Please visit www.mybenefitsnm.com to review the current Summaries of Benefits and Coverage (SBCs) and Plan Documents. All information on the benefit grid is illustrative only and does not substitute for the Summary Plan Description.

BENEFITS	PRESBYTERIAN- STATE OF NM 2025		BLUE CROSS BLUE SHIELD-STATE OF NM 2025			
This is only a summary that lists the employees' cost-sharing amounts and provides a brief description of the State of NM Group Plan benefits. The Summary Plan Description supersedes any information outlined in this	Tier 1	Tier 2	HMO	Tier 1 Provider	Tier 2 Provider	Tier 3 Provider
	Click for Premium Rate		Click for Premium Rates	Click for Premium Rates		
	Preferred Network	National HMO Network	IN-Network	Blue Preferred Plus (NBP)	Preferred (PPO)	Nonpreferred (OON)
Deductibles	$350 / $700 / $1050	$500 / $1,000/ $1,500	$425 / $850 / $1,275	$500 / $1,000 / $1,500	$700/ $1,400/ $2,100	$3,000 / $6,000 / $9,000
Out of Pocket (combined Pharmacy & Medical)	$3,750 / $7,500 / $11,250	$4,250 / $8,500/ $12,750	$4,000 / $8,000 / $12,000	$4,000 / $8,000 / $12,000	$5,600/ $11,200/ $16,800	$9,000 / $18,000 / $27,000
Lifetime Maximum (Certain services are subject to Plan Year and/or lifetime maximums orare limit per condition.)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Provider	$25 (deductible waived)	$40 (deductible waived)	$35 (deductible waived)	$40 (deductible waived)	$50 (deductible waived)	50%
Specialist Provider	$45 (deductible waived)	$60 (deductible waived)	$50 (deductible waived)	$60 (deductible waived)	$70 (deductible waived)	50%
Telehealth	$0	$0	$0	$0	$0	50%
Preventive Services/Immunization	$0 (deductible waived)	$0 (deductible waived)	$0 (deductible waived)	$0 (deductible waived)	$0 (deductible waived)	50% (deductible waived)
Well Child Services/Immunization	$0 (deductible waived)	$0 (deductible waived)	$0 (deductible waived)	$0 (deductible waived)	$0 (deductible waived)	50% (deductible waived)
Laboratory	$20 (deductible does not apply)	$20 (deductible does not apply)	25%	30%	40%	50%
X-Rays	$100 (deductible does not apply)	$100 (deductible does not apply)	25%	30%	40%	50%
Inpatient Hospital	20% coinsurance after deductible	20% coinsurance after deductible	$700 per admission	$1,250 per admission	$1,750 per admission	50%
MRI, MRA, CAT Scan, and PET Scan	$250 per test per day (deductible does not apply)	$250 per test per day (deductible does not apply)	25% up to maximum of $250 per test	25% up to maximum of $300 per test	35% up to maximum of $300 per test	50%
Outpatient Surgery	$500 copay	$500 copay	25% $250 per visit	25% $500 per visit	35% $700 per visit	50%
Maternity Hospitalization	$1000 per admission	$1000 per admission	$500 per admission	$1,000 per admission	$1,400 per admission	50%
Routine Nursery Care for Newborns	No Copay	No Copay	No Copay	No Copay	No Copay	50%
Emergency Room Visit	20% coinsurance after deductible	20% coinsurance after deductible	$300	$325	$325	$325
Urgent Care Center	$100 All Inclusive	$100 All Inclusive	$60	$65	$75	$75 (after PPO deductible)
Mental Health/Substance Abuse OutPatient	$0	$0	$0	$0	$0	50%
Mental Health/Substance Abuse InPatient	$0	$0	$0	$0	$0	50%
Chiropractic	$25 (deductible waived) (up to 25 combined visits/plan yr)	$40(deductible waived) (up to 25 combined visits/plan yr)	$55 (deductible waived) (up to 25 combined visits/plan yr)	$60 (deductible waived) (up to 25 visits combined/plan yr)	$70 (deductible waived) (up to 25 visits combined/plan yr)	50% (up to 25 visits combined/plan yr)
Acupuncture	$50	$50	$55	$60	$70	50%
Naprapathic Services, Massage Therapy	$55 (deductible waived) $0 (behavioral health) (up to 25 combined visits per plan year)	$55 (deductible waived) $0 (behavioral health) (up to 25 combined visits per plan year)	$60 (deductible waived) $0 (behavioral health) (up to 25 combined visits per plan year)	$65 (deductible waived) $0 (behavioral health) (up to 25 combined visits per plan year)	$75 (deductible waived) $0 (behavioral health) (up to 25 combined visits per plan year)	50% (up to 25 visits per plan year) $0 (behavioral health)
Durable Medical Equipment	20% coinsurance after deductible	20% coinsurance after deductible	25%	25%	35%	45%
Chemotherapy and Radiation Therapy	Plan pays 100% after deductible	Plan pays 100% after deductible	No Copay in Physicians Office	$55 per visit (deductible waived)	$65 per visit (deductible waived)	50%
Home HealthCare	$45 copay per visit	$60 copay per visit	$45 copay per visit	$55 (deductible waived)	$65 per visit	50%
Hearing Aids	No copay up to $2500 per ear; once every 3 years (36 months)	No copay up to $2500 per ear; once every 3 years (36 months)	No copay up to $2500 per ear; once every 3 years (36 months)	No copay up to $2500 per ear; once every 3 years (36 months)	No copay up to $2500 per ear; once every 3 years (36 months)	50% No copay (deductible waived)
Physical, Occupational, & Speech Therapy	$25 (deductible waived)	$40 (deductible waived)	$35 (deductible waived)	$40 (deductible waived)	$50 (deductible waived)	50%
Hospice	No Copay	No Copay	No Copay	No Copay	No Copay	50%

