



# DETERMINED TO PLAN FOR YOUR HEALTH.

 **PRESBYTERIAN**  
Health Plan, Inc.

## 2025 Summary of Benefits for State of New Mexico and Local Public Body Employees and Members

Take a look at Presbyterian Health Plan for your 2025 health benefits. We offer the lowest out-of-pocket plan with a full range of benefits, and we're still the only HMO choice with nationwide coverage.

### Ready to enroll?

Ask your human resources department about Presbyterian health plans during open enrollment. For questions about Presbyterian's plan benefits, contact the Presbyterian State of New Mexico employee dedicated Customer Service line 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.

### One Plan to Enroll Into, Two Provider Network Tiers Included

**Tier 1** features a high-value subset of our HMO network providers including our integrated system of more than 1,600 providers in Presbyterian Medical Group and other high performing contracted providers.

**Tier 2** includes our HMO network of more than 24,000 providers (excluding those providers in Tier 1) and a national network of more than 1.5 million providers.

Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. If you need language assistance, services are available at no cost. Call (505) 923-5420, 1-855-592-7737 (TTY: 711).

ATENCIÓN: Si usted prefiere hablar en español, están a su disposición servicios gratuitos de ayuda lingüística. Llame al (505) 923-5420, 1-855-592-7737 (TTY: 711).  
Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, kóji' hódíílnih (505) 923-5420, 1-855-592-7737 (TTY: 711).

For more information, visit <https://www.phs.org/pages/nondiscrimination.aspx>.

