverage for your dependent(s) becomes effective the first day of the month following the day you turn in the required documents to your employer's benefits office, *(provided you have applied on time and met the **61-day** deadline for required documentation of the qualifying event).*
- Your dependent(s) benefits will never be effective any sooner than your effective date.

Guidelines on How to Apply for Your Dependent's Benefit Options: (continued)

If you miss the 31-day enrollment period to add eligible dependents, decline dependent coverage, or you did not meet the 61-day deadline to provide required dependent documents:

- You must wait until the annual open enrollment period in the fall to apply for dependent Medical/Prescription Drug Coverage, Dental Coverage, Vision Coverage. Dependent coverage will start January 1st of the next year.
- You may apply for Dependent Life coverage at any time, provided you are already covered on Additional Life. Dependent Life coverage for spouse is not guaranteed.
- Life Coverages can be added at anytime during the year by enrolling at **MyBenefits Portal**. (Refer to page 24 for Connected EOI process).
    - Your spouse may apply for Dependent Life coverage by providing satisfactory evidence of insurability (not required for children). Coverage will start the 1st of the month after approval by the Life Carrier.
- Your dependent's coverage ends on the last day of the month in which the eligible dependent becomes ineligible.

Did You Know?

NMPSIA's Wellness and Well-Being programs promote a culture of wellness, build supportive networks, and grow engagement and personal responsibility. Participation in wellness programs improves overall health, promotes well-being, prevents future diseases, and manages current conditions while balancing work and home.

Take Advantage of the No Cost Programs Listed Below

- 24/7 Nurse Advice Line & Virtual Health/Video Visits
- $0 Behavioral Health Programs (for in-network services)
- Diabetes Prevention and Weight Management Programs
- $0 for diabetes supplies from Approved Formulary
- $0 blood pressure cuffs
- Health Coaching
- Incentive & Rewards Programs
- Mindfulness Based Stress Reduction Programs
- Monthly Communication & Topics
- Monthly Skill Builders
- Self-Directed Courses and Self-Help Tools
- Tobacco Cessation Programs
- Chronic Disease Programs
- Wellness Ambassador Program
- Health & Wellness Challenges

Effective Date Exceptions for Newborns and Adopted Children

NEWBORN	ADOPTED CHILDREN
You are granted **61 days** from the first of the month following your newborn's birth to **provide appropriate supportive documentation** to your employer's benefits office.	You are granted **61 days** from the first of the month following your child's date of placement or adoption *(whichever comes first)* to **provide appropriate supporting documentation** to your employer's benefits office.
Coverage for a newborn begins on the newborn's date of birth, provided you are enrolled in family medical, dental, or vision coverage. Any claims associated with your newborn, cannot be processed until you apply to enroll your newborn.	**Coverage for an adopted child begins on date of placement or adoption *(whichever comes first)* provided that you are enrolled in family medical, dental, or vision coverage.** Any claims associated with your adopted child, or child placed for adoption cannot be processed until you apply to enroll your child.
If you are **not** enrolled in family medical, dental, or vision coverage, your newborn will **not** be automatically covered from date of birth.	If you are **not** enrolled in family medical, dental, or vision coverage, your adopted child or child placed for adoption will **not** be automatically covered from date of adoption or placement.
You must apply to enroll your newborn within **31 days from the newborn's date of birth.**	You must apply to enroll your child within **31 days from the date of adoption or date of placement** (whichever comes first).
If your newborn is enrolled timely, within 31 days from birth, **NMPSIA's newborn rule** allows your newborn's coverage to be effective on the date of birth.	If your adopted or placed child is enrolled timely, within 31 days from adoption or placement, **NMPSIA's adopted or placed child rule** allows your adopted or placed child's coverage to be effective on the date of adoption or placement.
A premium increase change will become effective the 1st of the month after the date of birth.	A premium increase change will become effective the 1st of the month after the date of adoption or date of placement.
If you miss the 31 day enrollment period, your newborn will not be eligible for coverage until January 1 via application for open enrollment.	**If you miss the 31-day enrollment period, your child will not be eligible for coverage until January 1 via application for open enrollment.**

If you are **not enrolled in a NMPSIA medical plan**, the birth of your newborn, placement or adoption may qualify as a Special Enrollment event.
See **Special Enrollment Event for Medical Coverage Only** for details.

How to Report a Change of Status:

A change of status due to any qualifying event **MUST** be reported timely by *completing, digitally signing, and submitting requested enrollment and upload required supportive documentation via the* **MyBenefits Portal** for employer approval within **31 days from the qualifying event or 60 days from a Special Enrollment event for ADDING MEDICAL COVERAGE ONLY.**

You have **61 days** from the date of a qualifying event to upload all required documents via the **MyBenefits Portal** for employer approval. Coverage becomes effective the first day of the month following the day you upload the required documents, *(provided you have applied on time and met the 61-day deadline for documentation of the qualifying event).*

While insured you may experience a Qualifying Event such as…

- Birth of a child
- Adoption of a child or child placement order
- Legal guardianship of a child
- Moving from part-time to a full-time position with a salary increase
- Marriage or Domestic Partnership
- Incapacity of a child while covered under the NMPSIA Group Plan
- Promotion to a new job classification with a salary increase
- Divorce*, annulment, or termination of domestic partnership

**Not a legal separation. A spouse or any enrolled children cannot be canceled when a divorce is in progress. Immediate cancellation of an ex-spouse/partner and ineligible children is required by the last day of the month the divorce/partnership becomes final. (See INSURANCE FRAUD statement on page 16 for details).*

Involuntary loss of group or individual coverage through no fault of the person having the group or individual insurance coverage. **Be advised:** voluntary cancellation of other coverage or non-compliance to maintain other coverage is not considered a qualifying event.

This may include an **involuntary loss** of medical, dental, vision or NMPSIA life insurance due to:

- Reduction in hours worked
- Resignation, termination, or retirement from employment
- Divorce, annulment, or termination of domestic partnership
- No longer meet eligibility requirements for insurance
- Exhaustion of COBRA
- Death

IMPORTANT: PROOF OF INVOLUNTARY LOSS REQUIRED

Verifiable proof of involuntary loss is required to be provided to your employer's benefits office. A loss of coverage letter MUST contain the following information: *(See your employer's benefits office for an example.)*

- Where was coverage previously held?
- When did coverage end?
- Why coverage was lost?
- Who lost coverage?
- What lines of coverage were lost?

The following are unacceptable forms of proof of loss of coverage that do not include the information required above:

● Certificate of Creditable Coverage ● COBRA Qualifying Event Letter ● Divorce Decree

Report Basic Information and Beneficiary Designation Changes:

- Timely report all changes of address, phone, and personal email via the MyBenefits Portal for employer approval.
- A name change requires valid proof in the form of a copy of Social Security card or driver's license.
- Beneficiary designations must be completed via the MyBenefits Portal for employer approval.
- For beneficiary information visit Beneficiary Designation Commonly Asked Questions.

Guidelines for a Special Enrollment Event for ADDING MEDICAL COVERAGE ONLY:

Special enrollment, mandated by state and federal law, allows eligible employees and/or eligible dependents who previously declined medical coverage, to enroll in medical coverage or switch medical plans via the MyBenefits Portal for employer approval, within **60 days** from the occurrence of the following events:

1. Involuntary loss of eligibility or loss of employer contributions for other medical coverage. Some examples of loss of eligibility for other medical coverage:

No longer meet eligibility requirements for insurance	Death	Divorce, annulment, or termination of domestic partnership
Reduction in hours worked	Resignation, termination, or retirement from employment	Exhaustion of COBRA

2. Employees, spouses/domestic partners, and new dependents are allowed to enroll because of:
   - Marriage or Notarized Affidavit of Domestic Partnership
   - Birth, adoption, or placement for adoption

3. Employees or dependents suffer an involuntary loss of eligibility of Medicaid or CHIP. **This event allows enrollment via the MyBenefits Portal for employer approval, within 90 days of the involuntary loss of eligibility of this particular coverage.** *(Proof of loss is required.)*

What Happens When You Are Late in Reporting a Change of Status?

NMPSIA requires timely reporting of enrollments, qualifying events, changes, and separation of employment along with any timely submission of required supportive documentation to your employer's benefits office.

CAUTION

Not reporting timely may create consequences like…

Denial of all claims	Retroactive termination of benefits	Employee being held financially responsible for claims paid in error
Not eligible for COBRA continuation	Denial of LTD or ADL coverage if evidence of insurability is not met	Delayed effective dates and benefit access
Loss of eligibility for you and your dependents	No premium refund for retroactive termination dates	No retroactive effective or termination dates

Enrollment and Eligibility Guidelines (cont'd)

The NMPSIA Rules and Regulations at this link supersedes any information contained in this summary document.

INSURANCE FRAUD (*Federal and State Insurance Laws Will Apply*) - Under NMPSIA Rules and Regulations, anyone who knowingly or willfully makes any false or fraudulent statement or representation **shall forfeit all employee and dependent rights to coverage or benefits**. In the event of prohibited actions by an official or employee of a participating school district or other educational entity, the employer shall take the appropriate disciplinary action against the offending official or employee. If such appropriate disciplinary action is not so taken, NMPSIA reserves the right to terminate coverage for the participating school district, charter or other education entity.

If you have questions regarding NMPSIA eligibility, enrollment, or billing, contact your employer's benefits office or the NMPSIA eligibility administrative office at 1-800-233-3164.

Visit this link NMPSIA Website to access valuable enrollment and benefits information and links to contact NMPSIA staff.

Eat the Colors!

Each fruit, vegetable, legume, and grain have their own unique nutrition profile, offering different vitamins and minerals. One thing that makes them all especially unique is their color. Different colors will provide different varieties of phytonutrients, components found in plants that can be powerful defenders of health. By consuming a colorful diet, you can maximize the benefits of these plants. Even different varieties of the same vegetable can contain a different nutrition profile! Below are some examples of different colors and their benefit to our health:

Color	Benefits	Foods
Red	Ant-inflammatory, Vascular Health	Apples, Kidney Beans, Onions, Bell Pepper, Tomato
Orange	Anti-bacterial, Immune Health	Carrots, Mango, Pumpkin, Turmeric
Yellow	Eye Health	Corn, Potatoes, Ginger, Banana, Pineapple
Green	Cancer Prevention	Spinach, Arugula, Broccoli, Brussels Sprouts, Kiwis, Asparagus, Kale, Artichokes
Purple	Brain Health & Memory	Blueberries, Blackberries, Eggplant, Figs, Purple Cabbage, Plums

Apply it by making it a fun game to try and eat as many different colors of the rainbow! Use this worksheet to keep track of your color game! If you have kiddos, they are sure to have fun doing this with you.

Through NMPSIA's benefits and wellness program, you will find the benefits and programs to help you…

Eat well > Be active > Correct unhealthy behaviors > Live a balanced life > Find personal wholeness

Enrollment and Eligibility Guidelines (cont'd)

Important Information for Successful Enrollment …

Topic	Key Details
Benefits Eligibility	Enrollment begins based on your employer's local policies defining a benefits-eligible employee.
Enrollment Deadline	You have **31 days** to apply for employee and/or eligible dependent coverage.
How to "Apply"	Complete, digitally sign, submit enrollment, and upload required documentation in the **MyBenefits Portal** for employer approval.
Documentation Deadline	You have **61 days** from the day your new hire coverage becomes effective or a qualifying event to submit required supportive documentation.
Open Enrollment	Occurs each fall to add medical, dental, vision, or dependents; coverage effective **January 1**.
Switch Enrollment	Occurs each fall and refers to switching medical/dental carriers or plans; effective **January 1**.
Vision Enrollment Rule	Vision coverage has a **two-year minimum enrollment** requirement. You may not drop the vision plan until you and each of your enrolled dependents have been enrolled for two years.
Double Coverage	NMPSIA does **not** allow double coverage within NMPSIA group plans for the same line of coverage.
Loss of Coverage Proof	Involuntary loss of medical, dental, vision or NMPSIA life coverage qualifying event requires proof of loss with: a) Where coverage was previously held to include: name and contact information of employer and/or entity who maintained the insurance coverage lost; b) Who lost coverage; c) What type of coverage was lost; d) When coverage was lost; and e) Why coverage was lost.
Loss of Medicaid/CHIP	Involuntary loss of eligibility of Medicaid or CHIP is a loss of medical, dental and vision coverage. Eligible employees have **90 days** to provide proof of loss.
Return-to-Work Retiree	Return to work Retiree requires enrollment in NMPSIA benefits as an active employee. Consult with NMRHCA at 1-800-233-2576 to ensure you are complying with NMRHCA rules.
Medicare Coordination	If enrolled in Medicare, **NMPSIA is the primary payer** and Medicare is secondary.
Dependent Enrollment Rule	If you enroll one eligible dependent, **you MUST enroll all eligible dependents.**
Excluding Dependents	Proof of other coverage is required to exclude an eligible dependent from a specific coverage line.
Dependents Outside U.S.	If you have an eligible dependent that does not live in the U.S., proof of other coverage is not required.
Newborn Coverage	Newborns may be excluded from **dental and vision** coverage.
Additional Life (ADL) Coverage	If you have ADL coverage, an eligible child may be added to **child life** at any time. No qualifying event required!
Child Life Auto-Add	New dependents added to medical/dental/vision are automatically added to child life (if coverage exists).
Dropping Coverage	Requires employer approval, IRS Section 125 review, and a valid IRS Qualifying Event.
Enrollment Confirmation	Confirmations are available for download via the **MyBenefits Portal**, mailed and emailed; review promptly and report errors to your employer's benefits office immediately.
COBRA Continuation	Continue NMPSIA medical, dental and vision insurance via COBRA if you have a reduction in hours worked per week, resign, retire, or terminate employment. Call **1-800-233-3164 for COBRA** assistance; for retirement contact **NMRHCA at 1-800-233-2576** for eligibility and enrollment information.
Life Insurance Continuation	You may be eligible to continue life insurance under the following options: If disabled, apply for a waiver of premium or convert to a private policy. If employment ends or if you retire, apply to port, or convert to a private policy. If retiring, continue any ADL with NMPSIA until age 65. If eligible, apply for NMRHCA Life at 1-800-233-2576 and receive credit for any NMPSIA coverage lost when enrolling timely.
Employer Contacts	Contact your employer for **ALL** payroll questions and benefit changes.

BE A SMART CONSUMER: Cost-Effective Benefits and Access to Care

No-Cost Basic Life Insurance Coverage for the Employee with additional service features

No-Cost Services Provided by all the Medical Plans

- 24/7 Nurseline: a toll-free number for covered members to access a registered nurse (RN) answering health questions or concerns to help you decide whether to make an appointment with a doctor, visit Urgent Care or Emergency Room.
- Email access to your providers by creating an online member account with your selected carrier to communicate with your care team, request medical advice, prescription renewals or schedule office or telephone visit.
- Telehealth video/online visits access is available on your health plan's website via the national network of providers for non-emergency medical and behavioral health needs.
- In-Network Provider Care for High and Low Plan Options for:
    - Routine Adult Physicals and Gynecological Exams, 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 Well-Child Care, Routine vision or hearing screenings through age 19.

No-Cost Services Provided by the Prescription Drug Benefit

- Preventive Products under the Patient Protection & Affordable Care Act
- Diabetic supplies, Generic & preferred-brand insulin via retail or home delivery pharmacy
- Immunizations administered by certified pharmacists

No-Cost Services Provided by the Dental Plans

- In-Network Provider Care for High and Low Plan Options for:
    - Routine/Preventive Services Routine Oral Exams (twice every 12 months), Routine Cleanings (twice every 12 months), Periodontal Cleanings with gum disease diagnosis (twice every 12 months) , X-rays (complete mouth) once every 5 years, Bitewings (twice every 12 months through age 13, once every 12 months thereafter), Sealants through age 15 (permanent first and second molars only). Emergency Treatment for Relief of Pain, Fluoride Treatment (twice every 12 months through age 19)

Low-Cost Services Provided by the Vision Plan

- In-Network Provider Care
    - Eye Examination every 12 months, covered in full after a $10 copayment, Spectacle Lense benefit renews every July 1st for standard single-vision, lined bifocal, or trifocal lenses after a $15 copayment, Frames every 12 months with $0 or low-cost options, Contact Lenses in lieu of eyeglasses with $0 or low-cost options.

No-Cost Services Offered by all the Benefit Plans found at NMPSIA Wellness & Well Being Programs

- Behavioral Health and Mindfulness-Based Stress Reduction Programs
- Carrier Customized Web Portals for access to self-directed and self-help health, wellness tools and topics
- Chronic Condition Management for asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, depression, diabetes, low back pain
- Health Coaching and Consulting to create your own customized wellness plan
- Incentive and Reward Programs
- Lifestyle Management Programs for blood pressure, weight loss, diabetes, stress, asthma and more

Welcome to the MyBenefits Portal

The MyBenefits Portal is your secure, online hub for managing your employee health benefits anytime, anywhere. Whether you're enrolling for the first time or making updates later, MyBenefits puts everything you need in one place.

What You Can Do in MyBenefits?

1 Enroll In Benefits

The MyBenefits Portal is available 24/7 and designed to guide you step-by-step through each action. Changes are submitted electronically, helping ensure your request is accurate and processed on time.

- Complete your new hire enrollment
- Add or remove eligible dependents
- Enroll after a qualifying life event (such as marriage, birth, or loss of other coverage)

2 View Your Benefits

- View your current coverage at any time, including plan details and selected options.
- Verify that your requested changes were successful by reviewing/downloading confirmation of enrollment notices.

3 Update Your Information

- Change your address and contact details
- Review and update personal information on file

4 Access Important Documents

- Download and save benefit confirmation notices
- Keep records of your enrollment and changes for future reference

5 Manage Beneficiaries

- View your current beneficiary designations
- Add or update beneficiaries for life insurance

Log On Today!

https://nmpsiaonline.nmpsia.com/

Need Help?

If you have questions or need assistance using the MyBenefits Portal, contact your employer's benefits office. They can help you understand deadlines, required documentation, and next steps.

EASI Edu
INCORPORATED

New Mexico Public Schools Insurance Authority
Life, Accidental Death & Dismemberment and Long Term Disability Insurance

New Mexico Public Schools Insurance Authority knows that no two employees are alike. We all have different lifestyles, different family situations and different benefit needs. With this in mind, NMPSIA offers a variety of life benefit options and a Long Term Disability plan to help you and your family achieve financial security. The advantages to you and your loved ones include:

- **Choice –** You select the coverage you need from the range of amounts and plans available
- **Savings –** Group insurance rates are typically more affordable than those for individual insurance plans, providing you with the same amount of coverage at a lower cost
- **Convenience –** Since premiums are deducted from your paycheck, you don't have to worry about remembering to mail in monthly payments
- **Peace of mind –** Take comfort and satisfaction in knowing you have done something positive for your family's future

Life and Accidental Death & Dismemberment Benefits at a Glance

For complete coverage details, visit www.standard.com/my-benefits/nmpsia or call 888.609.9763.

Product	Coverage	Who pays the premium?
Basic Life and AD&D: Employee	Employer elects $10,000, $25,000 or $50,000	Employer pays 100%
Additional Life and AD&D: Employee[1]	1X, 2X or 3X base annual earnings to a maximum of $500,000[2]	Employee pays 100%
Dependent Life: Spouse[2]	Lesser of 50% of employee's coverage or 1X employee's base annual earnings	Employee pays 100%
Dependent Life: Child(ren)	$5,000 per eligible dependent child	Employee pays 100%
Other Provisions		
Accelerated Benefit	If you become terminally ill, you may be eligible to receive up to 75% of your combined Basic and Additional Life benefit to a maximum of $500,000. This benefit is also available for your insured spouse up to 75% of the Spouse Dependent Life amount.	
Specified Disease Benefit	Up to 25% of Basic Life benefit amount for life-threatening cancer; myocardial infarction (heart attack); coronary artery bypass procedure; renal failure; stroke; major organ transplant; acquired immune deficiency syndrome (AIDS).	

[1] Visit https://nmpsiaonline.nmpsia.com/EROnline/PremiumCal/ViewPremiumCal

[2] Late application and employee amounts above the Guarantee Issue (up to $600,000) require satisfactory evidence of insurability and approval by The Standard.

Waiver of Premium	If you become totally disabled while insured, under age 60, and complete a waiting period of 180 days, your Life insurance may continue without premium payment provided you give us satisfactory proof that you remain totally disabled. Waiver of premium does not apply to AD&D insurance.
Conversion	If your insurance ends or reduces due to a qualifying event, you may be eligible to convert to an individual Life policy without submitting proof of good health. A benefit may be payable if death occurs within 60-days from the qualifying event during the conversion period.
Portability	If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage.
Suicide Exclusion	Additional and Dependent Spouse Life includes an exclusion for death resulting from suicide or other intentionally self-inflicted injury. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.
Repatriation Benefit	If you die more than 150 miles from your primary residence, we will pay the expenses incurred to transport your body to a mortuary near your primary place of residence, but not to exceed $5,000 or 10% of the Life benefit, whichever is less.
Travel Assistance	Designed to help you respond to medical care situations and other emergencies you and your family may experience while traveling 100 miles or more from your home. Travel Assist provides information, referral, coordination and assistance services, including pre-trip assistance, medical assistance, emergency transportation, travel and technical assistance, legal services and medical supplies.
Life Services Toolkit	Comprehensive online tools and services can help the employee create a will, make advanced funeral plans and put their finances in order. After a loss, beneficiaries can consult experts by phone or in person and obtain other helpful information online for up to 12 months after the date of death.
Funeral Assignment	This benefit allows the adult beneficiary to assign payment from the Life insurance proceeds to the funeral home for expenses. The funeral home is paid directly by The Standard and the remaining Life insurance benefits are paid to the beneficiary.
Continuation of Benefits for Dependents	If the employee dies and had Spouse and Child Life enrollment, the Spouse and Child Life will continue for five months without premium payment.

AD&D Table of Losses			
Life	100%	Paraplegia	75%
One hand and one foot	100%	Hemiplegia	50%
Sight in both eyes	100%	One hand or one foot	50%
Both hands or both feet	100%	Sight in one eye	50%
One hand or one foot and sight in one eye	100%	Speech	50%
Speech and hearing in both ears	100%	Hearing in both ears	50%
Quadriplegia	100%	Thumb & index finer (same hand)	25%

Other AD&D Benefits	
• Seat belt benefit • Air bag benefit • Exposure and disappearance benefit • Coma benefit	• Higher education benefit (for your children) • Career adjustment benefit (for your spouse) • Child care benefit • Occupational assault benefit

AD&D Exclusions

No AD&D benefit is payable if the accident or loss is caused or contributed to by any of the following:

1. War or act of war. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.
2. Suicide or other intentionally self-inflicted Injury, while sane or insane.
3. Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing your official duties.
4. The voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician.
5. Sickness or pregnancy existing at the time of the accident.
6. Heart attack or stroke.
7. Medical or surgical treatment for any of the above.

Long Term Disability Benefits at a Glance

For complete coverage details, visit www.standard.com/my-benefits/nmpsia or call 888.609.9763.

LTD Benefit	Late application requires satisfactory evidence of insurability and approval by The Standard.
Benefit Waiting Period	Employer elects either: 30 days, 60 days or 90 days
Monthly Benefit	66 2/3% of the first $7,500 of your predisability earnings, reduced by deductible income
Minimum Benefit	$100
Maximum Benefit	$5,000 before reduction by deductible income
Maximum Benefit Period	Up to your normal retirement age under the Social Security Act; however, if you become disabled at or after age 65, benefits are payable according to an age-based schedule.

Who pays the premium?

You and your employer share the cost of LTD insurance, based on your contracted base annual salary.

If you earn:	Your employer's share is:	Your share is:
$25,000 or more	60%	40%
$20,000–$25,000	65%	35%
$15,000–$20,000	70%	30%
Less than $15,000	75%	25%

See page 98 or visit https://nmpsiaonline.nmpsia.com/EROnline/PremiumCal/ViewPremiumCal

Definition of Disability
For the benefit waiting period and the first 24 months for which LTD benefits are payable, being unable – as a result of physical disease, injury, pregnancy or mental disorder – to perform with reasonable continuity the material duties of *your own* occupation and suffering a loss of at least 20% of predisability earnings when working in your own occupation. After the first 24 months for which LTD benefits are paid, you are considered disabled if, as a result of physical disease, injury, pregnancy, or mental disorder, you are unable to perform with reasonable continuity the material duties of *any* occupation.
Exclusions
You are not covered for a disability caused or contributed to by war or any act of war, an intentionally self-inflicted injury while sane or insane, active participation in a riot, or committing or attempting to commit an assault or felony. You are not covered for a disability caused or contributed to by the loss of your professional license, occupational license or certification. Also, during the first 12 months of coverage, no LTD benefits will be paid for a disability caused or contributed to by a pre-existing condition or medical or surgical treatment of a pre-existing condition, as defined by The Standard.
Other Features and Services
• 24 hour coverage, including coverage for work-related disabilities • Continuation of insurance during school breaks • Assisted living benefit • Assistance with Social Security benefits • Assistance with tax payments • Lifetime security benefit • Reasonable accommodation expense benefit • Rehabilitation plan provision • Return to work incentive • Return to work responsibility • Survivors benefit • Temporary recovery provision • Waiver of premium while LTD benefits are payable • 24-month lifetime limited pay periods for mental disorders, substance abuse and other limited conditions

This information is only a summary of the benefits. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and NMPSIA may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those insured according to its terms. For complete details of coverage, call 888.609.9763 or visit www.standard.com/my-benefits/nmpsia.

Connected EOI™ Access to Additional Life & Long-Term Disability

(If offered by the Employer)

Applying for Additional Life and/or Long-Term Disability (LTD) Coverage – Late Enrollment

This applies to requests for LTD coverage or Additional Life for the employee, and Dependent Life coverage for spouse.

For Additional Life or Long Term Disability that is declined or if the employee chooses to enroll after the 31-day enrollment deadline, to add these coverages the employee needs to:

Step 1
Apply via the MyBenefits Portal online system.

Step 2
Respond to the Evidence of Insurability email from The Standard to complete the Evidence of Insurability application.

Note: The Evidence of Insurability process is available anytime of the year.
A tutorial can be found **here**.

What is evidence of insurability (EOI)?

EOI is a statement or proof of a person's physical condition that is required to obtain certain types of insurance. *EOI and approval by The Standard will be required to add this coverage. If approved, the effective date will be determined as the first of the following month from the decision date.*

Questions about Connected EOI™?

Contact Andrea Vargas at andrea.vargas@standard.com or 971-321-7192.

New Mexico Public Schools Insurance Authority

RIGHT CARE, RIGHT TIME, RIGHT PLACE

Knowing where to go for care helps you receive the right treatment, avoid long wait times, and reduces out-of-pocket costs.

WHERE SHOULD I GO WHEN I NEED CARE?

Primary Care Provider (PCP)
$

Go to your PCP for: Preventive care, annual exams, immunizations, routine screenings, medication management, and ongoing conditions such as asthma, diabetes, or high blood pressure.

Urgent Care
$$

Use for non-life-threatening conditions when your PCP is unavailable, including minor illnesses, infections, sprains, minor burns, rashes, fever, nausea, or minor broken bones.

Emergency Room (ER)
$$$$

Use the ER for serious or life threatening conditions such as chest pain, stroke symptoms, trouble breathing, severe bleeding, head injuries, major broken bones, or sudden confusion.

In NON-EMERGENT cases, be sure to verify provider network status before receiving care to avoid unexpected charges. See below to find In-Network Care:

Presbyterian Health Plan	Blue Cross Blue Shield
• Visit phs.org and select Find a Doctor • PresRN is a 24/7/365 Nurse Advice Line. Presbyterian members may call PresRN at no cost to speak with a registered nurse any time of day at 1-866-221-9679 • Call Presbyterian Customer Service 1-888-275-7737 • Virtual visits are available! Schedule on the myPRES app's national network.	• Visit bcbsnm.com and select Find a Doctor • BCBS 24/7/365 Nurse Advice Line. BCBS members may call at no cost to speak with a registered nurse any time of day at 1-800-892-2803 • Call BCBS Customer Service 1-888-966-7742 • Virtual visits are available! Schedule via MDLIVE.

If you need emergency care, call 911 immediately.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Blue Access for Members

Puts your health care at your fingertips

Blue Access for Members gives you simple, online access to your health and insurance information. You can also use BAM from your mobile device, web browser, or download the app at **bcbsnm.com**. See your plan details whenever you want and wherever you are.

Coverage

See benefit highlights for your medical, dental and pharmacy plans.

Claims

Quickly view claims summaries or download your Explanation of Benefits.

Wellness

Take control of your well-being with preventive care guidelines, information and health tips for managing health conditions and living a healthier life.

Find Care

Find in-network health care providers, hospitals and urgent care clinics near you.

Spending

Keep track of your deductible and out-of-pocket expenses.

Member ID Card

Print, download or re-order your member ID Card.

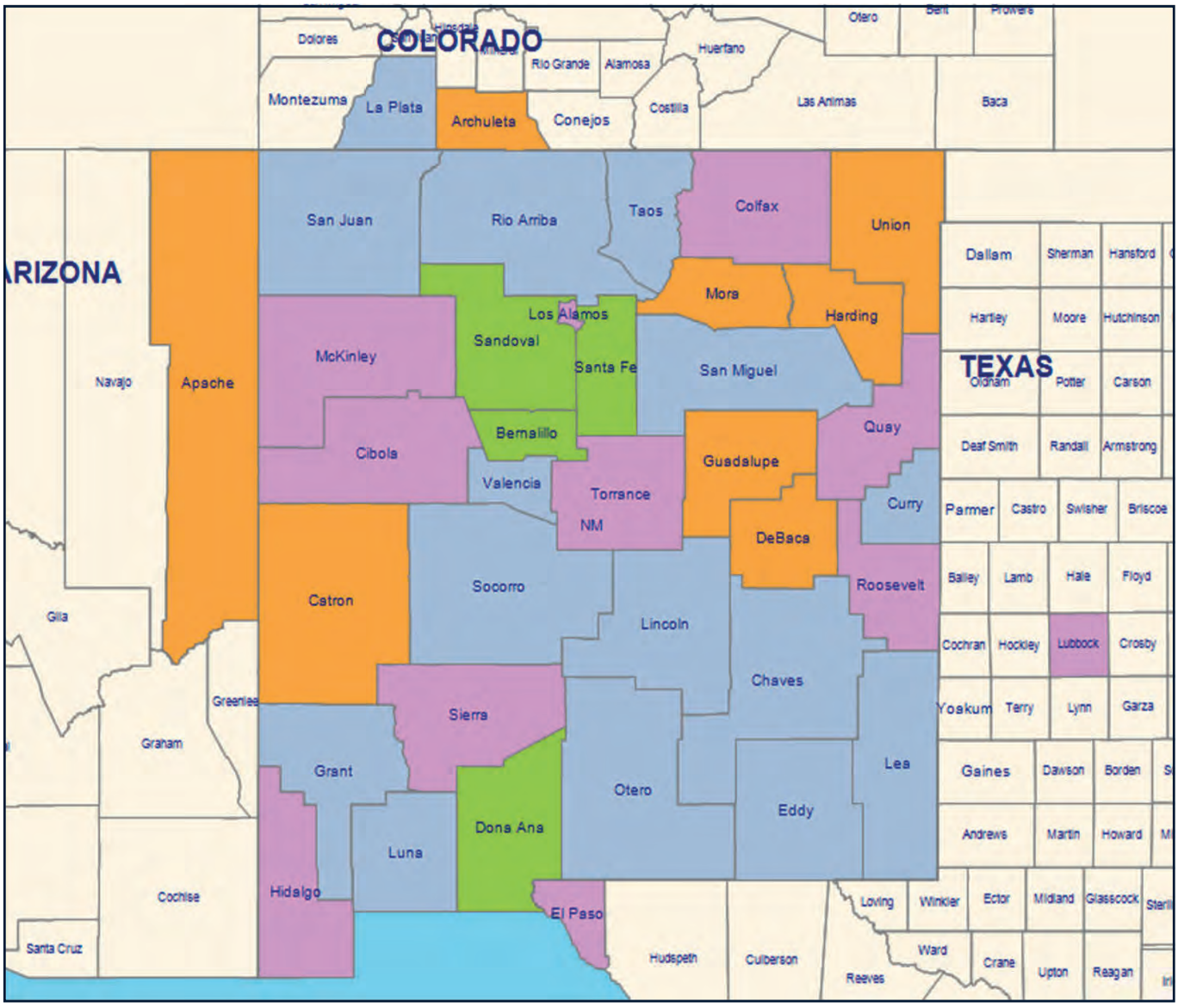
Sign Up Today!

