



**DETERMINED
TO PLAN FOR
YOUR HEALTH.**

 **PRESBYTERIAN**
Health Plan, Inc.

phs.org/sonm

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

Take a look at Presbyterian Health Plan for your **July 2026 - June 2027** 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.

Introducing Four New Plans

Now offering SONM employees four plan options, including two HMO plans and two PPO plans - offering two tiers with expanded networks that include Presbyterian Medical Group, UNM Health and Lovelace.



HEALTH CARE
AUTHORITY

TWO-TIER NETWORK HIGHLIGHTS

Our four plan offerings include two-tier networks, expanding access to care.

HMO CLEAR COST PLATINUM

TIER I

Presbyterian Preferred Network Highlights

Presbyterian Medical Group

PRESNow 24/7 Urgent and Emergency Care – 4 locations in Albuquerque

\$0 Virtual Care (Primary Care, Dermatology, Behavioral Health, Urgent Care)

Copays	\$20 PCP \$40 Specialist
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Out-of-Pocket Maximum	\$3,500 Individual \$7,000 Two-party \$10,500 Family
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Deductible	\$0 Individual \$0 Two-party \$0 Family
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TIER II

Presbyterian Nationwide and Expanded Network Highlights

Aetna Nationwide Network with more than 1.5 million participating providers

Lovelace Hospitals and Medical Group

UNM Hospital and UNM Medical Group

Copays	\$30 PCP \$60 Specialist
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Out-of-Pocket Maximum	\$4,250 Individual \$8,500 Two-party \$12,750 Family
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Deductible	\$300 Individual \$600 Two-party \$900 Family
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HMO BASIC GOLD

TIER I

Presbyterian Preferred Network Highlights

Presbyterian Medical Group

PRESNow 24/7 Urgent and Emergency Care – 4 locations in Albuquerque

\$0 Virtual Care (Primary Care, Dermatology, Behavioral Health, Urgent Care)

Copays	\$30 PCP \$60 Specialist
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Out-of-Pocket Maximum	\$4,000 Individual \$8,000 Two-party \$12,000 Family
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Deductible	\$500 Individual \$1,000 Two-party \$1,500 Family
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TIER II

Presbyterian Nationwide and Expanded Network Highlights

Aetna Nationwide Network with more than 1.5 million participating providers

Lovelace Hospitals and Medical Group

UNM Hospital and UNM Medical Group

Copays	\$40 PCP \$80 Specialist
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Out-of-Pocket Maximum	\$5,000 Individual \$10,000 Two-party \$15,000 Family
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Deductible	\$700 Individual \$1,400 Two-party \$2,100 Family
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TWO-TIER NETWORK HIGHLIGHTS

PPO BASIC GOLD

TIER I

Presbyterian Preferred Network Highlights

Presbyterian Medical Group

PRESNow 24/7 Urgent and Emergency Care – 4 locations in Albuquerque

\$0 Virtual Care (Primary Care, Dermatology, Behavioral Health, Urgent Care)

Copays	\$30 PCP \$60 Specialist
Out-of-Pocket Maximum	\$4,000 Individual \$8,000 Two-party \$12,000 Family
Deductible	\$500 Individual \$1,000 Two-party \$1,500 Family

TIER II

Presbyterian Nationwide and Expanded Network Highlights

Aetna Nationwide Network with more than 1.5 million participating providers

Lovelace Hospitals and Medical Group

UNM Hospital and UNM Medical Group

Copays	\$40 PCP \$80 Specialist
Out-of-Pocket Maximum	\$6,000 Individual \$12,000 Two-party \$18,000 Family
Deductible	\$700 Individual \$1,400 Two-party \$2,100 Family

PPO HDHP SILVER

Plan Highlights

Presbyterian Medical Group

PRESNow 24/7 Urgent and Emergency Care – 4 locations in Albuquerque

\$0 Virtual Care (Primary Care, Dermatology, Behavioral Health, Urgent Care)

Aetna Nationwide Network with more than 1.5 million participating providers

Lovelace Hospitals and Medical Group

UNM Hospital and UNM Medical Group

Copays	PCP: 30% coinsurance after deductible Specialist: 30% coinsurance after deductible
Out-of-Pocket Maximum	\$8,500 Individual \$10,150 Two-party \$10,150 Family
Deductible	\$3,000 Individual \$6,000 Two-party \$6,000 Family

Copays	PCP: 30% coinsurance after deductible Specialist: 30% coinsurance after deductible
Out-of-Pocket Maximum	\$12,000 Individual \$24,000 Two-party \$24,000 Family
Deductible	\$4,500 Individual \$9,000 Two-party \$9,000 Family