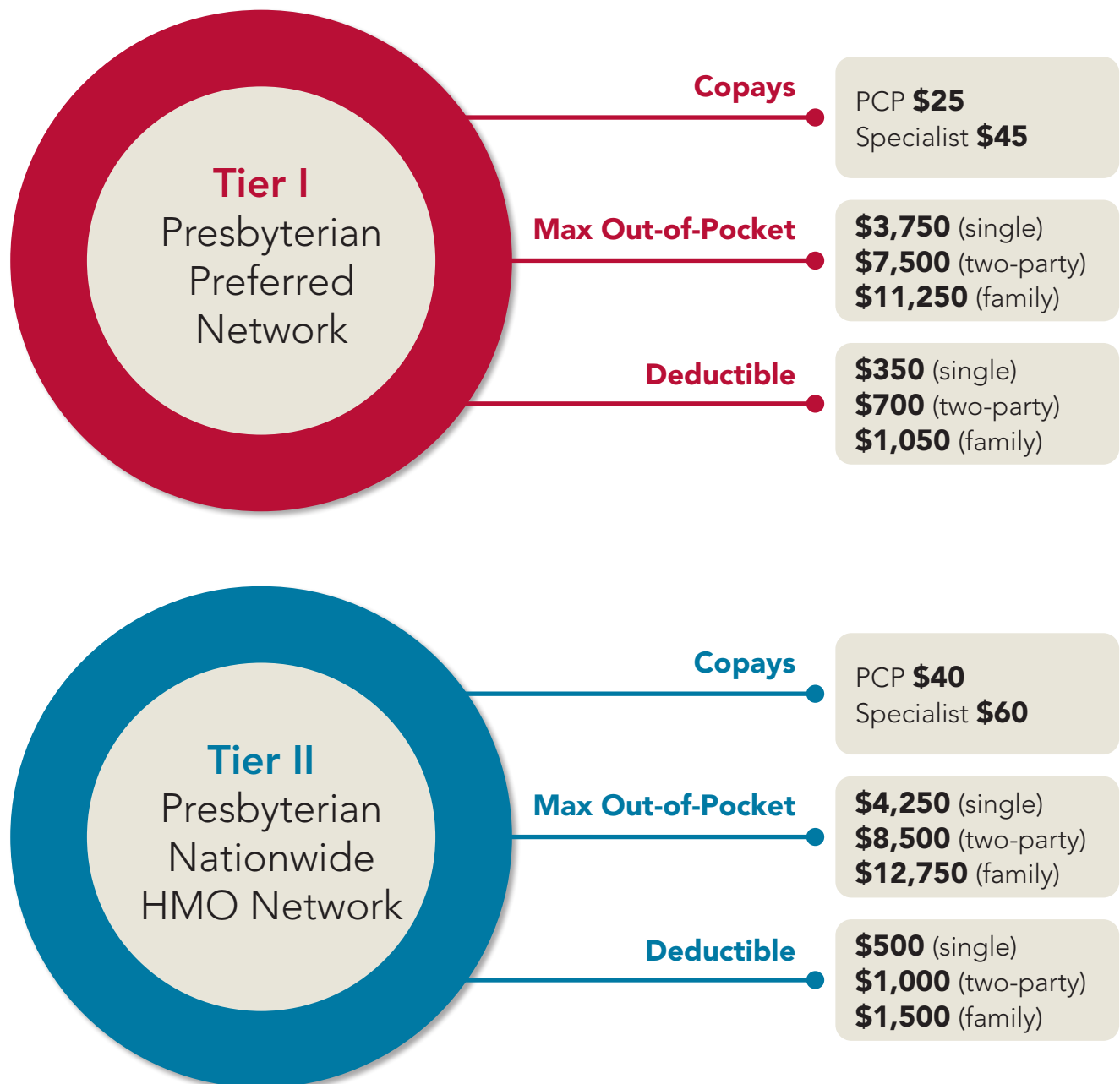
**phs.org/sonm**  
MPC102418



## PRESBYTERIAN HEALTH PLAN TWO-TIER NETWORK

This two-tier plan benefit plan includes unlimited **\$0 telehealth services** and **\$0 behavioral health services** (inpatient and outpatient). No need to worry about accessing Tier 1 providers!

Other copays and coinsurance amounts for both tiers are identical except for those listed below.



# 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



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).

## 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.

## 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

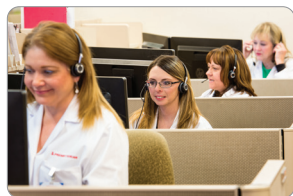
pulmonary disease (COPD), congestive heart failure (CHF), or coronary artery disease (CAD), our licensed nurses will work collaboratively with your healthcare provider to provide you with coaching and self-management tools. To enroll in one or more of these Healthy Solutions programs, call **1-800-841-9705** or email [healthysolutions@phs.org](mailto: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](mailto:phpreferral@phs.org).



# NO-COST MEMBER BENEFITS

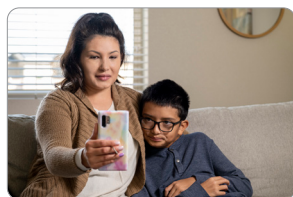
## PresRN Nurse Advice Line



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](http://www.phs.org) and search for "PresRN."

## \$0 Telehealth Services

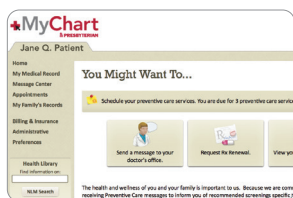


Any telehealth service with a network provider is \$0 for both Tier 1 and Tier 2 providers, including Primary Care, Specialist, Urgent Care or Behavioral

Health visits.

To learn more, visit [www.phs.org](http://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](http://www.phs.org/mychart).

## Talkspace

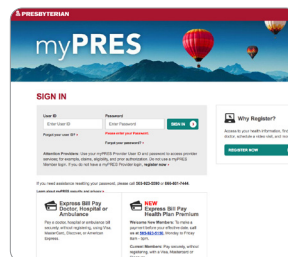


No-cost messaging therapy offers members age 14 and older behavioral health coaching with licensed behavioral therapists via

text, video or audio messaging at a time and place that is convenient for them.

Go to [www.talkspace.com/php](http://www.talkspace.com/php) to access the program.

## 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](http://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.

## 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](http://www.phs.org) and register or login to myPRES.

## 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](http://www.ontobetterhealth.com/php).



## KEEP MOVING WITH A FITNESS PASS MEMBERSHIP.

*The 2025 cost is only \$27.50 per eligible member per month. Enrollment is open year-round.*

 **PRESBYTERIAN**  
Health Plan, Inc.

Presbyterian Health plan members and eligible dependents have access to more than 8,500 fitness, recreation, and community centers. For \$27.50 a month, members have access to Defined Fitness and Prime Fitness network gyms. That same \$27.50 monthly fee also provides Fitness Pass members a discount on Sports & Wellness monthly membership fees.