Go to **bcbsnm.com** and register using the group and member numbers on your member ID card.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

All PPO Providers



PPO Providers

PCP:	5,518
Urgent Care:	238
Hospital:	62

Key

Peach = 0
Orange = 1 - 10
Purple = 11 - 50
Blue = 51 - 200
Green = 200 +

Provider Finder

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

It's now easier to find a provider and manage health care expenses.

Provider Finder from Blue Cross and Blue Shield of New Mexico is a fast, easy-to-use tool that improves members' experience when they're looking for in-network health care providers. Plus, it can help them manage their out-of-pocket costs.

The updated Provider Finder platform has undergone intensive testing. The result is a better experience that will help members be smarter consumers of health care.

By going to **bcbsnm.com**, members can login or create an account on Blue Access for Members and use Provider Finder to:

- Find in-network providers, clinics, hospitals and pharmacies.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Compare quality awards for doctors, hospitals and more.
- Read or add reviews for providers.
- Estimate the out-of-pocket costs for more than 1,700 health care procedures, treatments and tests.*
- Find cost savings opportunities using the Medication Finder tool.

Go Mobile with BCBSNM

Even on the go members can manage their ID cards and stay on top claims activity, coverage information and prescription refill reminders. It's easy: Log into or create a BAM account at **bcbsnm.com** or text BCBSNM to 33633** to download our mobile app.

* Not all plans provide this information.

** Message and data rates may apply. Terms and conditions and privacy policy are available at bcbsnm.com/mobile/text-messaging.

High-quality primary care that's always available

Galileo is in-network with
Blue Cross and Blue Shield of New Mexico
employer group plans

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

How Galileo Works

- **Connect with real doctors anytime** via video or chat on the Galileo app (available in English & Spanish).
- **Get care for almost any health concern**, from everyday issues like acne and colds to ongoing conditions like anxiety and diabetes.
- **Prioritize your health** with an annual wellness visit over video.
- **Feel heard, not rushed.** Galileo providers take their time and listen to your questions and concerns.

"Your patient care and medical professionals always go above and beyond for me. They diagnose with accuracy. **I'm so thankful for this service.**"

–Galileo Member

With Galileo, you can get:

- 24/7/365 access to your care team
- Personalized care coordination
- Phone, text, and video-based care
- Quick prescriptions, labs and specialist referrals
- Multidisciplinary team & built-in second opinions
- Complex care & chronic condition management
- Virtual treatment for most conditions
- Annual wellness visits & preventive care
- Virtual urgent care

Enroll now:

Scan the QR code with your phone camera or visit: galileo.health/bcbsnm

Need help?

Call: (855) 648-8859

Email: support@galileohealth.com

Galileo is an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide care and disease management, health information content, member health platform and tools, mental health administration/network and wellness for members with coverage through BCBSNM.

BCBSNM makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Peace of Mind While Traveling

BlueCard® PPO Has You Covered

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Use BlueCard PPO When You're Away From Home

Through the BlueCard PPO Program, Blue Cross and Blue Shield Plans work together to help ensure you receive reliable, affordable health care when you need it while traveling in the U.S. You have access to an established PPO network of doctors, hospitals and other health care providers throughout the country.

How BlueCard Works

1. Always carry your most current Blue Cross and Blue Shield of New Mexico ID card.
2. When you're outside of your local BCBSNM service area and need health care, refer to your ID card and call BlueCard® Access at 800-810-BLUE (2583) or visit the BlueCard Doctor and Hospital Finder at bcbs.com for information on the nearest PPO doctors and hospitals. In an emergency, call 9-1-1 or go to the nearest hospital.
3. You are responsible for calling BCBSNM for precertification, when necessary. Refer to the precertification phone number on your ID card, which is different than the BlueCard Access number above.
4. When you arrive at the doctor's office or hospital, present your ID card, and the office or hospital staff will verify your membership and coverage information.
5. After you receive medical attention, your claim will be routed to BCBSNM for processing by the provider. All doctors and hospitals are paid directly, so you won't have any paperwork.
6. You should not have to pay up front for medical services, except for the usual out-of-pocket expenses (non-covered services, deductibles, copayments and/or coinsurance). BCBSNM will provide you with an Explanation of Benefits statement.

Get access to network providers when you're on the go:

Freedom of choice: You can choose your provider. To receive the maximum benefits allowed under your health care plan, though, choose contracted network providers whenever possible.

Coast-to-coast care: Get access no matter where in the U.S. you travel.

No paperwork or claims to file: When visiting a PPO provider, all you need to do is show your ID card.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

We are with you in your fight against cancer.

Getting a cancer diagnosis is never easy, but we are here to help.

The Cancer Services and Support program is available to you at no additional cost through your health plan with **Blue Cross and Blue Shield of New Mexico**. This program gives you the tools, resources and expertise to help you before, during and after cancer treatment.

BCBSNM provides these services to you and your family:

Cancer Services and Support Hub

The new personalized Hub features your benefits information, cancer support resources, connect to care options and more — all in one place.

Expert Review and Support

You can ask to have a cancer expert review your case. This specialist will keep in touch with your doctor to discuss your treatment plan and possible clinical trials. If you have a rare or complex cancer, your case will automatically be sent for expert review.[2]

1. The Cancer Services and Support Hub will launch January 2025.
2. Check your Summary of Benefits or Health Plan to determine if you have this benefit.

How The Program Works

Our cancer care nurses are here with you throughout your journey.

Diagnosis

- Help figure out what you need
- Share information on support programs
- Explain your benefits
- Plan next steps

Treatment Decision

- Prepare you for medical visits
- Provide education on treatments
- Guide you on important issues (like fertility preservation)
- Refer you for a second opinion or provide information on clinical trials, if needed

Active Treatment

- Provide clinical and emotional support
- Share details on possible side effects of treatments
- Aid with any medication concerns

Post Treatment

- Support you in understanding your post treatment plan
- Remind you to schedule your follow-up care
- Offer ongoing education

Contact BCBSNM so we can help you get the care you need.

It's important to reach out to us as soon as you get a cancer diagnosis. Log in to **Blue Access for Members** at bcbsnm.com and select **Cancer Support Services**. Also, you can call the number on the back of your member ID card and ask for a cancer care nurse.

Get the Right Care for Your Mental Health

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

We know everyone's mental health journey is one-of-a-kind.

Our Mental Health Hub can help guide you to the best care for your needs. The Hub is an online tool that provides access to mental health providers, videos, podcasts, articles and more!

It covers 200+ mental health and wellbeing topics such as:

- Anxiety
- Stress
- Resilience
- Depression
- Substance Use
- Relationships
- Parenting
- Self-care
- Eating Disorders

The Hub also features over 15 different wellbeing assessments to help you learn more about your mental health, including our comprehensive Wellness Check-in Assessment. Most of them can be completed in just a few minutes. Based on your results, you will receive a list of recommended resources that match your needs. They may include counseling, self-paced programs and/or medication management.

Wellness Check-in Assessment

This a great starting point! When you first access the Hub, you will be prompted to take the assessment. You can retake it as many times as you like to track your progress, and you can use it for covered dependents, including children.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Prioritize Your Mental Wellbeing

With the Mental Health Hub, you have direct access to specialized care, including the following mental health providers:

- Eating disorders – Equip
- Pediatric mental health – Manatee, Charlie Health, Fort Health and InStride Health
- Obsessive-compulsive disorders – NOCD
- Substance use disorders – Workit Health and Eleanor Health
- Trauma-informed care for first responders, frontline health care workers, veterans and LGBTQ+ members – Forge Health

You can also search for additional, in-network mental health providers
(virtual and in-person) or check out self-led programs included with your health plan.

Overcoming Stigma Together

Many people do not seek help because of mental health stigma. Here are a few ways to overcome it.

- Learn more about mental health.
- Care for your mental wellbeing daily.
- Share info with loved ones.
- Seek professional care, if needed.

The Mental Health Hub is confidential and available 24/7 at no added cost to you.[2]

Explore it today.

1. Log in to **Blue Access for Members** at **bcbsnm.com**
2. Select **Behavioral Health**
3. Choose **Mental Health Hub**

Blue Cross and Blue Shield of New Mexico is here to help you.
If you need assistance, call the number on your member ID card.

For medical emergencies, call 911. For mental health emergencies, call or text the 988 Suicide & Crisis Lifeline.

This is not a substitute for the independent medical judgment of a physician or other health care provider. Members are instructed to consult with their health care provider before beginning their journey toward wellness.

1. National Alliance on Mental Illness, Mental Health By The Numbers, April 2023
2. Standard copay and coinsurance rates will apply if you seek treatment from a provider.

The Mental Health Hub is administered by NovaWell. NovaWell is an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide member health platform and tools, mental health administration network and health information content for members with coverage through BCBSNM.

Equip and Charlie Health are independent companies that have contracted with Blue Cross and Blue Shield of New Mexico to provide member health platform and tools, care and disease management, mental health administration/network, health information content, provider networks and telehealth for members with coverage through BCBSNM.

Manatee, NOCD, Workit Health, Forge Health, Fort Health and InStride are mental health providers contracted with NovaWell. NovaWell is an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide member health platform and tools, mental health administration network and health information content for members with coverage through BCBSNM.

BCBSNM makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Experience a New Kind of Wellness — Log In to the Well onTarget® Portal

Well onTarget is designed to give you the support you need to make healthy lifestyle choices — and reward you for your hard work.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Member Wellness Portal

The Well onTarget Wellness Portal uses the latest technology to give you the tools you need for better health. Your wellness journey begins with a suggested list of activities based on the information you provided in the Health Assessment.*

Now you have a step-by-step plan to guide you on the way to living your best life.

The suite of programs and tools include:

- **Digital Self-management Programs:** Learn about nutrition, fitness, weight loss, quitting smoking, managing stress and more!
- **Health and Wellness Library:** The health library has useful articles, podcasts and videos on health topics that are important to you.
- **Blue Points Program:**** Earn points for wellness activities. Redeem your points for a wide variety of merchandise in the online shopping mall.
- **Tools and Trackers:** These interactive resources help keep you on track while making wellness fun.
- **Health Assessment:** Answer some questions to learn more about your health and receive a personal wellness report.
- **Fitness and Nutrition Tracking:** Get Blue Points for tracking activity with popular devices and mobile apps.
- **Personal Challenges:** Join a personal challenge to help you reach your goals. There are over 30 challenges, so you can choose the best one to fit your wellness journey. Topics include stress, sleep, physical activity and more!

How to Access the Portal

Use your Blue Access for Members account:

- Log in to BAM at **bcbsnm.com/member**.
  If this is your first time logging in, you will need to register your account.
  Click **Create an Account** on the login screen.
- Once you are in BAM, click on the **Wellness tab**. Then click on Visit Well onTarget and you will be taken to the Well onTarget portal.

Questions?

If you have any questions about Well onTarget, call Customer Service at **877-806-9380**.

Log in to the Well onTarget Member Wellness Portal today!

* Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

** Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for further information.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Make Your Fitness Program Membership Work for You

The Fitness Program gives you flexible options to help you live a healthy lifestyle.

As a Blue Cross and Blue Shield of New Mexico member, the Fitness Program is available exclusively to you and your covered dependents (age 16 and older).* The program gives you access to a nationwide network of fitness locations. Choose a location close to home and near work, and visit locations while traveling.

Other program perks include:

- **Flexible Gym Network:** A choice of gym networks to fit your budget and preferences.**

Base	Core	Power	Elite	Pro	Signature	Premier
$19/mo	$29/mo	$39/mo	$129/mo	$159/mo	$199/mo	$239/mo
3500+ Standard Gyms†	8,500+ Standard Gyms	13,000+ Standard Gyms	Access to 1 Luxury Gym + All 13,000+ Standard (Luxury Gyms differ by tier, 180+ Available)†			
$19 enrollment fee						
Digital Content Only: Video and Live Stream ($10/mo)						

- **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount.
- **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

† Represents possible network locations. Check local listings for exact network options as some locations may not participate. Network locations are subject to change without notice.

Features

- **Mobile App:** Allows members to access location search, studio class registration, location check-in and activity history.

  Check out the Well onTarget Fitness Program mobile app, available from Apple® or Google Play™. It can help you work on your fitness goals — anytime and anywhere.
- **Real-time Data:** Provided to the mobile app and Well onTarget portals.
- **Web Resources:** You can go online to find fitness locations and track your visits.
- **Digital Fitness:** Stay active from the comfort of your home. Access thousands of digital fitness videos and live classes including cardio, bootcamp, barre, yoga, and more through an online platform. Digital access is included with all memberships and tiers. You can also join the Digital Only plan option if you prefer only digital fitness options.
- **Blue Points:** Receive 2,500 points for joining the Fitness Program. Earn additional points for weekly visits. You can redeem points for gift cards for yourself or family and friends.***
- **Complementary and Alternative Medicine Discounts on a Variety of Products and Services through Choices by WholeHealth Living**: Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. Wherever you are in your health journey, Choices by WholeHealth Living can support your health goals. You may gain access to this program when you join the Well onTarget Fitness Program.

Are You Ready for Fitness?

It's easy to sign up:

1. Go to **bcbsnm.com** and log in to Blue Access for Members.
2. Select the My Health tab, then Wellness on the top navigation bar of the Dashboard page. Then scroll down to the Fitness Program section and click on **Learn More**.
3. Complete registration form.
4. Verify your personal information and method of payment. Print or download your Fitness Program membership ID card. You may also request to receive the ID card in the mail.
5. Visit a fitness location today!

Prefer to sign up by phone or have questions about the Fitness Program? Just call the toll-free number **888-762-BLUE (2583)** Monday through Friday, between 7 a.m. and 7 p.m., CT (6 a.m. and 6 p.m., MT).

Find fitness buddies, take a digital class and try something new!

Join the Fitness Program today to help you reach your health and wellness goals.

*Individuals must be 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can login and join through the primary member's account as an "additional member."

**Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

***Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness locations. The Prime Network is made up of independently owned and operated fitness locations.

The WholeHealth Living Choices program is administered by Tivity Health™ Services, LLC. This is NOT insurance. Some of the services offered through this program may be covered by a health plan. The relationship between these vendors and Blue Cross and Blue Shield of New Mexico is that of independent contractors.

Participation in the Well onTarget program, including the completion of a Health Assessment, is voluntary and you are not required to participate. Visit Well onTarget for complete details and terms and conditions.

Well onTarget is an informational resource provided to members and is not a substitute for the independent medical judgment of a health care provider. Members are instructed to consult with their health care provider before beginning their journey toward wellness.

VALUABLE RESOURCES AVAILABLE TO PRESBYTERIAN MEMBERS

Dedicated Member Service Team

You 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**.

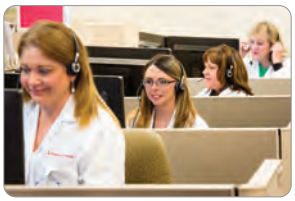
Our care coordinators also provide support for managing cancer or low back pain/musculoskeletal conditions. To enroll in one or more of the care coordination programs, call **1-866-672-1242** or email **phpreferral@phs.org**.

Estimate Your Cost of Care

Now you can better evaluate the cost of certain tests and procedures with our new treatment cost estimator. This tool will provide estimates for many of your covered services and help you find more convenient lower cost locations to obtain care. Your provider or Presbyterian's Customer Service Center can also refer you to lower cost locations for certain care needs. Call the number on the back of your Member ID card for guidance.

NO-COST MEMBER BENEFITS

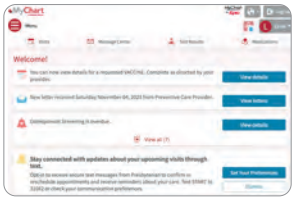
PresRN Nurse Advice Line



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."

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 deductible and out-of-pocket amounts.
- Access your personal health assessment and other health education tools.
- View, request, or email replacement member ID cards.

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.

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.

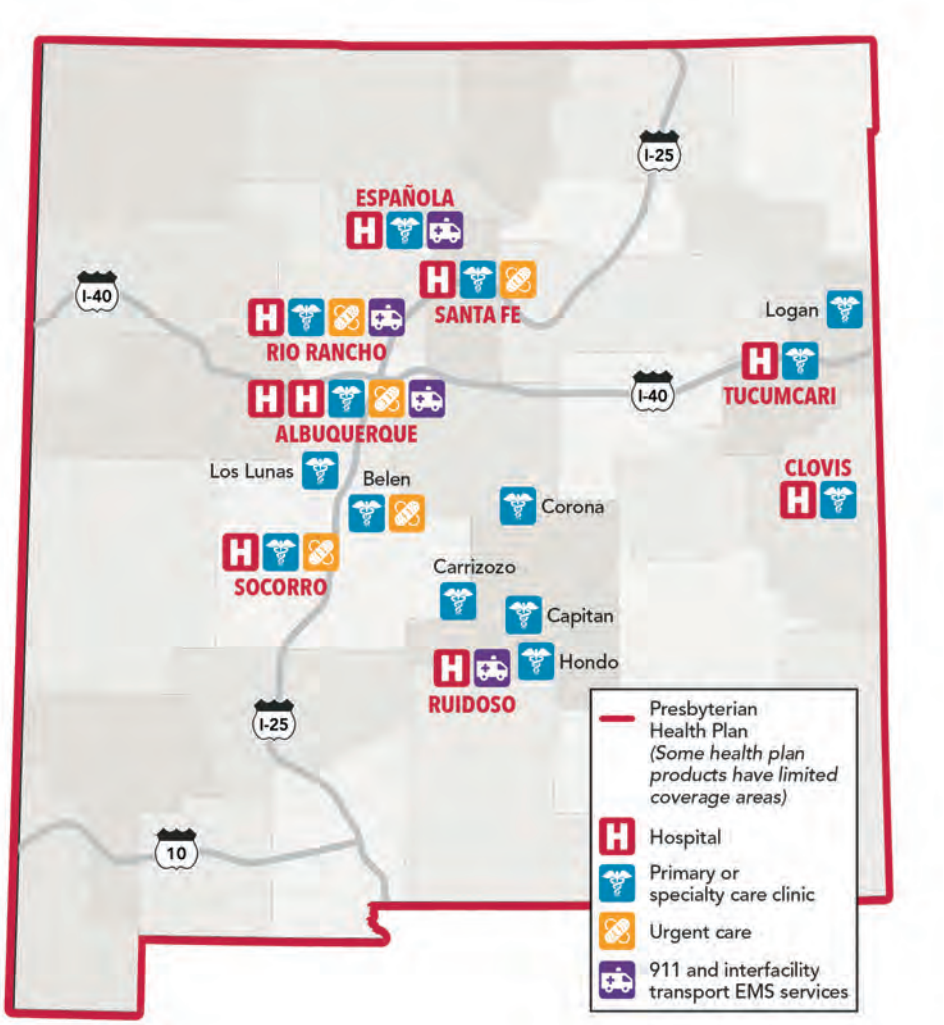
Go to **www.ontobetterhealth.com/php**.

All these great features are also available on your mobile device via an app that can be downloaded for Apple and Android devices. Simply search for myPRES in the App Store for Apple or the Google Play Store for Android devices.

OUR INTEGRATED SYSTEM

Presbyterian offers you the value that comes with our integrated system of providers, hospitals and health plan – all working together to keep you healthy and provide new and innovative services. Presbyterian offers patients throughout New Mexico access to dedicated primary care providers, as well as highly specialized care, including cancer care, heart and vascular care and behavioral health.

- Nine hospitals in eight communities
- More than 1,200 providers in Presbyterian Medical Group
- 12 urgent care clinics which include two pediatric urgent cares and four PresNOW 24/7 Urgent and Emergency Care locations.



FINDING A PROVIDER

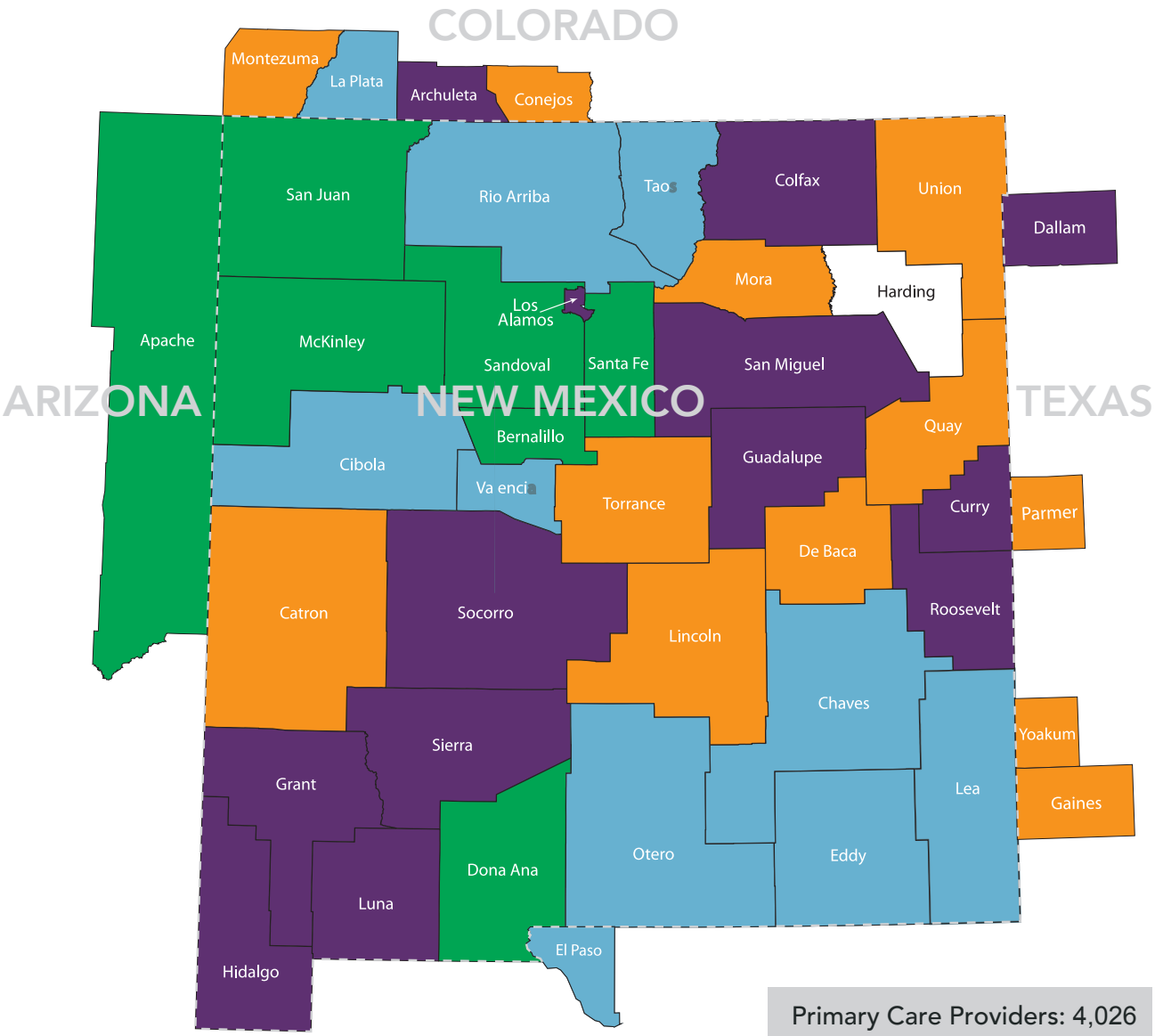
Inside New Mexico

With access to more than 24,000 providers statewide and in bordering communities, Presbyterian gives you more freedom to manage your own healthcare. To find the most current list of providers and create your very own personal Provider Directory based on criteria you choose, visit **www.phs.org/directory**.

Outside New Mexico

Through a partnership with Aetna Signature Administrators, Aetna's PPO network offers access to more than 1.5 million participating physicians and ancillary providers, including over 6,000 hospitals. This means you can access some out-of-network services when using Aetna contracted providers. View provider directory at **aetna.com/asa**.

Presbyterian Health Plan ASO Provider Network of Primary Care Providers, Urgent Cares and Hospitals



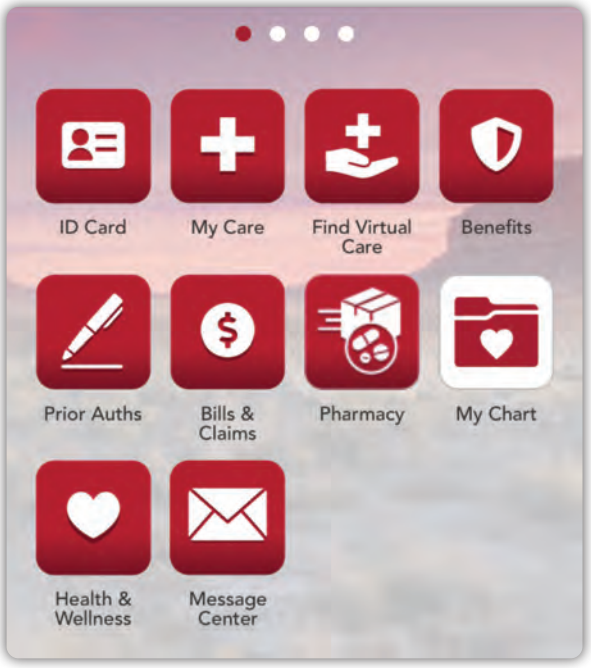
Primary Care Providers: 4,026
Urgent Cares: 35
Hospitals: 87

KEY

Orange	=	1- 10
Purple	=	11 - 50
Blue	=	51 - 200
Green	=	201+

myPRES MEMBER PORTAL

myPRES has features catered to you. This smartphone app and portal gives you easier access to your healthcare resources and coverage so you can make the most of your health plan.



Upon log in, you'll see a personalized dashboard. The information that you want the most appears on your homepage. This includes access to your ID card and recent Bills & Claims.

Some other key highlights include:

- Go paperless for some health plan documents
- View dependent(s) ID card
- Track prior authorization requests
- Access health and wellness resources
- Access MyChart (if you use a Presbyterian Medical Group provider or TriCore Laboratories)
- Schedule virtual appointments for urgent and primary care

myPRES is an essential tool in managing your health and care. With **myPRES**, you have a secure way to access your health tools and resources. You can register or log in at **www.phs.org/myPRES**.

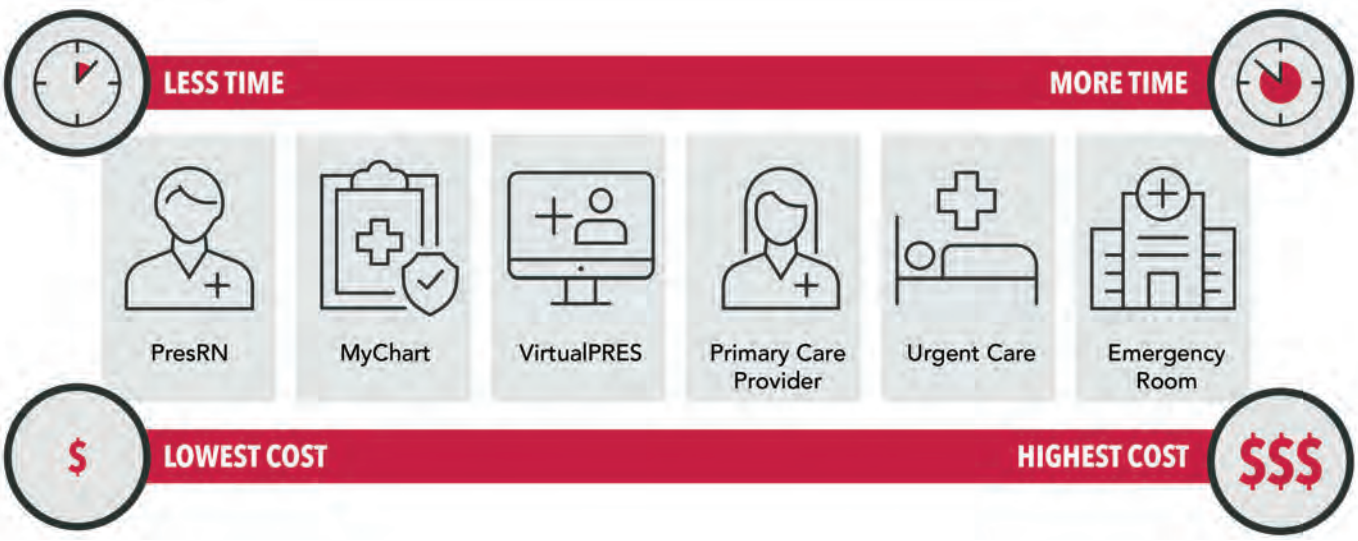
Download the myPRES App

We developed an app so you can take **myPRES** on the go. All the great features are available on your mobile device. You can download the app for Apple and Android devices. Simply search for **myPRES** in the App Store for Apple or the Google Play Store for Android devices.

If you have any questions about **myPRES** or the new app, please call the Presbyterian Customer Service Center using the number on the back of your ID card.

Thank you for being a valued member!

CONVENIENT WAYS TO ACCESS CARE



Direct access to medical advice 24 hours a day, 365 days a year. The PresRN nurse advice line is an easy way to speak with a registered Presbyterian nurse if you're not feeling well and do not know what to do. This service is available at no cost to you 24 hours a day, 7 days a week, including holidays. Our nurses are happy to answer general health questions when you are healthy, too. Call (505) 923-5570 or 1-888-730-2300.

A secure, web-based portal for direct communication to your care team. MyChart allows members with a Presbyterian Medical Group provider to send electronic messages and communicate with their care team, request prescription renewals and schedule office or telephone visits. Members can also conveniently view their medical records, lab and radiology reports, procedures and test results.

See a provider anytime day or night with VirtualPRES. This is a convenient and no-cost way to get care for a variety of healthcare needs. You can discuss your symptoms with a provider over video and receive a treatment plan, including prescriptions, when appropriate. Virtual urgent care visits are $0. For details, visit **phs.org/virtualpres**.