WHERE TO GET CARE

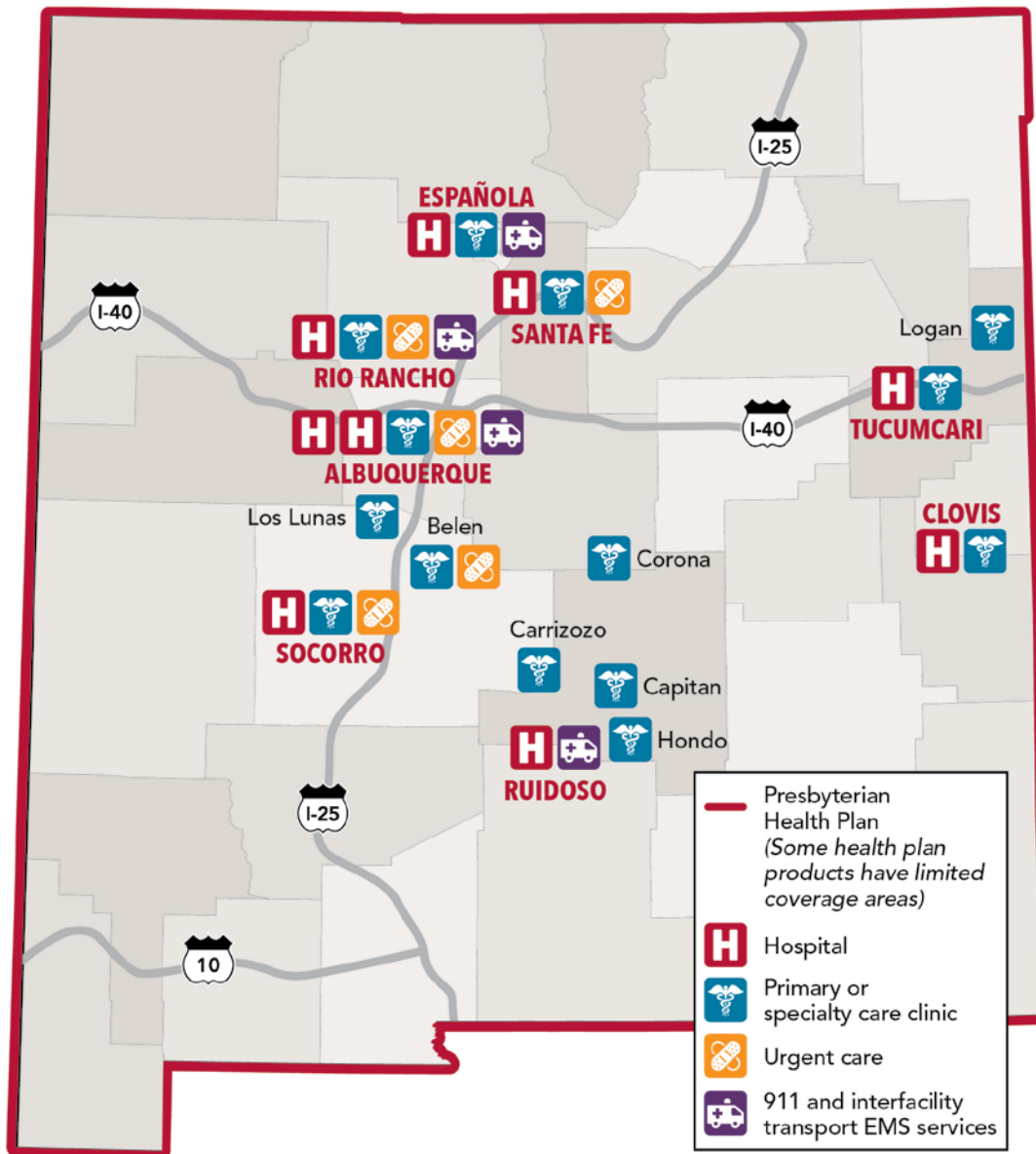
Presbyterian Preferred Network

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. Our Tier I network includes access to Presbyterian hospitals and clinics, including our:

- 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

Expanded Network

We are excited to introduce expanded access to care with both UNM Health System and Lovelace Hospitals now included in our Tier II network.



PERSONALIZED SERVICE DEDICATED TO YOU



Personalized Webpage for SONM Employees

Quickly view and print your medical, dental, and vision plan benefit materials and view other helpful resources online at your convenience at www.phs.org/sonm.

