NM Public Schools Insurance Authority
NMPSIA | Blue Preferred EPO℠
Plan Highlights Effective 7/01/2018

Administered by:
Blue Cross and Blue Shield of New Mexico

Highlights copayments, deductible, out-of-pocket limits, member coinsurance percentage amounts; and provides a brief description of NM Public Schools Insurance Authority's Health Care Plan benefits

NMPSIA EPO Benefits – This plan does **not** cover services received from nonpreferred providers, except for urgent/emergency services.	**Member's Share of Covered Charges When Using Blue Preferred Providers[1,2]**
Calendar Year Deductible[1] Individual Family	 $500 $1,000
Annual Out-of-Pocket Limit[2] Individual Family	 $3,250 $6,500
Office Visit/Exam Charge Office and Home visits/Exams or Consultation (Other services received during the office visits and listed under "Other Services," below, such as therapy, are subject to deductible, copay, and/or coinsurance as listed in the rest of the summary.) **Primary Preferred Provider (PPP)* Office/Home Visit** **Specialist /Office/Home Visit** **Telehealth (Virtual Video Visits - Telemedicine vendor MDLIVE)**	Office Visit Copay (deductible waived) $25 $35 $0
Office Surgery (including casts, splints, and dressings)[4]	20%
Allergy Injections (only), Extract Preparation	No Charge (deductible waived)
Therapeutic Injections: Allergy Testing	Office Visit Copay
Routine/Preventive Services Routine Adult Physicals and Gynecological Exams, Routine Tests (including Pap Tests, Cholesterol tests, Urinalysis, Human Papillomavirus (HPV) Screening), Colonoscopies and Mammograms (one covered at 100% annually, regardless of diagnosis), Health Education Counseling (including diabetic and smoking cessation counseling), Family Planning (including insertion/removal of birth control devices, surgical sterilization in office, birth control and therapeutic injections), Immunizations (including travel immunizations); Well-Child Care; Routine Vision or Hearing.	No Charge (deductible waived)
OTHER SERVICES	
Acupuncture, Chiropractic (Spinal Manipulation), Massage Therapy (if medically necessary), **Naprapathy and Rolfing** (combined max. benefit of 30 visits/ calendar year)[7]	$35 Copay (deductible waived)
Ambulance Services: Ground and Emergency Air Transport	$25 Copay (deductible waived)[3]
Ambulance Services: Inter-facility Transport[3]	$0 (deductible waived)
Autism Spectrum Disorder Diagnosis and Treatment of all children up to age 19 or up to age 22 if still attending school. Up to 90 visits per member per year, PCP copay for Applied Behavioral Analysis (ABA). Specialist includes outpatient physical therapy, occupational therapy and speech therapy.	PCP $25 Copay Specialist $35 Copay (deductible waived)
Biofeedback (for specified medical conditions only)	$35 Copay (deductible waived)
Cardiac and Pulmonary Rehabilitation (office/outpatient)	$35 Copay (deductible waived)
Dental/Facial Accident, Oral Surgery, and TMJ/CMJ Services	Varies by service
Emergency Room Treatment[3] Physician and Other Professional Provider Charges	$150 copay plus 20% coinsurance
Hearing Aids and Related Services (**Age 21 and older:** Routine exams/testing not covered.)	**Hearing Aids:** No Charge up to $500; thereafter, you pay 90% coinsurance in any 36-month period (deductible waived).
Hearing Aids and Related Services **Under age 21**: Exam/testing subject to usual cost-sharing.)	**Hearing Aids:** No Charge up to $2,200 per hearing-impaired ear; thereafter, you pay 90% coinsurance in any 36-month period (deductible waived).
Home Health Care/Home I.V. Services[4] Limitations	20% Unlimited

*A Primary Preferred Provider is a physician or other professional provider in one of the following categories of practice: Family or General Practice, Internal Medicine, Pediatrics, Obstetrics and Gynecology, and Gynecology Only. A "PPP" is a Primary Preferred Provider in the Blue Preferred Provider network.

