2022 Summary of Benefits
New Mexico Retiree Health Care Authority
Value HMO and Premier Option PPO

NEW MEXICO RETIREE HEALTH CARE AUTHORITY

PRESBYTERIAN Health Plan, Inc.



Questions?
For questions about Presbyterian Health Plan's benefits, call your dedicated Presbyterian Customer Service Center 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.

Valuable Resources Available to You

Dedicated Member Service Team



You now 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

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

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



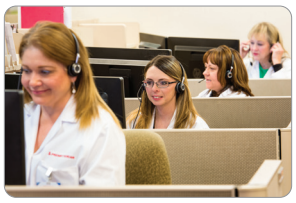
As a member, you have access to several comprehensive disease management programs at no additional cost to you.

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**.

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."

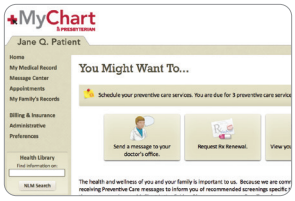
$0 Telehealth Services



Any telehealth service (video, telephone or online visit) with a network provider is $0 for both Tier 1 and Tier 2 providers, including Primary Care, Specialist, Urgent Care or Behavioral Health visits.

To learn more, visit **www.phs.org** and select "Get Care Today."

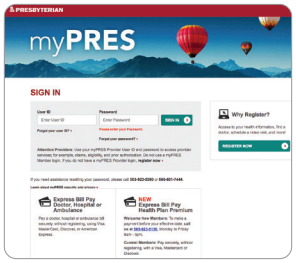
MyChart



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 deductibles.
- Access your personal health assessment and other health education tools.
- View or request a replacement member ID card.

Talkspace

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.

Clickotine

Clickotine®

Clickotine is a no-cost, innovative program that uses clinically driven app technology to help you create and stick to a quit plan and overcome nicotine cravings.

Go to **www.clktx.com/join** and enter Client ID code: LNV20C.

On to Better Health

Magellan HEALTHCARE®

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**.



Keep moving with a Fitness Pass membership.

Only $12.50 per eligible member per month.

Enrollment is open year-round.

PRESBYTERIAN Health Plan, Inc.

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/wellness**.

Or, from **www.phs.org** you can:

Log in or register for MyPRES	Select MyHealthPlan	Select Wellness Information	Select Fitness Pass



→ MyHealthPlan → → **Fitness Pass**

Enrollment must be completed by the health plan subscriber.

- All enrolled health plan members aged 18 and older are eligible to enroll. Employees must enroll in the program for dependents to be eligible for the program.
- 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.

2022 Summary of Benefits
New Mexico Retiree Health Care Authority
Value HMO

The following highlights the HMO plans administered by Presbyterian Health Plan, Inc. for New Mexico Retiree Health Care Authority members statewide. These benefits are effective 1/1/22 through 12/31/22. The specific terms of coverage, limitations and exclusions are detailed in Sections 4 and 5 of the Summary Plan Description.

		Value HMO In-Network Care
	Annual Deductible (Deductible must be met before payments are made and applies to all services otherwise indicated.)	$1500
	Annual Out-of-Pocket Max (Does not include penalty amounts, charges above Reasonable and Customary, or non-Covered charges including charges incurred after the benefit maximum has been reached.)	$5500
	Lifetime maximum	Unlimited (Certain services are subject to Calendar Year and/or lifetime maximums or are limited per condition.)
Physician Services	**Office Services** Office Visit (Deductible waived - other services received during the office visit, such as therapy or Surgery, are subject to Deductible and Coinsurance as listed in the rest of the summary) Office Services Specialist (Deductible waived) Allergy Injections, Tests, Serums	$35 Copay $55 Copay 30%