Primary care providers can treat most health problems. They may be a general/family practice physician, internal medicine physician, gynecologist, physician assistant or nurse practitioner. To find a primary care provider, please visit our provider directory at **phs.org/directory**.

24/7 URGENT AND EMERGENCY CARE IN ALBUQUERQUE

Four PRESNow 24/7 locations provide full-service, high-quality care and appropriate billing for the level of care you use. No appointments required. Locations are available at Paseo/San Pedro, Menaul/Pennsylvania, Coors/Western Trail and Isleta/Rio Bravo.

Urgent care clinics provide care for minor illness and injuries that are not an emergency. For added convenience, Presbyterian now offers same-day, scheduled appointments.

Emergency rooms are for serious medical emergencies or injuries that require immediate medical attention.

PRESBYTERIAN Health Plan, Inc.

New Mexico Public Schools Insurance Authority

(505) 923-5600, 1-888-ASK-PRES (1-888-275-7737)
www.phs.org/nmpsia

PRESBYTERIAN CARE COORDINATION

What is care coordination?

Care coordination is a way to help you manage your care. A dedicated care coordinator is assigned to you to help navigate through the healthcare system. Care coordinators can work with you and your primary care provider, specialists, behavioral health providers, and anyone else you want involved in your care. Together, they can create a care plan and help you work toward your health goals.

What will a care coordinator do?

In addition to helping to communicate between all your providers, they also perform health assessments. These assessments help to identify gaps, barriers and changes in condition or status. They will work with you to create a care plan that helps you reach your health goals and feel your best.

Am I a good candidate for care coordination?

If you meet one or more of these criteria, you may be a good candidate for care coordination.

- You have a complex or chronic health condition
- You need help coordinating complex medical services
- You are experiencing social factors that impede your health outcomes
- You need more education and support to manage your illness
- You need help with activities of daily living
- You have been newly diagnosed with a health condition and need help navigating what comes next

What else can care coordination help with?

- Medical support to include follow up after hospitalizations or ER visits
- Provide information to support transportation for medical appointments
- Facilitate transitions between care settings (e.g., hospital to home)
- Monitoring and support services for conditions such as diabetes and hypertension

How do I get started with care coordination?

To find out more about care coordination or to get started, call the Presbyterian Customer Services Center using the number on the back of your member ID card. You can also be referred to care coordination by your provider. Talk with your provider if you have questions or want a referral.

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(505) 923-5600, 1-888-ASK-PRES (1-888-275-7737)
www.phs.org/nmpsia

KEEP MOVING WITH A FITNESS PASS MEMBERSHIP.

The 2026 cost is only $29.50 per eligible member per month. Enrollment is open year-round.

As a Presbyterian Health Plan member, you and your dependents have access to more than 10,000 fitness, recreation and community centers, including:

- Defined Fitness locations in Albuquerque, Rio Rancho, Farmington and Santa Fe
- Prime Fitness network (nationwide)
- A discount on Sports & Wellness gym fees

DEFINED FITNESS

www.defined.com

Defined Fitness is one of New Mexico's premier health clubs, offering a wide variety of group exercise classes, supervised child care and state-of-the-art strength training and cardiovascular equipment. All locations feature an aquatic complex with an indoor pool, hot tub, dry sauna and steam room.

prime

www.primemember.com

The Prime Fitness network provides group exercise classes and amenities such as pools, sport courts, tracks and more. You can visit participating locations nationwide as often as you like, including select CHUZE, YMCAs, Snap Fitness, Curves® and more. When you use Prime Fitness, your fitness travels with you.

SPORTS & WELLNESS

www.sportsandwellness.com

Sports & Wellness is where Albuquerque has gone to find fun, friends and fitness for 25+ years. Enjoy a special Presbyterian Health Plan member rate and experience five-star service and first-rate amenities at five New Mexico locations.

Fitness Pass program enrollment is easy. How to start:

For quick access and to learn more about Fitness Pass, go to **www.phs.org/mypres**.

- All enrolled health plan members aged 18 and older are eligible to enroll.
- Once enrolled, Presbyterian will automatically debit your account or credit card each month.
- Your enrollment will last through the current calendar year, and you must reenroll each year.

KEEP MOVING WITH A FITNESS PASS MEMBERSHIP

Your journey to a healthier you is as easy as a few clicks!

1. Visit **www.phs.org**.
2. Sign in using your myPRES credentials. Need a myPRES account? Sign up at **www.phs.org/myPRES**.
3. Select the eligible family members that would like to enroll. Remember, only enrolled members aged 18 and older are eligible for the Fitness Pass.
4. Fill out the banking information. Presbyterian accepts debit accounts and most major credit cards.
5. Print/save a copy of your confirmation page. If you have any questions, please call our customer service center using the number on the back of your Member ID card and reference the confirmation number.
6. We will send your eligibility information beginning the first of the following month.
7. Visit the gym of your choice. At Defined Fitness and Sports & Wellness, you will be issued an ID card directly by the gym after you present your Presbyterian Member ID card. If you want to use Prime Fitness, visit **www.primemember.com** to obtain a Prime ID Card before visiting a gym in that network.

Some things to keep in mind about your Fitness Pass membership

- You can use as many gyms simultaneously as you would like; there is no limit to the number of gyms you can utilize.
- Upon enrollment, your fitness pass eligibility will start on the first of the following month.
- Initial enrollment is open all year, although if you enroll you are committed through the calendar year.
- Eligible dependents must be at least 18 years of age to participate.
- Dependents living outside of New Mexico can still participate and have access to the nationwide Prime Fitness Network.
- You must be active on your Presbyterian Health Plan policy to remain eligible for the Fitness Pass.
- Fitness Pass accounts cannot be changed or cancelled voluntarily.
- If your account is cancelled for non-payment, you cannot re-enroll until the following year.
- All gym memberships through the Fitness Pass are basic memberships; upgrades may be purchased directly through the fitness center.

PRESBYTERIAN
Health Plan, Inc.

New Mexico Public Schools Insurance Authority

(505) 923-5600, 1-888-ASK-PRES (1-888-275-7737)
www.phs.org/nmpsia

WELLNESS AT WORK

Powered by Personify Health®

Your Wellness Portal for Better Health

Assess Your Health

Take the **Health Check**, a quick lifestyle questionnaire to identify risks regarding nutrition, stress, and safety.

Sync & Track

Connect your wearable device to track steps, activity, and sleep. Monitor trends to improve your daily habits.

Earn Rewards

Presbyterian Plan Members: Earn up to **$75 in rewards** by participating in wellness activities. Visit Wellness at Work for info on points* and rewards.

Know Your Numbers: Free At-Home Screening

Skip the lab waiting room. Order a mail-in kit to analyze a small blood sample from the comfort of your home.

- Lipid Panel (Cholesterol, HDL, LDL, Triglycerides), Glucose, and A1C.
- Log in to *Wellness at Work* > *Benefits* > *Labcorp* to order.

Ready to START?

Log in via myPRES:
Select *Health & Wellness* > *Access Your Health Assessment.*

Need Help?
Call 505-923-5590 or 866-861-7444

**All points and rewards reset in July with new opportunities to earn and redeem.*

New Mexico Public Schools Insurance Authority

PRESBYTERIAN

mypres.phs.org

PRESBYTERIAN Health Plan, Inc.

New Mexico Public Schools Insurance Authority

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www.phs.org/nmpsia

Weight Management & Health Coaching Benefits

Your Journey, Your Way.

Why Participate?

- **Improve Energy Levels**
- **Reduce Chronic Disease Risk**
- **Enhance Mobility & Confidence**
- **Goal Setting & Accountability**

We Make It Easy

Getting healthy looks different for everyone.

Don't know where to start?

Step 1 Answer a few simple questions.

Step 2 We match you with the program suited to your specific needs.

good measures®

Good Measures offers an integrated, whole-person model that combines technology, expert coaching, and tailored food prescriptions to meet your individual needs – and keep you eating and living well. This program focuses on diabetes, hypertension, weight management, mental well-being, prevention, and more.

NOOM

Noom uses your smart phone to deliver a personalized, healthy lifestyle program that uses psychology and small goals to change your habits for good!

Health Coaching

Personal Health Coaching helps you make positive changes by addressing individual factors and behaviors to achieve better outcomes. With help from a coach, you will set appropriate goals and create action plan. This personalized approach to health management allows you to work directly with a health coach in a one-on-one setting.

START your journey **HERE.**

New Mexico Public Schools Insurance Authority

PRESBYTERIAN

2026 Wellness Perks

Learn, Cook, Breathe Easier

Wellness Wednesday Webinar Series

Every 3rd Wednesday of the Month

Register for live education to support your journey to better health.
(Recordings available if you miss the live session).

2026 Highlights

- **The Energy Trifecta:** Eat, Move, Sleep, Repeat
- **Bone Deep:** Strength for Every Body
- **Vital Signs, Vital Choices** Subtitle Here
- **Feed Your Feeds:** Rewriting Your Digital Environment
- **The Inflammation Situation:** Cooling the Chronic Burn
- **The Silent Storm:** Spotting Metabolic Syndrome early

Monthly Cooking Shows

Take your skills to the next level with our Registered Dietitians. Learn nutritious, delicious recipes for the whole family.

Watch & Learn: Live demos or recorded sessions.

Win: Register to be entered into a monthly **Cookbook Drawing**!

Life on Mindfulness

Your roadmap to less stress and greater well-being. It's like having a meditation teacher in your pocket.

Daily Access:
Live and recorded guided meditations.

Premium Content:
Exclusive access for members, including Youth on Mindfulness, Mini Meditations, Anxiety & Depression on Mindfulness and more.

Visit:
Wellness Programs/New Mexico Public Schools Insurance Authority
for updated monthly flyers and links.

The Solutions Group

New Mexico Public Schools Insurance Authority

PRESBYTERIAN Health Plan, Inc.

New Mexico Public Schools Insurance Authority

(505) 923-5600, 1-888-ASK-PRES (1-888-275-7737)
www.phs.org/nmpsia

VirtualPRES

Talk Therapy

VirtualPRES makes it convenient to get counseling for a variety of life challenges. We offer secure, private video appointments with a board certified behavioral health provider from wherever you are in New Mexico.

Some of the conditions treated include:

- Abuse
- ADD/ADHD
- Adjustment with life transitions
- Anger management
- Anxiety or stress
- Autism
- Bipolar disorder
- Codependency
- Cognitive disorders
- Concentration
- Depression
- Domestic violence
- Grief or loss
- Insomnia
- Life transitions
- LGBTQ+
- Marriage, divorce, family, and parenting issues
- Maternal and post-partum health
- Men's or women's issues
- Mood swings
- Negative thought patterns
- Obsessive-compulsive disorder (OCD)
- Panic attacks
- Performance and career counseling
- PTSD
- Trauma

If the virtual provider determines that you should come in to be seen, they will provide recommendations for seeking in person care.

Virtual talk therapy cannot be used for:

- Children under the age of 18
- Prescribing controlled substances
- Evaluation and management of severe, uncontrolled conditions (a specialist is recommended)
- If you need medications for treatment of your mental health condition
- Serious illness including acute psychosis, or other severe conditions (Emergency Care is recommended)

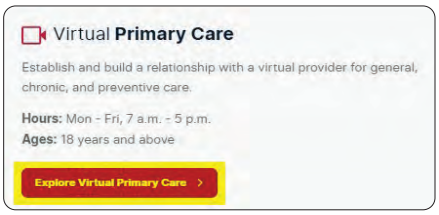
We accept most major insurance. Please check with your health insurer if you have any questions.

Visit phs.org/virtualpres

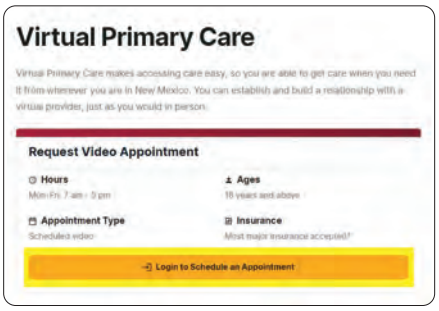
VirtualPRES uses Presbyterian Medical Group care team members.

How to make an appointment for VirtualPRES – Primary Care

1. Go to phs.org/virtualpres. Under Virtual Primary Care, click **Explore Virtual Primary Care**.

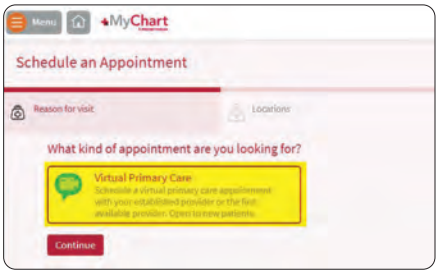


2. Select **Schedule an Appointment**.

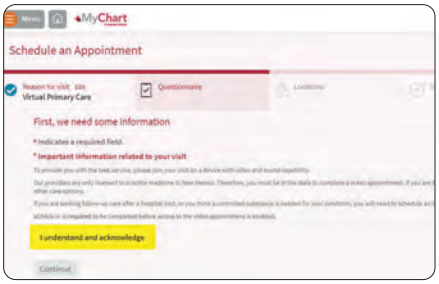


3. You will need to sign in to your MyChart account through myPRES (same login you use for MyChart). If you do not have a MyChart account, you will need to create one.

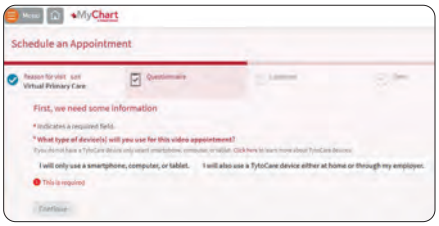
4. Select **Virtual Primary Care**.



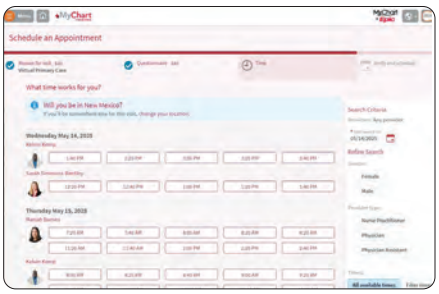
5. At the bottom of the screen, you will be asked to acknowledge information about your visit. Select **I understand and acknowledge**.



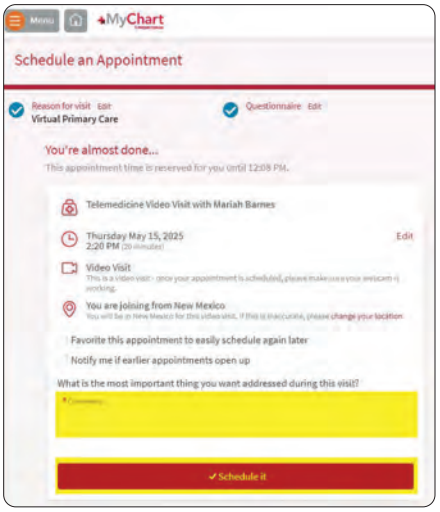
6. Identify if you will be using a TytoCare device to aid in your physical exam during your video appointment.



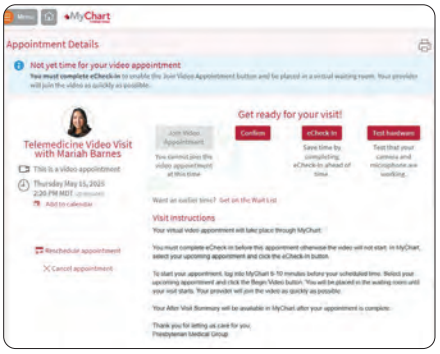
7. You will be presented with a list of providers and available times which you can select from. On the right side of the screen, you can also filter your options to best meet your preferences.



8. In a few short words, describe the most important issue you want to address during your visit, then select **Schedule It**.



9. You will receive confirmation showing the details of your video appointment. Before your appointment, you must complete the eCheck-In process. You will receive reminders as your appointment time approaches.

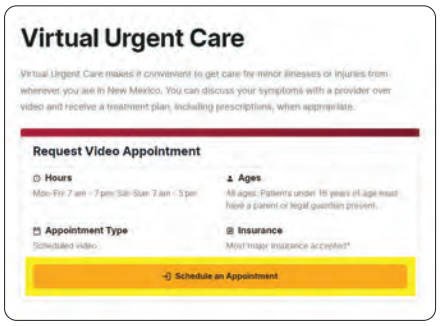


PRESBYTERIAN

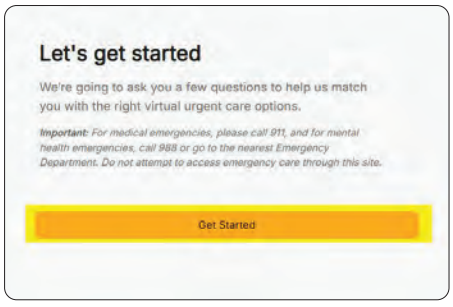
How to make an appointment for VirtualPRES – Urgent Care

1. Go to **phs.org/virtualpres**. Select the virtual urgent care option that best fits you, click **Explore Virtual Urgent Care**.

2. Select **Schedule an Appointment**.



3. Select **Get Started**. Answer the questions and follow the instructions.



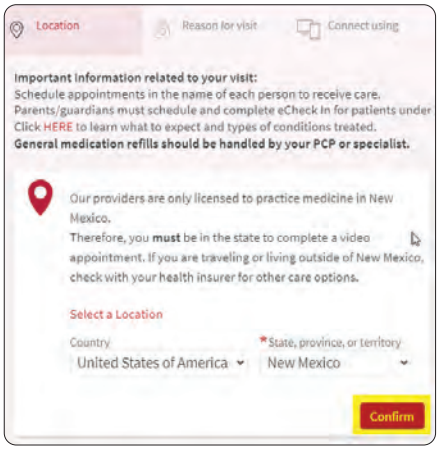
4. Select if you want to **log in to your MyChart** account or **create an account**.

   Otherwise, you can select **Continue to On-Demand Visit**. Follow the directions.

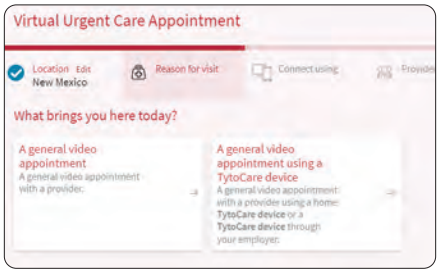
5. If you are using your MyChart account, complete the sign in process through myPRES (same login you use for MyChart) to schedule an appointment.

   If you are not using MyChart, skip to step 12.

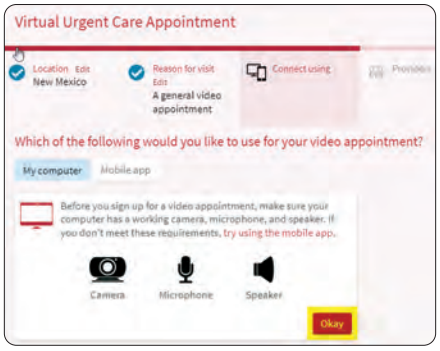
6. You must be in the state of New Mexico to use Virtual Urgent Care. Select **Confirm**.



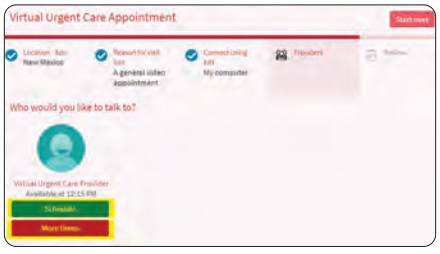
7. Identify if you will be using a TytoCare device to aid in your physical exam during your video appointment. If you don't have a TytoCare device, select general video appointment.



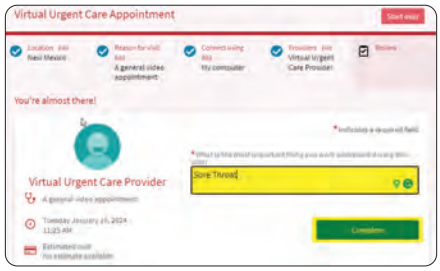
8. Choose if you will be using a computer or mobile device and select **Okay**.



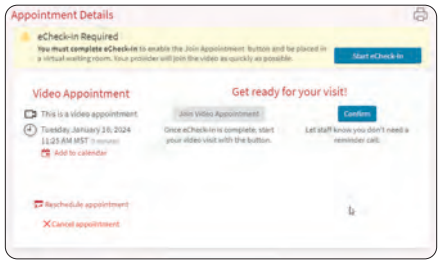
9. You will be presented with the next available appointment time. To select that time, choose **Schedule**. If you want to view other times, select **More times**.



10. In a few short words, describe the most important issue you want addressed during your visit, then select **Complete**.



11. You will receive a confirmation showing the details of your video appointment. Before your appointment, you must complete the eCheck-In process. You will receive reminders as your appointment time approaches.



12. If you are not using a MyChart account, sign in or register for a myPRES account.

13. You will be directed to an On-Demand Visit. Click on **Start a new visit** and follow the instructions.

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MyChart® is a registered trademark of Epic Systems Corporation.

SCHEDULE OF SUMMARY MEDICAL BENEFITS
(HIGH OPTION PPO BENEFITS and LOW OPTION PPO BENEFITS)
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.

Benefit Description	Explanations and Limitations	Member's Share of Covered Charges (All benefits are subject to the Deductible unless specified as "DEDUCTIBLE WAIVED")			
		High Option PPO Plan		Low Option PPO Plan	
		In-Network Provider	Out-Of-Network Provider	In-Network Provider	Out-Of-Network Provider
Out-of-Pocket Member Cost Sharing **Under both the High Option and Low Option plans: coinsurance, copayments, and deductibles for In-Network Provider services do not cross-apply to the Out-Of-Network Provider services limits, and vice versa.**					
Annual Calendar Year Deductible	• The amount you must pay each Calendar Year before the Plan pays benefits. The amount applied to the Deductible is the lesser of billed charges or the amount considered to be allowed under this Plan. • Deductibles are applied to the Eligible Medical Expenses in the order in which claims are processed by the Plan.	Individual $825 Family $1,650	Individual $3,000 Family $6,000	Individual $2,200 Family $4,400	Individual $6,000 Family $12,000
Annual Out-Of-Pocket Maximum Limit (Medical) • There is a limit to the total cost sharing *(amount of Deductibles, Copayment and Coinsurance that you have to pay)* under the medical plan each Calendar Year. • This Annual Out-of-Pocket Maximum includes in-network medical and No Surprises Act services.	The following expenses are not included in the medical Out-of-Pocket limit on Cost Sharing: • Premiums; • Expenses not covered by the medical Plan; • Charges above the allowed charge determined by the Plan; • Penalties for non-complying with the Utilization Management program.	Individual $4,500 Family $9,000	Individual $10,000 Family $20,000	Individual $5,500 Family $11,000	Individual $10,000 Family $20,000
Coinsurance	• The amount that you pay after you and the Plan split the cost of certain covered medical expenses, after the Deductible is met.	**Coinsurance** 25%	**Coinsurance** 50%	**Coinsurance** 30%	**Coinsurance** 60%
Primary Care Services					
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. • 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/	• 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.*	**DEDUCTIBLE WAIVED** **Primary Preferred Provider Office Visit Copay** $0	**DEDUCTIBLE WAIVED** **Coinsurance** 50%	**DEDUCTIBLE WAIVED** **Primary Preferred Provider Office Visit Copay** $0	**DEDUCTIBLE WAIVED** **(For routine testing only)** **Coinsurance** 60%
Physician and Other Health Care Practitioner Services • Benefits are payable for professional fees when provided by a Physician or other covered Health Care Practitioner. **Office Visit/Exam Charge** • Office and Home Visits/Exams or Consultation *(Other services received during the office visits listed below such as therapy are subject to deductible, copay, and/or coinsurance as listed in the rest of the summary.)*	• Under this Plan, there is no requirement to select a primary care Physician (PCP) or to obtain a referral or need **Prior Authorization** before visiting an OB/GYN provider. *(However, it is highly recommended to select a PCP to direct member care.)* • Be advised that some Specialist Providers may require a referral or **Prior Authorization** before services will be covered to avoid possible nonpayment of services.	**DEDUCTIBLE WAIVED** **Primary Preferred Provider Office/Home Visit Copay** $30 **Specialist Provider Office/Home Visit Copay** $55	**Coinsurance** 50%	**DEDUCTIBLE WAIVED** **Primary Preferred Provider Office/Home Visit Copay** $35 **Specialist Provider Office/Home Visit Copay** $70	**Coinsurance** 60%
Telehealth (Virtual video visit access) • Nationwide network for NM BCBS is **MDLIVE** • Nationwide network for Presbyterian is **Fabric**	• No charge when utilizing a nationwide network of providers offered by your selected carrier for non urgent healthcare. *Cost varies when accessing established Primary and Specialist providers. *(Refer to cost sharing for these services above.)*	**DEDUCTIBLE WAIVED** **Copay** $0*	**Not Covered**	**DEDUCTIBLE WAIVED** **Copay** $0*	**Not Covered**
Ambulance, Emergency, Urgent Care Services					
Ambulance Services • Charges for professional ambulance service by air or ground ambulance to or from the nearest local adequate Hospital or Skilled Nursing Facility.	• Non-Emergency medical transportation is not covered. • **Prior authorization** may be required to avoid possible nonpayment of services.	**DEDUCTIBLE WAIVED** **Copay** $55 per trip		**Coinsurance** 30%	
Ambulance Services Inter-facility Transport	• You will not be balance billed for Medically Necessary air or ground ambulance services. • **Prior Authorization** may be required to avoid possible nonpayment of services.	**DEDUCTIBLE WAIVED** **Copay** $0			
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.	• The Plan will pay a reasonable amount for hospital-based Emergency Services performed Out-of-Network, in compliance with Affordable Care Act regulations.	**DEDUCTIBLE WAIVED** **Copay** $550		**Copay** $550	
Urgent Care • In most cases includes ancillary services and supplies such as x-ray/labs/physician fees for the occurrence.	• Note: x-ray and lab work that is an outpatient department of the Urgent Care facility may have additional cost sharing.	**DEDUCTIBLE WAIVED** **Copay** $55	**Coinsurance** 50%	**DEDUCTIBLE WAIVED** **Copay** $70	**Coinsurance** 60%

SCHEDULE OF SUMMARY MEDICAL BENEFITS
(HIGH OPTION PPO BENEFITS and LOW OPTION PPO BENEFITS)
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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.

Benefit Description	Explanations and Limitations	Member's Share of Covered Charges (All benefits are subject to the Deductible unless specified as "DEDUCTIBLE WAIVED")			
		High Option PPO Plan		Low Option PPO Plan	
		In-Network Provider	Out-Of-Network Provider	In-Network Provider	Out-Of-Network Provider
Out-of-Pocket Member Cost Sharing **Under both the High Option and Low Option plans: coinsurance, copayments, and deductibles for In-Network Provider services do not cross-apply to the Out-Of-Network Provider services limits, and vice versa.**					
Diagnostic Testing					
Allergy Injection Treatment and Serum Preparation (only)		**DEDUCTIBLE WAIVED** **Copay** $0	**Coinsurance** 50%	**Coinsurance** 30%	**Coinsurance** 60%
Allergy Testing-Therapeutic Injections		**Primary Preferred Provider Office Visit Copay** $30 **Specialist Provider Office Visit Copay** $55	**Coinsurance** 50%	**Coinsurance** 30%	**Coinsurance** 60%
Infertility: Diagnosis Testing Only - No Treatment	• Diagnostic testing for infertility is limited to testing needed to diagnose the cause of infertility. Once the cause has been established, and the recommended treatment is not covered by this Plan, no further testing will be covered under this Plan.	Varies by place of service and type of service received	**Coinsurance** 50%	Varies by place of service and type of service received	**Coinsurance** 60%
Lab, X-Ray, and other Basic Lab or X-ray Diagnostic Tests • Non-routine Lab or X-Ray *(Office/Freestanding Lab or Radiology Facility)*	• Inpatient Laboratory Services are covered under the Hospital Services section of this Schedule of Medical Benefits. • Some laboratory services are payable under the Preventive Care benefits described in this Schedule. • Services are covered only when ordered by a Physician or Health Care Practitioner. • Some radiology procedures are covered under the Wellness Programs described in this Schedule. • No charge for Professional Interpretation & Reading for Lab, X-Ray and High Tech Imaging **In-Network services**. • All services, including those for which a **Prior Authorization** is required, must meet the standards of Medical Necessity criteria. **If you fail to obtain Prior Authorization when required, benefits will be administered at the Out-of-network level or possible nonpayment of services.**	**DEDUCTIBLE WAIVED** **Copay** $30 or actual allowable amount, whichever is less per day	**Coinsurance** 50%	**DEDUCTIBLE WAIVED** **Copay** $35 or actual allowable amount, whichever is less per day	**Coinsurance** 60%
Lab, X-Ray, and other Basic Lab or X-ray Diagnostic Tests • Non-routine Lab or X-Ray *(Outpatient Department of Hospital)*		**DEDUCTIBLE WAIVED** **Copay** $60 or actual allowable amount, whichever is less per day	**Coinsurance** 50%	**DEDUCTIBLE WAIVED** **Copay** $70 or actual allowable amount, whichever is less per day	**Coinsurance** 60%
High Tech Imaging: **MRI, MRA, CT Scan, PET Scan** • *(No charge for breast imaging)*		**DEDUCTIBLE WAIVED** **Copay** up to $600 or **Coinsurance** 25%, whichever is less per day	**Coinsurance** 50%	**DEDUCTIBLE WAIVED** **Copay** up to $700 or **Coinsurance** 30%, whichever is less per day	**Coinsurance** 60%
Prothrombin Time Test		**DEDUCTIBLE WAIVED** **Copay** $10	**Coinsurance** 50%	**DEDUCTIBLE WAIVED** **Copay** $10	**Coinsurance** 60%
Sleep Study		**Coinsurance** 25%	**Coinsurance** 50%	**Coinsurance** 30%	**Coinsurance** 60%
Hospital Services					
Hospital Services (Inpatient Hospital and Facility Services) • 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.	• Elective/Planned Hospitalization is subject to **Prior authorization** to avoid possible nonpayment of services. • A private room is covered only if Medically Necessary or if the facility does not provide semi-private rooms. • The professional fees for Physicians & Health Care Practitioners who deliver covered services to patients in a Hospital/Health Care Facility are usually billed separately from the facility fee. • High Option member cost share is 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.	**Coinsurance** 25%	**Coinsurance** 50%	**Coinsurance** 30%	**Coinsurance** 60%
Observation Stay • Includes Related Professional Charges		**Facility Copay** $100 plus **Coinsurance** 25%	**Coinsurance** 50%	**Coinsurance** 30%	**Coinsurance** 60%
Skilled Nursing Facility (SNF) or Subacute Facility • Skilled Nursing Facility (SNF). • Subacute Care Facility, also called Long Term Acute Care (LTAC) Facility.	• Plan will allow the semi-private room rate of the Skilled Nursing Facility for the services being rendered. • **Prior Authorization** may be required to avoid possible nonpayment of services.	**Coinsurance** 25%	**Coinsurance** 50%	**Coinsurance** 30%	**Coinsurance** 60%
Maternity Services					
Maternity Services • Hospital and Birth (Birthing) Center charges and Physician and Midwife fees for Medically Necessary maternity services. • Hospital Length of Stay for Childbirth: This Plan complies with federal law that prohibits restricting benefits for any Hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery, or less than 96 hours following a cesarean section, or requiring a Health Care Practitioner to obtain **Prior Authorization,** to avoid possible nonpayment of services, from the Plan or its UM Program for prescribing a length of stay not in excess of those periods. However, federal law generally does not prohibit the mother's or newborn's attending Health Care Practitioner, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, if applicable). • High Option In-network Office/Home visit copay is due for initial diagnosis visit, thereafter no copay due per visit.	• See the Preventive Care for Women (including pregnant women) section for the government websites listing certain prenatal care/maternity related preventive care expenses payable. • **Elective/Planned Hospitalization is subject to Prior Authorization to avoid possible nonpayment of services,** (except maternity stays which are less than 48 hours for a normal vaginal delivery or 96 hours for a C-section). • Physician/Midwife Services include delivery, pre- and post-natal care, including lab, diagnostic testing, and pre-natal genetic testing, if medically necessary. • Hospital Admission an Maternity-Related Room & Board include routine newborn nursery charges. • Newborn care. • Extended Stay for non-routine, charges for covered Newborn. • Home Birth.	**Inpatient and Home Birth Coinsurance** 25% **Outpatient Physician and Midwife Services** **Primary Preferred Provider Office/Home Visit Copay** **$30** **Specialist Provider/Midwife Office/Home Visit Copay** **$55**	**Inpatient, Home Birth, Physician and Midwife Services Coinsurance** 50%	**Inpatient, Home Birth, Physician and Midwife Services Coinsurance** 30%	**Inpatient, Home Birth, Physician and Midwife Services Coinsurance** 60%