Presbyterian Member Advocate Team

SONM members will have access to Presbyterian's Member Advocate Team, a specialized customer service unit specifically trained on SONM's benefit design, provider selection and scheduling process. The Member Advocate Team can help you select a Primary Care Provider if you are new to the Presbyterian care delivery system, as well as help you schedule your first appointment. This team is available Monday through Friday, 7 a.m. - 6 p.m. at (505) 923-7727 (or toll-free at 1-866-670-0602) or via email at info@phs.org.

Personalized Provider Directory

SONM employees have personalized provider directories where you can find providers who are close to your work or home; find specific providers, PCPs or specialists; narrow your search to match your preferences, such as a male or female provider; and find facilities and pharmacies. Visit www.phs.org/sonm.

Discounts for Acupuncture, Massage Therapy, Chiropractic and More

Our partnership with BenefitSource brings you member-only discounts for alternative medicine and vision services. Simply present your Presbyterian Member ID card to a participating provider and receive as much as 35% off services like massage therapy, hearing and vision hardware, and acupuncture and chiropractic treatments. For a list of participating providers, fee schedules, and more, visit www.benefitsource.org/Presbyterian or call (505) 237-1501 or 1-888-862-8659.

Centrally Located Customer Service

Our friendly representatives, located in Albuquerque, are standing by to answer your benefit questions Monday through Friday from 7 a.m. to 6 p.m. You can contact our Presbyterian Customer Service Center by calling (505) 923-5600 or 1-888-275-7737 or by sending an e-mail at any time to info@phs.org.

VALUABLE RESOURCES AVAILABLE TO YOU

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 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 Travel App for your smart device, 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 our 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.

Our care coordinators also provide support for managing cancer or lower 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, 365 days a year, including holidays. Call **(505) 923-5570** or **1-866-221-9679**.

For details, visit www.phs.org and search for "PresRN."

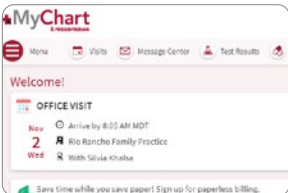
\$0 Virtual Care Services



Any virtual care service with a network provider is \$0 for both Tier I and Tier II providers, including Primary Care, Specialist, Urgent Care or Behavioral Health visits.

To learn more, visit www.phs.org/virtualpres

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.

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.

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

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 register or log in, visit www.phs.org/myPRES.



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



www.defined.com

Defined Fitness is one of New Mexico's premier health clubs, offering a wide variety of group exercise classes, supervised childcare 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.



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.



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 age 18 and older are eligible to enroll.
- Once enrolled, Presbyterian will automatically debit your account or credit card each month.
- Your enrollment will automatically roll over to the next plan year – no need to re-enroll.

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 the Presbyterian 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 canceled voluntarily.
- If your account is canceled 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.



VirtualPRES

VirtualPRES 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.

PRESBYTERIAN MEDICAL GROUP

You can schedule a virtual appointment with a Presbyterian Medical Group (PMG) provider or an independent community healthcare provider for urgent or primary care, dermatology, and behavioral health.

CONTRACTED NETWORK PROVIDERS

You can be seen on-demand by a contracted provider for urgent care 24 hours a day, seven days a week, throughout the United States.

Virtual behavioral health is offered by Talkspace for a variety of plan types.

PresRN

PresRN is a hotline that gives you direct local access to medical advice 24 hours a day, seven days a week, including holidays. There is no charge to call our experienced registered nurses (RNs) for answers to your health or wellness questions. Call **(505) 923-5570** or **1-866-221-9679**.

MyCHART

Using our secure, web-based portal, members with a Presbyterian Medical Group provider can send electronic messages to their care team, request prescription renewals, view medical records or test reports, and schedule office or telephone visits.

What if my virtual provider says I need in-person care?

- Your virtual provider will offer recommendations for seeking in-person care if they determine you need to be seen in person.
- If you live in the Albuquerque area and are seeing a virtual PMG urgent care provider, a care team member will connect you with PMG Family Medicine to provide convenient access to an in-person appointment.

To learn more about VirtualPRES, go to phs.org/virtualpres

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 7/1/2026 - 6/30/2027. The specific terms of coverage, limitations and exclusions are detailed in Sections 2, 4 and 5 of the Summary Plan Description.