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

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Hospice Services including respite care (limited to 10 days for each 6-month hospice period – 2 periods per lifetime) and bereavement counseling (limited to **3 sessions** during the hospice benefit period)[4]	No Charge (deductible waived)
Infertility: Diagnosis Only – No Treatment	Varies by Service
Lab, X-Ray, and Other Basic Diagnostic Tests (nonroutine)[4] (Office/Free standing Lab or Radiology)	$25 Copay or actual allowable amount, whichever is less, per day (deductible waived)
Lab, X-Ray, and Other Basic Diagnostic Tests (nonroutine)[4] (Outpatient Department of Hospital)	$50 Copay or actual allowable amount, whichever is less, per day (deductible waived)
High Tech Imaging: MRI, MRA, CT Scan, PET Scan[4]	$500 Copay or 20%, whichever is less, per day (deductible waived)
Professional Interpretation & Reading (Lab, X-Ray, & High Tech)	No Charge
Prothrombin Time Test	$10 Copay (deductible waived)
Sleep Study	20%
Inpatient Hospital/Facility Services (Copays are waived if you are re-admitted for the same condition within 15 days of discharge or transferred to a rehab or skilled nursing facility within 15 days of discharge from acute care facility.)	
Medical/Surgical Acute Care and **Maternity-Related** Room and Board, Covered Ancillaries, Related Professional Charges[5] **Skilled Nursing Facility** (max. **60 days**/calendar year)[5] **Inpatient Physical Rehabilitation[5]**	$500 Facility Copay per admission plus 20%
Observation Stay including Related Professional Charges	$100 Facility Copay plus 20%
Maternity Services	
Physician/Midwife Services (delivery, pre- and post-natal care, including lab, diagnostic testing, and pre-natal genetic testing, if medically necessary)	Office Visit Copay/Initial visit
Hospital Admission (including routine newborn nursery charges)	$500 Copay plus 20%
Extended Stay (Nonroutine) Charges for covered Newborn[5]	$500 Copay plus 20%
Home Birth	20%
Mental Health Services[4,5,9]	
Office, Home, Outpatient Facility/Physician	$25 Copay (deductible waived)
Inpatient	$500 Copay plus 20%
Partial Hospitalization[8]	$250 Copay plus 20%
Facility-Based Intensive Outpatient Programs (IOP)[8]	$125 Copay plus 20%
Substance Abuse Rehabilitation[4,5,9] (Lifetime max of two courses of treatment for all services combined)	
Office, Home, Outpatient Facility/Physician (max. 30 days/calendar year)	$25 Copay (deductible waived)
Inpatient (max. 30 days/calendar year combined with Partial Hospitalization	$500 Copay plus 20%
Partial Hospitalization[8] (max. 30 days/calendar year combined with Inpatient)	$250 Copay plus 20%
Facility-Based Intensive Outpatient Programs (IOP)[8]	$125 Copay plus 20%
Outpatient Hospital/Facility/Ambulatory Surgery Facility[4] (including related Professional Charges)	$150 Copay plus 20%
Residential Treatment Center (RTC): (for adults age 18 & older only) Limit: 60 days/calendar year and 30 days per admit.	$250 Copay plus 20%
Short-Term Rehabilitation, Outpatient and Office: Occupational, Physical, and Speech Therapy Services (Habilitative services are not covered)	$35 Copay (deductible waived) up to $350; thereafter, No Charge for the remaining calendar year
Smoking/Tobacco Use Cessation (includes medication, hypnotherapy, acupuncture, related tests, and any counseling programs not eligible under Preventive)	No Charge For Prescription Drugs, see your Express Scripts Plan for details.

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Supplies, Durable Medical Equipment, Prosthetics, and Functional Orthotics[4,10] (Support hose limited to **12 pair** (or **24 hose**), Mastectomy Bras up to 6 per calendar year.) Prior Authorization needed for services over $1000.	20%
Insulin Pump Supplies (insertion sets, reservoirs)	No Charge (deductible waived)
Therapy: Chemotherapy and Radiation	No Charge (deductible waived)
Therapy: Dialysis[4]	20%
Transplant Services[4,5] Maximums apply to donor charges and travel and lodging. Must be received at a facility that contracts with BCBSNM or with the national BCBS transplant network. (*See Section 3 of the Benefit Booklet)*.	Applicable copays based on place and type of service
Urgent Care (includes all services and supplies such as X-ray/labs/physician fees)	$45 copay (deductible waived)
Prescription Drugs, Insulin, Diabetic Supplies, Nutritional Products, Smoking/Tobacco Cessation Products: Administered by Express Scripts. Call Express Scripts Customer Service Center: 1-800-498-4904.	

FOOTNOTES:

1 All services are subject to deductible unless otherwise indicated in the *Summary of Benefits* (i.e., "deductible waived"). When applicable, the deductible must be met before benefit payments are made (excluding routine services, hearing aids for children under age 21 and drugs and items covered under the drug plan).

2 After a member reaches the applicable out-of-pocket limit, the Plan pays 100 percent of his/her covered charges for the rest of the calendar year.

3 Initial treatment of a medical emergency at a participating emergency room or trauma center is paid at the Blue Preferred Provider benefit level. Follow-up treatment and treatment that is not for an emergency is not covered.
Nonemergency air ambulance services are covered only when it is medically necessary to transfer the patient from one facility to another.

4 Certain services are not covered if preauthorization is not obtained from BCBSNM. A list of services requiring preauthorization is in *Section 2* of the Benefit Booklet. Some services may require a written request for preauthorization in order to be covered.

5 Preauthorization is required for inpatient admissions. You pay a $300 penalty for covered medical/surgical facility services if authorization is not obtained. Some services, such as transplants and physical rehabilitation, require additional authorization. If you do not receive authorization for these individually identified procedures, benefits for any related admissions will be denied. See *Section 2* of the Benefit Booklet.

6 All inpatient, short-term rehabilitation treatments, including skilled nursing facility and physical rehabilitation facility admissions, must receive preauthorization from BCBSNM. See *Section 4: Preauthorizations* (of the Benefit Booklet) for more information about preauthorization requirements.