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(HIGH OPTION PPO BENEFITS and LOW OPTION PPO BENEFITS)
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Benefit Description	Explanations and Limitations	Member's Share of Covered Charges (All benefits are subject to the Deductible unless specified as "DEDUCTIBLE WAIVED")			
		High Option PPO Plan		Low Option PPO Plan	
		In-Network Provider	Out-Of-Network Provider	In-Network Provider	Out-Of-Network Provider
Out-of-Pocket Member Cost Sharing **Under both the High Option and Low Option plans: coinsurance, copayments, and deductibles for In-Network Provider services do not cross-apply to the Out-Of-Network Provider services limits, and vice versa.**					
Mental Health, Behavioral Health and Substance Use Disorder Services					
Autism Spectrum Disorder The diagnosis and treatment for Autism Spectrum Disorder is covered regardless of age in accordance with state mandated benefits as follows: • Diagnosis for the presence of Autism Spectrum Disorder when performed during a Well-Child or well-baby screening; and/or • Treatment through speech therapy, occupational therapy, physical therapy and Applied Behavioral Analysis (ABA) to develop, maintain, restore and maximize the functioning of the individual, which may include services that are habilitative or rehabilitative in nature. • *No limit on number visits/calendar year.*	• Autism Spectrum Disorder Services must be provided by Providers who are certified, registered or licensed to provide these services. **Prior Authorization** may be required to avoid possible nonpayment of services. Limitation – Services received under the federal Individuals with Disabilities Education Improvement Act of 2004 and related state laws that place responsibility on state and local school boards for providing specialized education and related services to children 3 to 22 years of age who have Autism Spectrum Disorder are not Covered under this Plan.	**DEDUCTIBLE WAIVED** No Charge	**Coinsurance** 50%	**DEDUCTIBLE WAIVED** No Charge	**Coinsurance** 60%
Mental Health, Behavioral Health and Substance Use Disorder Treatment Services • **Outpatient visits:** including necessary Psychological (Psychiatric) Testing. • **Other Outpatient Services**: partial day care/partial hospitalization or intensive outpatient program (IOP) care. • **Inpatient acute hospital admission, Skilled Nursing Facility or inpatient Residential Treatment Program.** • *No limit on number of days/calendar year, no limit on days/admit, no limit on courses of treatment, and no age limit for access to a Residential Treatment Center.*	• Elective outpatient partial hospitalization, day treatment, hospital admission and residential treatment center admission requires **Prior Authorization to avoid possible nonpayment of services**. • Treatment for Mental Illness, Behavioral Health, and Substance Use Disorder Treatment are payable the same as any other physical Illness. • Residential Treatment Programs may be covered for individuals needing treatment in a highly structured 24-hour therapeutic environment when care cannot be safely or effectively treated in a less intensive setting. **A Residential Treatment Facility must be properly licensed in the state in which the facility operates.**	**DEDUCTIBLE WAIVED** **Inpatient**: No charge **Office visit:** No charge **Other Outpatient Service:** No charge	**Coinsurance** 50%	**DEDUCTIBLE WAIVED** **Inpatient**: No charge **Office visit:** No charge **Other Outpatient Service:** No charge	**Coinsurance** 60%
Smoking/Tobacco Use Cessation Counseling • Includes medication, hypnotherapy, acupuncture, related tests, and any counseling programs not eligible under Routine/Preventive Services.	• For Prescription Drugs, see Prescription Plan for details	**DEDUCTIBLE WAIVED** No Charge	**Coinsurance** 50%	**DEDUCTIBLE WAIVED** No Charge	**Coinsurance** 60%
Outpatient Surgery					
Dental/Facial Accident, Oral Surgery & TMJ/CMJ Services	• **Prior Authorization** may be required to avoid possible nonpayment of services.	Varies by place of service and type of service received	**Coinsurance** 50%	**Coinsurance** 30%	**Coinsurance** 60%
Office Surgery • Including casts, splints, and dressings.	• **Prior Authorization** may be required to avoid possible nonpayment of services.	**Coinsurance** 25%	**Coinsurance** 50%	**Coinsurance** 30%	**Coinsurance** 60%
Outpatient Hospital/Facility/Ambulatory Surgery Facility • Ambulatory (Outpatient) in a Hospital-based or free-standing Surgery center (e.g. surgicenter or same day Surgery). • Physician fees payable under the Physician services section of this Schedule.	• Admission to an outpatient surgical facility requires **Prior Authorization** to avoid possible nonpayment of services.	**Coinsurance** 25%	**Coinsurance** 50%	**Coinsurance** 30%	**Coinsurance** 60%
Rehabilitation Therapy Services					
Acupuncture and Massage Therapy Services • Combined service maximum benefit of 30 visits/calendar year. This service maximum applies to access for both In-Network and Out-of-Network services. **Naprapathy and Rolfing Services** • Combined service maximum benefit of 30 visits/calendar year for **High Option In-Network benefit**. • Combined service maximum benefit of 10 visits/calendar year for **Low Option In-Network benefit**.	This Plan covers acupuncture, massage, naprapathy and rolfing services when administered by a licensed provider acting within the scope of licensure and when medically necessary for the treatment of a medical condition. Note: If your Provider charges for other services in addition to acupuncture, the other services (such as physical therapy) will be covered according to the type of service being claimed.	**Acupuncture and Message Therapy DEDUCTIBLE WAIVED Copay** $55 **Naprapathy and Rolfing DEDUCTIBLE WAIVED Copay** $55	**Acupuncture and Message Therapy Coinsurance** 50% **Naprapathy and Rolfing Not Covered**	**Acupuncture and Message Therapy Coinsurance** 30% **Naprapathy and Rolfing DEDUCTIBLE WAIVED Copay** $70 (Limit $700 per year)	**Acupuncture and Message Therapy Coinsurance** 60% **Naprapathy and Rolfing Not Covered**
Biofeedback *(For specified medical conditions only)* • NOTE: If the diagnosis for this service is for mental health, behavioral health or smoking cessation, a different benefit will apply.	Biofeedback is covered ONLY when prescribed and administered by a licensed Doctor of Medicine, Doctor of Osteopathic Medicine, or a Board Certified Biofeedback Therapist. To be covered, the diagnosis must be chronic pain, tension headache, migraine, Reynaud's syndrome or disease phenomenon, urinary incontinence, temporomandibular joint disorder (TMJ), or craniomandibular joint disorder (CMJ). **Prior Authorization** is required to avoid possible nonpayment of services.	**DEDUCTIBLE WAIVED Copay** $55	**Coinsurance** 50%	**Coinsurance** 30%	**Coinsurance** 60%
Cardiac and Pulmonary Rehabilitation (Office/Outpatient) • Services performed by a qualified health care professional in a Hospital outpatient department or other outpatient setting.	• **Prior Authorization** of rehabilitation services may be required to avoid possible nonpayment of services.	**DEDUCTIBLE WAIVED Copay** $55	**Coinsurance** 50%	**Coinsurance** 30%	**Coinsurance** 60%
Chemotherapy and Radiation Therapy Services	• All services, including those for which a **Prior Authorization** is required, must meet the standards of Medical Necessity criteria. **If you fail to obtain Prior Authorization when required, benefits will be administered at the Out-of-network level or possible nonpayment of services.**	**DEDUCTIBLE WAIVED** No Charge	**Coinsurance** 50%	**Coinsurance** 30%	**Coinsurance** 60%
Chiropractic (Spinal Manipulation) Services • Maximum benefit of 30 visits/calendar year.	This Plan covers chiropractic (spinal manipulation) services when administered by a licensed provider acting within the scope of licensure and when medically necessary for the treatment of a medical condition. Note: If your Provider charges for other services in addition to acupuncture or spinal manipulation, the other services (such as physical therapy) will be covered according to the type of service being claimed.	**DEDUCTIBLE WAIVED Copay** $30	**Coinsurance** 50%	**DEDUCTIBLE WAIVED Copay** $35	**Coinsurance** 60%

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***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.

Benefit Description	Explanations and Limitations	Member's Share of Covered Charges (All benefits are subject to the Deductible unless specified as "DEDUCTIBLE WAIVED")			
		High Option PPO Plan		Low Option PPO Plan	
		In-Network Provider	Out-Of-Network Provider	In-Network Provider	Out-Of-Network Provider
Out-of-Pocket Member Cost Sharing **Under both the High Option and Low Option plans: coinsurance, copayments, and deductibles for In-Network Provider services do not cross-apply to the Out-Of-Network Provider services limits, and vice versa.**					
Dialysis Therapy Services	• All services, including those for which a **Prior Authorization** is required, must meet the standards of Medical Necessity criteria. **If you fail to obtain Prior Authorization when required, benefits will be administered at the Out-of-network level or possible nonpayment of services.**	**Coinsurance** 25%	**Coinsurance** 50%	**Coinsurance** 30%	**Coinsurance** 60%
Home Health Care/Home Infusion (I.V.) Services • Part-time, intermittent Skilled Nursing Care services and Medically Necessary supplies to provide in-home Home Health Care or home infusion services. • Before you receive home healthcare and/or home I.V. therapy, your Physician or Home Health Care Agency must obtain Prior Authorization to avoid possible nonpayment of services. • High Option and Low Option In-Network services are unlimited. • High Option and Low Option Out-of-Network services are limited to 120 visits/calendar year.	• The Plan covers Medically Necessary services and supplies when provided by an approved Home Health Care Agency during a covered visit in your home: This may include Skilled Nursing Care provided on an intermittent basis, physical, occupational, respiratory therapy or speech therapy, intravenous medications and other Prescription Drugs ordinarily not available through a Retail Pharmacy drugs, lab services that would have been covered during an inpatient admission, enteral nutritional supplies (e.g., bags, tubing), skilled services by a qualified aide to do such things as change dressings and check blood pressure, pulse, and temperature. The following are not covered under either Plan: • Care provided primarily for the convenience of the Member or the Member's Family; • Custodial Care; or • Care provided by a nurse who ordinarily resides in the Member's home or is a Member of the patient's immediate Family.	**Coinsurance** 25%	**Coinsurance** 50% 120 visits/calendar year	**Coinsurance** 30%	**Coinsurance** 60% 120 visits/calendar year
Outpatient and Office Short-Term Rehabilitation (Physical, Occupational & Speech Therapy) When prescribed or provided by a licensed Healthcare Practitioner who is providing Medically Necessary services within the scope of his or her license, the following types of therapy are covered: • Occupational Therapy; • Physical Therapy; and • Speech Therapy.	• **Prior Authorization** of rehabilitation services may be required to avoid possible nonpayment of services.	**DEDUCTIBLE WAIVED** **Copay** $30 *(Copay per visit due up to $300 per year, thereafter no charge for the remaining calendar year.)*	**Coinsurance** 50%	**DEDUCTIBLE WAIVED** **Copay** $35	**Coinsurance** 60%
Equipment and Supplies					
Durable Medical Equipment, Supplies, Prosthetics & Functional Orthotics • Any equipment that can withstand repeated use, is made to serve a medical purpose, and is generally considered useless to a Individual who is not ill or injured • Confirm with your selected medical carrier for any required **Prior Authorization** to avoid possible nonpayment of equipment, supplies, prosthetics, or orthotics. • When it is determined that purchase of Durable Medical Equipment would be less expensive than rental, or such equipment is not available for the rental, purchase may be authorized.	• For the duration of breastfeeding following the birth of a child, coverage is provided for one standard manual or standard electric breast pump, plus necessary breast pump supplies (at no charge with an in-network provider). • Support hose are limited to 12 pair (or 24 hose). • Mastectomy Bras are limited to 6 per calendar year. • Coverage for medically necessary treatment of diabetic foot ulcers that includes topical oxygen therapy for diabetic foot ulcers.	**Coinsurance** 25%	**Coinsurance** 50%	**Coinsurance** 30%	**Coinsurance** 60%
Hearing Aids and Related Services	• Age 21 & older: Routine exams and testing are not covered.	**No Charge up to $500** **thereafter you pay 90% Coinsurance in any 36-month period**			
Hearing Aids and Related Services	• Under age 21: Exams subject to usual cost-sharing by place of service and type of service received. • Testing - $0 cost share in-network; out-of-network deductible and coinsurance apply.	**No Charge up to $2,200 per hearing impaired ear** **thereafter you pay 90% Coinsurance in any 36-month period**			
Insulin Pump Supplies	• Insertion sets and reservoirs.	**DEDUCTIBLE WAIVED** **Copay** $0	**Coinsurance** 50%	**DEDUCTIBLE WAIVED** **Copay** $0	**Coinsurance** 60%
Other Services					
Hospice Services • A licensed program providing care and support to Terminally Ill Patients and their families. An approved Hospice must be licensed when required, Medicare certified as, or accredited by, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), as a Hospice. • Bereavement counseling (limited to 3 sessions during the hospice benefit period). Additional care and counseling may be available under the Behavioral Health benefits of the Plan.	• **Prior Authorization** is required to avoid possible nonpayment of services. • Covered Charges for home Hospice Care include, but are not limited to: • Visits from Hospice Physicians; • Services of a home health aide under the supervision of a Registered Nurse and in conjunction with Skilled Nursing Care; • Professional services of a registered nurse (R.N.) or licensed practical nurse (L.P.N.); • Physical, Occupational and Speech therapy; • Nutritional guidance and support, such as intravenous feeding and hyperalimentation • Limited respite care of 10 days for each 6-month per hospice period - 2 periods per lifetime.	**Inpatient** **Coinsurance** **25%** **DEDUCTIBLE WAIVED** **Outpatient** **Copay** $0	**Coinsurance** 50%	**Coinsurance** 30%	**Coinsurance** 60%

SCHEDULE OF SUMMARY MEDICAL BENEFITS
(HIGH OPTION PPO BENEFITS and LOW OPTION PPO BENEFITS)
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.

Benefit Description	Explanations and Limitations	Member's Share of Covered Charges (All benefits are subject to the Deductible unless specified as "DEDUCTIBLE WAIVED")			
		High Option PPO Plan		Low Option PPO Plan	
		In-Network Provider	Out-Of-Network Provider	In-Network Provider	Out-Of-Network Provider
Out-of-Pocket Member Cost Sharing **Under both the High Option and Low Option plans: coinsurance, copayments, and deductibles for In-Network Provider services do not cross-apply to the Out-Of-Network Provider services limits, and vice versa.**					
Reconstructive Services and Breast Reconstruction After Mastectomy • This Plan complies with the **Women's Health and Cancer Rights Act (WHCRA**). For any Plan Participant who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with it, coverage will be provided in a manner determined in consultation with the attending Physician and the patient, including: • Reconstruction of the breast on which the mastectomy was performed; • Surgery and reconstruction of the other breast to produce a symmetrical appearance; and • Prostheses and physical complications for all stages of mastectomy, including lymphedemas. These benefits are covered applying the same cost-sharing as is relevant to other medical/surgical plan benefits.	• See the exclusions related to cosmetic services in the exclusions section of this booklet. • Reconstructive Surgery from which an improvement in physiological function can reasonably be expected will be provided if performed for the correction of functional disorders. For example, when a scar does not allow full function of a hand and a surgical procedure to remove the scar will achieve full function. Reconstructive Surgery requires **Prior Authorization** to avoid possible nonpayment of service. For information regarding Reconstructive Surgery following a Mastectomy and Prophylactic Mastectomy, refer to the Women's Healthcare Section.	**Inpatient and Outpatient Medical/Surgical Services Coinsurance** 25%	**Inpatient and Outpatient Medical/Surgical Services Coinsurance** 50%	**Inpatient and Outpatient Medical/Surgical Services Coinsurance** 30%	**Inpatient and Outpatient Medical/Surgical Services Coinsurance** 60%
Transplant Services (Organ and Tissue) • Coverage is provided for eligible services directly related to non-Experimental Transplants of human organs or tissue, FDA approved drugs, and Medically Necessary equipment and supplies.	• Transplant services (and pre-Transplant workup tests) are subject to **Prior Authorization** to avoid possible nonpayment of services. • Benefits for covered services will be approved only when the Transplant is performed at a facility that contracts with the Plan or a National Preferred Provider Organization contracted Transplant network, for the Transplant being provided. • Maximums apply to donor charges and travel and lodging.	**Inpatient and Outpatient Facility Coinsurance** **25%** **DEDUCTIBLE WAIVED** **Office Visit Primary Preferred Provider Copay** $30 **Specialist Provider Copay** $55	**Not Covered**	**Inpatient and Outpatient Facility Coinsurance** **30%** **DEDUCTIBLE WAIVED** for **Primary Preferred Provider Office/Home Visit Copay** $35 or **Specialist Provider Office/Home Visit Copay** $70	**Not Covered**

Prescription Drugs, Insulin, Diabetic Supplies, Nutritional Products, Smoking/Tobacco Cessation Products:
(No charge for drugs used to treat Mental Health, Behavioral Health, or Substance Use Disorder conditions)

Benefit Description	Explanations and Limitations	Member's Share of Covered Charges (All benefits are subject to the Deductible unless specified as "DEDUCTIBLE WAIVED")	
		High Option PPO Plan	Low Option PPO Plan
Out-of-Pocket Member Cost Sharing			
Annual Out-Of-Pocket Maximum Limit (Prescription Drugs) • There is a limit to the total cost sharing (Copayment and Coinsurance that you have to pay) under the prescription plan each Calendar Year.		Individual $3,000 Family $6,000	
Drugs (Outpatient Prescription Medicines) Covered prescription drugs include: • Federal legend drugs; • Insulin; disposable needles/syringes; • FDA approved contraceptives for females, oral or other, whether medication or device. • Specialty Drugs (injectable or oral medications used to treat chronic conditions such as multiple sclerosis, rheumatoid arthritis and hepatitis C).	• **Prior Authorization** is required for certain medications to avoid possible nonpayment. • Members may qualify for Specialty drug copayment assistance available via enrollment in the SaveOnSP program for certain Specialty drugs. To enroll, contact SaveOnSP at 1-800-683-1074. • There are no benefits available for drugs purchased at an out-of-network pharmacy.	**Retail Pharmacy** **Generic Medications** **Copay** Up to $10 (30 day supply) **Copay** $22 (31 90 day supply) **Preferred Brand-Name Medications** **Coinsurance** 30% ($30 minimum / $75 maximum) (30-day supply) **Copay** $150 (31 90 day supply) **Non-Preferred Brand-Name Medications** **Coinsurance** 70% (30 90 day supply)	**Retail Pharmacy** **Generic Medications** **Copay** Up to $15 (30 day supply) **Copay** $35 (31 90 day supply) **Preferred Brand-Name Medications** **Coinsurance** 30% ($45 minimum / $112 maximum) (30-day supply) **Copay** $175 (31 90 day supply) **Non-Preferred Brand-Name Medications** **Coinsurance** 70% (30 90 day supply)
		Mail Order Pharmacy **Generic Medications** **Copay** $22 (one 90 day supply) **Preferred Brand-Name Medications** **Copay** $150 copay (one 90 day supply) **Non-Preferred Brand-Name Medications** **Coinsurance** 70% (one 90 day supply)	**Mail Order Pharmacy** **Generic Medications** **Copay** $35 (one 90 day supply) **Preferred Brand-Name Medications** **Copay** $175 copay (one 90 day supply) **Non-Preferred Brand-Name Medications** **Coinsurance** 70% (one 90 day supply)
		Specialty Medications Per 30 day supply of Specialty Medications through Accredo Specialty Pharmacy Generic Medications **Copay** $55 Preferred Brand **Copay** $80 Non Preferred Brand **Copay** $130 Non essential health benefit specialty pharmacy drugs under the SaveOnSP program do not accumulate to the Outpatient Drug Out of Pocket Limit.	**Specialty Medications** Per 30 day supply of Specialty Medications through Accredo Specialty Pharmacy Generic Medications **Copay** $55 Preferred Brand **Copay** $120 Non Preferred Brand **Copay** $170 Non essential health benefit specialty pharmacy drugs under the SaveOnSP program do not accumulate to the Outpatient Drug Out of Pocket Limit.
		Diabetic Supplies & Medications Generic & Preferred Diabetic Supplies, Insulin and Injectable Diabetic medications are covered at **$0 Copay**. Log into www.express-scripts.com or call us at 1-800-818-9281 for more details.	**Diabetic Supplies & Medications** Generic & Preferred Diabetic Supplies, Insulin and Injectable Diabetic medications are covered at **$0 Copay**. Log into www.express-scripts.com or call us at 1-800-818-9281 for more details.

Medical Plan Exclusions and Limitations that are common to BlueCross BlueShield of New Mexico and Presbyterian Health Plans

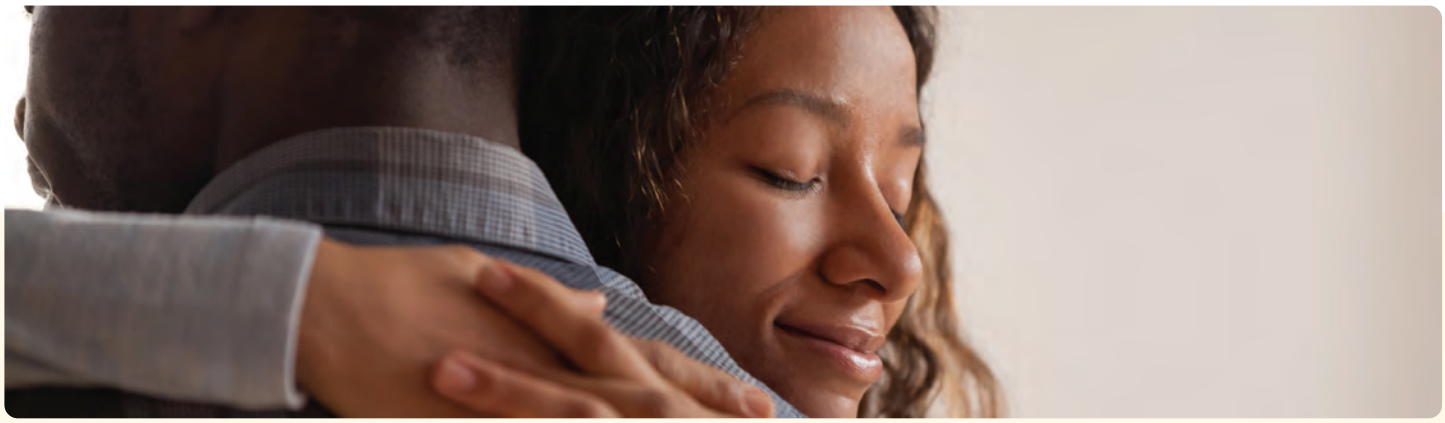
The information below is only a high-level summary of general plan exclusions that are similar in the Medical Plans administered by BlueCross BlueShield of NM and Presbyterian Health Plan. Refer to the Plan documents located at www.nmpsia.com for a complete list and detailed information about covered and excluded benefits of the medical Plan.

- Portion of inpatient treatment provided before member's effective date
- Charges in excess of Plan limits
- Charges in Excess of Medicare Allowable Amounts from out-of-network providers
- Experimental or Investigational services/treatment
- Medically Unnecessary Services
- Work-related injuries or illnesses
- Cosmetic Surgery
- Complications related to non-covered benefits
- Contact lenses or eyeglasses, Radial Keratotomy, LASIK, and other eye refractive surgeries
- Non-medical Convalescent care, or Custodial care
- Dental Services, unless related to an Accidental Injury of the Teeth
- Duplicate Expenses
- Hair Loss Treatment including wigs and hair transplants
- Late Filed Claims; Claims with no Legal payment obligations
- Missed appointments
- Modifications to home, vehicle, or workplace to accommodate a condition
- Nutritional Supplements (unless required by law)
- Over the Counter (non-prescription) medications unless required by law
- Private-duty nursing
- Services/membership at a spa, health club or other similar facilities
- Thermography (a technique that photographically represents the surface temperature of the body)
- Travel and transportation expenses not covered under Ambulance Services or Transplant
- Veterans Administration facility services for service-related disability or while member is active military
- War-related injuries or illnesses

LANTERN

New Mexico Public Schools Insurance Authority

Your Lantern membership is included in your monthly NMPSIA medical plan premium—now it's your turn to get the care and savings you deserve.



Save thousands on surgery. One call starts it.

How it Works

Excellent care with little to no out-of-pocket costs. Here's how to save on planned surgery.

1. **Call Lantern before scheduling care.** A dedicated Care Advocate learns about your needs and explains your personalized options.
2. **Choose the right specialist.** We connect you to a board-certified surgeon with extensive experience.
3. **We handle the details.** From scheduling to paperwork to follow-up, you can focus on recovery.

Cost Comparison

Coverage	High Option Plans (BCBSNM and PHP)	Low Options Plans (BCBSNM and PHP)	Lantern
Deductible	$825 individual coverage / $1,650 family coverage	$2,200 individual coverage / $4,400 family coverage	$0
Coinsurance	25% after deductible	30% after deductible	$0
Total	**Up to the out-of-pocket maximum:** $4,500 individual coverage / $9,000 family coverage	**Up to the out-of-pocket maximum:** $5,500 individual coverage / $11,000 family coverage	**There is zero cost for your Lantern procedure**

Why it Works

- Coverage on joint replacements, spine surgeries, orthopedic procedures, pain management, and more*
- Little to no out-of-pocket cost to members on surgery
- Access to board-certified surgeons near you
- Personalized support from a Care Advocate every step of the way
- Pre-paid debit card to cover travel, lodging and meals for you and a loved one**
- An exclusive benefit provided by NMPSIA

*Lantern covers thousands of procedures; however, some procedures may be excluded based on your plan. Ask Lantern for details.

**Travel benefits may vary — Call to confirm your benefits.

One call can change everything.

(888) 726-1350

Visit lanterncare.com/nmpsia

In the event of a medical emergency, call 911 or visit your nearest emergency room.

LANTERN

New Mexico Public Schools Insurance Authority

Better care, less cost, less stress —
all through your Lantern membership included
in your monthly NMPSIA medical plan premium

This call could change everything — and cost you little to nothing.

How it Works?

1. **Call Lantern before scheduling care.** A dedicated Care Advocate learns about your needs and explains your personalized options.
2. **Choose the right specialist.** We connect you to a board-certified surgeon with extensive experience.
3. **We handle the details.** From scheduling to paperwork to follow-up, you can focus on your health.

Why Call Lantern?

- Little to no out-of-pocket cost to members on surgery
- Access to board-certified surgeons near you
- Personalized support from a Care Advocate every step of the way
- Pre-paid debit card to cover travel, lodging and meals for you and a loved one*
- An exclusive benefit provided by NMPSIA

*Travel benefits may vary — Call to confirm your benefits.

"Call Lantern before you do anything when you find out you need a surgery. It's an incredible benefit."

— Tom, Lantern Member

Coverage Highlights

Lantern can help with:

- Joint replacements
- Spine surgeries
- Orthopedic procedures
- Pain Management

Lantern covers thousands of procedures; however, some procedures may be excluded based on your plan. Ask Lantern for details.

One call can change everything.

(888) 726-1350

Visit lanterncare.com/nmpsia

In the event of a medical emergency, call 911 or visit your nearest emergency room.

LANTERN

New Mexico Public Schools Insurance Authority

"The team made this so easy for me. My Care Advocate was so helpful with everything."
— Larinda, Lantern Member

Lantern Surgery Benefit: What You Need to Know

Real help. One call can change everything.

Lantern is a benefit offered by NMPSIA that connects you to board-certified surgeons, personalized support and little to no out-of-pocket costs for eligible procedures. We guide you from your first question to your full recovery — so you never have to navigate surgery alone.

What Does Lantern Cover?

- Personalized guidance to help you choose the right surgeon.
- Consultations and appointments with your Lantern surgeon.
- Anesthesia, procedure, and hospital or surgery center fees.
- Step-by-step support from your dedicated Care Advocate.

How Do I Access the Benefit?

If you need surgery, make Lantern your first call. In some cases, you may be required to work with a Lantern network surgeon — calling first ensures you get the best care and the full benefit.

Call your Lantern Care Advocate at (888) 726-1350.

Does Lantern Cost Me Anything?

You're automatically enrolled with little or no out-of-pocket costs. And the best part, there will be no cost for your surgery. Other small out-of-pocket costs may apply.

Who Will Help Me Through This Process?

Your dedicated Care Advocate will:

- Provide personalized support throughout your surgical journey.
- Explain your options in plain language.
- Handle scheduling and paperwork for you.
- Be your go-to resource before, during and after your procedure.

How Do I Know If a Surgery Is Covered?

Just call us. We'll confirm if your procedure qualifies and explain any small costs you might have for things like diagnostic tests or follow-up visits.

What's Not Covered?

Emergency surgeries, cosmetic procedures and some medical equipment aren't included. Certain tests, imaging or therapy may not be fully covered — but your Care Advocate will explain all your options.

Is My Family Covered?

Yes. If your spouse or dependents are on your health plan, they're covered too.

How Do I Find the Right Surgeon?

We'll help you find board-certified surgeons who meet our safety and quality standards — close to home and ready to care for you.

If I Already Have a Surgeon, Can I Still Use Lantern?

If your surgeon is in the Lantern network, you can still use them for surgery — but you must call Lantern before your procedure to ensure savings. If your surgeon isn't in network, we'll show you comparable options close to home.

Is the Cost of Travel Covered?

Lantern may assist with travel costs for out-of-town surgery, including transportation, lodging and daily expenses. Coverage may vary — call to confirm your benefits.

In the event of a medical emergency, call 911 or visit your nearest emergency room.