		Value HMO In-Network Care
Physician Services *continued*	**Preventive services** (Deductible waived) Routine physicals and Gynecological Exams Well child care including vision and hearing screening (through age 17) Women's Healthcare Contraceptive Methods • Intrauterine Devices (IUD) • Hormone Contraceptive Injections • Inserted Contraceptive Devices • Implanted Contraceptive Devices Breastfeeding support, supplies and counseling (for one year after delivery) Related Testing (including routine Pap tests, mammograms, colonoscopies, cholesterol tests, urinalysis, etc., and immunizations.)	Plan pays 100%
Outpatient Diagnostic Testing	PET [1], MRI [1], CT Scans [1] In Free Standing Imaging Center (Deductible waived) Laboratory, X-rays, and Pathology (Deductible waived) EKG Home/Sleep Studies	30% $125 Per test, per day Plan pays 100% 30% 30%
Hospital Services	**Hospitalization** Medical/Surgical and Maternity Related Room and Board and Covered Ancillaries [2] Physicians and other Professional Provider Charges Inpatient rehabilitation services [1,2]	30% 30% 30%
Surgical Services	Inpatient Surgery [1,2] Outpatient Surgery [1] Outpatient Surgery[1] for the facilities and services detailed below: Deductible waived • Presbyterian (Kaseman Hospital Albuquerque, Rust Medical Center Rio Rancho): Hernia and Laparoscopic Cholecystectomy Surgery • New Mexico Orthopedics (Albuquerque): Shoulder Arthroscopy and Knee Arthroscopy	30% 30% $650

		Value HMO In-Network Care
Surgical Services *continued*	Office Surgery (including casts, splints, and dressings) [1]	30%
Maternity Services	Physician/midwife services (delivery, prenatal, postnatal care)	30%
	Hospital Admission [1,2]	30%
	Routine nursery care for newborns	30%
Urgent and Emergency Services	Urgent Care Facility (Deductible waived In-network only)	$40 Copay
	Emergency room visit/Observation room treatment (Deductible waived)	$175 Copay
	Physician and Other Professional Provider Charges [3]	30%
	Ambulance Services	30%
	Emergency Air Transport	30%
Behavioral Health	Outpatient services	Plan pays 100%
	Inpatient services [1,2]	Plan pays 100%
Substance Use	Outpatient services	Plan pays 100%
	Inpatient services [1,2]	Plan pays 100%
Other Services	Alternative therapy (e.g. Acupuncture, Chiropractic, Massage therapy, and Rolfing) ***($1,500 combined In-Network and Out-of-Network Calendar Year maximum)*** [5]	30%
	Biofeedback	30%
	Cardiac or Pulmonary Rehabilitation – Outpatient	30%
	Chemotherapy and/or Radiation Therapy	30%
	Dialysis	30%
	Durable Medical Equipment [1,4]	30%
	Prosthetics and Orthotics [1]	30%

		Value HMO In-Network Care
Other Services *continued*	Hearing Aids – (Deductible waived) Benefits are limited. Please see "Hearing Aids" under Durable Medical Equipment subsection of Section 4 - Covered Services for details on this benefit.	No Copay
	Home health care[1]	30%
	Hospice[1]	30%
	Bereavement counseling ***(limited to 3 sessions during the Hospice benefit period)***	
	Respite care ***(limited to 10 continuous days and no more than 2 respite stays allowed during a 6-month Hospice benefit period)***	
	Physical, Occupational and Speech Therapy [1,2]	$35 Copay
	If PT obtained as alternative to surgery (Maximum of 4 copayments per course of treatment) (Deductible waived)	$35 Copay
	Dialysis/Plasmapheresis/ Photopheresis	30%
	Skilled Nursing Facility [1,2] ***(limited to 60 days per Calendar Year)***	30%
	Smoking cessation (Deductible waived)	Plan pays 100%
Transplants	Coverage for human organ transplants [1,2] (refer to *Member Benefit Booklet* for complete details on transplant coverage)	30%
Prescription Drugs	Administered by Express Scripts. Call Express Scripts at **1-800-501-0987**.	

The Deductible must be met before benefit payments are made. (Deductible may be waived for routine/preventive services, drugs and other services as indicated on the Summary of Benefits.)

After Member reaches the applicable Out-of-Pocket Maximum, the Plan pays 100 percent (up to Reasonable and Customary for Out-of-network Providers) of most of that Member's covered charges. (Copayments are not waived after the Out-of-Pocket Maximum is met.)

Footnotes:

[1] Certain services are **not Covered** if prior approval is not obtained from the plan administrator. See Section 2 of the Member Benefit Booklet for a list of services requiring prior approval.