7 Services administered by a licensed medical doctor (M.D.), doctor of osteopathy (D.O.), physical therapist (R.P.T. or L.P.T.), doctor of oriental medicine (D.O.M.), doctor of chiropractic (D.C.), and licensed massage therapist (L.M.T.) are covered. Rolfing must be provided by a certified rolfer. Naprapathy must be provided by a certified provider.

8 The partial hospitalization and facility-based intensive outpatient program (IOP) copayments are waived if the patient is admitted directly into either program from an inpatient facility or residential treatment center, or if the patient is admitted into a partial hospitalization program directly from an inpatient facility or residential treatment center.

9 This plan opted out of compliance with Mental Health Parity Addictions Equity Act.

10 Rental benefits for medical equipment and other items will not exceed purchase price of a new unit.

NOTE: BCBSNM provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims, except as may be specified in the Administrative Services Agreement.

IMPORTANT: Deductible amounts and coinsurance percentages are applied to BCBSNM's covered charges, which may be less than the provider's billed charges. Preferred providers will not charge you the difference between the covered charge and the billed charge for covered services.

BlueCross BlueShield of New Mexico

NON-DISCRIMINATION **COMMUNICATION**

The purpose of this communication is to provide you with additional information about certain types of assistance and other rights that are available to you; however, this communication is not part of your Policy/Coverage Documents.

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance.
We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html

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BlueCross BlueShield of New Mexico

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To speak to an interpreter, call the customer service number on the back of your member card. If you are not a member, or don't have a card, call 855-710-6984.

العربية Arabic	إن كان لديك أو لدى شخص تساعده أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث إلى مترجم فوري، اتصل على رقم خدمة العملاء المذكور على ظهر بطاقة عضويتك. فإن لم تكن عضوًا، أو كنت لا تملك بطاقة، فاتصل على 855-710-6984.
繁體中文 Chinese	如果您, 或您正在協助的對象, 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員, 請致電印在您的會員卡背面的客戶服務電話號碼。如果您不是會員, 或沒有會員卡, 請致電 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, composez le numéro du service client indiqué au verso de votre carte de membre. Si vous n'êtes pas membre ou si vous n'avez pas de carte, veuillez composer le 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Kundenservicenummer auf der Rückseite Ihrer Mitgliedskarte an. Falls Sie kein Mitglied sind oder keine Mitgliedskarte besitzen, rufen Sie bitte 855-710-6984 an.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए, अपने सदस्य कार्ड के पीछे दिए गए ग्राहक सेवा नंबर पर कॉल करें। यदि आप सदस्य नहीं हैं, या आपके पास कार्ड नहीं है, तो 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il servizio clienti al numero riportato sul lato posteriore della tua tessera di socio. Se non sei socio o non possiedi una tessera, puoi chiamare il numero 855-710-6984.
日本語 Japanese	ご本人様、またはお客様の身の回りの方でも、ご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、メンバーカードの裏のカスタマーサービス番号までお電話ください。メンバーでない場合またはカードをお持ちでない場合は 855-710-6984 までお電話ください。
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 회원 카드 뒷면에 있는고객 서비스 번호로 전화하십시오. 회원이 아니시거나 카드가 없으시면 855-710-6984 으로 전화주십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóóti'i' t'áá níík'e níká a'doolwoł. Ata' halne'í bich'į' hadeesdzih nínízingo éí kwe'é da'íníishgi áká anídaalwo'ígíí bich'į' hodíílnih, bee nééhózinii bine'dęę' bikáá'. Kojí atah naaltsoos ná hadít'éégóó éí doodago bee nééhózinígíí ádingo kojį' hodíílnih 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک مي کنید، سؤالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با خدمات مشتری به شماره ای که در پشت کارت عضویت شما درج شده است تماس بگیرید. اگر عضو نیستید، یا کارت عضویت ندارید، با شماره 855-710-6984 تماس حاصل نمایید.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы поговорить с переводчиком, позвоните в отдел обслуживания клиентов по телефону, указанному на обратной стороне вашей карточки участника. Если вы не являетесь участником или у вас нет карточки, позвоните по телефону 855-710-6984.
Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete comuníquese con el número del Servicio al Cliente que figura en el reverso de su tarjeta de miembro. Si usted no es miembro o no posee una tarjeta, llame al 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa numero ng serbisyo para sa kustomer sa likod ng iyong kard ng miyembro. Kung ikaw ay hindi isang miyembro, o kaya ay walang kard, tumawag sa 855-710-6984.
ไทย Thai	หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีข้อสงสัยใด ๆ คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พูดคุยกับล่ามโดยติดต่อฝ่ายบริการลูกค้าที่หมายเลขตามที่ระบุด้านหลังบัตรสมาชิก หากไม่ใช่สมาชิกหรือไม่มีบัตร กรุณาติดต่อที่หมายเลข 855-710-6984
Tiếng Việt Vietnamese	Nếu quý vị hoặc người mà quý vị giúp đỡ có bất kỳ câu hỏi nào, quý vị có quyền được hỗ trợ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với thông dịch viên, gọi số dịch vụ khách hàng nằm ở phía sau thẻ hội viên của quý vị. Nếu quý vị không phải là hội viên hoặc không có thẻ, gọi số 855-710-6984.