HEALTH CARE AUTHORITY

CVS caremark- SoNM (Pharmaceutical Benefit Manager)		
Out of Pocket	Retail (30 day supply)	Mail order (90 Day Supply)
Deductible	Combined prescription and medical OOP maximum	Combined prescription and medical OOP maximum
Deductible	$50 Individual/$100 Family (applies to brand-name medications only, applies to medical OOP maximum)	$50 Individual/$100 Family (applies to brand-name medications only, applies to medical OOP maximum)
Generic	$6.00	$17.00
Brand (Preferred)	30% ($35 min/$95 max)	$120.00
Brand (Non-Preferred)	40% ($60 min/$130 max)	$155.00
Specialty medications (30 day supply) must move to mail order after 2 fills at retail	$60 Generic $85 Preferred Brand $125 Non-Preferred Brand; Contact Prudent RX to confirm eligibility for co-pay assistance	

Delta Dental of New Mexico			
Services	PPO Provider	Premier Provider	Non-Participating Provider
Diagnostic & Preventive Services	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)
Basic Services	80% Plan Pays	80% Plan Pays	55% Plan Pays
Major Services	60% Plan Pays	60% Plan Pays	35% Plan Pays
Calendar Year Deducibles: $50 per person, $150 per family Deductible does not apply to Diagnostic, Preventive or Orthodontic Services			
Orthodontic Services: Children up to 18 - 75% up to $2,000 Lifetime Maximum; Adults 18 and over - 60% up to $1,750 Lifetime Maximum			
Benefit Annual Maximum - Calendar Year: $1,750 per enrolled person - per calendar year			
Please contact Delta Dental for service descriptions or further details at 1-877-395-9420			

EYEMED STATE OF NEW MEXICO		
SERVICES	IN-NETWORK	OUT-OF-NETWORK
EXAM SERVICES		
Eye Exam - Every 12 Months	Paid in Full after $10 Copay	Reimbursement up to: Eye Exam $40
Retinal Imaging	Up to $39	Not Covered
Lenses - Every 12 Months	Single/Bifocal/Trifocal-Paid in Full at $15 Co-Pay	Single-Vision Lenses $40; Bifocal $60; Trifocal $80
Frame - Every 24 Months	$150 retail allowance, plus 20% off overage	Up to $50
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	$0 copay; paid in full fit and two follow-up visits	Up to $40
Fit and Follow-up - Premium	$0 copay; 10% off retail price less $40 allowance	Up to $40
CONTACT LENSES		
Contacts - Conventional	$0 copay; 15% off balance over $150 allowance	Up to $105
Contacts - Disposable	$0 copay; $150 allowance	Up to $105
Contacts - Medically Necessary	$0 copay; paid in full	Up to $210
OTHER		
Hearing Care from Ampliton Network	Discounts on hearing exam and aidsl call 1-877-203-0675	
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1-800-988-4221	

STAY WELL HEALTH CENTER @ 1100 Saint Frances Drive, #1000, Santa Fe NM	
SERVICES	
Preventon and Wellness	Health Screening & Testing, Lab Services, Physical and Wellness Visits, Patient Advocacy
Diagnosis and Treatment	Illness, Aches & Pains
Monitoring and Management	Diabetes, Depression, Hypertension, High Cholesterol, Anxiety, Weight Management, Help to Quit Smoking, Vascular Disease, Thyearoid Disorder, Asthma
Patient Advocacy	Care Coordination, Specialist Coordination, Crisis Support, Community Resource Navigation, Elder-Care Support, Hospital Discharge Support

SERVICES	COST
OFFICE VISIT COPAY	no charge
ONSITE LABS & MEDICATIONS	no charge
CHRONIC DISEASE MANAGEMENT	no charge
PATIENT ADVOCACY SERVICES	no charge
CONCIERGE-STYLE CARE	no charge
PATIENT PORTAL	no charge
WELLNESS & NUTRITION COACHING	no charge

HEALTH CARE
AUTHORITY