[www.defined.com](http://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. Once enrolled for \$27.50 a month, members can go to any Defined Fitness gym location.



[www.primemember.com](http://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. Once enrolled for \$27.50 a month, members can go to any Prime Fitness gym location.



[www.sportsandwellness.com](http://www.sportsandwellness.com)

Your Fitness Pass membership for \$27.50 a month allows you a discounted rate on membership options at all five New Mexico Sports & Wellness (NMSW) locations. You pay the monthly \$27.50 plus the NMSW discounted fee.

### 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](http://www.phs.org/wellness).

- 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](http://www.phs.org).
2. Sign in using your myPRES credentials. Need a myPRES account? Sign up at [www.phs.org/myPRES](http://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](http://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.

## 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 service. 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.

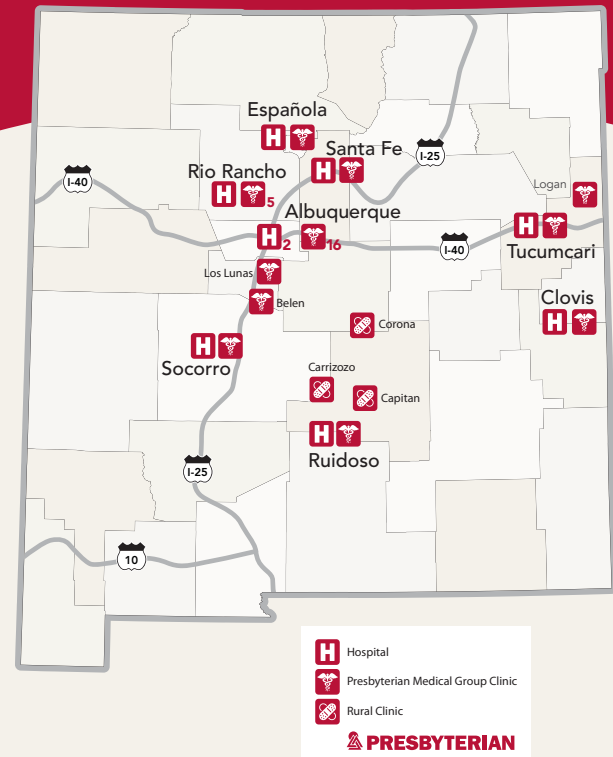
- Nine hospitals in eight communities
- More than 1,200 providers in Presbyterian Medical Group
- Eight urgent care clinics, including two pediatric urgent cares

## INVESTING TO SERVE GROWING COMMUNITIES

Presbyterian has served the communities of northern New Mexico for more than 60 years. In 2015, we opened our first Santa Fe facility on St. Michael's Drive, and in 2018, we opened the Presbyterian Health Park in Santa Fe, featuring a medical center with 30+ patient beds, specialty medical services, surgery suites and an urgent care and emergency department.

### PRESBYTERIAN HEALTHCARE SERVICES

New Mexico's Largest Provider of Care





## SUMMARY OF BENEFITS

The following are the highlights of the Point-of-Service plan administered by Presbyterian Health Plan, Inc. for State of New Mexico employees statewide. These benefits are effective 1/1/25 through 12/31/25. The specific terms of coverage, limitations and exclusions are detailed in Sections 2, 4, and 5 of the Summary Plan Description.