EXPRESS SCRIPTS PHARMACY BENEFIT SERVICES

Get the most from your prescription benefit

Express Scripts® Pharmacy Benefit Services manages the pharmacy portion of your health plan coverage to help make medication safer and more affordable. Just like your health plan covers your doctor visit, your pharmacy benefits or prescription plan cover the medication your doctor prescribes. Through your pharmacy benefits, you have access to a network of covered pharmacies and medications.

Express Scripts is committed to delivering exceptional pharmacy care so you can stress less and save more. Visit express-scripts.com to learn more about how we provide pharmacy benefits you can depend on.

1 Go digital

Get anywhere, anytime access to your pharmacy benefits with an online account. It's simple to start—it takes just 5 clicks and 2 minutes and you'll have access to view your plan details, coverage and benefits anytime, anywhere. Sign up at **express-scripts.com** or scan the QR code below.

An online account provides you with:

Instant digital ID card
Keep it on you 24/7. Download it to your phone, print a copy or do both. You can even save your ID card to your mobile wallet.

Money-saving recommendations
Log in today to get your personalized, proactive money-saving recommendations.

Rx and claims history
Manage your prescriptions, review your prescription history and medication spend, all in one place.

Coverage review updates
Before a doctor prescribes a medication, find out if it needs coverage review like prior authorization and check the status of an in-process review.

Helpful tools
Receive alerts on the go by signing up for text messages. Log in and go to Communication Preferences in your account.

2 Stress less

Ask your doctor if a 3-month supply is an option vs. a 1-month supply of your medication. Then request that your doctor send your 3-month prescription to Express Scripts® Pharmacy for home delivery to save you even more.

You can also:

Transfer an existing prescription to home delivery by clicking Add to Cart

For new prescriptions, you have three options:

+ Ask your doctor to send it to Express Scripts Pharmacy
+ Click the Request an Rx link on the online dashboard and we'll contact your doctor for you
+ Or print a home delivery form by selecting Forms under Benefits, then follow the mailing instructions

Sign up at express-scripts.com or scan this QR code.

Express Scripts
By EVERNORTH

3 Save more

Seeing your doctor? Ask if they use **Real-Time Prescription Benefit** to check for the most affordable pricing for you and to help avoid a coverage review like prior authorization.

If not, **use your online account during your visit to check pricing on any prescription**—a less costly option may be available that's just as effective. Request that medication instead.

These alternate options:

+ Help reduce costs and ensure you receive a safe and proven-effective medication
+ Usually are generic forms of brand-name drugs
+ Don't rely on coupons, which could cost you more over time

Ask about switching to generic medications to save money on your prescriptions.

The easiest—and safest—way to save money on prescriptions is to ask for a generic, which typically costs less because the manufacturer did not have to conduct the initial research or studies that the branded drug did.

Generics fall into two categories:

+ Direct chemical equivalent—a drug that has the same active ingredient as its brand-name counterpart
+ Therapeutic alternative—a drug that may not be chemically equivalent to the brand, but has the same therapeutic or treatment effect

Direct chemical equivalents are practically identical to the branded drug, while therapeutic alternatives are part of the same family.

FDA-approved generics must adhere to strict guidelines and are the same as a brand-name medication in dosage, safety, effectiveness, strength, stability and quality.

Simple

+ Get the most from your prescription benefit
+ Our dashboard makes it easy for members, with everything in one place

Generics

+ Greater simplicity and convenience
+ Ask your doctor, "Is there a generic for that?"

RTPB

+ Ask your doctor if they use Real-Time Prescription Benefit
+ Avoid a coverage review like prior authorization

Go digital

+ Empowering members with 24/7 support
+ Manage your medications on the go and on your schedule with the Express Scripts® mobile app

For additional information on how to take control of your prescription plan or any other questions about your account or coverage, visit express-scripts.com, download the Express Scripts mobile app or call the Member Services number on your digital ID card.

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EXPRESS SCRIPTS
PHARMACY BENEFIT SERVICES

Go digital

For fast, simple and secure access to your prescription benefits

Express Scripts® Pharmacy Benefit Services manages the pharmacy portion of your health plan coverage to help make medication safer and more affordable. Just like your health plan covers your doctor visit, your pharmacy benefits or prescription plan covers the medication your doctor prescribes. Through your pharmacy benefits, you have access to a network of covered pharmacies and medications.

Our pharmacy benefit capabilities

Save on medications

Check the price of a medication before and during a doctor's visit.

Find a pharmacy

Locate the most convenient network pharmacy for your needs.

Coverage review

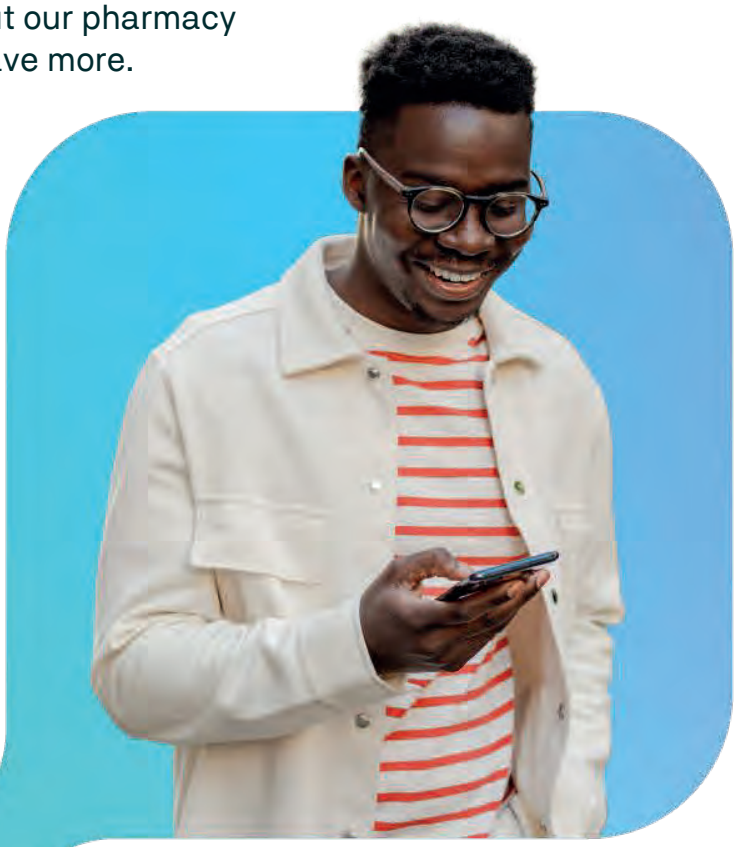
Before a doctor prescribes a medication, check to see if it needs a coverage review.

Set reminders

Set reminders to take your medication and sign up for text alerts.

Get started now

Visit **express-scripts.com** to learn more about our pharmacy benefit services, so you can stress less and save more.

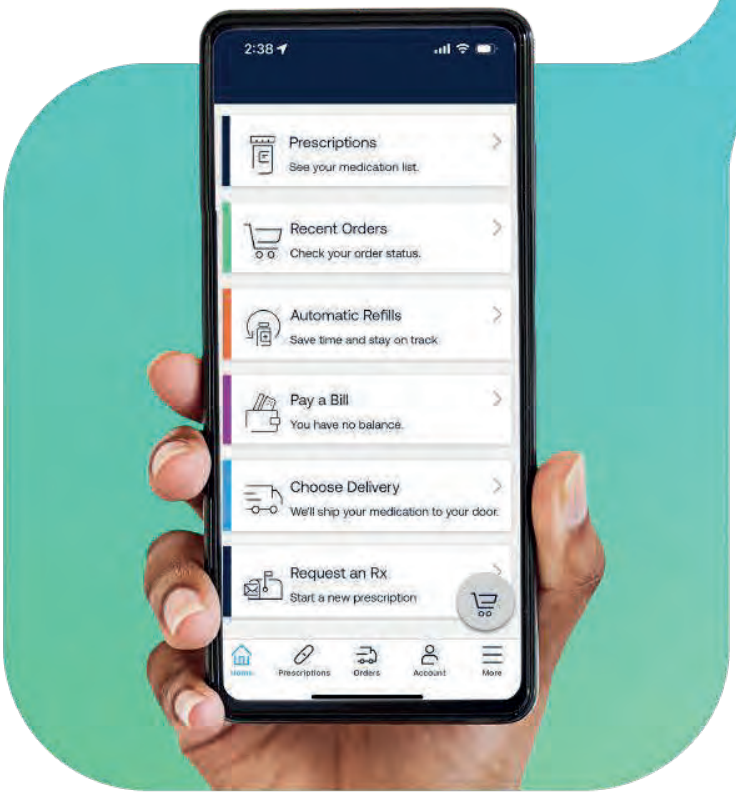


Download our new mobile app

Use the QR code or search Express Scripts® in your **app store**.

Download the app for free, then tap Register Now to get started.

Download on the App Store | GET IT ON Google Play



Express Scripts
By EVERNORTH

Plan Summary

This chart explains what your plan covers and what your share of prescription costs will be. You can also find it on our website.

BCBS High Plan / Presbyterian High Plan

Here's what you need to know about how and where to fill prescriptions to ensure they are covered under your plan. Visit www.express-scripts.com/NMPSIA for more up-to-date, personalized information about your plan.

	Short-Term Medications Fill at any pharmacy in your plan's network; Cost for up to a 30 day supply	**Long-Term Medications** Fill at any pharmacy in your plan's network; Cost for up to a 31-90 day supply
Generic Medications Best option to help you save money	**$10** for one 30 day supply	**$22** for one 31-90 day supply
Preferred Brand-Name Medications Best option when a generic isn't available	**30% ($30 min / $75 max)** for one 30 day supply	**$150** for one 31-90 day supply
Non-Preferred Brand-Name Medications Highest cost option	**70%** for one 30 day supply	**70%** for one 31-90 day supply
Diabetic Supplies & Medications	Generic & Preferred Diabetic Supplies, Insulin and Injectable Diabetic medications are covered at **$0** copay. Log into www.express-scripts.com or call us at 1-800-818-9281 for more details.	
Specialty Medications*	**$55** for one 30 day supply of specialty generic **$80** for one 30 day supply of specialty preferred brands **$130** for one 30 day supply of specialty non-preferred brands Specialty prescriptions are limited to a 30 day supply at select participating pharmacies in your plan's network.	
Maximum Out-of-Pocket	$3,000 per individual / $6,000 per family (prescription only)	

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

* Your plan includes the SaveOn solution for certain eligible specialty medications. If you are participating in the SaveOn program, you will have a final out-of-pocket responsibility of $0 for medications on the SaveOn Program Drug List. If you opt-out of participating in the program, you will be responsible for the full amount of the 30% co-insurance on specialty medications.

Register today at www.express-scripts.com/login

Plan Summary

This chart explains what your plan covers and what your share of prescription costs will be. You can also find it on our website.

BCBS Low Plan / Presbyterian Low Plan

Here's what you need to know about how and where to fill prescriptions to ensure they are covered under your plan. Visit www.express-scripts.com/NMPSIA for more up-to-date, personalized information about your plan.

	Short-Term Medications Fill at any pharmacy in your plan's network; Cost for up to a 30 day supply	**Long-Term Medications** Fill at any pharmacy in your plan's network; Cost for up to a 31-90 day supply
Generic Medications Best option to help you save money	**$15** for one 30 day supply	**$35** for one 31-90 day supply
Preferred Brand-Name Medications Best option when a generic isn't available	**30% ($45 min / $112 max)** for one 30 day supply	**$175** for one 31-90 day supply
Non-Preferred Brand-Name Medications Highest cost option	**70%** for one 30 day supply	**70%** for one 31-90 day supply
Diabetic Supplies & Medications	Generic & Preferred Diabetic Supplies, Insulin and Injectable Diabetic medications are covered at **$0** copay. Log into www.express-scripts.com or call us at 1-800-818-9281 for more details.	
Specialty Medications*	**$55** for one 30 day supply of specialty generic **$120** for one 30 day supply of specialty preferred brands **$170** for one 30 day supply of specialty non-preferred brands Specialty prescriptions are limited to a 30 day supply at select participating pharmacies in your plan's network.	
Maximum Out-of-Pocket	$3,000 per individual / $6,000 per family (prescription only)	

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

* Your plan includes the SaveOn solution for certain eligible specialty medications. If you are participating in the SaveOn program, you will have a final out-of-pocket responsibility of $0 for medications on the SaveOn Program Drug List. If you opt-out of participating in the program, you will be responsible for the full amount of the 30% co-insurance on specialty medications.

Register today at www.express-scripts.com/login

Accredo® Specialty Pharmacy

Focused care for complex and chronic conditions

We're there every step of the way.

At Accredo, Evernorth's specialty pharmacy, taking care of you is our focus. You might be newly diagnosed and beginning with a specialty medication, or you might just be new to Accredo. Either way, our specialty-trained pharmacists, nurses, pharmacy technicians and patient care advocates understand chronic and complex conditions. We're here to help you navigate this journey.

What is a specialty medication?

A medication typically used to treat chronic, complex conditions like multiple sclerosis, cystic fibrosis and cancer. Specialty medications can include oral solids, or can be injected, infused or inhaled and may require special handling, such as refrigeration.

Accredo provides personalized clinical support and care for a wide range of complex conditions, including:

+ Age-related macular degeneration
+ Alpha-1 antitrypsin deficiency
+ Anemia
+ Severe asthma
+ Cancer
+ Crohn's disease
+ Cystic fibrosis
+ Deep vein thrombosis
+ Growth hormone deficiency
+ Hemophilia
+ Hepatitis C
+ Hereditary angioedema
+ Hereditary tyrosinemia
+ Immune deficiency
+ Infertility
+ Lysosomal storage disorders
+ Multiple sclerosis
+ Neutropenia
+ Osteoarthritis
+ Osteoporosis
+ Psoriasis
+ Pulmonary arterial hypertension
+ Respiratory syncytial virus
+ Rheumatoid arthritis
+ And many more, including rare and ultra-rare conditions

Express Scripts
By EVERNORTH

One journey.
Three ways we focus on supporting you.

Your Accredo team is here to make your path as smooth as possible and help you along the way.

1. Specialty clinicians are your guide

+ Our specialty-trained pharmacists and nurses are **available 24/7** for any questions about your therapy
+ You'll receive **one-on-one clinical support** to help you administer your medication safely and effectively
+ Your Accredo team helps you **manage possible side effects**
+ For certain conditions, **Accredo nurses help you administer your medication** in the comfort of your home, when appropriate

2. An easy route for getting your medication

+ **Free shipping** to where you choose[1], when you choose
+ **Additional supplies**, like syringes and sharps containers, included at no additional charge[2]
+ Medication is **handled with care**, including refrigeration if needed (plus information on how to properly store your medication at home)
+ **Refill reminders** and shipment updates by email or text[3] to make sure you don't run out
+ **Order refills** at accredo.com, on our mobile app or by calling the number on your prescription label

3. Navigate insurance and financial assistance

+ Get help **understanding your insurance coverage** and coordinating with your health plan on approvals and eligibility
+ **We'll find financial assistance programs** that may be available from drug manufacturers and community organizations
+ In 2023, Accredo coordinated **$3 billion in copay assistance** for qualified patients[4]

Take charge of your journey with Accredo.

With our tools, you can manage your medications how you want, when you want. Visit Accredo.com or download our mobile app; go to your mobile device's app store and search for "Accredo." You can order refills[5], check order status, view medication history and much more.

Express Scripts
By EVERNORTH

1. As allowable by law.
2. Where permitted by benefit plan design.
3. Based on enrollment.
4. Based on 2023 Accredo book of business data.
5. Not available for all specialty medications.

Pay less for select specialty medications

By completing the copay assistance enrollment process and consenting to account monitoring

Specialty medications can cost a lot of money. That's why your plan offers a copay assistance benefit administered by SaveOnSP, which can help you lower your out-of-pocket costs.

Let SaveOnSP help you save money

Nearly 400 specialty medications are eligible for this plan benefit.[1] If you're filling an eligible medication, a representative from SaveOnSP will contact you to complete your copay assistance program's enrollment process and arrange for the monitoring of your account.

You'll pay a reduced cost for your medication after completing the enrollment process and consenting to SaveOnSP monitoring your pharmacy account. If you choose not to participate in the plan benefit, you'll pay a higher coinsurance when you fill your medication.

Conditions covered by manufacturer copay assistance programs include, but are not limited to:

+ Hepatitis C
+ Multiple sclerosis
+ Psoriasis
+ Inflammatory bowel disease
+ Rheumatoid arthritis
+ Cancer

Here's an example of how it works:[2]

John's taking a specialty medication that's eligible for the copay assistance benefit. His copay is currently $70. His new coinsurance will be $1,150.

When John participates in the plan benefit, he may pay a reduced cost out of pocket.

He will work with SaveOnSP to enroll in the manufacturer copay assistance program, and he'll consent to SaveOnSP monitoring his account.

If John decides not to participate in the plan benefit, he'll pay his full coinsurance of $1,150 out of pocket.

1. The drug classes and medications included are subject to change. Check your plan materials to see which medications SaveOnSP supports.

2. For illustrative purposes only. Plans may vary.

Express Scripts By EVERNORTH

SaveOnSP

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Smile!
BlueCare Dental PPO℠

BlueCare Dental PPO offers you and your family access to one of the largest national dental PPO provider networks.[1]

This network includes general and specialty dentists in New Mexico as well as across the country. As a plan member, you can go to any dentist. However, you'll save money and get more from your benefits when you use an in-network dentist. These in-network dentists have agreed to:

- Accept set fees for covered services
- Not bill you for costs over the negotiated fees (except copayments, coinsurance and deductibles)

If you choose an out-of-network dentist, he or she may have higher fees and charge you for amounts not covered by your insurance. To get the most from your benefits, choose an in-network dentist.

Finding an In-Network Dentist is Easy

For a list of in-network general and specialty dentists, go to **bcbsnm.com** and use the Provider Finder tool by clicking on **Find Care** and then on **Find a Dentist** on the left side of the page. You can search for a dentist near your home, school or office.

Dedicated Customer Service

After signing up, you will get more detailed information about your dental plan. Look at your plan materials for complete details. Customer Service can answer questions about eligibility, claims, benefits and providers. Just call **877-723-5697** between 8 a.m. and 6 p.m. (CT), Monday through Friday.

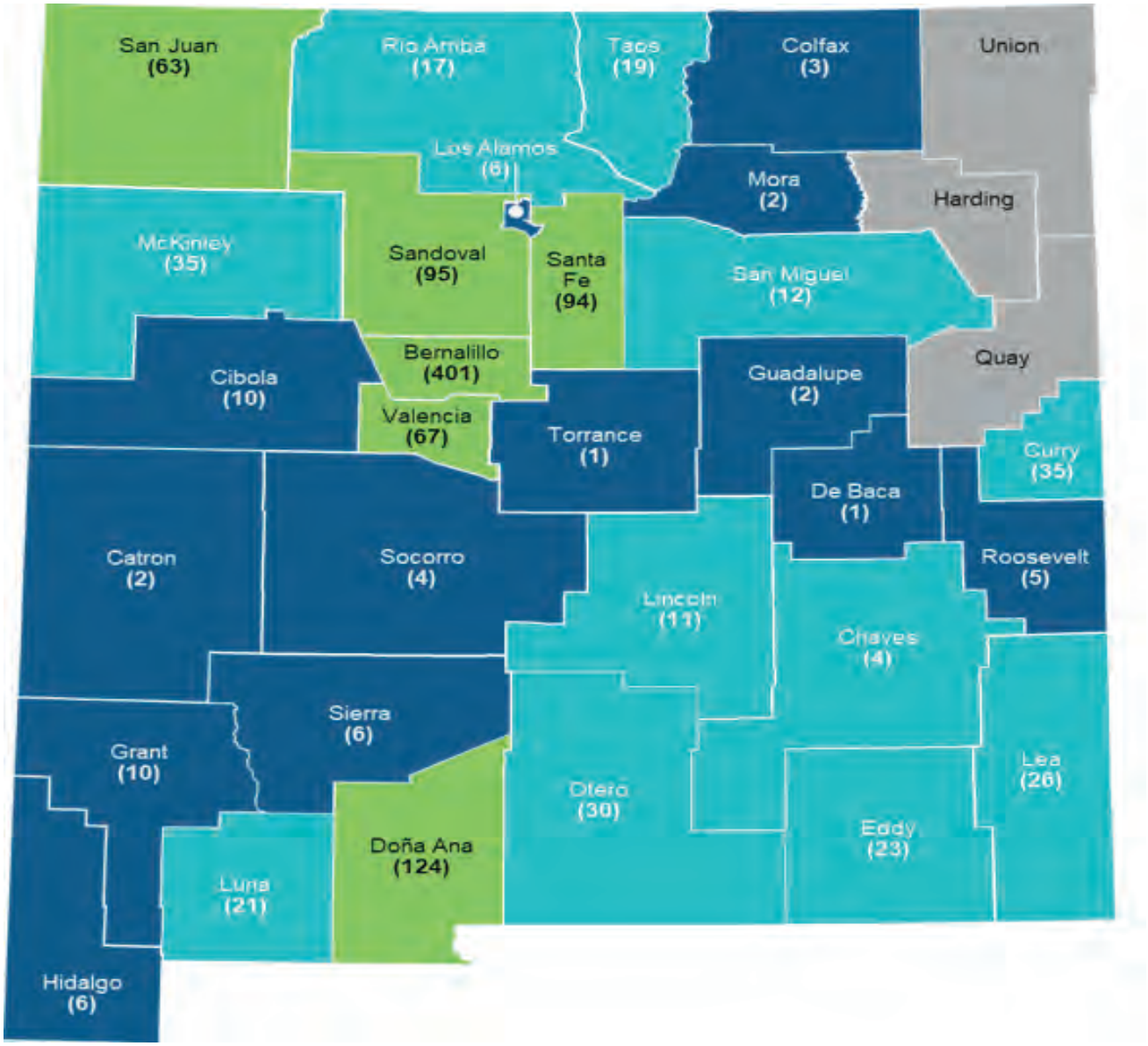
BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

BlueCare Dental PPO℠

New Mexico Network

Unique Providers by County



1-10 Unique Providers

11-50 Unique Providers

50+ Unique Providers

Total Unique Providers: 1,135

Source: Network360® Analytics Suite (January 2025).

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association[1]

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

BlueCare Dental℠ Member Resources

Blue Cross and Blue Shield of New Mexico makes it easy for you and your family to access helpful dental resources online. Find the care and information you need by accessing these online tools when you enroll in our **BlueCare Dental PPO**℠.

TO FIND A DENTIST: The Largest Network in the Country[1]

We have **more than 153,700 unique providers** in our network, giving you a wide range of choices and significant discounts.

Visit bcbsnm.com to search for an in-network dentist or use our QR code to get started.

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

MEMBER PORTAL: Blue Access for Members℠

Register for BAM℠, our secure member portal, at bcbsnm.com or by downloading the BCBSNM mobile app.

- Access your digital ID card
- View Benefit Summaries
- See your claims and Explanation of Benefits
- Search for an in-network provider

FOR VIRTUAL VISITS: Teledentistry

If you have an urgent dental concern or are unable to visit a dentist, you may be eligible for a virtual dental visit,[2] powered by Teledentistry.com.[3] You and your covered dependents can use these visits when you:

- Have an urgent dental issue and can't see your dentist
- Need access to a dentist after business hours
- Want to consult a dentist without leaving home

Questions?
Please call us at **877-723-5697** to speak with one of our customer service representatives.

INCLUDED PLAN FEATURES:
BlueCare Dental Enhanced Benefit℠ Program

If you have diabetes, heart disease, rheumatoid arthritis, lupus, oral cancer, or if you've had a stroke or organ transplant, you are eligible for one (1) additional service per year to care for gum disease which may be one (1) periodontal maintenance, scaling and root planing, or up to four (4) quadrant periodontal surgery procedures.

If you are pregnant you are eligible for one (1) additional cleaning per year during pregnancy. Pregnant members who have been diagnosed with gum disease are eligible for one (1) additional periodontal maintenance per year during pregnancy.

OUR DENTAL WELLNESS PROGRAM:
BlueCare Dental Connection℠

- Watch for information we send to members with chronic conditions about the link between gum disease and other health issues.
- Visit the online **Dental Wellness Center®**[4] to learn about more about oral care. Log on at bcbsnm.com.

Please refer to your Dental Benefit Booklet for benefit information.

1. Source: Network360® Analytics Suite September 2025. 2. Virtual visits may not be available on all plans. 3. Teledentistry.com is an independent company that operates and administers the virtual dental visits program for Blue Cross and Blue Shield of New Mexico. Teledentistry.com is solely responsible for its operations and for those of its contracted providers. 4. The Dental Wellness Center is an online resource offered by Go2Dental. Go2Dental is an independent company contracted with Dental Network of America, LLC, the administrator of BCBSNM dental products.

BlueCare Dental Enhanced Benefit℠

Enhanced Dental Benefits for Special Health Conditions

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Do you have heart disease or diabetes? Or are you pregnant? If so, you should know that poor dental health can negatively affect these conditions. Evidence also shows that unmanaged diabetes can worsen existing gum disease.

BlueCare Dental℠ offers additional dental benefits that can keep you healthier and reduce your overall health care costs by lowering the chance of more serious complications.

What Does the Enhanced Benefit Program Provide?

If you have diabetes, heart disease, rheumatoid arthritis, lupus, oral cancer, or if you've had a stroke or organ transplant, you are eligible for one (1) additional service per year to care for gum disease which may be one (1) periodontal maintenance, scaling and root planing, or up to four (4) quadrant periodontal surgery procedures.

If you are pregnant you are eligible for one (1) additional cleaning per year during pregnancy. Pregnant members who have been diagnosed with gum disease are eligible for one (1) additional periodontal maintenance per year during pregnancy.

Please call the number on the back of your dental ID card and ask the representative for the Chronic Condition Verification form.

Healthy Mouth. Healthy Body.

BlueCare Dental Connection℠

The Enhanced Benefit program works with BlueCare Dental Connection, which provides:

- Member education about the link between gum disease and other health issues, such as diabetes and heart disease
- 24/7 use of the online Dental Wellness Center, with facts and tools to help you learn about dental care*

To access the Dental Wellness Center, log in to Blue Access for Members at **bcbsnm.com** and select the **Wellness** tab on the dashboard. Scroll to the **Dental Wellness Center** and click the button.

The Dental Wellness Center allows you to:

- Ask dental questions through **Ask a Dentist**
- Locate an in-network dentist using **Find a Dentist**
- Research dental fees in your area with the **Dental Cost Advisor**
- Search the **Dental Dictionary** for common terms
- View **Educational Videos** on dental topics

*The Dental Wellness Center is an online resource offered by Go2Dental.

Go2Dental is an independent company contracted with Dental Network of America, LLC, the administrator of BCBSNM dental products.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Virtual Dental Visits

24/7

TELEDENTISTRY.com
Your Dentist, Anytime Anywhere®

At Blue Cross and Blue Shield of New Mexico, we know how important access to dental care is to you and your family. Now if an urgent dental issue occurs after hours or when your own dentist is unavailable, you can schedule a virtual dental visit, **powered by Teledentistry.com**.

Virtual dental visits are an option with your current BlueCare Dental PPO plan. You and your covered dependents can use these visits when you:

- Have an urgent dental issue and can't see your dentist
- Need access to a dentist after business hours
- Want to consult a dentist without leaving home, or while traveling

What can a virtual dentist do for you?

- Address tooth pain due to things like cavities, gum disease, impacted wisdom teeth
- Assess trauma, such as a chipped tooth
- Prescribe appropriate medications*

How does it work?

Simply call 1-866-256-2054 and provide some required information. You will be connected to a dentist via video conference within 10-15 minutes and the average consult only takes 3-5 minutes!**

Is it covered?

Yes, the virtual visit will be paid the same as if you were visiting your dentist office for the same service. If you need follow-up care and don't have a regular dentist, Teledentistry.com can help you find a dentist. If you follow up with your regular dentist, they can send them a report regarding the virtual visit.

Call 1-866-256-2054 to connect with a dentist for your virtual visit.

* No opioids or narcotics
** Average times from Teledentistry.com
Virtual visits may not be available on all plans. Teledentistry.com is an independent company that operates and administers the virtual dental visits program for Blue Cross and Blue Shield of New Mexico. Teledentistry.com is solely responsible for its operations and for those of its contracted providers.

BlueCare Dental℠

PPO Plan Options

New Mexico Public Schools Insurance Authority

BlueCross BlueShield PPO Dental Benefits	Low Plan		High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Benefit Maximum (In and out of network benefit maximum amounts cannot be combined)	$1,500		$1,500	$1,000
Calendar Year Deductible	$50 Individual $150 Family		$50 Individual $150 Family	
Benefit Category	**In-network You Pay**	**Out-of-Network *You Pay**	**In-network You Pay**	**Out-of-Network *You Pay**
No Deductible Applies **CLASS 1 Preventive Services** Exams (2 per calendar year) Prophylaxis/routine cleanings (2 per calendar year) X-rays: Full-Mouth/ Panoramic (once per 5 years) Bitewing x-rays (twice per calendar year) Sealants (up to age 16) Fluoride applications Space Maintainers Periodontal Maintenance (2 per calendar year) Palliative Emergency Treatment	No Charge	75% of Allowed Amount	No Charge	0% of Allowed Amount
Deductible Applies **CLASS 2 Basic Services** Amalgam & Composite Fillings Simple Extractions Scaling & Root Planning Full Mouth Debridement Non-Surgical Periodontal Services Repairs to Crowns, Onlays, Inlays, Dentures and Bridges Endodontic (root canal) Deep Sedation/General Anesthesia	20%	75% of Allowed Amount	20%	45% of Allowed Amount
Deductible Applies Oral Surgery including Surgical Extractions Surgical Periodontics	100% Not Covered		20%	45% of Allowed Amount
Deductible Applies **CLASS 3 Major Services** Bridges & Dentures Implants & implant related services Crowns, Inlays, Onlays	100% Not Covered		50%	65% of Allowed Amount
No Deductible Applies **Orthodontic Services** Orthodontic Treatment	100% Not Covered		50%	50% of Allowed Amount
Coverage for: Adults (Employee/Spouse) Dependent Children (up to age 26) Orthodontic Lifetime Maximum Benefit per Participant (In and out-of-network lifetime maximums cannot be combined)			$1,500	$500

* Selecting a non-participating provider may result in higher out-of-pocket expenses, even when there is no change in benefit level between in-network and out-of-network benefits. Non-Contracting Providers have not entered into a contract with BCBSNM to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses. You will be financially responsible for balance billed amounts or amounts that exceed the non-participating provider's reimbursement.

Additional Features:

Enhanced Dental Benefit

If you have diabetes, heart disease, rheumatoid arthritis, lupus, oral cancer, or if you've had a stroke or organ transplant, you are eligible for one (1) additional service per year to care for gum disease which may be one (1) periodontal maintenance, scaling and root planing, or up to four (4) quadrant periodontal surgery procedures.

If you are pregnant you are eligible for one (1) additional cleaning per year during pregnancy. Pregnant members who have been diagnosed with gum disease are eligible for one (1) additional periodontal maintenance per year during pregnancy.

DELTA DENTAL®

Your Local Choice in Dental

To enroll or switch your NMPSIA dental plan to Delta Dental of New Mexico, please contact your benefits administrator!