[2] Admission review is required for Inpatient Admissions. Some services, such as transplants and physical rehabilitation, require additional approval. If you do not receive approval for these individually identified procedures and services, benefits for any related Admissions will be denied. See Section 2 of the Member Benefit Booklet for details.

[3] Initial treatment of a Medical Emergency is paid at In-network Provider level. Follow-up treatment from an Out-of-network Provider and treatment that is not for an emergency is paid at Out-of-network Provider level. The Emergency Room copayment does not include related physician charges (which will be subject to deductible and coinsurance). The Emergency Room/Observation Room copay is waived if the Member is subsequently admitted.

[4] Rental benefit for medical equipment and other items will not exceed the purchase prices of a new unit.

[5] Services administered by a licensed medical doctor (M.D.), doctor of osteopathy (D.O.), physical therapist (R.P.T. or L.P.T.), licensed massage therapist (L.M.T.), doctor of oriental medicine (D.O.M.), and doctor of chiropractic (D.O.C.) are Covered. Rolfing must be provided by a certified Rolfer.

2022 Summary of Benefits
New Mexico Retiree Health Care Authority
Premier Option

The following highlights the PPO plans administered by Presbyterian Health Plan, Inc. for New Mexico Retiree Health Care Authority members statewide. These benefits are effective 1/1/22 through 12/31/22. The specific terms of coverage, limitations and exclusions are detailed in Sections 4 and 5 of the Summary Plan Description.

		Premier Option	
		In-Network Care	Out-of-Network
	Annual Deductible (Deductible must be met before payments are made and applies to all services otherwise indicated.)	$800	
	Annual Out-of-Pocket Max (Does not include penalty amounts, charges above Reasonable and Customary, or non-Covered charges including charges incurred after the benefit maximum has been reached.)	$4,500	
	Lifetime maximum	Unlimited (Certain services are subject to Calendar Year and/or lifetime maximums or are limited per condition.)	
Physician Services	**Office Services** Office Visit (Deductible waived - other services received during the office visit, such as therapy or Surgery, are subject to Deductible and Coinsurance as listed in the rest of the summary)	$30 Copay	50%
	Office Services Specialist (Deductible waived)	$45 Copay	50%
	Allergy Injections, Tests, Serums	25%	50%
	Preventive services Women's Healthcare Contraceptive Methods • Intrauterine Devices (IUD) • Hormone Contraceptive Injections • Inserted Contraceptive Devices • Implanted Contraceptive Devices	Plan Pays 100%	50%

		Premier Option	
		In-Network Care	Out-of-Network
Physician Services *continued*	Breastfeeding support, supplies and counseling (for one year after delivery)	Plan pays 100%	50%
	Related Testing (including routine Pap tests, mammograms, colonoscopies, cholesterol tests, urinalysis, etc., and immunizations.)		
Outpatient Diagnostic Testing	PET [1], MRI [1], CT Scans [1]	25%	50%
	In Free Standing Imaging Center (Deductible waived)	$100 per test, per day	
	Laboratory, X-rays, and Pathology (Deductible waived)	Plan pays 100%	50%
	EKG	25%	50%
	Home/Sleep Studies	25%	50%
Hospital Services	**Hospitalization** Medical/Surgical and Maternity Related Room and Board and Covered Ancillaries [2]	25%	50%
	Physicians and other Professional Provider Charges	25%	50%
	Inpatient rehabilitation services [1,2]	25%	50%
Surgical Services	Inpatient Surgery [1,2]	25%	50%
	Outpatient Surgery [1,2]	25%	50%
	Outpatient Surgery[1] for the facilities and services detailed below: In-Network Deductible waived • Presbyterian (Kaseman Hospital Albuquerque, Rust Medical Center Rio Rancho): Hernia and Laparoscopic Cholecystectomy Surgery • New Mexico Orthopedics (Albuquerque): Shoulder Arthroscopy and Knee Arthroscopy	$500	50%
	Office Surgery (including casts, splints, and dressings) [1]	25%	50%