|                       | Administrative services for the SONM self-funded medical plan provided by Presbyterian Health Plan  | Tier I Presbyterian Preferred Network | Tier II Presbyterian Nationwide HMO Network |
|-----------------------|---|---------------------------------------|---|
| Deductible            | Annual Member Deductible (calendar year)  |                                       |   |
|                       | Single  | \$350                                 | \$500                                       |
|                       | Two-party   | \$700                                 | \$1,000                                     |
|                       | Family  | \$1,050                               | \$1,500                                     |
|                       | <ul style="list-style-type: none"> <li>The deductible does not apply to Preventive Care Services or Prescription Drugs.</li> <li>Copays do not apply towards deductible.</li> <li>Except for Preventive Care and those services where a copay applies, the deductible must be met before benefit payment is made by the plan (coinsurance applies).</li> <li>After each family member meets his or her individual plan deductible, the plan will pay a percentage of his or her claims and the member will pay applicable coinsurance until the out-of-pocket maximum is met.</li> <li>After the family plan deductible has been met, the plan will pay a percentage of each individual's claims and the member(s) will pay applicable coinsurance until the out-of-pocket maximum is met.</li> <li>Deductible amounts cross-accumulate between Tier I, Tier II.</li> </ul> |                                       |   |
|                       |   |                                       |   |
| Out-of-Pocket Maximum | Annual Out-of-Pocket Maximum  |                                       |   |
|                       | Single  | \$3,750                               | \$4,250                                     |
|                       | Two-party   | \$7,500                               | \$8,500                                     |
|                       | Family  | \$11,250                              | \$12,750                                    |
|                       | <ul style="list-style-type: none"> <li>The medical plan copays, deductible and coinsurance apply to the annual out-of-pocket maximum.</li> <li>Prescription drug copays or coinsurance paid through CVS do apply to the medical plan out-of-pocket maximum. The prescription drug plan and medical plan have a combined out-of-pocket maximum.</li> <li>After each family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of that individual's covered expenses.</li> <li>After the family out-of-pocket maximum has been met, the plan will pay 100% of each family member's covered expenses.</li> <li>Out-of-Pocket amounts cross-accumulate between Tier I, Tier II.</li> </ul>  |                                       |   |
|                       |   |                                       |   |
| Physician Services    | Non-Specialist<br>• Primary Care Physician (PCP) (selection not required)   | \$25 office visit copay               | \$40 office visit copay                     |
|                       | Specialist<br>• Referral not required   | \$45 office visit copay               | \$60 office visit copay                     |
|                       | Surgery in Office   | Included in office visit copay        | Included in office visit copay              |
|                       | Injectable drugs administered in physician's office   | Copay based on place of service       | Copay based on place of service             |
|                       | Self-injectable drugs (specialty pharmaceuticals) can be ordered through the prescription drug plan   | Refer to the prescription drug plan   |   |



|   | Administrative services for the SONM self-funded medical plan provided by Presbyterian Health Plan  | Tier I Presbyterian Preferred Network   | Tier II Presbyterian Nationwide HMO Network   |
|---|---|---|---|
| <b>Preventive Care Services<sup>1</sup></b> | <ul style="list-style-type: none"> <li>• Routine Physical</li> <li>• Annual women's exam</li> <li>• Annual men's exam including PSA</li> <li>• Related laboratory tests including x-rays (includes routine pap tests, cholesterol tests, urinalysis, mammogram, colonoscopy, etc.)</li> <li>• Well childcare including vision and hearing screenings (through age 21)</li> <li>• Immunizations</li> <li>• Health education and counseling (including smoking/tobacco cessation education)</li> <li>• Family planning</li> </ul> | Plan pays 100%  | Plan pays 100%  |
| <b>Women's Health Care</b>                  | Contraceptive methods <sup>1</sup> (preferred agents) <ul style="list-style-type: none"> <li>• Intrauterine devices (IUD)</li> <li>• Hormone contraceptive injections</li> <li>• Inserted contraceptive devices</li> <li>• Implanted contraceptive devices</li> <li>• Generic birth control</li> </ul> Breast feeding support <sup>6</sup> <ul style="list-style-type: none"> <li>• Supplies and counseling for one year after delivery</li> </ul>  | Plan pays 100%<br>(prescription medications are covered under the prescription drug plan) | Plan pays 100%<br>(prescription medications are covered under the prescription drug plan) |
| <b>Telehealth Services</b>                  | All Medical and Behavioral Telehealth Services (Telephonic or Video) <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialty Care</li> <li>• Urgent Care</li> </ul>  | Plan pays 100%  | Plan pays 100%  |
| <b>Outpatient Diagnostic Testing</b>        | Advanced Radiology <sup>2</sup> (i.e., PET, MRI, CT scans) <ul style="list-style-type: none"> <li>• Medically necessary outpatient imaging tests</li> </ul>   | \$250 copay per test per day  | \$250 copay per test per day  |
|   | Other Laboratory  | \$20 copay  | \$20 copay  |
|   | Other X-Rays  | \$100 copay   | \$100 copay   |
| <b>Hospital Services</b>                    | Hospitalization <sup>2</sup> <ul style="list-style-type: none"> <li>• Includes room and board, inpatient physician care – physician visits, surgeon, anesthesiologist, laboratory tests and X-Rays</li> </ul>   | 20% coinsurance after deductible  | 20% coinsurance after deductible  |
|   | Inpatient Rehabilitation Services <sup>2</sup>  | 20% coinsurance after deductible  | 20% coinsurance after deductible  |
|   | Observation Stay <sup>2</sup>   | 20% coinsurance after deductible  | 20% coinsurance after deductible  |
| <b>Sleep Studies</b>                        | Inpatient <sup>2</sup><br>Sleep labs (two nights) <sup>2</sup>  | 20% coinsurance after deductible  | 20% coinsurance after deductible  |