For questions about Delta Dental of New Mexico plan options, contact your HR Department, or call NMPSIA at 1-800-548-3724 or EASI Edu at 1-800-233-3164

DeltaDentalNM.com

New Mexico Public Schools Insurance Authority

DELTA DENTAL®

New Mexico Public Schools Insurance Authority

More options, lower costs:

Smile more with Delta Dental of New Mexico

Delta Dental offers two provider networks to help cover your smile while keeping costs as low as possible. The **Delta Dental PPO™ Network** provides maximum cost savings, while the **Delta Dental Premier® Network**—which is the largest network in New Mexico—provides a safety net for additional access when you need it.

The Power of Two Networks

Delta Dental PPO
- More than 113,000 providers nationwide
- Average savings of 34% on submitted fee
- No Balance Billing* and no paperwork to file

Delta Dental Premier
- More than 152,000 providers nationwide
- Average savings of 20% on submitted fee
- No Balance Billing* and no paperwork to file

Out-of-Network
- May need to file your own claims
- May be subject to Balance Billing*
- No discounts

*What is Balance Billing?

Our network dentists agree to accept Maximums on what they charge for each service. An out-of-network dentist has not agreed to those Maximums. When you visit a Delta Dental network dentist, you won't have to pay the difference between what the dentist charges and what Delta Dental will pay, *aka Balance Billing.*

Save when you see a network dentist*

As shown below, your lowest out-of-pocket costs result from going to either a Delta Dental PPO or Delta Dental Premier dentist.

Network		Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out-of-Network Dentist
Crown Repair	Submitted fee	$1,300	$1,300	$1,300
	Maximum allowed fee	$835	$1,068	$630
	Coverage level	50%	50%	35%
	Amount Delta Dental pays	$417	$534	$221
	AMOUNT YOU PAY	**$417**	**$534**	**$1,080**

Set by Delta Dental

Best Deal!

Balance Billing*

Disclaimer: The table depicted above is for illustrative purposes only, and does not reflect an actual claim.

2024-013-DDNM-MKT

ACTIVE DENTAL PROVIDERS

Contracted with Delta Dental of New Mexico by NM County

950

ACTIVE
Dental Providers Licensed in NM*

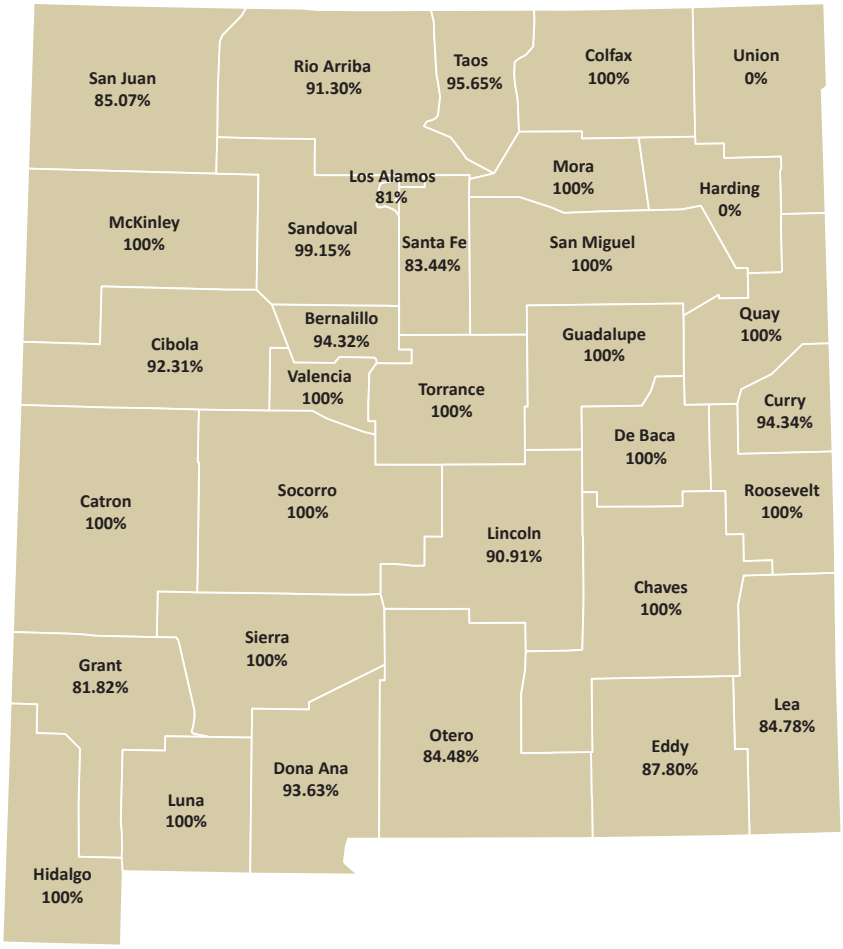
862

ACTIVE
Dental Providers Licensed in NM*
that participate in the Delta Dental Network*

THAT'S

91%

of **ACTIVE** dental providers licensed in New Mexico that participate in the Delta Dental Network*



The map above shows the percentage of **Licensed NM Dental Providers** by NM county that participate in the Delta Dental Network.

*Based on Delta Dental Plan of New Mexico internal data (June 2025)

New Mexico Public Schools Insurance Authority

DELTA DENTAL®

2024-013-DDNM-MKT

New Mexico Public Schools Insurance Authority

Finding a Network Dentist

In New Mexico, over 90% of all practicing Dental Providers are in our network, so it's very likely your dentist is in the Delta Dental network.[1]

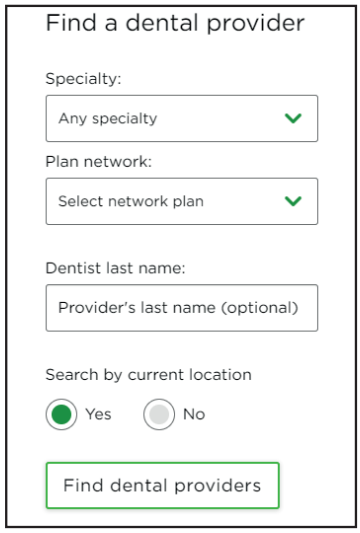
On the Web

It's easy to find a Delta Dental dentist near you with our provider search tool:

1.) Go to: DeltaDentalNM.com/tools/find-a-dental-provider

2.) Choose a specialty and your plan network from the drop-down menus

3.) In the Search By Current Location question, choose **Yes** or **No**



- **Yes** - The tool will use the location data from your web browser to give you a list of nearby dentsits
- **No** - You'll need to enter the zip code to search within to get a list of nearby dental providers

4.) Click **Find Dental Providers** to see a list of nearby dental providers meeting your search criteria

Automated Phone System

You can also find a dentist through our automated phone system by calling **(877) 395-9420** following the prompts to find a dentist. Delta Dental dentists can be searched by zip code, specialty, and plan type.

Understanding the Delta Dental Networks

Delta Dental PPO™ provides the lowest out-of-pocket costs. That's because PPO dentists agree to accept lower reimbursements for services.

Delta Dental Premier® provides a wider selection of dentists while keeping out-of-pocket costs affordable.

You may visit any network dentist, but you will save the most money by visiting a PPO dentist.

Don't know which network your dental plan uses?

For dentist search purposes, your plan type is your network. You can usually find your plan name on your Delta Dental ID card or by digning in to the member portal. If you need help, feel free to contact Delta Dental of New Mexico's customer service team at **(505) 855-7111** or via email at **CustomerService@DeltaDentalNM.com**.

DELTA DENTAL®

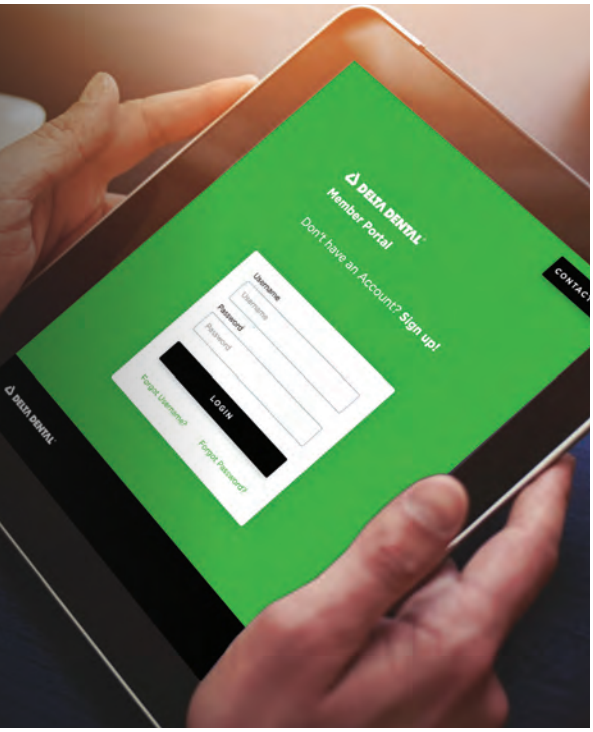
DeltaDentalNM.com

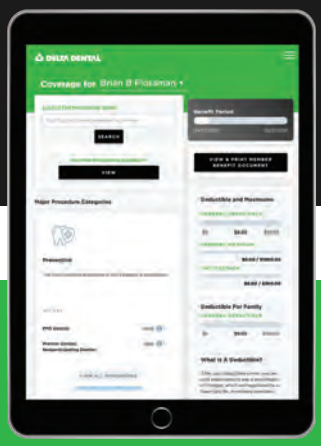
1. Based on 2024 Delta Dental of New Mexico internal data.

2024-122-DDNM-MKT

DELTA DENTAL®

Stay Informed About Your Dental Benefits With Member Portal





Member Portal gives you 24/7 access to important information about your dental benefits.

With Member Portal, you can:

- See which members are covered on your plan, now and in the future
- Find an in-network dentist
- See common procedures
- Access an online ID card
- View the status of all claims and toggle between different family member claims
- View and print Explanation of Benefits (EOBs)

NOTE: Member Portal has replaced Consumer Toolkit.

Get started today

Visit www.memberportal.com

Log in using your existing Consumer Toolkit® credentials

OR

If you do not have existing credentials, click "Sign up"

Complete the required fields and follow the on-screen instructions to register as a new user

NOTE: You will need the subscriber's ID (the person whose name is on the benefit package). The member ID is an assigned number unique to the subscriber. In many cases, the member ID is the same as the subscriber's Social Security number.

Questions? Call Toolkit Support at 866-356-0301

Privacy of your online benefit information is assured through highly secure encryption technology.

DeltaDentalNM.com

New Mexico Public Schools Insurance Authority

FLI-6592 v1

2024-016-DDNM-MKT

Delta Dental of Arkansas, Indiana, Kentucky, Michigan, New Mexico, North Carolina, Ohio, and Tennessee

PA 1/21

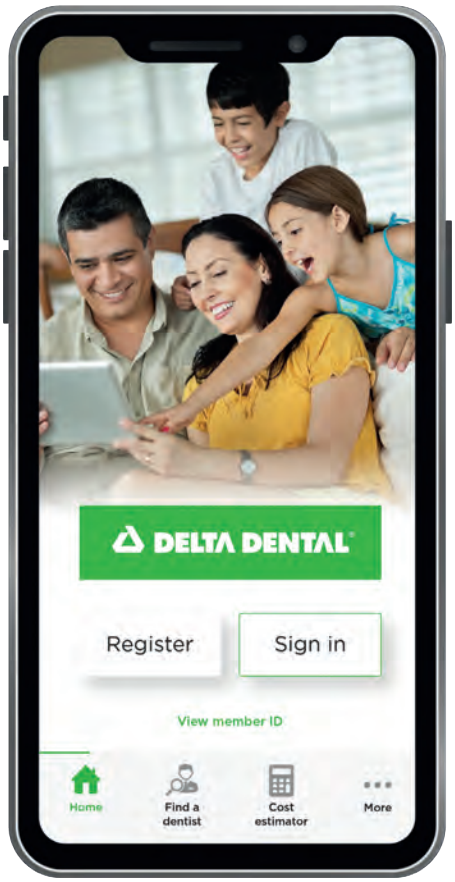
DELTA DENTAL

New Mexico Public Schools Insurance Authority

Delta Dental Mobile App

Manage your oral health anytime, anywhere

Your oral health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device.



Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code below. You will need an internet connection in order to download and use most features of our free app.

Logging in to view benefits

Delta Dental members can sign in using the username and password they use to sign in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.

SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

Delta Dental Mobile App features

Sign in to access the full range of tools and resources

Mobile ID card

No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access, including Apple Passbook and Google Wallet.

Find a dentist

It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs. Save your family's preferred dentists to your account for easy access.

Dental Care Cost Estimator

Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area, now with the option to select your dentist for tailored cost estimates.

Save your preferred dentist for quick access

Save your favorite dentists using the Delta Dental Mobile App for quick access to contact information making it easy to schedule your routine cleaning.

Secure access to your benefits

You must sign in each time you access the secure portion of the mobile app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed by clicking the lock icon on the main menu.

DeltaDentalNM.com

2024-017-DDNM-MKT

New Mexico Public Schools Insurance Authority

DELTA DENTAL®

Delta Dental of New Mexico Plan Options

New Mexico Public School Insurance Authority (NMPSIA)

Delta Dental PPO™ Point-of-Service	Basic Plan		Comprehensive Plan	
Benefit Category	*Contracted In-Network: You Pay*	*Out-of-Network: You Pay**	*Contracted In-Network: You Pay*	*Out-of-Network: You Pay**
Diagnostic and Preventive Services	***No Deductible Applies***			
Oral Exams, Routine Cleanings & Periodontal maintenance cleanings (2 per calendar year**).	No Charge	75% of Allowed Amount + Balance Billing	No Charge	0% of Allowed Amount + Balance Billing
Sealants to age 16 (first and second molars only)				
Fluoride treatments (2 per calendar year to age 20)				
Radiographic Images (full mouth: once every 5 years; bitewings: twice per calendar year through age 13, once per calendar year thereafter)				
Emergency Treatment for Relief of Pain				
Basic Services	***Deductible Applies***			
Amalgam or Composite Fillings	20%	75% of Allowed Amount + Balance Billing	20%	45% of Allowed Amount + Balance Billing
Extractions (non-surgical)				
Non-Surgical Periodontics				
Oral Surgery (including surgical extractions)	100% (Not Covered)			
Endodontics				
Surgical Periodontics				
Repairs to Crowns, Onlays, Dentures, and Bridgework	20%	75% of Allowed Amount + Balance Billing		
Major Services	***Deductible Applies***			
Prosthodontic Procedures—for construction of fixed bridges, partials, or complete dentures	100% (Not Covered)		50%	65% of Allowed Amount + Balance Billing
Implants—specified services, including repairs, and related prosthodontics				
Onlays, Crowns, and Cast Restorations—when teeth cannot be restored with amalgam or composite resin restorations				
Orthodontic Services (Children and Adults)	***No Deductible Applies***			
Diagnostic, Active, Retention Treatment —in and out-of-network orthodontic lifetime (maximums cannot be combined)	100% (Not Covered)		50%, No Deductible, $1500 Lifetime Max	50% of Allowed Amount, No Deductible, $500 Lifetime Max
Deductibles and Maximums				
Calendar Year Deductible—Jan. 1 – Dec. 31. Applies to all services except where noted above.	$50 ($150 per Family)		$50 ($150 per Family)	
Calendar Year Maximum—Jan. 1 – Dec. 31 (per person). In and out-of-network maximum benefit amounts cannot be combined.	$1,500 Maximum		$1,500 Maximum	$1,000 Maximum

*Selecting a non-participating provider may result in higher out-of-pocket expenses, even when there is no change in benefit level between in-network and out-of-network benefits. Non-participating providers do not accept Delta Dental's maximum approved fees as payment in full. You will be financially responsible for balance billed amounts, or amounts that exceed the non-participating provider's reimbursement.

** If you have diabetes, heart disease, rheumatoid arthritis, lupus, oral cancer, or if you've had a stroke or organ transplant, you are eligible for one (1) additional service per year to care for gum disease which may be one (1) periodontal maintenance, scaling and root planing, or up to four (4) quadrant periodontal surgery procedures. If you are pregnant you are eligible for one (1) additional cleaning per year during pregnancy. Pregnant members who have been diagnosed with gum disease are eligible for one (1) additional periodontal maintenance per year during pregnancy.

PLAN FOR A HEALTHY SMILE

Get a pre-treatment estimate!

Don't get left wondering how much your dental treatment is going to cost as **NOT ALL SERVICES are covered based on plan design!**

STEP-BY-STEP

The pre-treatment estimate process

1. You request a pre-treatment estimate from your dentist prior to getting any work done.
2. Your dentist sends Delta Dental of New Mexico a proposed treatment plan and x-rays, if necessary.
3. We review the treatment plan against your benefits to determine covered services and estimated costs.
4. We send you and your dentist a copy of the pre-treatment estimate.[1]
5. You and your dentist discuss any questions you may have about the treatment and determine whether to proceed with the treatment plan.

Q: What is a treatment plan?

A: A treatment plan is a list of proposed services that your dentist recommends at your dental visit, in what time frame, and how much the services will cost after insurance.

Q: What is a pre-treatment estimate?

A: A pre-treatment estimate is an estimate of dental benefits from Delta Dental of NM that can help a member budget for dental procedures & decide how to proceed with treatment prior to dental services being performed.

Remember – there is NO GUARANTEE that the balance of your charges will be covered by the Delta Dental Plan. If you have any questions regarding your benefits you may contact **Customer Service at (877) 395-9420**

[1] A pre-treatment estimate is not a guarantee of Delta Dental's final payment. When the treatment is complete and a claim is received for payment, Delta Dental will calculate its payment based on your current eligibility, amount remaining in your annual maximum and any deductible requirements or dual coverage. Please review your Evidence of Coverage, Summary of Benefits or Group Dental Insurance Contract for specific details about your plan.

100 Sun Avenue, Ste. 400 - Albuquerque, NM 87109 - Customer Service (877) 395-9420

DELTA DENTAL®

New Mexico Public Schools Insurance Authority

www.DeltaDentalNM.com

2024-124-DDNM-MKT

DELTA DENTAL®

New Mexico Public Schools Insurance Authority

Delta Dental Virtual Visits

delivered by TeleDentistry.com

Covering You 24/7

Dental emergencies don't always happen between the hours of eight to five. That's why Delta Dental of New Mexico members have access to 24/7 dental care whenever and wherever they are.[1,2,3]

Use Delta Dental Virtual Visits delivered by TeleDentistry.com when your dentist is not available and you're:

- having an after-hour dental issue.
- traveling and need dental assistance.
- facing a dental emergency but don't have a regular dentist to call.

Delta Dental Virtual Visits are considered covered in-network services.[1,2] In addition to your consult, a TeleDentistry.com dentist can write a prescription,[3] and refer an in-network dentist if you don't have one.

Learn more at DeltaDentalNM.com/Virtual-Visits

[1] Delta Dental Virtual Visits are only available to Delta Dental of New Mexico members whose plans include coverage for oral exams.
[2] This service supplements your current plan coverage and should be used after business hours, holidays and weekends, or when your regular dentist is unavailable. A virtual visit delivered by TeleDentistry.com is counted as a problem-focused examination (D0140) under your plan and does not count as one of your regular preventive oral exams.
[3] The TeleDentistry.com dentist cannot prescribe controlled substances or write international prescriptions. E-prescriptions are not available internationally.

Delta Dental Plan of New Mexico, Inc. dba Delta Dental of New Mexico.

2023-002-DDNM-MKT

How Do Delta Dental Virtual Visits Work?

Sign into the Delta Dental Virtual Visits patient portal or call 866.302.0905.

Fill out your e-documents.

Take photos of the problem area if necessary.

Begin your dental consultation.

New Mexico Public Schools Insurance Authority

United Concordia dental®

NMPSIA's Trusted Dental Plan for Over 25 Years

At United Concordia Dental, we care about your smile. And we're proud to provide you with dental insurance to support total health. We make it easy — and affordable — to visit the dentist. Plus, you get extra coverage for gum disease care if you have certain medical conditions. Most plans cover:

- **Routine Care** including checkups, cleanings and X-rays.
- **Basic Procedures** like fillings and pulled teeth.
- **Major Services** such as crowns, bridges and dentures.

Choose from 3,500+ in-network dental offices in New Mexico.

When you stay in network, you'll enjoy benefits like:

Lower out-of-pocket costs*
We've negotiated better fees, so you pay less.

High-quality care
Dentists' credentials are verified, and offices are inspected.

Time savings
Most dentists file claims, so there's no paperwork for you.

*in some cases

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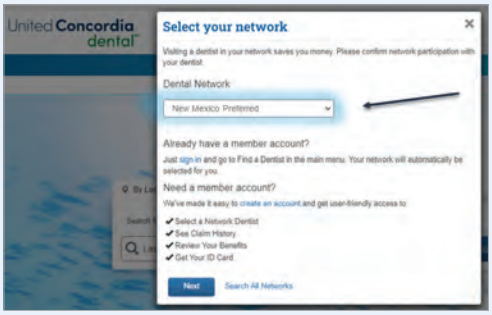
To find an in-network dentist:

- Visit **UnitedConcordia.com**.
- Click on **Find a Dentist**.
- Select **New Mexico Preferred**.



Visit NMPSIA Clients' Corner at UnitedConcordia.com/NMPSIA for up-to-date info on your plan.

New Mexico Public Schools Insurance Authority

United Concordia dental®

Plan benefits — Low option

Benefit Category	New Mexico Preferred		Non-Network	
	Plan Pays[1]	You Pay[1]	Plan Pays[4]	You Pay
Diagnostic & Preventive Services • Routine Oral Exams (twice every calendar year) • Routine Cleanings (twice every calendar year) • Periodontal Cleanings (twice every calendar year) • X-rays — complete mouth (once every 5 years); bitewings (twice every 12 months through age 13, once every calendar year thereafter) • Sealants (through age 15), permanent first and second molars only • Emergency Treatment for Relief of Pain • Fluoride Treatment (twice every calendar year through age 19)	**100%**	**0%** (No Deductible)	**25%** (of Allowed Amount)	**75%** (of Allowed Amount) + Any charges in excess of the allowed amount (No Deductible)
Basic Services • Basic Restorative (amalgam and posterior composites) • Simple Extractions • Endodontics (root canal therapy only) • Repair of Denture and Bridgework • Nonsurgical Periodontics	**80%**	**20%** (Deductible Applies)	**25%** (of Allowed Amount)	**75%** (of Allowed Amount) + Any charges in excess of the allowed amount (Deductible Applies)
Major Services • Complex Oral Surgery • Surgical Periodontics (including endodontic surgery) • Removable Partial or Complete Dentures and Fixed Bridges • Inlays, Onlays & Crowns (when teeth cannot be restored to normal form and function with amalgam, composite resin or plastic fillings)	Not Covered			
Orthodontic Services • Diagnostic, Active, Retention Treatment	Not Covered			
Included Plan Features • Pregnancy Benefit	• Covers 1 additional cleaning during pregnancy; or • Covers 1 additional periodontal maintenance during pregnancy with diagnosed gum disease			
• Smile for Health® Wellness[2] (provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke)	• Covers 1 additional service per year at 100% for either a periodontal maintenance, scaling and root planing, or up to 4 quadrant periodontal surgery procedures			
Calendar Year Deductible (per person/per family)	$50/$150			
Calendar Year Maximum (per person) [3]	$1,500			
Lifetime Orthodontic Maximum (per person)	Not Covered			

1. Network providers agree to accept United Concordia's maximum allowable charge as payment-in-full.
2. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through ***MyDental****Benefits* on UnitedConcordia.com.
3. Network and non-network maximums cannot be combined.
4. Non-network reimbursed at the 80th percentile.

This Benefit Summary highlights some of the benefits available under your plan. A complete description regarding the terms of coverage and exclusions and limitations will be provided in your summary plan description, available online at www.nmpsia.state.nm.us.

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New Mexico Public Schools Insurance Authority

United Concordia dental®

Plan benefits — High option

Benefit Category	New Mexico Preferred		Non-Network	
	Plan Pays[1]	You Pay[1]	Plan Pays[4]	You Pay
Diagnostic & Preventive Services • Routine Oral Exams (twice every calendar year) • Routine Cleanings (twice every calendar year) • Periodontal Cleanings (twice every calendar year) • X-rays — complete mouth (once every 5 years); bitewings (twice every calendar year through age 13, once every calendar year thereafter) • Sealants (through age 15): permanent first and second molars only • Emergency Treatment for Relief of Pain • Fluoride Treatment (twice every calendar year through age 19)	100%	0% (No Deductible)	100% (of Allowed Amount)	0% (of Allowed Amount) + Any charges in excess of the allowed amount (No Deductible)
Basic Services • Basic Restorative (amalgam and posterior composites) • Simple Extractions • Endodontics • Repair of Denture and Bridgework • General Anesthesia & IV Sedation (covered only in conjunction with dental surgery) • Complex Oral Surgery • Surgical Periodontics • Nonsurgical Periodontics	80%	20% (Deductible Applies)	55% (of Allowed Amount)	45% (of Allowed Amount) + Any charges in excess of the allowed amount (Deductible Applies)
Major Services • Removable Partial or Complete Dentures and Fixed Bridges (to replace teeth lost while insured under this contract) • Inlays, Onlays & Crowns (when teeth cannot be restored to normal form and function with amalgam, composite resin or plastic fillings) • Implant Coverage	50%	50% (Deductible Applies)	35% (of Allowed Amount)	65% (of Allowed Amount) + Any charges in excess of the allowed amount (Deductible Applies)
Orthodontic Services • Diagnostic, Active, Retention Treatment *Adult and Child*	50%	50% (No Deductible)	50% (of Allowed Amount)	50% (of Allowed Amount) + Any charges in excess of the allowed amount (No Deductible)
Included Plan Features • Pregnancy Benefit	• Covers 1 additional cleaning during pregnancy; or • Covers 1 additional periodontal maintenance during pregnancy with diagnosed gum disease			
• Smile for Health® Wellness[2] (provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke)	• Covers 1 additional service per year at 100% for either a periodontal maintenance, scaling and root planing, or up to 4 quadrant periodontal surgery procedures			
Calendar Year Deductible (per person/per family)	$50/$150		$50/$150	
Calendar Year Maximum (per person) ·	$1,500		$1,000	
Lifetime Orthodontic Maximum (per person) ·	$1,500		$500	

1. Network providers agree to accept United Concordia's maximum allowable charge as payment-in-full.
2. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through ***MyDental****Benefits* on UnitedConcordia.com.
3. Network and non-network maximums cannot be combined.
4. Non-network reimbursed at the 80th percentile.
5. Orthodontic benefit is paid on a prorated basis. Payments are made quarterly. If coverage ends before the treatment plan is completed, the full benefit of $1,500 may not be paid.

This Benefit Summary highlights some of the benefits available under your plan. A complete description regarding the terms of coverage and exclusions and limitations will be provided in your summary plan description, available online at nmpsia.com.

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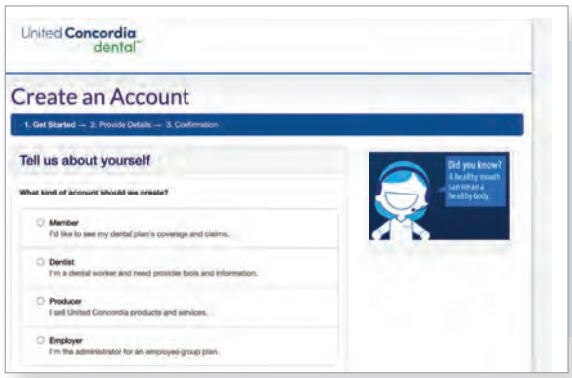
New Mexico Public Schools Insurance Authority

United Concordia dental®

Create a United Concordia Dental account

Your personalized member hub lets you view any plans you have with United Concordia. Access *MyDentalBenefits* from your member hub to find details on everything from covered dental services to claims. Visit **UnitedConcordia.com/GetMDB** after your plan's effective date to set up an account.



Learn more about *MyDentalBenefits* and how to create an account.

Get more out of your plan.

Smile for Health® Wellness

If you have diabetes, heart disease, rheumatoid arthritis, lupus or oral cancer, or if you've had a stroke or organ transplant, you're eligible for additional services to care for gum disease. Learn how to check your eligibility and sign up.

Teledentistry

Take advantage of virtual visits from anywhere. Get a consult* right away for minor dental problems. Explore how teledentistry works.

Know your costs before you go

Avoid surprise bills by looking up estimated treatment prices. It's easy to check your coverage and get an idea of costs. Check out how to search pricing.

Visit NMPSIA Clients' Corner at UnitedConcordia.com/NMPSIA for up-to-date info on your plan.You can also call us at 1-888-898-0370.

*Teledentistry services are covered under CDT D0140, the dental procedure code for limited oral evaluations.

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DavisVision®

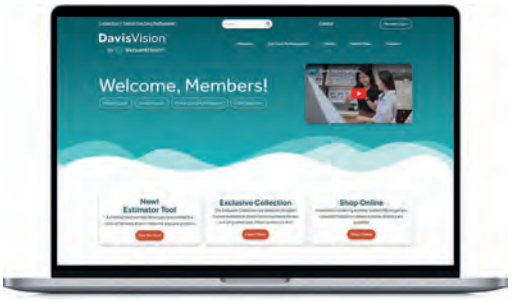
Vision care plan for New Mexico Public Schools Insurance Authority

Delivering the Wonders of Sight through Healthy Eyes and Vision

Online Member Portal

Your member account includes useful tools allowing you to access your member ID card, find an in-network provider or view your list of benefits.

davisvision.com/members



Find In-Network Providers

Enter your ZIP code and radius (miles) or choose state, county, and city. You can also search by provider or business name. Scroll to see results in a list or on a map.

davisvision.com/locator

Order Eyewear Online

Can't make it to a store? Shop with convenience while using your member benefit online through these in-network online retailers.

davisvision.com/shop-online

WARBY PARKER

GLASSES.COM

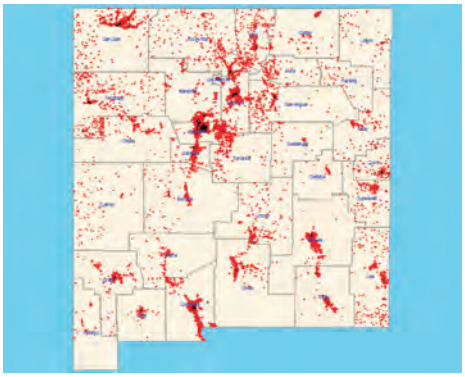
1800 contacts®

Visionworks

An Expansive Network

Our network features hundreds of providers across New Mexico. Use the locator website or our mobile app to find providers near you.

davisvision.com/app



New Mexico Public Schools Insurance Authority

DavisVision™

Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

If you are not currently enrolled, please visit our member site at davisvision.com or call 1.877.923.2847 and enter client code 3066 to locate providers or for additional information.