SUMMARY OF BENEFITS HMO PLANS	HMO CLEAR COST PLATINUM		HMO BASIC GOLD	
	Tier I	Tier II	Tier I	Tier II
Deductible <ul style="list-style-type: none"> The deductible does not apply to Preventive Care Services or Prescription Drugs. Copays do not apply towards deductible. 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). 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. 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. Deductible amounts cross-accumulate between Tier I and Tier II. 	\$0 Individual \$0 Two-party \$0 Family	\$300 Individual \$600 Two-party \$900 Family	\$500 Individual \$1,000 Two-party \$1,500 Family	\$700 Individual \$1,400 Two-party \$2,100 Family
Out-of-Pocket Maximum <ul style="list-style-type: none"> The medical plan copays, deductible and coinsurance apply to the annual out-of-pocket maximum. 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. After each family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of that individual's covered expenses. After the family out-of-pocket maximum has been met, the plan will pay 100% of each family member's covered expenses. Out-of-pocket amounts cross-accumulate between Tier I and Tier II.. 	\$3,500 Individual \$7,000 Two-party \$10,500 Family	\$4,250 Individual \$8,500 Two-party \$12,750 Family	\$4,000 Individual \$8,000 Two-party \$12,000 Family	\$5,000 Individual \$10,000 Two-party \$15,000 Family
Member Coinsurance	0%	20%	30%	30%
Primary Care (Visit to treat an injury or illness excluding preventive and X-rays)	\$20	\$30	\$30	\$40
Preventive Care/Screening/Immunization ¹ <ul style="list-style-type: none"> Routine physical Annual women's exam Annual men's exam including PSA Related laboratory tests (including X-rays, routine pap tests, cholesterol tests, urinalysis, mammogram, colonoscopy, etc.) Well childcare including vision and hearing screenings (through age 21) Immunizations Health education and counseling (including smoking/tobacco cessation education) Family planning 	\$0	\$0	\$0	\$0

SUMMARY OF BENEFITS HMO PLANS	HMO CLEAR COST PLATINUM		HMO BASIC GOLD	
	Tier I	Tier II	Tier I	Tier II
Specialist Visit	\$40	\$60	\$60	\$80
Urgent Care Facility	\$50	\$70	\$80	\$100
Emergency Room Services ⁴	\$250 (waived if admitted)	\$250 (waived if admitted)	\$350 (waived if admitted)	\$350 (waived if admitted)
Ambulance (Emergency Ground or Air Transport)	Ground \$100 Air \$200	Ground \$100 Air \$200	30% after deductible, coinsurance (Tier I deductible applies)	30% after deductible, coinsurance (Tier I deductible applies)
Virtual Care Services All Medical and Behavioral Virtual Care Services (Telephonic or Video) • Primary Care • Specialty Care • Urgent Care	\$0	\$0	\$0	\$0
Prescription Drugs	Administered by Express Scripts. Call Express Scripts at 1-866-447-5521			
Laboratory Outpatient and Professional Services	\$20	\$30	\$30	\$40
X-ray and Diagnostic Imaging	\$75	\$100	\$100	\$120
Imaging (CT/PET Scans, MRIs) ²	\$75	\$100	30% coinsurance after deductible; up to \$250	30% coinsurance after deductible; up to \$250
Maternity Services	\$750 per admission	\$1,250 per admission	30% coinsurance after deductible	30% coinsurance after deductible
Routine nursery care for newborn • If mother is covered under the plan, baby is covered from birth but must be enrolled in the medical plan as quickly as possible but no later than 30 days from date of birth.	\$0	\$0	\$0	\$0
Transplant ⁵ Coverage for human organ transplants • Case Management required • Refer to Summary Plan Description for complete details on transplant coverage. Maximums apply to covered travel and lodging services.	Copay based on place of service	Copay based on place of service	Copay based on place of service	Copay based on place of service
Speech, Occupational and Physical Therapy ³	\$20	\$30	\$30	\$40
Skilled Nursing Facility ³	\$750 per admission	\$1,250 per admission	30% after deductible	30% after deductible
Outpatient Surgery Physician/Surgical Services ² and Facility Fees (e.g., Ambulatory Surgery Center)	\$75	\$100	30% coinsurance after deductible	30% coinsurance after deductible