|  | <b>Administrative services<br/>for the SONM self-funded<br/>medical plan provided by<br/>Presbyterian Health Plan</b>  | <b>Tier I Presbyterian<br/>Preferred Network</b>                      | <b>Tier II Presbyterian<br/>Nationwide HMO Network</b>                |
|--|--|---|---|
| <b>Surgical<br/>Services</b>             | Inpatient Surgery <sup>2</sup>   | 20% coinsurance<br>after deductible                                   | 20% coinsurance<br>after deductible                                   |
|  | Outpatient Surgery <sup>2</sup>  | \$500 copay   | \$500 copay   |
|  | Office Surgery   | Included in office visit copay  | Included in office visit copay  |
| <b>Urgent Care<br/>Services</b>          | Urgent Care Facility –<br>All Inclusive  | \$100 copay   | \$100 copay   |
|  | Non-urgent follow-up care  | Subject to place of service<br>copay or coinsurance                   | Subject to place of service<br>copay or coinsurance                   |
| <b>Emergency<br/>Services</b>            | Emergency Room <sup>4</sup> /Emergency<br>observation treatment <sup>4</sup><br>• Hospital and Physician charges   | 20% coinsurance<br>after deductible                                   | 20% coinsurance<br>after deductible                                   |
|  | Non-emergent follow-up care  | Subject to place of service<br>copay or deductible<br>and coinsurance | Subject to place of service<br>copay or deductible<br>and coinsurance |
| <b>Ambulance</b>                         | Emergency Ground or<br>Air Transport   | 20% coinsurance<br>after deductible                                   | 20% coinsurance<br>after deductible                                   |
| <b>Maternity<br/>Services</b>            | Physician/Midwife Services<br>Delivery, prenatal and<br>postnatal care   | \$25 copay<br>(initial visit only, then<br>the plan pays 100%)        | \$40 copay<br>(initial visit only, then<br>the plan pays 100%)        |
|  | Genetic Testing and Counseling   | Copay based on<br>place of service                                    | Copay based on<br>place of service                                    |
|  | Hospital Admission <sup>2</sup>  | \$1,000 copay (on the mother)   | \$1,000 copay (on the mother)   |
|  | Routine nursery care for<br>newborn<br>• If mother is covered under<br>the plan<br>(Baby is covered from birth<br>but must be enrolled in the<br>medical plan as quickly as<br>possible but no later than 30<br>days from date of birth) | Plan pays 100%  | Plan pays 100%  |
|  | Extended stay charges for<br>covered newborn<br>If baby is admitted to the<br>hospital post-delivery   | 20% coinsurance after<br>deductible (on the baby)                     | 20% coinsurance after<br>deductible (on the baby)                     |
| <b>Behavioral/<br/>Mental<br/>Health</b> | Outpatient Services  | Plan pays 100%  | Plan pays 100%  |
|  | Inpatient Services <sup>2</sup><br>Partial Hospitalization <sup>2</sup>  | Plan pays 100%  | Plan pays 100%  |
| <b>Substance<br/>Abuse</b>               | Outpatient Services  | Plan pays 100%  | Plan pays 100%  |
|  | Inpatient Services <sup>2</sup><br>Partial Hospitalization <sup>2</sup>  | Plan pays 100%  | Plan pays 100%  |
|  | Residential Treatment Center <sup>3</sup><br>• Combined Tier I and<br>Tier II maximum of 60 days<br>per calendar year  | Plan pays 100%  | Plan pays 100%  |