Using your benefits is easy! Just log on to our Member site at davisvision.com and click "Find a Provider," or call us at 1.800.999.5431.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through New Mexico Public Schools Insurance Authority. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

100% OF YOUR CALLS & CLAIMS ARE PROUDLY ADMINISTERED IN THE USA

Your Davis Vision Premier Plan Benefits

Benefit	Frequency Once every Plan Year	In-network Copay	In-network Coverage
Eye Examination[5]	July 1 - June 30	$10	Covered in full, after Copay. *Includes dilation when professionally indicated.*
Spectacle Lenses	July 1 - June 30	$15	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full, after Copay. (See below for additional lens options and coatings.)
Frame	July 1 - June 30	$0	**Covered in Full Frames:** Any Fashion, Designer or Premier level frame from Davis Vision's Collection[2] (retail value, up to $195). **OR, Frame Allowance:** $150 allowance, plus 20% discount[1] on the overage to go toward any frame from provider. **OR, Visionworks Frame Allowance:** $200 allowance toward any frame from a Visionworks family of store locations.[4]
Contact Lens Evaluation, Fitting & Follow Up Care (in lieu of eyeglasses)	July 1 - June 30	$0	**Davis Vision Collection Contacts**: Covered in full **Non Collection Contacts**: 15% discount[1]
Contact Lenses (in lieu of eyeglasses)	July 1 - June 30	$0	**Covered in Full Contacts**: From Davis Vision's Collection[2], up to: Planned Replacement Two boxes/multi-packs* Disposable Four boxes/multi-packs* **OR, Contact Lens Allowance**: $110 allowance plus 15% discount[1] on overage to go toward any contacts from provider's supply. **OR, Visually Required Contacts**: Covered in full with prior approval. **Number of contact lens boxes may vary based on manufacturer's packaging.*

Significant savings on optional frames, lens types and coatings! Member Price

Davis Vision Collection Frames: Fashion | Designer | Premier ..... $0 | $0 | $0
Tinting of Plastic Lenses $0
Scratch-Resistant Coating $0
Premium Scratch-Resistant Coating $30
Ultraviolet Coating $12
Anti-Reflective Coating: Standard | Premium | Ultra | Ultimate ..... $35 | $48 | $60 | $85
Polycarbonate Lenses ..... $0[3]-$30
High-Index Lenses 1.67 | 1.74 ..... $55 | $120
Progressive Lenses: Standard | Select | Premium | Ultra | Ultimate .$50 | $70 | $90 | $140 | $175
Polarized Lenses $75
Photosensitive Lenses: Plastic | Glass ..... $65 | $20
Digital Single Vision Lenses $30
Scratch Protection Plan: Single Vision | Multifocal Lenses ..... $20 | $40
Trivex Lenses $50
Blue Light Filtering $15

Additional Savings!
Retinal Imaging $39

[1] *Some limitations apply to additional discounts, discounts not applicable at all in-network providers.*
[2] *The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.*
[3] *For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.*
[4] *Enhanced frame allowance available at all Visionworks Locations nationwide.*
[5] *A refraction only exam is available in lieu of the full comprehensive eye exam.*

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

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Frequently Asked Questions

How can I contact Member Services?
Call 1.800.999.5431 for automated help 24/7.
(TTY services: 1.800.523.2847.)

What frames are in Davis Vision's Collection?
Our Collection offers a great selection of fashionable and designer frames, most of which are covered in full. No wonder 8 out of 10 members select a Collection frame. Log on to our member Web site at davisvision.com and take a look!

When will I receive my eyewear?
Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

Do I need a claim form?
Claim forms are only required if you visit an out-of-network provider. Claim forms are available on our member Web site.

Can I split my benefits?
You may split your benefits by receiving your eye examination and eyeglasses or contact lenses on different dates or through different provider locations. To maximize your benefit value we recommend that all services be obtained from a network provider.

Can I use an out-of-network provider?
Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts: eye exam - $35 | refraction eye exam - $15 | single vision lenses - $25 | bifocal - $40 | trifocal - $55 | lenticular - $80 | frame - $35 | elective contacts - $110 | visually required contacts - $210.

Are there any exclusions to the vision benefits?
Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

DAVIS VISION EXTRAS!

One Year Breakage Warranty Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

Greater Benefits Access a higher frame allowance by visiting a Visionworks family of store locations[6].

Additional Savings Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. Contact lenses are available at a 10% discount.[7]

Laser Vision Correction Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit www.davisvision.com.

Low Vision Services Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

Eye Health & Wellness Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

For more details... about your vision benefits, patient rights and responsibilities, or more information about Davis Vision, please log on to our member Web site or contact us at 1.800.999.5431.

Additional Information Your eyewear coverage may be applied towards prescription occupational or safety eyeglasses in lieu of dress eyeglasses.

Davis Vision has made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract will prevail.

[6] Enhanced frame allowance available at all Visionworks Locations nationwide.
[7] Some limitations apply to additional discounts, discounts not applicable at all in-network providers.

Benefits administered by Davis Vision, Inc.
Underwritten by Metropolitan Life Insurance Company, New York, NY

New Mexico Public Schools Insurance Authority

MONTHLY CONTRIBUTIONS EFFECTIVE OCTOBER 1, 2026

NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY

For additional reference year rates, please visit:
https://nmpsia.com/premiums.html

THE STANDARD: BASIC LIFE
ACCIDENTAL DEATH & DISMEMBERMENT
Employer pays 100% of premium

$10,000 Life/AD&D	**$1.16 per month**
$25,000 Life/AD&D	**$2.88 per month**
$50,000 Life/AD&D	**$5.76 per month**

THE STANDARD: LONG TERM DISABILITY
Employer contributes premium

30 Day Wait	**$0.58 per $100 payroll**
60 Day Wait	**$0.38 per $100 payroll**
90 Day Wait	**$0.30 per $100 payroll**

THE STANDARD: ADDITIONAL LIFE (Employee, Spouse, & Children) and **AD&D** (Employee Only)
Employee pays 100% of premium

Person's Age	Rate per $1,000
24 & under	**$0.06**
25 - 39	**$0.08**
40 - 44	**$0.10**
45 - 49	**$0.14**
50 - 54	**$0.24**
55 - 59	**$0.38**
60 - 64	**$0.56**
65 - 69	**$0.84**
70 & over	**$1.10**
Child(ren)	**$0.26/mo.**

HEALTH COVERAGES *Employer contributes premium (see reverse side)*	**Single**	**Two-Party**	**Family**
Blue Cross Blue Shield New Mexico – High Option	**$1,227.02**	**$2,333.50**	**$3,116.66**
Blue Cross Blue Shield New Mexico – Low Option	**$850.72**	**$1,617.92**	**$2,161.06**
Presbyterian – High Option	**$992.24**	**$2,083.54**	**$2,778.26**
Presbyterian – Low Option	**$688.06**	**$1,444.64**	**$1,926.30**
BlueCare Dental - High Option	**$30.02**	**$57.12**	**$89.74**
BlueCare Dental - Low Option	**$15.04**	**$28.60**	**$44.88**
Delta Dental – High Option	**$30.36**	**$57.76**	**$90.76**
Delta Dental – Low Option	**$15.20**	**$28.94**	**$45.40**
United Concordia Dental – High Option	**$34.10**	**$64.88**	**$101.94**
United Concordia Dental – Low Option	**$17.08**	**$32.50**	**$51.00**
Davis Vision Plan	**$6.46**	**$10.80**	**$14.56**

9.95% increase on High and Low Medical Options
4% increase on Basic and Comprehensive Dental

CONTRIBUTIONS EFFECTIVE OCTOBER 1, 2026 *MONTHLY COST SHARING based on salary and EMPLOYER MINIMUM CONTRIBUTION REQUIREMENTS set forth in NM State Statute* For Public Schools and Charter Schools ONLY			All Salary Bands *20%/80%*	1/2 *20%/80%*
MEDICAL	**Single**	**Employee share**	**$245.40**	**$122.70**
BCBS		Employer	$981.62	$490.81
High Option	**Two-Party**	**Employee share**	**$466.70**	**$233.35**
		Employer	$1,866.80	$933.40
	Family	**Employee share**	**$623.32**	**$311.66**
		Employer	$2,493.34	$1,246.67
BCBS	**Single**	**Employee share**	**$170.14**	**$85.07**
Low Option		Employer	$680.58	$340.29
	Two-Party	**Employee share**	**$323.58**	**$161.79**
		Employer	$1,294.34	$647.17
	Family	**Employee share**	**$432.20**	**$216.10**
		Employer	$1,728.86	$864.43
Presbyterian	**Single**	**Employee share**	**$198.44**	**$99.22**
High Option		Employer	$793.80	$396.90
	Two-Party	**Employee share**	**$416.70**	**$208.35**
		Employer	$1,666.84	$833.42
	Family	**Employee share**	**$555.64**	**$277.82**
		Employer	$2,222.62	$1,111.31
Presbyterian	**Single**	**Employee share**	**$137.60**	**$68.80**
Low Option		Employer	$550.46	$275.23
	Two-Party	**Employee share**	**$288.92**	**$144.46**
		Employer	$1,155.72	$577.86
	Family	**Employee share**	**$385.26**	**$192.63**
		Employer	$1,541.04	$770.52
DENTAL	**Single**	**Employee share**	**$6.00**	**$3.00**
BlueCare Dental		Employer	$24.02	$12.01
High Option	**Two-Party**	**Employee share**	**$11.42**	**$5.71**
		Employer	$45.70	$22.85
	Family	**Employee share**	**$17.94**	**$8.97**
		Employer	$71.80	$35.90
BlueCare Dental	**Single**	**Employee share**	**$3.00**	**$1.50**
Low Option		Employer	$12.04	$6.02
	Two-Party	**Employee share**	**$5.72**	**$2.86**
		Employer	$22.88	$11.44
	Family	**Employee share**	**$8.98**	**$4.49**
		Employer	$35.90	$17.95
Delta Dental	**Single**	**Employee share**	**$6.06**	**$3.03**
High Option		Employer	$24.30	$12.15
	Two-Party	**Employee share**	**$11.54**	**$5.77**
		Employer	$46.22	$23.11
	Family	**Employee share**	**$18.14**	**$9.07**
		Employer	$72.62	$36.31
Delta Dental	**Single**	**Employee share**	**$3.04**	**$1.52**
Low Option		Employer	$12.16	$6.08
	Two-Party	**Employee share**	**$5.78**	**$2.89**
		Employer	$23.16	$11.58
	Family	**Employee share**	**$9.08**	**$4.54**
		Employer	$36.32	$18.16
United Concordia	**Single**	**Employee share**	**$6.82**	**$3.41**
High Option		Employer	$27.28	$13.64
	Two-Party	**Employee share**	**$12.98**	**$6.49**
		Employer	$51.90	$25.95
	Family	**Employee share**	**$20.38**	**$10.19**
		Employer	$81.56	$40.78
United Concordia	**Single**	**Employee share**	**$3.42**	**$1.71**
Low Option		Employer	$13.66	$6.83
	Two-Party	**Employee share**	**$6.50**	**$3.25**
		Employer	$26.00	$13.00
	Family	**Employee share**	**$10.20**	**$5.10**
		Employer	$40.80	$20.40
VISION	**Single**	**Employee share**	**$1.28**	**$0.64**
Davis Vision		Employer	$5.18	$2.59
	Two-Party	**Employee share**	**$2.16**	**$1.08**
		Employer	$8.64	$4.32
	Family	**Employee share**	**$2.90**	**$1.45**
		Employer	$11.66	$5.83

CONTRIBUTIONS EFFECTIVE OCTOBER 1, 2026 *MONTHLY COST SHARING based on salary and EMPLOYER* *MINIMUM CONTRIBUTION REQUIREMENTS* *set forth in NM State Statute for Non Mandatory Entities* For Higher Education and Other Educational Entities			Less than $50,000 *20%/80%*	1/2 *20%/80%*	$50,000 $59,999 *30%/70%*	1/2 *30%/70%*	$60,000 and Over *40%/60%*	1/2 *40%/60%*
MEDICAL	**Single**	**Employee share**	**$245.40**	**$122.70**	**$368.10**	**$184.05**	**$490.80**	**$245.40**
BCBS		Employer	$981.62	$490.81	$858.92	$429.46	$736.22	$368.11
High Option	**Two-Party**	**Employee share**	**$466.70**	**$233.35**	**$700.04**	**$350.02**	**$933.40**	**$466.70**
		Employer	$1,866.80	$933.40	$1,633.46	$816.73	$1,400.10	$700.05
	Family	**Employee share**	**$623.32**	**$311.66**	**$935.00**	**$467.50**	**$1,246.66**	**$623.33**
		Employer	$2,493.34	$1,246.67	$2,181.66	$1,090.83	$1,870.00	$935.00
BCBS	**Single**	**Employee share**	**$170.14**	**$85.07**	**$255.22**	**$127.61**	**$340.28**	**$170.14**
Low Option		Employer	$680.58	$340.29	$595.50	$297.75	$510.44	$255.22
	Two-Party	**Employee share**	**$323.58**	**$161.79**	**$485.38**	**$242.69**	**$647.16**	**$323.58**
		Employer	$1,294.34	$647.17	$1,132.54	$566.27	$970.76	$485.38
	Family	**Employee share**	**$432.20**	**$216.10**	**$648.32**	**$324.16**	**$864.42**	**$432.21**
		Employer	$1,728.86	$864.43	$1,512.74	$756.37	$1,296.64	$648.32
Presbyterian	**Single**	**Employee share**	**$198.44**	**$99.22**	**$297.66**	**$148.83**	**$396.90**	**$198.45**
High Option		Employer	$793.80	$396.90	$694.58	$347.29	$595.34	$297.67
	Two-Party	**Employee share**	**$416.70**	**$208.35**	**$625.06**	**$312.53**	**$833.42**	**$416.71**
		Employer	$1,666.84	$833.42	$1,458.48	$729.24	$1,250.12	$625.06
	Family	**Employee share**	**$555.64**	**$277.82**	**$833.48**	**$416.74**	**$1,111.30**	**$555.65**
		Employer	$2,222.62	$1,111.31	$1,944.78	$972.39	$1,666.96	$833.48
Presbyterian	**Single**	**Employee share**	**$137.60**	**$68.80**	**$206.42**	**$103.21**	**$275.22**	**$137.61**
Low Option		Employer	$550.46	$275.23	$481.64	$240.82	$412.84	$206.42
	Two-Party	**Employee share**	**$288.92**	**$144.46**	**$433.38**	**$216.69**	**$577.86**	**$288.93**
		Employer	$1,155.72	$577.86	$1,011.26	$505.63	$866.78	$433.39
	Family	**Employee share**	**$385.26**	**$192.63**	**$577.88**	**$288.94**	**$770.52**	**$385.26**
		Employer	$1,541.04	$770.52	$1,348.42	$674.21	$1,155.78	$577.89
DENTAL	**Single**	**Employee share**	**$6.00**	**$3.00**	**$9.00**	**$4.50**	**$12.00**	**$6.00**
BlueCare Dental		Employer	$24.02	$12.01	$21.02	$10.51	$18.02	$9.01
High Option	**Two-Party**	**Employee share**	**$11.42**	**$5.71**	**$17.14**	**$8.57**	**$22.84**	**$11.42**
		Employer	$45.70	$22.85	$39.98	$19.99	$34.28	$17.14
	Family	**Employee share**	**$17.94**	**$8.97**	**$26.92**	**$13.46**	**$35.90**	**$17.95**
		Employer	$71.80	$35.90	$62.82	$31.41	$53.84	$26.92
BlueCare Dental	**Single**	**Employee share**	**$3.00**	**$1.50**	**$4.50**	**$2.25**	**$6.02**	**$3.01**
Low Option		Employer	$12.04	$6.02	$10.54	$5.27	$9.02	$4.51
	Two-Party	**Employee share**	**$5.72**	**$2.86**	**$8.58**	**$4.29**	**$11.44**	**$5.72**
		Employer	$22.88	$11.44	$20.02	$10.01	$17.16	$8.58
	Family	**Employee share**	**$8.98**	**$4.49**	**$13.46**	**$6.73**	**$17.94**	**$8.97**
		Employer	$35.90	$17.95	$31.42	$15.71	$26.94	$13.47
Delta Dental	**Single**	**Employee share**	**$6.06**	**$3.03**	**$9.10**	**$4.55**	**$12.14**	**$6.07**
High Option		Employer	$24.30	$12.15	$21.26	$10.63	$18.22	$9.11
	Two-Party	**Employee share**	**$11.54**	**$5.77**	**$17.32**	**$8.66**	**$23.10**	**$11.55**
		Employer	$46.22	$23.11	$40.44	$20.22	$34.66	$17.33
	Family	**Employee share**	**$18.14**	**$9.07**	**$27.22**	**$13.61**	**$36.30**	**$18.15**
		Employer	$72.62	$36.31	$63.54	$31.77	$54.46	$27.23
Delta Dental	**Single**	**Employee share**	**$3.04**	**$1.52**	**$4.56**	**$2.28**	**$6.08**	**$3.04**
Low Option		Employer	$12.16	$6.08	$10.64	$5.32	$9.12	$4.56
	Two-Party	**Employee share**	**$5.78**	**$2.89**	**$8.68**	**$4.34**	**$11.58**	**$5.79**
		Employer	$23.16	$11.58	$20.26	$10.13	$17.36	$8.68
	Family	**Employee share**	**$9.08**	**$4.54**	**$13.62**	**$6.81**	**$18.16**	**$9.08**
		Employer	$36.32	$18.16	$31.78	$15.89	$27.24	$13.62
United Concordia	**Single**	**Employee share**	**$6.82**	**$3.41**	**$10.22**	**$5.11**	**$13.64**	**$6.82**
High Option		Employer	$27.28	$13.64	$23.88	$11.94	$20.46	$10.23
	Two-Party	**Employee share**	**$12.98**	**$6.49**	**$19.46**	**$9.73**	**$25.94**	**$12.97**
		Employer	$51.90	$25.95	$45.42	$22.71	$38.94	$19.47
	Family	**Employee share**	**$20.38**	**$10.19**	**$30.58**	**$15.29**	**$40.78**	**$20.39**
		Employer	$81.56	$40.78	$71.36	$35.68	$61.16	$30.58
United Concordia	**Single**	**Employee share**	**$3.42**	**$1.71**	**$5.12**	**$2.56**	**$6.82**	**$3.41**
Low Option		Employer	$13.66	$6.83	$11.96	$5.98	$10.26	$5.13
	Two-Party	**Employee share**	**$6.50**	**$3.25**	**$9.74**	**$4.87**	**$13.00**	**$6.50**
		Employer	$26.00	$13.00	$22.76	$11.38	$19.50	$9.75
	Family	**Employee share**	**$10.20**	**$5.10**	**$15.30**	**$7.65**	**$20.40**	**$10.20**
		Employer	$40.80	$20.40	$35.70	$17.85	$30.60	$15.30
VISION	**Single**	**Employee share**	**$1.28**	**$0.64**	**$1.94**	**$0.97**	**$2.58**	**$1.29**
Davis Vision		Employer	$5.18	$2.59	$4.52	$2.26	$3.88	$1.94
	Two-Party	**Employee share**	**$2.16**	**$1.08**	**$3.24**	**$1.62**	**$4.32**	**$2.16**
		Employer	$8.64	$4.32	$7.56	$3.78	$6.48	$3.24
	Family	**Employee share**	**$2.90**	**$1.45**	**$4.36**	**$2.18**	**$5.82**	**$2.91**
		Employer	$11.66	$5.83	$10.20	$5.10	$8.74	$4.37

THE STANDARD ADDITIONAL LIFE Employee pays 100% of the premium.

For accurate monthly premium calculations visit "Calculate LTD and ADL Monthly Premiums"

Age of Adult	Under 25	25-29	30-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +	Child(ren)
Rate per $1,000	$.06	$.08	$.08	$.10	$.14	$.24	$.38	$.56	$.84	$1.10	$.26/mo.

To calculate your Additional Life monthly payroll deduction, follow these steps, or click on the link above to the calculator.	*Example: Employee Age 46 earning $34,666 choosing 3x for Employee Life Insurance and enrolling Spouse Age 36 and Children*
Enter Annual Contracted Salary, rounded to next higher $1,000	*$35,000*
Multiply by your selection (1x, 2x, or 3x) (Maximum amount $500,000 without medical underwriting; $600,000 if approved by medical underwriting)	*3 x $35,000 = $105,000*
Divide by 1,000 (for # of units of $1,000)	*$105,000 / $1,000 = 105*
Multiply by the rate for Employee's age group to get the Employee Life Insurance deduction	*Rate for ages 45-49 is $.14; 105 x $.14 = $14.70*
If insuring Spouse, enter the lesser of: (a) 50% of your Additional Life Insurance or 1x your Annual Contracted Salary, rounded to the next higher $1,000	*Spouse amount limited to $35,000 in this example because spouse amount may not exceed 1x Employee's Salary rounded to the next higher $1,000*
Divide by 1,000 (for # of units of $1,000)	*$35,000 / 1,000 = 35*
Multiply by the rate for Spouse's age group to get the deduction for Spouse Life	*Rate for ages 30-39 is $.08; 35 x $.08 = $2.80*
If insuring Child(ren) for the Children's Additional Life Coverage of $5,000, add $.26	*$.26*
Add amounts in shaded rows for your total deduction for Additional Life	*$14.70 for $105,000 on Employee* *$ 2.80 for $35,000 on Spouse* *$ .26 for $5,000 on Children* *$17.76 per month*

THE STANDARD LONG TERM DISABILITY PLAN Employer contributes to the premium

For accurate monthly premium calculations visit "Calculate LTD and ADL Monthly Premiums"

Benefit Waiting Period *(Selected by your employer)*	**Monthly Premium**
30 Day Wait	$0.58 per $100 payroll
60 Day Wait	$0.38 per $100 payroll
90 Day Wait	$0.30 per $100 payroll

To calculate your LTD monthly payroll deduction, follow these steps:	*Example: $40,000 Salary, 30 Day Benefit Waiting Period*
Enter Contracted Annual Salary but not more than $90,000	*$40,000*
Divide by Salary by 1200	*$40,000 / 1200 = $33.34*
Multiply by plan rate from table. This is the total monthly cost, which is shared between you and your employer.	*$33.34 x $.58 = $19.34*
Your share is: 40% if you earn $60,000 or more 30% if you earn between $50,000 and less than $60,000 20% if you earn less than $50,000 Check with your employer to confirm your % share.	*20% of $19.34 = $3.86* *Sample monthly deduction at $40,000 Salary*

New Mexico Public Schools Insurance Authority

Important Employee Benefit Program Notices

Updated July 2026

This document contains important employee benefit program notices of interest to you and your family. Please share this information with your family members. Some of the notices in this document are required by law and other notices contain helpful information. These notices are updated from time-to-time and some of the federal notices are updated each year. Be sure you review an updated version of this important notices document.

Si no entiende la información de este documento, póngase en contacto con la oficina de beneficios o recursos humanos de su empleador.

MEDICARE NOTICE OF CREDITABLE COVERAGE REMINDER

If you or your eligible dependents are currently Medicare eligible, or will become Medicare eligible during the next 12 months, you need to be sure that you understand whether the prescription drug coverage that you elect under the Medical Plan options available to you through the New Mexico Public Schools Insurance Authority (NMPSIA) are or are not creditable with (as valuable as) Medicare's prescription drug coverage.

To find out whether the prescription drug coverage under the medical plan options offered by NMPSIA is or is not creditable you should review the Plan's Medicare Part D Notice of Creditable Coverage available at the back of this document or from https://nmpsia.com/ and select the most current Program Guide.

MID-YEAR CHANGES TO YOUR HEALTH CARE BENEFIT ELECTIONS

IMPORTANT: After an open enrollment period is completed, generally you **will not** be allowed to change your benefit elections or add/delete dependents until next years' open enrollment, unless you have a Special Enrollment Event or a Mid-year Change in Status Event as outlined below:

- ***Special Enrollment Event:***

  Loss of Other Coverage Event: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if your employer stops contributing toward your or your dependents' other coverage). However, you **must request enrollment within 31 days** after your or your dependents' other coverage ends (or after the employer stops contributing towards the other coverage).

  Marriage, Birth, Adoption Event: In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you **must request enrollment within 31 days** after the marriage, birth, adoption, or placement for adoption.

  Medicaid/CHIP Event: You and your dependents may also enroll in this plan if you (or your dependents):

- Have coverage through Medicaid or a State Children's Health Insurance Program (CHIP) and you (or your dependents) lose eligibility for that coverage. However, you must request enrollment within **60 days** after the Medicaid or CHIP coverage ends.
- Become eligible for a premium assistance program through Medicaid or CHIP. However, you must request enrollment within 60 days after you (or your dependents) are determined to be eligible for such assistance.

To request special enrollment contact your employer's benefits office or obtain more information at the Plan's designated Enrollment and Eligibility Administrator, EASI Edu, Inc. at 800-233-3164.

- ***Mid-Year Permitted Election Change in Status Event:***

When your employer pre-taxes your benefits, NMPSIA is required to follow Internal Revenue Service (IRS) regulations on if and when benefits can be changed in the middle of a plan year. The following events **may** allow certain changes in benefits mid-year, **if** permitted by the IRS:

- Change in legal marital status (e.g. marriage, divorce/legal separation, death).
- Change in number or status of dependents (e.g. birth, adoption, death).
- Change in employee/spouse/dependent's employment status, work schedule, or residence that affects their eligibility for benefits.
- Coverage of a child due to a QMCSO.
- Entitlement or loss of entitlement to Medicare or Medicaid.
- Certain changes in the cost of coverage, composition of coverage or curtailment of coverage of the employee or spouse's plan.
- Changes consistent with Special Enrollment rights and FMLA leaves.

You must notify the plan in writing within **31 days** of the mid-year change in status event by contacting your employer's benefits office or obtain more information at EASI Edu, Inc. at 800-233-3164.

The Plan will determine if your change request is permitted and if so, changes become effective prospectively, on the first day of the month, following the approved change in status event (except for newborn and adopted children, who are covered back to the date of birth, adoption, or placement for adoption).

IMPORTANT REMINDER TO PROVIDE THE PLAN WITH THE TAXPAYER IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN) OF EACH ENROLLEE IN A HEALTH PLAN

Employers are required by law to collect the taxpayer identification number (TIN) or social security number (SSN) of each medical plan participant and provide that number on reports that will be provided to the IRS each year. Employers are required to make at least two consecutive attempts to gather missing TINs/SSNs.

If a dependent does not yet have a social security number, you can go to this website to complete a form to request an SSN: http://www.socialsecurity.gov/online/ss-5.pdf. Applying for a social security number is FREE.

If you have not yet provided the social security number (or other TIN) for each of your dependents that you have enrolled in the health plan, please contact your employer's benefits office or obtain more information at EASI Edu, Inc. at 800-233-3164.

PRIVACY NOTICE REMINDER

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

This Plan's HIPAA Privacy Notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this Notice when you enroll in the Plan. A copy of the Notice is provided at the back of this document and you can get another copy of this Notice from the New Mexico Public Schools Insurance Authority (NMPSIA) at 800-548-3724.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA) ANNUAL NOTICE REMINDER

You or your dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles, copayment and coinsurance applicable to other medical and surgical benefits provided under the various medical plans offered by NMPSIA. For more information on WHCRA benefits, contact NM Blue Cross Blue Shield at 888-966-7742, or Presbyterian Health Plan at 888-275-7737.

AVAILABILITY OF SUMMARY HEALTH INFORMATION: THE SUMMARY OF BENEFIT AND COVERAGE (SBC) DOCUMENT(S)

The health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

As required by law, across the US, insurance companies and group health plans like ours are providing plan participants with a consumer-friendly **Summary of Benefits and Coverage (SBC)** as a way to help understand and compare medical plan benefits. Choosing a health coverage option is an important decision. To help you make an informed choice, the SBC, summarizes and compares important information in a standard format.

Each SBC contains concise medical plan information, in plain language, about benefits and coverage, including, what is covered, what you need to pay for various benefits, what is not covered and where to go for more information or to get answers to questions. SBC documents are updated when there is a change to the benefits information displayed on an SBC.

Government regulations are very specific about the information that can and cannot be included in each SBC. Plans are not allowed to customize very much of the SBC documents. There are detailed instructions the Plan had to follow about how the SBCs look, how many pages long the SBC should be, the font size, the colors used when printing the SBC and even which words were to be bold and underlined.

A Uniform Glossary that defines many of the terms used in the SBC is available at https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/sbc-uniform-glossary-of-coverage-and-medical-terms-final.pdf.

The SBC for each medical plan option is available at the NMPSIA website: https://nmpsia.com/ or for a paper copy contact NMPSIA at 800-548-3724.

PATIENT PROTECTION RIGHTS OF THE AFFORDABLE CARE ACT

The medical plans offered by NMPSIA do not require the selection or designation of a primary care provider (PCP). You have the ability to visit any network or non-network health care provider; however, payment by the Plan may be less for the use of a non-network provider.

You also do not need prior authorization from the Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact NM Blue Cross Blue Shield at 888-966-7742, or Presbyterian Health Plan at 888-275-7737.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Hospital Length of Stay for Childbirth: Under federal law, group health plans, like this Plan, generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the Plan may pay for a shorter stay if the attending Physician (e.g., Physician, or Health Care Practitioner), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, the Plan may not, under federal law, require that a Physician or other Health Care Practitioner obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification for a length of stay longer than 48 hours for vaginal birth or 96 hours for C-section, contact NM Blue Cross Blue Shield at 888-966-7742, or Presbyterian Health Plan at 888-275-7737 to pre-certify the extended stay. If you have questions about this Notice, contact NM Blue Cross Blue Shield at 888-966-7742, or Presbyterian Health Plan at 888-275-7737.

KEEP THE PLAN NOTIFIED OF CHANGES IN ELIGIBILITY FOR BENEFITS

IMPORTANT NOTICE

You or your Dependents must promptly furnish to the Plan Administrator (EASI Edu, Inc.) at 800-233-3164 information regarding change of name, address, marriage, divorce or legal separation, death of any covered family member, birth and change in status of a Dependent Child, Medicare enrollment or disenrollment, an individual no longer meeting the eligibility provisions of the Plan, or the existence of other coverage. Proof of legal documentation will be required for certain changes.

Notify the Plan of any of these changes within 31 days. Note that for certain events like divorce or a child reaching the limiting age for coverage, if you do not notify the Plan within 60 days of that change, the opportunity to elect COBRA will not apply.

Failure to give EASI Edu, Inc. a timely notice of the above noted events may:

a. cause you, your Spouse and/or Dependent Child(ren) to lose the right to obtain COBRA Continuation Coverage,
b. cause the coverage of a Dependent Child to end when it otherwise might continue because of a disability,
c. cause claims to not be considered for payment until eligibility issues have been resolved,
d. result in your liability to repay the Plan if any benefits are paid on behalf of, or to, an ineligible person. The Plan has the right to offset the amounts paid against the participant's future medical, dental, and/or vision benefits.

In accordance with the requirements in the Affordable Care Act, your employer will not retroactively cancel coverage (a rescission) except when premiums and self-payments are not timely paid, or in cases when an individual performs an act, practice or omission that constitutes fraud, or makes an intentional misrepresentation of material fact that is prohibited by the terms of the Plan. **Keeping an ineligible dependent enrolled (for example, an ex-spouse, overage dependent child, etc.) is considered fraud.** If you have questions about eligibility for benefits, contact your employer's benefits office or obtain more information at EASI Edu, Inc. at 800-233-3164.