SUMMARY OF BENEFITS HMO PLANS	HMO CLEAR COST PLATINUM		HMO BASIC GOLD	
	Tier I	Tier II	Tier I	Tier II
Outpatient Mental/Behavioral Health and Substance Use Disorder Services	\$0	\$0	\$0	\$0
Outpatient Facility Fee – Mental Health	\$0	\$0	\$0	\$0
Inpatient Hospital Services ² (excluding Mental Health/Substance Use Disorder)	\$750 per admission	\$1,250 per admission	30% coinsurance after deductible	30% coinsurance after deductible
Inpatient Mental Health/Substance Use Disorder (SUD)	\$0	\$0	\$0	\$0
Allergy Testing and Treatment	\$40	\$60	\$60	\$80
Allergy Injections only	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Allergy Extraction Preparation	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Acupuncture ³ (limited to 25 visits combined/plan year)	\$40	\$60	\$60	\$80
Chiropractic ³ (limited to 25 visits combined/plan year)	\$20	\$30	\$30	\$40
Naprapathic Services, Massage Therapy ³ (limited to 25 visits combined / plan year). No copay applies for behavioral health for HMOs and PPO in-network	\$40	\$60	\$60	\$80
Autism Spectrum Disorders ² <ul style="list-style-type: none"> • Diagnosis and treatment of autism spectrum disorder • Well-baby and well-child screening for diagnosing the presence of autism spectrum disorder 	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Cardiac Rehab ² and Pulmonary Rehab ²	Specialist office visit copays apply	Specialist copays apply for office visits, other 20%	Specialist copays apply for office visits, other 30% after deductible	Specialist copays apply for office visits, other 30% after deductible
Chemotherapy and/or Radiation Therapy	Specialist copay applies for office visits, other outpatient place of service 20%	Specialist copay applies for office visits, other outpatient place of service 20%	Specialist copay applies for office visits, other outpatient place of service 30% after deductible	Specialist copay applies for office visits, other outpatient place of service 30% after deductible
Dialysis	PCP copay applies for office visits, other outpatient place of service 20%	PCP copay applies for office visits, other outpatient place of service 20%	PCP copay applies for office visits, other outpatient place of service 30% after deductible	PCP copay applies for office visits, other outpatient place of service 30% after deductible
Diabetes Coverage (office visit and diabetes education)	PCP and specialist copays apply	PCP and specialist copays apply	PCP and specialist copays apply	PCP and specialist copays apply

SUMMARY OF BENEFITS HMO PLANS	HMO CLEAR COST PLATINUM		HMO BASIC GOLD	
	Tier I	Tier II	Tier I	Tier II
Diabetic supplies, equipment, appliances, and services ² <ul style="list-style-type: none"> • Prescribed by the attending physician • Purchased through a Durable Medical Equipment (DME) provider 	20%	20%	30% coinsurance after deductible	30% coinsurance after deductible
Durable Medical Equipment (DME), orthopedic appliances, prosthetics, and functional orthotics	20%	20%	30% coinsurance after deductible	30% coinsurance after deductible
Hearing Aids (to include repair, replacement and associated testing)	No copay, up to \$2,500 per ear every 36 months	No copay, up to \$2,500 per ear every 36 months	No copay, up to \$2,500 per ear every 36 months	No copay, up to \$2,500 per ear every 36 months
Hospice ² <ul style="list-style-type: none"> • Bereavement Counseling (Limited to 3 sessions during the hospice benefit period) • Respite Care (Lifetime Maximum of 2 sessions of up to 10 days for each Hospice benefit period) 	Plan pays 100%	Plan pays 100%	Plan pays 100% after deductible	Plan pays 100% after deductible
Home Health Care ² / Home Intravenous Service ² Prescribed home physician services, nursing care and rehabilitative therapy	\$40	\$60	\$60	\$80

¹ 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.

² 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.

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

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

⁵ 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.

⁶ 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.

SUMMARY OF BENEFITS PPO BASIC GOLD	PPO BASIC GOLD		
	Tier I	Tier II	Out-of-Network
Deductible <ul style="list-style-type: none"> The deductible does not apply to Preventive Care Services or Prescription Drugs. Copays do not apply towards deductible. 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). 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. 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. Deductible amounts cross-accumulate between Tier I and Tier II. 	\$500 Individual \$1,000 Two-party \$1,500 Family	\$700 Individual \$1,400 Two-party \$2,100 Family	\$3,000 Individual \$6,000 Two-party \$9,000 Family
Out-of-Pocket Maximum <ul style="list-style-type: none"> The medical plan copays, deductible and coinsurance apply to the annual out-of-pocket maximum. 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. After each family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of that individual's covered expenses. After the family out-of-pocket maximum has been met, the plan will pay 100% of each family member's covered expenses. Out-of-pocket amounts cross-accumulate between Tier I and Tier II. 	\$4,000 Individual \$8,000 Two-party \$12,000 Family	\$6,000 Individual \$12,000 Two-party \$18,000 Family	\$9,000 Individual \$18,000 Two-party \$27,000 Family
Member Coinsurance	30%	35%	50%
Primary Care (Visit to treat an injury or illness excluding preventive and X-rays)	\$30	\$40	50% coinsurance after deductible
Preventive Care/Screening/Immunization ¹ <ul style="list-style-type: none"> Routine physical Annual women's exam Annual men's exam including PSA Related laboratory tests (including X-rays, routine pap tests, cholesterol tests, urinalysis, mammogram, colonoscopy, etc.) Well childcare including vision and hearing screenings (through age 21) Immunizations Health education and counseling (including smoking/tobacco cessation education) Family planning 	\$0	\$0	50% coinsurance after deductible
Specialist Visit	\$60	\$80	50% coinsurance after deductible
Urgent Care Facility	\$80	\$100	50% coinsurance after deductible
Emergency Room Services ⁴	\$350 (waived if admitted)	\$350 (waived if admitted)	\$350 (waived if admitted)