|                           | <b>Administrative services<br/>for the SONM self-funded<br/>medical plan provided by<br/>Presbyterian Health Plan</b>  | <b>Tier I Presbyterian<br/>Preferred Network</b>   | <b>Tier II Presbyterian<br/>Nationwide HMO Network</b>   |
|---------------------------|--|--|--|
| <b>Other<br/>Services</b> | Allergy Testing and Treatment  | \$45 office visit copay  | \$60 office visit copay  |
|                           | Allergy Injections only  | Plan pays 100%   | Plan pays 100%   |
|                           | Allergy Extract preparation  | Plan pays 100%   | Plan pays 100%   |
|                           | Alternative Therapy <sup>3</sup> <ul style="list-style-type: none"> <li>Acupuncture and Chiropractic Services (combined annual limit and combined Tier I and Tier II annual limit of 25 visits per calendar year)</li> <li>Naprapathic Services (combined Tier I and Tier II annual limit of 25 visits per calendar year)</li> <li>Massage Services (combined annual limit with Naprapathic Services and combined Tier I and Tier II annual limit of 25 visits per calendar year)</li> </ul> | Chiropractor \$25/visit<br>Acupuncture \$50/visit<br><br>\$55 copay per visit<br><br>\$55 copay per visit<br>(\$0 copay with<br>BH Diagnosis Code) | Chiropractic - \$40 copay per visit<br>Acupuncture - \$50 copay per visit<br><br>\$55 copay per visit<br><br>\$55 copay per visit<br>(\$0 copay with<br>BH Diagnosis Code) |
|                           | Autism Spectrum Disorders <sup>2</sup> <ul style="list-style-type: none"> <li>Diagnosis and treatment of autism spectrum disorder</li> <li>Well-baby and well-child screening for diagnosing the presence of autism spectrum disorder</li> </ul>   | Plan pays 100%   | Plan pays 100%   |
|                           | The habilitative and rehabilitative treatment of autism spectrum disorder through speech therapy, occupational therapy, physical therapy and applied behavioral analysis. Providers must be credentialed to provide such therapy.  |  |  |
|                           | Biofeedback<br>For specified medical conditions only   | \$45 copay per visit   | \$60 copay per visit   |
|                           | Cardiac Rehabilitation <sup>2</sup>  | \$45 copay per visit   | \$60 copay per visit   |
|                           | Pulmonary Rehabilitation <sup>2</sup>  | \$45 copay per visit   | \$60 copay per visit   |
|                           | Chemotherapy and/or Radiation Therapy  | Plan pays 100% after deductible  | Plan pays 100% after deductible  |
|                           | Dialysis   | Plan pays 100% after deductible  | Plan pays 100% after deductible  |
|                           | Diabetes Coverage<br>Office visit and diabetes education   | Subject to place of service copay  | Subject to place of service copay  |
|                           | Diabetic supplies, equipment, appliances, and services <sup>2</sup> <ul style="list-style-type: none"> <li>Prescribed by the attending physician</li> <li>Purchased through a Durable Medical Equipment (DME) provider</li> </ul>  | Plan pays 100%   | Plan pays 100%   |
|                           | Durable Medical Equipment (DME), orthopedic appliances, prosthetics, and functional orthotics <sup>2</sup>   | 20% coinsurance after deductible   | 20% coinsurance after deductible   |