COBRA COVERAGE REMINDER

In compliance with a federal law referred to as COBRA Continuation Coverage, this plan offers its eligible employees and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying events).

Qualified beneficiaries are entitled to elect COBRA when certain events occur, and, as a result of the event, coverage of that qualified beneficiary ends (together, the event and the loss of coverage are called a qualifying event). Qualified beneficiaries who elect COBRA Continuation Coverage must pay for it at their own expense.

Qualifying events may include termination of employment, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce/legal separation, or a child ceasing to be an eligible dependent child under the terms of the plan, if a loss of coverage results.

In addition to considering COBRA as a way to continue coverage, there may be other coverage options for you and your family. You may want to look for coverage through the Health Care Marketplace. See https://www.healthcare.gov/. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums for Marketplace coverage, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. COBRA eligibility does not limit your eligibility for coverage for Marketplace coverage or for the tax credit. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan) if you request enrollment within 30 days, even if the plan generally does not accept late enrollees.

The maximum period of COBRA coverage is generally either eighteen (18) months or thirty-six (36) months, depending on the qualifying event.

In order to have the chance to elect COBRA coverage after a divorce/legal separation or a child ceasing to be a dependent child under the plan, **you and/or a family member must inform the plan in writing of that event no later than 60 days after that event occurs**. That notice must be sent to your employer's benefits office or obtain more information at EASI Edu, Inc. 800-233-3164 or PO Box 9054, Santa Fe, NM 97504 via first class mail and is to include the employee's name, the qualifying event, the date of the event, and the appropriate documentation in support of the qualifying event (such as divorce documents).

If you have questions about COBRA contact EASI Edu, Inc. at 800-233-3164.

IMPORTANT NOTICES ATTACHED

The following pages include important notices for you and your family:

- ✓ Reminder about the Employer Notice About the Health Insurance Marketplace
- ✓ Medicare Part D Notice
- ✓ HIPAA Privacy Notice
- ✓ Notice about Premium Assistance with Medicaid and CHIP

EMPLOYER NOTICE ABOUT THE HEALTH INSURANCE MARKETPLACE

Your employer should distribute a notice to new employees when they are first hired. The notice is at least two pages long. To help you recognize the notice, here is a snapshot of a portion of the first page of the Notice:

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Important Notice from NMPSIA about Prescription Drug Coverage for People with Medicare

This notice is for people with Medicare.
Please read this notice carefully and keep it where you can find it.

This Notice has information about your current prescription drug coverage with the New Mexico Public Schools Insurance Authority (NMPSIA) and the prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare's prescription drug coverage and can help you decide whether or not you want to enroll in that Medicare prescription drug coverage. At the end of this notice is information on where you can get help to make a decision about Medicare's prescription drug coverage.

- **If you and/or your family members are not now eligible for Medicare and will not be eligible during the next 12 months, you may disregard this Notice.**
- **If, however, you and/or your family members are now eligible for Medicare or may become eligible for Medicare in the next 12 months, you should read this Notice very carefully.**

This announcement is required by law whether the group health plan's coverage is primary or secondary to Medicare. Because it is not possible for our Plan to always know when a Plan participant or their eligible spouse or children have Medicare coverage or will soon become eligible for Medicare we have decided to provide this Notice to all plan participants.

Prescription drug coverage for Medicare-eligible people is available through Medicare prescription drug plans (PDPs) and Medicare Advantage Plans (like an HMO or PPO) that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more drug coverage for a higher monthly premium.

NMPSIA has determined that the prescription drug coverage IS "CREDITABLE" under the following medical plan options:

- **Presbyterian Low Option Plan and Presbyterian High Option Plan**
- **Blue Cross Blue Shield of New Mexico Low Option Plan**
- **Blue Cross Blue Shield of New Mexico High Option Plan**

"Creditable" means that the value of this Plan's prescription drug benefit is, on average for all plan participants, expected to pay out as much as or more than the standard Medicare prescription drug coverage will pay.

Because the medical plan options noted above are, on average, at least as good as the standard Medicare prescription drug coverage, **you can elect or keep prescription drug coverage under the Presbyterian Low Option Plan, Presbyterian High Option Plan, Blue Cross Blue Shield of New Mexico Low Option Plan, Blue Cross Blue Shield of New Mexico High Option Plan, and you will not pay extra if you later decide to enroll in Medicare prescription drug coverage.** You may enroll in Medicare prescription drug coverage at a later time, and because you maintain creditable coverage, you will not have to pay a higher premium (a late enrollment fee penalty).

REMEMBER TO KEEP THIS NOTICE

If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

Medicare-eligible people can enroll in a Medicare prescription drug plan at one of the following three (3) times:

- When they first become eligible for Medicare; or
- During Medicare's annual election period (from October 15th through December 7th); or
- For beneficiaries leaving employer/union coverage, you may be eligible for a two-month Special Enrollment Period (SEP) in which to sign up for a Medicare prescription drug plan.

When you make your decision whether to enroll in a Medicare prescription drug plan, you should also compare your current prescription drug coverage, (including which drugs are covered and at what cost) with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

YOUR RIGHT TO RECEIVE A NOTICE

You will receive this notice at least every twelve (12) months and at other times in the future such as if the creditable/non-creditable status of the prescription drug coverage through this plan changes. You may also request a copy of a Notice at any time.

WHY CREDITABLE COVERAGE IS IMPORTANT (When you will pay a higher premium (penalty) to join a Medicare drug plan)

If you do not have creditable prescription drug coverage when you are first eligible to enroll in a Medicare prescription drug plan and you elect or continue prescription drug coverage under a **non-creditable** prescription drug plan, then at a later date when you decide to elect Medicare prescription drug coverage you may pay a higher premium (a penalty) for that Medicare prescription drug coverage for as long as you have that Medicare coverage.

Maintaining creditable prescription drug coverage will help you avoid Medicare's late enrollment penalty. This **late enrollment penalty** is described below:

If you go sixty-three (63) continuous days or longer without creditable prescription drug coverage (meaning drug coverage that is at least as good as Medicare's prescription drug coverage), your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have either Medicare prescription drug coverage or coverage under a creditable prescription drug plan. You may have to pay this higher premium (the penalty) as long as you have Medicare prescription drug coverage.

For example, if nineteen (19) months pass where you do not have creditable prescription drug coverage, when you decide to join Medicare's drug coverage your monthly premium will always be at least 19% higher than the Medicare base beneficiary premium. Additionally, if you go sixty-three (63) days or longer without prescription drug coverage you may also have to wait until the next October to enroll for Medicare prescription drug coverage.

WHAT ARE MY CHOICES?

You can choose any **one** of the following options:

Your Choices:	What you can do:	What this option means to you:
Option 1	**You can select or keep your current medical and prescription drug coverage** with the Presbyterian Low Option Plan, Presbyterian High Option Plan, Blue Cross Blue Shield of New Mexico Low Option Plan, Blue Cross Blue Shield of New Mexico High Option Plan, **and you do not have to enroll in a Medicare prescription drug plan.**	You will continue to be able to use your prescription drug benefits through the Presbyterian Low Option Plan, Presbyterian High Option Plan, Blue Cross Blue Shield of New Mexico Low Option Plan, Blue Cross Blue Shield of New Mexico High Option Plan. • You may, in the future, enroll in a Medicare prescription drug plan during Medicare's annual enrollment period (during October 15th through December 7th of each year). • As long as you are enrolled in creditable drug coverage you will not have to pay a higher premium (a late enrollment fee) to Medicare when you do choose, at a later date, to sign up for a Medicare prescription drug plan.
Option 2	**You can select or keep your current medical and prescription drug coverage** with the Presbyterian Low Option Plan, Presbyterian High Option Plan, Blue Cross Blue Shield of New Mexico Low Option Plan, Blue Cross Blue Shield of New Mexico High Option Plan, **and also enroll in a Medicare prescription drug plan.** If you enroll in a Medicare prescription drug plan you will need to pay the Medicare Part D premium out of your own pocket.	Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. Having dual prescription drug coverage under this Plan and Medicare means that this Plan will coordinate its drug payments with Medicare, as follows: • For Medicare eligible Retirees and their Medicare eligible Dependents, Medicare Part D coverage pays primary and the group health plan pays secondary. • For Medicare eligible Active Employees and their Medicare eligible Dependents, the group health plan pays primary and Medicare Part D coverage pays secondary. Note that you may not drop just the prescription drug coverage under the medical plan in which you are enrolled. That is because prescription drug coverage is part of the entire medical plan. Generally, you may only drop medical plan coverage at this Plan's next Open Enrollment period. Note that each Medicare prescription drug plan (PDP) may differ. Compare coverage, such as: • PDPs may have different premium amounts; • PDPs cover different brand name drugs at different costs to you; • PDPs may have different prescription drug deductibles and different drug copayments; • PDPs may have different networks for retail pharmacies and mail order services.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE'S PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. A person enrolled in Medicare (a "beneficiary") will get a copy of this handbook in the mail each year from Medicare. A Medicare beneficiary may also be contacted directly by Medicare-approved prescription drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number), for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Para más información sobre sus opciones bajo la cobertura de Medicare para recetas médicas.

Revise el manual "Medicare Y Usted" para información más detallada sobre los planes de Medicare que ofrecen cobertura para recetas médicas. Visite www.medicare.gov por el Internet o llame GRATIS al 1 800 MEDICARE (1-800-633-4227). Los usuarios con teléfono de texto (TTY) deben llamar al 1-877-486-2048. Para más información sobre la ayuda adicional, visite la SSA en línea en www.socialsecurity.gov por Internet, o llámeles al 1-800-772-1213 (Los usuarios con teléfono de texto (TTY) deberán llamar al 1-800-325-0778).

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

For more information about this notice or your current prescription drug coverage contact:

NMPSIA
410 Old Taos Highway
Santa Fe, NM 87501
Phone Number: 1-800-548-3724

As in all cases, NMPSIA reserves the right to modify benefits at any time, in accordance with applicable law. This document (dated July 2026) is intended to serve as your Medicare Notice of Creditable Coverage, as required by law.

New Mexico Public Schools Insurance Authority

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

The New Mexico Public Schools Insurance Authority (NMPSIA) self-funded group health plan (hereafter referred to as the "Plan") is required by law to take reasonable steps to maintain the privacy of your health information (called **Protected Health Information** or **PHI**) and to provide you with notice of its legal duties and privacy practices with respect to your Protected Health Information including:

1. The Plan's uses and disclosures of PHI,
2. Your rights to privacy with respect to your PHI,
3. The Plan's duties with respect to your PHI,
4. Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services (HHS), and
5. The person or office you should contact for further information about the Plan's privacy practices, and
6. To notify affected individuals following a breach of unsecured Protected Health Information.

The Plan Sponsor has amended its Plan documents to protect your PHI as required by Federal law.

PHI use and disclosure by the Plan is regulated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). You may find these rules in Section 45 of the Code of Federal Regulations, Parts 160 and 164. The regulations will supersede this Notice if there is any discrepancy between the information in this Notice and the regulations. The Plan will abide by the terms of the Notice currently in effect. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI it maintains.

You may also receive a Privacy Notice from companies who offer Plan participants insured health care services, such as the Vision plan benefits. Each of these notices will describe your rights as it pertains to that plan and in compliance with the Federal regulation, HIPAA. This Privacy Notice, however, pertains to your protected health information related to the NMPSIA self-funded medical plan options and COBRA Administration, (the "Plan") and outside companies contracted to help administer Plan benefits, also called "business associates."

Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

If you have questions about any part of this Notice or if you want more information about the privacy practices at NMPSIA, please contact NMPSIA located at 410 Old Taos Highway, Santa Fe, NM 87501, or by telephone at 1-(800) 548-3724.

Your Protected Health Information

The term **"Protected Health Information" (PHI)** includes all information related to your past, present or future health condition(s) that individually identifies you or could reasonably be used to identify you and is transferred to another entity or maintained by the Plan in oral, written, electronic or any other form.

PHI does not include health information contained in employment records held by your employer in its role as an employer, including but not limited to health information on disability, work-related illness/injury, sick leave, Family or Medical Leave (FMLA), life insurance, dependent care flexible spending account, drug testing, etc.

PHI also does not include health information that has been de-identified. De-identified information is information that does not identify you and there is no reasonable basis to believe that the information can be used to identify you.

The Plan's Duties

The Plan is required by law to:

- Maintain the privacy of your protected health information (PHI);
- Inform you promptly if a breach occurs that may have compromised the privacy or security of your information;
- Provide you with certain rights with respect to your protected health information;
- Provide you and your eligible dependents with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information;
- Follow the terms of the Notice that is currently in effect; and
- Not use or share your information other than as described here unless you tell us in writing that we can. If you tell us we can share information, you may change your mind at any time and advise us in writing of such change.

Notice Distribution: The Notice will be provided to each person when they initially enroll for benefits in the Plan (the Notice is provided in the Plan's Enrollment/Program Guide). The Notice is also available on the Plan's website: https://nmpsia.com/. The Notice will also be provided upon request. Once every three years the Plan will notify the individuals then covered by the Plan where to obtain a copy of the Notice. This Plan will satisfy the requirements of the HIPAA regulation by providing the Notice to the named insured (covered employee) of the Plan; however, you are encouraged to share this Notice with other family members covered under the Plan.

Notice Revisions: If a privacy practice of this Plan is changed affecting this Notice, a revised version of this Notice will be provided to you and all participants covered by the Plan at the time of the change. Any revised version of the Notice will be distributed within 60 days of the effective date of a material change to the uses and disclosures of PHI, your individual rights, the duties of the Plan or other privacy practices stated in this Notice.

Material changes are changes to the uses and disclosures of PHI, an individual's rights, the duties of the Plan or other privacy practices stated in the Privacy Notice. Because our health plan posts its Notice on its web site, we will prominently post the revised Notice on that web site by the effective date of the material change to the Notice. We will also provide the revised notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to individuals covered by the Plan.

When the Plan May Use or Disclose Your Health Information

Under the law, the Plan may use and disclose your health information without your written authorization in the following cases:

- ***At your request.*** If you request it, the Plan is required to give you access to your PHI in order to inspect it and copy it.
- ***As required by an agency of the government.*** The Secretary of the Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plan's compliance with the privacy regulations.
- ***For treatment, payment or health care operations.*** The Plan and its Business Associates will use your PHI (except psychotherapy notes in certain instances as described below) without your consent, authorization or opportunity to agree or object in order to carry out treatment, payment, or health care operations.

    1. **For Treatment.** We may use or disclose your protected health information to facilitate medical treatment or services by providers. **For example**, we may disclose providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you to your treating specialist to enable your providers to confer regarding a treatment plan.

2. **For Payment.** We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. **For example**, we may tell your health care provider about you to determine whether the Plan will cover the treatment recommended by your provider. We may also share your protected health information with a utilization review or pre-certification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.
3. **Health Care Operations.** We may use and disclose health information about you to carry out necessary insurance-related activities. Such activities may include underwriting, enrollment, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; patient safety activities; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration. If use or disclosure of protected health information is made for underwriting purposes, any such protected health information that is genetic information of an individual is prohibited from being used or disclosed. **For example**, we may use information about your medical claims to project future benefit costs.

The Plan may disclose PHI to the Plan Sponsor for purposes of treatment, payment, and health care operations in accordance with the Plan amendment. The Plan may disclose PHI to the Plan Sponsor for review of your appeal of a benefit or for other reasons related to the administration of the Plan.

Although the Plan does not routinely obtain psychotherapy notes, generally, an authorization will be required by the Plan before the Plan will use or disclose psychotherapy notes about you. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. However, the Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by you.

We shall not use or disclose your substance use disorder treatment records unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or holder of the record, as provided under law. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed .

The Plan generally will require an authorization form for uses and disclosure of your PHI for sales or marketing purposes if the Plan receives direct or indirect payment from the entity whose product or service is being marketed or sold. You have the right to revoke an authorization at any time.

Use or Disclosure of Your PHI Where Consent, Authorization or Opportunity to Object Is Not Required

In general, the Plan does not need your written authorization to release your PHI if required by law or for public health and safety purposes. The Plan and its Business Associates are allowed to use and disclose your PHI **without** your written authorization (in compliance with section 164.512) under the following circumstances:

1. **Required by Law.** As required by law, we may use and disclose your health information. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.
2. **Public Health.** As authorized by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
3. **Proof of Immunization.** We may disclose information about you limited to proof of immunization to a school about an individual who is a student or prospective student of the school.
4. **Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

5. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.
6. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
7. **Coroners, Medical Examiners and Funeral Directors.** We may disclose your health information to coroners, medical examiners and funeral directors. For example, this may be necessary to identify a deceased person or determine the cause of death.
8. **Information of Decedent Related to Organ and Tissue Donation.** We may disclose your health information after you have died to organizations involved in procuring, banking or transplanting organs and tissues, as necessary.
9. **Public Safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
10. **National Security.** We may disclose your health information for military, national security, prisoner and government benefits purposes.
11. **Military and Veterans.** If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority if required.
12. **Worker's Compensation.** We may disclose your health information as necessary to comply with worker's compensation or similar laws.
13. **Research.** We may disclose your health information to researchers when:
    - The individual identifiers have been removed; or
    - When an institutional review board or privacy board (a) has reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.
14. **Disclosures to Plan Sponsors.** We may discuss your health information to the sponsor of your group health plan, for purposes of administering benefits under the plan. We share the minimum information necessary to accomplish these purposes.
15. **Business Associates.** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

Any other Plan uses and disclosures not described in this Notice will be made only if you provide the Plan with written authorization, subject to your right to revoke your authorization, and information used and disclosed will be made in compliance with the minimum necessary standards of the regulation.

Disclosing Only the Minimum Necessary Protected Health Information

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment,

- **Disclosures to You.** When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information where the disclosure was for reasons other than for treatment, payment, or health care operations, and where the protected health information was disclosed in accordance with your individual authorization.
- **Government Audits.** We are required to disclose your health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.
- Uses of disclosures required by law, and
- Uses of disclosures required for the Plan's compliance with the HIPAA privacy regulations.

As described in the amended Plan document, the Plan may share PHI with the Plan Sponsor for limited administrative purposes, such as determining claims and appeals, performing quality assurance functions and auditing and monitoring the Plan. The Plan shares the minimum information necessary to accomplish these purposes.

In addition, the Plan may use or disclose "summary health information" to the Plan Sponsor for obtaining premium bids or modifying, amending or terminating the group health Plan. Summary health information means information that summarizes claims history, claims expenses or type of claims experienced by individuals for whom the Plan Sponsor has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.

Use or Disclosure of Your PHI Where You Will Be Given an Opportunity to Agree or Disagree Before the Use or Release

Disclosure of your PHI to family members, other relatives and your close personal friends without your written consent or authorization is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care, and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Under this Plan your PHI will automatically be disclosed to your employer's benefits office as outlined below. If you disagree with this automatic disclosure by the Plan you may contact the Privacy Officer to request that such disclosure not occur without your written authorization:

- In the event of your death while you are covered by this Plan, when the Plan is notified it will automatically communicate this information to your employer's benefits office.
- In the event the Plan is notified of a work-related illness or injury, the Plan will automatically communicate this information to your employer's benefits office to allow the processing of appropriate paperwork.

Note that PHI obtained by the Plan Sponsor's employees through Plan administration activities will NOT be used for employment related decisions.

Your Personal Representatives

You may exercise your rights to your Protected Health Information (PHI) by designating a person to act as your Personal Representative. Your Personal Representative will generally be required to produce evidence (proof) of the authority to act on your behalf **before** the Personal Representative will be given access to your PHI or be allowed to take any action for you.

Under this Plan, proof of such authority will include (1) a completed, signed and approved Appoint a Personal Representative form; (2) a notarized power of attorney for health care purposes; or (3) a court-appointed conservator or guardian. Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

(1) You have been, or may be, subjected to domestic violence, abuse or neglect by such person;
(2) Treating such person as your personal representative could endanger you; or
(3) In the exercise of professional judgment, we believe it is not in your best interest to treat the person as your personal representative.

Because HIPAA regulations give adults certain rights and generally children age 18 and older are adults, if you have dependent children age 18 and older covered under the Plan, and the child wants you, as the parent(s), to be able to access their Protected Health Information (PHI), that child will need to complete a form to Appoint a Personal Representative to designate you (the employee/retiree) and/or your Spouse as their Personal Representatives.

The Plan will consider a parent, guardian, or other person acting *in loco parentis* as the Personal Representative of an unemancipated minor (a child generally under age 18) unless the applicable law requires otherwise. *In loco parentis* may be further defined by State law, but in general it refers to a person who has been treated as a parent by the child and who has formed a meaningful parental relationship with the child for a substantial period of time. Spouses and unemancipated minors may, however, request that the Plan restrict PHI that goes to family members as described below under the section titled "Your Individual Privacy Rights."

Statement of Your Individual Privacy Rights

1. **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your protected health information. The Plan is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501.

2. **Right to Request Confidential Communications.** You have the right to receive your protected health information through a reasonable alternative means or at an alternative location (such as mailing PHI to a different address or allowing you to personally pick up the PHI that would otherwise be mailed), if you provide a written request to the Plan that the disclosure of PHI to your usual location could endanger you. To request confidential communications, you must submit your request in writing to NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501. We are not required to agree to your request.

3. **Right to Inspect and Copy.** You have the right to inspect and obtain a copy (in hard copy or electronic form) of your protected health information (except psychotherapy notes and information compiled in reasonable contemplation of an administrative action or proceeding) contained in a "designated record set," for as long as the Plan maintains the PHI. You may request your hard copy or electronic information in a format that is convenient for you, and the Plan will honor that request to the extent possible. You may also request a summary of your PHI.

   A **Designated Record Set** includes your medical records and billing records that are maintained by or for a covered health care provider. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan or other information used in whole or in part by or for the covered entity to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you is not included in the designated record set.

   The Plan must provide the requested information within 30 days of its receipt of the request, if the information is maintained onsite or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline and notifies you in writing in advance of the reasons for the delay and the date by which the Plan will provide the requested information.

   To inspect and copy such information, you or your personal representative must submit your request in writing to NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501. If you request a copy of the information, we may charge you a reasonable cost-based fee. You may request your hard copy or electronic information in a format that is convenient for you, and we will honor that request to the extent possible. You may also request a summary of your PHI.

4. **Right to Request Amendment.** You or your personal representative have a right to request that the Plan amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and

if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501. You must also provide a reason for your request.

5. **Right to Accounting of Disclosures.** You have the right to receive a list or "accounting of disclosures" of your health information made by us, except that we do not have to account for disclosures made for purposes of payment functions or health care operations, or made to you. To request this accounting of disclosures, you must submit your request in writing to NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501. Your request should specify a time period of up to six years and may not include dates before April 14, 2003. The Plan has 60 days after its receipt of your request to provide the accounting. The Plan is allowed an additional 30 days if the Plan gives you a written statement of the reasons for the delay and the date by which the accounting will be provided. The Plan will provide one list per 12 month period free of charge; we may charge you for additional lists.

6. **Right to Paper or Electronic Copy.** You have a right to receive a paper or electronic copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501. This right applies even if you have agreed to receive the Notice electronically.

7. **Right to be Notified of a Breach.** You have the right to receive notification in the event that we (or a Business Associate) discover a breach of unsecured protected health information. Notice of a breach will be provided to you within 60 days of the breach being identified.

8. **Right to Choose Someone to Act for You.** You have the right to appoint a personal representative to act on your behalf with respect to your protected health information, such as if you have given someone medical power of attorney or if someone is your legal guardian.

   To appoint a personal representative to act on your behalf, you must make your request in writing to NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501. Your request must specify who the individual is that you are appointing, that individual's contact information, and in which matters the appointed individual may act on your behalf.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501, or by telephone at 1-800-548-3724.

Changes to this Notice of Privacy Practices

The Plan reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains. We will promptly revise our Notice and distribute it to you whenever we make material changes to the Notice. Until such time, the Plan is required by law to comply with the current version of this Notice.

Your Right to File a Complaint

If you believe that your privacy rights have been violated, you may file a complaint with the Plan in care of the Plan's Privacy Officer, at the address listed on the first page of this Notice. Neither your employer nor the Plan will retaliate against you for filing a complaint.

Complaints about this Notice of Privacy Practices or about how we handle your health information should be directed to NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501. Neither NMPSIA nor the Plan will retaliate against you in any way for filing a complaint. All complaints to NMPSIA must be submitted in writing.

You may also file a complaint (within 180 days of the date you know or should have known about an act or omission) with the Secretary of the U.S. Department of Health and Human Services by contacting their nearest office as listed in your telephone directory or at this website https://www.hhs.gov/ocr/about-us/contact-us/index.html.

Privacy Officer

NMPSIA has designated a Privacy Officer to oversee the administration of privacy by the Plan and to receive complaints. The Privacy Officer may be contacted at:

Privacy Officer
NMPSIA Administrative Office
410 Old Taos Highway
Santa Fe, NM 87501

Effective Date of This Notice: January 1, 2026

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 4/30/2026)

IMPORTANT INFORMATION ABOUT THE WELLNESS PROGRAM

The New Mexico Public Schools Insurance Authority (NMPSIA) Wellness Program is **voluntary** and is designed to **promote health or prevent disease**.

The term *Wellness Program* includes both programs that help individuals identify and reduce health risk factors, such as high blood pressure or excess weight; and programs that support individuals with chronic conditions, such as diabetes, by helping them better manage their condition—for example, through coaching that encourages following a doctor's prescribed treatment plan.

The NMPSIA Wellness Program also offers **incentives** for participation such as for completing a Health Risk Appraisal questionnaire and incentives if you positively change behavior such as increasing activity. Only employees enrolled in one of our medical plan options at a NMPSIA participating employer have the opportunity to qualify for NMPSIA Wellness Program incentives. Incentives are able to be achieved at least **once a year**. The **time commitment required to achieve incentives in our NMPSIA Wellness Program is reasonable**. More information about our NMPSIA Wellness Program incentives are described at https://nmpsia.com/wellnessWellBeing.html.

The NMPSIA Wellness Program incentives have been reviewed and, in accordance with law, do not exceed 30% of the total cost of employee-only coverage under the plan including employee & employer contributions.

- **Reasonable Alternative Standard**: If you think you might be unable to meet a standard for a certain reward under our NMPSIA Wellness Program, you might qualify for an opportunity to earn the same reward by a different means. If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under the NMPSIA Wellness program, or if it is medically inadvisable for you to attempt to achieve the standards of the NMPSIA Wellness Program, then a reasonable alternative standard will be made available upon request. Contact the NMPSIA Benefits & Wellness team at (800) 548-3724 for information on the NMPSIA Wellness Program and for information on reasonable alternative standards and accommodations. NMPSIA will work with you and, if you wish, your doctor, to find an alternative NMPSIA Wellness Program standard with the same reward that is right for you in light of your health status. If your personal doctor states that the alternative is not medically appropriate, a more accommodating alternative will be provided.

NOTICE REGARDING THE WELLNESS PROGRAM

The NMPSIA Wellness Program is a **voluntary** wellness program available to only employees enrolled in a NMPSIA medical plan and is designed to **promote health or prevent disease.** The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the NMPSIA Wellness Program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions, e.g., cancer, diabetes, or heart disease. You are not required to complete the HRA questionnaire, or to work with a health coach.

However, employees who choose to participate in the NMPSIA Wellness Program will receive an incentive as described by your medical plan. Although you are not required to complete the HRA or participate in health coaching, only employees who do so will receive the incentives.

Additional incentives offered by your medical plan may be available for employees who participate in certain health-related activities as described by your medical plan or achieve certain health outcomes as described by your medical plan. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the NMPSIA Benefits & Wellness team at (800) 548-3724.

The information from your HRA questionnaire will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the NMPSIA Wellness Program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

NMPSIA and your elected medical plan are required by law to maintain the privacy and security of your personally identifiable health information.

Information collected from the NMPSIA Wellness Program participants will not be received by your employer. Although the NMPSIA Wellness Program and may use aggregate information it collects to design a program based on identified health risks, the NMPSIA Wellness Program and your medical plan will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the NMPSIA Wellness Program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the NMPSIA Wellness Program will not be provided to anyone at your employer and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the NMPSIA Wellness Program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the NMPSIA Wellness Program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the NMPSIA Wellness Program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) your medical plan in order to provide you with services under the NMPSIA Wellness Program.

In addition, all medical information obtained through the NMPSIA Wellness Program will be maintained by your medical plan, and no information you provide as part of the NMPSIA Wellness Program will be used in making any employment decision. Appropriate precautions will be taken by your medical plan to avoid any data breach, and in the event a HIPAA data breach occurs involving information you provide in connection with the NMPSIA Wellness Program, your elected medical plan will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the Wellness Program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact NMPSIA Benefits & Wellness team at (800) 548-3724.

Important Phone Numbers

Carriers & Consultants			
NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY			
New Mexico Public Schools Insurance Authority	Customer Service for Administrative Issues, Claim Issues, Appeals	1-800-548-3724	https://nmpsia.com
NMPSIA ELIGIBILITY ADMINISTRATION OFFICE			
EASI Edu INCORPORATED	Eligibility, Enrollment, Premium Billing, COBRA Administration	1-800-233-3164	https://nmpsiaonline.nmpsia.com/
MEDICAL			
Carrier	**Group Number**	**Customer Service**	**Website Address**
BlueCross BlueShield of New Mexico	High – N05501 Low – N05502	1-888-966-7742	https://www.bcbsnm.com/nmpsia
Video Visits: mdlive.com! NMPSIA (or visit bcbsnm.com; log in as a member to locate the link)			
PRESBYTERIAN Health Plan, Inc.	A0000035	1-888-275-7737	https://www.phs.org/health-plans/employer-plans/Pages/new-mexico-public-schools-insurance-authority.aspx
Video Visits: visit phs.org and click on "Login to MyPres" to locate link			
MUSCULOSKELETAL SURGERY AND PAIN MANAGEMENT SERVICES			
LANTERN	n/a	1-888-726-1350	https://lanterncare.com/for-members/surgery/
PRESCRIPTION DRUGS			
Express Scripts By EVERNORTH	Rx BIN 003858	1-800-818-9281	https://www.express-scripts.com
DENTAL			
BlueCare Dental	High – 319225 Low – 319228	1-877-723-5697	https://www.bcbsnm.com/nmpsia/benefits/dental
DELTA DENTAL	High – 8565 Low – 8564	1-877-395-9420	https://www.deltadentalnm.com/member/nmpsia-members/
United Concordia dental	812022 (refer to ID card for subgroup #)	1-888-898-0370	https://www.unitedconcordia.com/home
VISION			
DavisVision	3066	1-800-999-5431	https://www.davisvision.com/member
LIFE AND DISABILITY			
TheStandard	645549	1-888-609-9763 Ext. 0957	https://www.standard.com/my-benefits/nmpsia

NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY
Customer Service for Administrative Matters / Claim Issues / Appeals
410 Old Taos Highway • Santa Fe, NM 87501
Phone: 505-988-2736 • Fax: 505-983-8670
https://nmpsia.com/

EASI Edu Incorporated
Customer Service for Enrolling / Billing / Eligibility / COBRA
PO Box 9054 • Santa Fe, NM 87504-9054
Phone: 505-988-4974 • Fax: 505-988-8943 fax
View your enrollment information by logging into:
https://nmpsiaonline.nmpsia.com