		Premier Option	
		In-Network Care	Out-of-Network
Maternity Services	Physician/midwife services (delivery, prenatal, postnatal care)	25%	50%
	Hospital Admission [1,2]	25%	50%
	Routine nursery care for newborns	25%	50%
Urgent and Emergency Services	Urgent Care Facility (Deductible waived In-network only)	$35 Copay	50%
	Emergency room visit/Observation room treatment (Deductible waived)	$125 Copay	$125 Copay
	Physician and Other Professional Provider Charges [3]	25%	25%
	Ambulance Services	25%	25%
	Emergency Air Transport	25%	25%
Behavioral Health	Outpatient services	Plan pays 100%	50%
	Inpatient services [1,2]	Plan pays 100%	50%
Substance Use	Outpatient services	Plan pays 100%	50%
	Inpatient services [1,2]	Plan pays 100%	50%
Other Services	Alternative therapy (e.g. Acupuncture, Chiropractic, Massage therapy, and Rolfing) ***($1,500 combined In-Network and Out-of-Network Calendar Year maximum)*** [5]	25%	50%
	Biofeedback	25%	50%
	Cardiac or Pulmonary Rehabilitation – Outpatient	25%	50%
	Chemotherapy and/or Radiation Therapy	25%	50%
	Dialysis	25%	50%
	Durable Medical Equipment [1,4]	25%	50%
	Prosthetics and Orthotics [1]	25%	50%

		Premier Option	
		In-Network Care	Out-of-Network
Other Services *continued*	Hearing Aids – (Deductible waived) Benefits are limited. Please see "Hearing Aids" under Durable Medical Equipment subsection of Section 4 - Covered Services for details on this benefit.	No Copay	No Copay
	Home health care[1]	25%	50%
	Hospice[1]	25%	50%
	Bereavement counseling ***(limited to 3 sessions during the Hospice benefit period)***		
	Respite care ***(limited to 10 continuous days and no more than 2 respite stays allowed during a 6-month Hospice benefit period)***		
	Physical, Occupational and Speech Therapy [1,2]	$30 Copay	50%
	If PT obtained as alternative to surgery (Maximum of 4 copayments per course of treatment) (Deductible waived)	$30 Copay	50%
	Dialysis/Plasmapheresis/ Photopheresis	25%	50%
	Skilled Nursing Facility [1,2] ***(limited to 60 days per Calendar Year)***	25%	50%
	Smoking cessation (Deductible waived)	Plan pays 100%	Plan pays 100%
Transplants	Coverage for human organ transplants [1,2] (refer to *Member Benefit Booklet* for complete details on transplant coverage)	25%	**No benefit**
Prescription Drugs	Administered by Express Scripts. Call Express Scripts at **1-800-501-0987**.		

The Deductible must be met before benefit payments are made. (Deductible may be waived for routine/preventive services, drugs and other services as indicated on the *Summary of Benefits*.)

After Member reaches the applicable Out-of-Pocket Maximum, the Plan pays 100 percent (up to Reasonable and Customary for Out-of-network Providers) of most of that Member's covered charges. (Copayments are not waived after the Out-of-Pocket Maximum is met.)

Footnotes:

[1] Certain services are **not Covered** if prior approval is not obtained from the plan administrator. See Section 2 of the Member Benefit Booklet for a list of services requiring prior approval.

[2] Admission review is required for Inpatient Admissions. Some services, such as transplants and physical rehabilitation, require additional approval. If you do not receive approval for these individually identified procedures and services, benefits for any related Admissions will be denied. See Section 2 of the Member Benefit Booklet for details.

[3] Initial treatment of a Medical Emergency is paid at In-network Provider level. Follow-up treatment from an Out-of-network Provider and treatment that is not for an emergency is paid at Out-of-network Provider level. The Emergency Room copayment does not include related physician charges (which will be subject to deductible and coinsurance). The Emergency Room/Observation Room copay is waived if the Member is subsequently admitted.

[4] Rental benefit for medical equipment and other items will not exceed the purchase prices of a new unit.

[5] Services administered by a licensed medical doctor (M.D.), doctor of osteopathy (D.O.), physical therapist (R.P.T. or L.P.T.), licensed massage therapist (L.M.T.), doctor of oriental medicine (D.O.M.), and doctor of chiropractic (D.O.C.) are Covered. Rolfing must be provided by a certified Rolfer.