|                               | <b>Administrative services<br/>for the SONM self-funded<br/>medical plan provided by<br/>Presbyterian Health Plan</b>  | <b>Tier I Presbyterian<br/>Preferred Network</b>  | <b>Tier II Presbyterian<br/>Nationwide HMO Network</b>  |
|-------------------------------|--|---|---|
| <b>Other<br/>Services</b>     | Hearing Aids<br>(to include repair, replacement<br>and associated testing)   | Plan pays 100% of the covered<br>charges (including fitting and<br>dispensing services) up to a<br>maximum of \$2,500 every 36<br>months per hearing impaired ear | Plan pays 100% of the covered<br>charges (including fitting and<br>dispensing services) up to a<br>maximum of \$2,500 every 36<br>months per hearing impaired ear |
|                               | Home Health Care <sup>2</sup> /<br>Home Intravenous Service <sup>2</sup><br><br>Prescribed home physician<br>services, nursing care and<br>rehabilitative therapy  | \$45 copay per visit  | \$60 copay per visit  |
|                               | Hospice <sup>2</sup><br>• Bereavement Counseling<br>(Limited to 3 sessions during<br>the hospice benefit period)<br>• Respite Care (Lifetime<br>Maximum of 2 sessions of up<br>to 10 days for each Hospice<br>benefit period)                  | Plan pays 100%  | Plan pays 100%  |
|                               | Infertility related services<br>(only limited services covered)  | Copay based on services   | Copay based on services   |
|                               | Physical, Occupational, and<br>Speech Therapy <sup>3</sup>   | \$25 copay per visit  | \$40 copay per visit  |
|                               | Skilled Nursing Facility <sup>3</sup><br>(Admission coinsurance waived<br>if readmitted within 15 days)  | 20% coinsurance<br>after deductible   | 20% coinsurance<br>after deductible   |
|                               | Tobacco Cessation  | 50% coinsurance<br>after deductible   | 50% coinsurance<br>after deductible   |
|                               | Dental Services <sup>2</sup> (For limited<br>medical conditions only)<br>• Inpatient <sup>2</sup><br>• Outpatient  | 20% coinsurance<br>after deductible<br><br>\$45 copay   | 20% coinsurance<br>after deductible<br><br>\$60 copay   |
| <b>Transplants</b>            | Coverage for human organ<br>transplants <sup>5</sup><br>• Case Management required<br>• Refer to Summary Plan<br>Description for complete<br>details on transplant<br>coverage<br><br>Maximums apply to covered<br>travel and lodging services | Copays based on<br>place of service   | Copays based on<br>place of service   |
| <b>Prescription<br/>Drugs</b> | <b>Administered by CVS Caremark. Call CVS Caremark at 1-877-744-5313</b>   |   |   |

Plan not subject to Pre-Existing Conditions or Lifetime Maximums however some services may be limited to a number of visits/days per condition.

<sup>1</sup> The Patient Protection and Affordable Care Act (also known as Health Care Reform) requires health plans to cover specific Preventive Care Services, including Women's Preventive Care Services, at no cost to the member when the services are provided by an In-Network Participating Provider. Although these services are covered at no charge, the provider may charge a copayment for other services provided during the office visit. Additionally, some covered Family Planning services continue to require member cost-sharing. If you have questions regarding the Preventive Care Services that are covered under this plan, including Family Planning Services, or your cost for these services, please refer to your Evidence of Coverage/ Summary Plan Description, or contact Presbyterian Health Plan at the phone number listed on your ID card. These services must be Medically Necessary as defined by the Summary Plan Description.

<sup>2</sup> Pre-Admission Review and/or Prior Authorization is required; \$250 penalty, reduction or denial may apply to facility and provider services if the required Pre-Admission Review and/or Prior Authorization is not obtained.

<sup>3</sup> This benefit includes an annual visit limitation. See your Summary Plan Description for more information.

<sup>4</sup> The Emergency Services coinsurance is waived if an inpatient hospital admission results; then the hospital admission deductible and coinsurance applies.

<sup>5</sup> Transplants are covered In-Network only by Tier I or Tier II providers. Case Management Services for transplant patients must be obtained from Presbyterian Health Plan at the phone number listed on your ID card.

<sup>6</sup> Patients are responsible for copay or deductible and coinsurance related to place of service, ancillary services, and additional procedures performed at the same time. Prior Authorization rules still apply.