SUMMARY OF BENEFITS PPO BASIC GOLD	PPO BASIC GOLD		
	Tier I	Tier II	Out-of-Network
Ambulance (Emergency Ground or Air Transport)	30% after deductible, coinsurance (Tier I deductible applies)	30% after deductible, coinsurance (Tier I deductible applies)	30% after deductible, coinsurance (Tier I deductible applies)
Virtual Care Services All Medical and Behavioral Virtual Care Services (Telephonic or Video) • Primary Care • Specialty Care • Urgent Care	\$0	\$0	50% coinsurance after deductible
Prescription Drugs	Administered by Express Scripts. Call Express Scripts at 1-866-447-5521		
Laboratory Outpatient and Professional Services	30% coinsurance after deductible	35% coinsurance after deductible	50% coinsurance after deductible
X-ray and Diagnostic Imaging	30% coinsurance after deductible	35% coinsurance after deductible	50% coinsurance after deductible
Imaging (CT/PET Scans, MRIs) ²	30% coinsurance after deductible; up to \$300	35% coinsurance after deductible; up to \$300	50% coinsurance after deductible
Maternity Services	30% coinsurance after deductible	35% coinsurance after deductible	50% coinsurance after deductible
Routine nursery care for newborn • If mother is covered under the plan, baby is covered from birth but must be enrolled in the medical plan as quickly as possible but no later than 30 days from date of birth.	\$0	\$0	50% after deductible
Transplant ⁵ Coverage for human organ transplants • Case Management required • Refer to Summary Plan Description for complete details on transplant coverage. Maximums apply to covered travel and lodging services.	Subject to place of service	Subject to place of service	Not covered
Speech, Occupational and Physical Therapy ³	\$30	\$40	50% coinsurance after deductible
Skilled Nursing Facility ³	30% after deductible	35% coinsurance after deductible	50% coinsurance after deductible
Outpatient Surgery Physician/Surgical Services ² and Facility Fees (e.g., Ambulatory Surgery Center)	30% coinsurance after deductible	35% coinsurance after deductible	50% coinsurance after deductible

SUMMARY OF BENEFITS PPO BASIC GOLD	PPO BASIC GOLD		
	Tier I	Tier II	Out-of-Network
Outpatient Mental/Behavioral Health and Substance Use Disorder Services	\$0	\$0	50% coinsurance after deductible
Outpatient Facility Fee – Mental Health	\$0	\$0	50% coinsurance after deductible
Inpatient Hospital Services ² (excluding Mental Health/Substance Use Disorder)	30% coinsurance after deductible	35% coinsurance after deductible	50% coinsurance after deductible
Inpatient Mental Health/ Substance Use Disorder (SUD)	\$0	\$0	50% coinsurance after deductible
Allergy Testing and Treatment	\$60	\$80	50% coinsurance after deductible
Allergy Injections only	Plan pays 100%	Plan pays 100%	50% coinsurance after deductible
Allergy Extraction Preparation	Plan pays 100%	Plan pays 100%	50% coinsurance after deductible
Acupuncture ³ (limited to 25 visits combined/plan year)	\$60	\$80	50% after deductible
Chiropractic ³ (limited to 25 visits combined/plan year)	\$30	\$40	50% after deductible
Naprapathic Services, Massage Therapy ³ (limited to 25 visits combined / plan year). No copay applies for behavioral health for HMOs and PPO in-network	\$60	\$80	50% after deductible
Autism Spectrum Disorders ² <ul style="list-style-type: none"> • Diagnosis and treatment of autism spectrum disorder • Well-baby and well-child screening for diagnosing the presence of autism spectrum disorder 	Plan pays 100%	Plan pays 100%	50% coinsurance after deductible
Cardiac Rehab ² and Pulmonary Rehab ²	Specialist Copays apply for office visits, other 30% after deductible	Specialist Copays apply for office visits, other 35% after deductible	50% coinsurance after deductible
Chemotherapy and/or Radiation Therapy	Specialist copay applies for office visits, other outpatient place of service 30% after deductible	Specialist copay applies for office visits, other outpatient place of service 35% after deductible	50% coinsurance after deductible
Dialysis	PCP copay applies for office visits, other outpatient place of service 30% after deductible	PCP copay applies for office visits, other outpatient place of service 35% after deductible	50% coinsurance after deductible

SUMMARY OF BENEFITS PPO BASIC GOLD	PPO BASIC GOLD		
	Tier I	Tier II	Out-of-Network
Diabetes Coverage (office visit and diabetes education)	PCP and specialist copays apply	PCP and specialist copays apply	50% coinsurance after deductible
Diabetic supplies, equipment, appliances, and services ² <ul style="list-style-type: none"> • Prescribed by the attending physician • Purchased through a Durable Medical Equipment (DME) provider 	30% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Durable Medical Equipment (DME), orthopedic appliances, prosthetics, and functional orthotics	30% coinsurance after deductible	35% coinsurance after deductible	50% coinsurance after deductible
Hearing Aids (to include repair, replacement and associated testing)	No copay, up to \$2,500 per ear every 36 months	No copay, up to \$2,500 per ear every 36 months	50% after deductible, up to \$2,500 per ear every 36 months
Hospice ² <ul style="list-style-type: none"> • Bereavement Counseling (Limited to 3 sessions during the hospice benefit period) • Respite Care (Lifetime Maximum of 2 sessions of up to 10 days for each Hospice benefit period) 	Plan pays 100% after deductible	Plan pays 100% after deductible	50% after deductible
Home Health Care ² / Home Intravenous Service ² Prescribed home physician services, nursing care and rehabilitative therapy	\$60	\$80	50% coinsurance after deductible

¹ 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.

² 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.

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

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

⁵ 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.

⁶ 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.

SUMMARY OF BENEFITS PPO HDHP SILVER	PPO HDHP SILVER	
	In-Network	Out-of-Network
Deductible <ul style="list-style-type: none"> Members must pay all costs from providers up to the deductible amount before this plan begins to pay. If member has other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall deductible. 	\$3,000 Individual \$6,000 Two-party \$6,000 Family	\$4,500 Individual \$9,000 Two-party \$9,000 Family
Out-of-Pocket Maximum <ul style="list-style-type: none"> The out-of-pocket limit is the most a member could pay in a year for covered services. If a member has other family members on this plan, they must meet their own out-of-pocket limit until the overall family out-of-pocket limit has been met. 	\$8,500 Individual \$10,150 Two-party \$10,150 Family	\$12,000 Individual \$24,000 Two-party \$24,000 Family
Member Coinsurance	30%	50%
Primary Care (Visit to treat an injury or illness excluding preventive and X-rays)	30% coinsurance after deductible	50% coinsurance after deductible
Preventive Care/Screening/Immunization ¹ <ul style="list-style-type: none"> Routine physical Annual women's exam Annual men's exam including PSA Related laboratory tests (including X-rays, routine pap tests, cholesterol tests, urinalysis, mammogram, colonoscopy, etc.) Well childcare including vision and hearing screenings (through age 21) Immunizations Health education and counseling (including smoking/tobacco cessation education) Family planning 	\$0	50% coinsurance after deductible
Specialist Visit	30% coinsurance after deductible	50% coinsurance after deductible
Urgent Care Facility	30% coinsurance after deductible	50% coinsurance after deductible
Emergency Room Services ⁴	30% after deductible (In-Network deductible applies)	30% after deductible (In-Network deductible applies)
Ambulance (Emergency Ground or Air Transport)	30% after deductible, coinsurance (In-Network deductible applies)	30% after deductible, coinsurance (In-Network deductible applies)
Virtual Care Services All Medical and Behavioral Virtual Care Services (Telephonic or Video) <ul style="list-style-type: none"> Primary Care Specialty Care Urgent Care 	\$0	50% after deductible
Prescription Drugs	Administered by Express Scripts. Call Express Scripts at 1-866-447-5521	
Laboratory Outpatient and Professional Services	30% coinsurance after deductible	50% coinsurance after deductible
X-ray and Diagnostic Imaging	30% coinsurance after deductible	50% coinsurance after deductible
Imaging (CT/PET Scans, MRIs) ²	30% coinsurance after deductible	50% coinsurance after deductible

SUMMARY OF BENEFITS PPO HDHP SILVER	PPO HDHP SILVER	
	In-Network	Out-of-Network
Maternity Services	30% coinsurance after deductible	50% coinsurance after deductible
Routine nursery care for newborn • If mother is covered under the plan, baby is covered from birth but must be enrolled in the medical plan as quickly as possible but no later than 30 days from date of birth.	30% after deductible	50% after deductible
Transplant ⁵ Coverage for human organ transplants • Case Management required • Refer to Summary Plan Description for complete details on transplant coverage. Maximums apply to covered travel and lodging services.	30% coinsurance after deductible	Not covered
Speech, Occupational and Physical Therapy ³	30% coinsurance after deductible	50% coinsurance after deductible
Skilled Nursing Facility ³	30% coinsurance after deductible	50% coinsurance after deductible
Outpatient Surgery Physician/Surgical Services ² and Facility Fees (e.g., Ambulatory Surgery Center)	30% coinsurance after deductible	50% coinsurance after deductible
Outpatient Mental/Behavioral Health and Substance Use Disorder Services	30% coinsurance after deductible	50% coinsurance after deductible
Outpatient Facility Fee – Mental Health	30% coinsurance after deductible	50% coinsurance after deductible
Inpatient Hospital Services ² (excluding Mental Health/Substance Use Disorder)	30% coinsurance after deductible	50% coinsurance after deductible
Inpatient Mental Health/Substance Use Disorder (SUD)	30% coinsurance after deductible	50% coinsurance after deductible
Allergy Testing and Treatment	30% coinsurance after deductible	50% coinsurance after deductible
Allergy Injections only	30% coinsurance after deductible	50% coinsurance after deductible
Allergy Extraction Preparation	30% coinsurance after deductible	50% coinsurance after deductible
Acupuncture ³ (limited to 25 visits combined/plan year)	30% after deductible	50% after deductible
Chiropractic ³ (limited to 25 visits combined/plan year)	30% after deductible	50% after deductible
Naprapathic Services, Massage Therapy ³ (limited to 25 visits combined / plan year). No copay applies for behavioral health for HMOs and PPO in-network	30% after deductible	50% after deductible
Autism Spectrum Disorders ² • Diagnosis and treatment of autism spectrum disorder • Well-baby and well-child screening for diagnosing the presence of autism spectrum disorder	30% coinsurance after deductible	50% coinsurance after deductible

SUMMARY OF BENEFITS PPO HDHP SILVER	PPO HDHP SILVER	
	In-Network	Out-of-Network
Cardiac Rehab ² and Pulmonary Rehab ²	30% coinsurance after deductible	50% coinsurance after deductible
Chemotherapy and/or Radiation Therapy	30% coinsurance after deductible	50% coinsurance after deductible
Dialysis	30% coinsurance after deductible	50% coinsurance after deductible
Diabetes Coverage (office visit and diabetes education)	30% coinsurance after deductible	50% coinsurance after deductible
Diabetic supplies, equipment, appliances, and services ² <ul style="list-style-type: none"> • Prescribed by the attending physician • Purchased through a Durable Medical Equipment (DME) provider 	30% coinsurance after deductible	50% coinsurance after deductible
Durable Medical Equipment (DME), orthopedic appliances, prosthetics, and functional orthotics	30% coinsurance after deductible	50% coinsurance after deductible
Hearing Aids (to include repair, replacement and associated testing)	30% after deductible, up to \$2,500 per ear every 36 months	50% after deductible, up to \$2,500 per ear every 36 months
Hospice ² <ul style="list-style-type: none"> • Bereavement Counseling (Limited to 3 sessions during the hospice benefit period) • Respite Care (Lifetime Maximum of 2 sessions of up to 10 days for each Hospice benefit period) 	30% after deductible	50% after deductible
Home Health Care ²/ Home Intravenous Service ² Prescribed home physician services, nursing care and rehabilitative therapy	30% coinsurance after deductible	50% coinsurance after deductible

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For information on Presbyterian Health Plan's Nondiscrimination Notice, go to <https://www.phs.org/nondiscrimination>.

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. Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.

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SHOOH: Diné bee yánitti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiiik'eh ná hóló. Bee ahit hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'j' ahoot'i'ígíí éí t'áá jiiik'eh hóló. Kohji' 1-855-592-7737 (TTY: 711) hodílnih doodago nika'análwo'í bich'j' hanidziih.

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The dedicated Customer Service line for
State of New Mexico employees is available
Monday through Friday, 7 a.m. - 6 p.m.

(505) 923-5600 or toll-free at **1-888-275-7737**
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