New Mexico Public Schools Insurance Authority

2027 Medical Plan
Side-by-Side Comparison Chart

High Option
Low Option

2027 New Mexico Public Schools Insurance Authority
Side-by-Side Medical Plan Benefit Comparison Chart

These are only summaries that list the member cost-sharing amounts and provides a brief description of NMPSIA Health Plan medical benefits.
The High and Low Option Plans are available under BlueCross BlueShield of New Mexico (BCBSNM) and Presbyterian Health Plan.
The Summary Plan Descriptions supersede any information outlined in this summary.

All benefits are subject to the Deductible except where noted. This Schedule outlines the amounts of Coinsurance, Deductible, and Copay that you are responsible to pay for the services listed.
***IMPORTANT: Out-of-Network providers are paid according to the Allowed Charge and could result in Balance Billing to you except for No Surprises Act services.**
There is no overall lifetime maximum benefit. However, certain services have maximum annual benefit limits.
For services not listed or do not show member copayment/cost share, the covered person is responsible for the full allowed amount until the deductible is met, at which point standard coinsurance applies.

NMPSIA Health Plan Benefits There is no overall lifetime maximum benefit. However, certain services have maximum annual limits. ***(Deductible applies unless specified as "deductible waived")***	**High Option PPO Benefits** **Member's Share of Covered Charges**		**Low Option PPO Benefits** **Member's Share of Covered Charges**	
See below:	**In-Network Provider**	**Out-Of-Network Provider**	**In-Network Provider**	**Out-Of-Network Provider**
Calendar Year Deductible **Individual** **Family**	**$825** **$1,650**	**$3,000** **$6,000**	**$2,200** **$4,400**	**$6,000** **$12,000**
Member Coinsurance	**25% coinsurance**	**50% coinsurance**	**30% coinsurance**	**60% coinsurance**
Annual Out-Of-Pocket Limit *(Includes copayments, coinsurance, and deductibles)* **Individual** **Family**	**$4,500** **$9,000**	**$10,000** **$20,000**	**$5,500** **$11,000**	**$10,000** **$20,000**
Office Visit/Exam Charge Office and Home Visits/Exams or Consultation **Primary Preferred Provider Office/Home Visit** **Specialist/Office/Home Visit** **Telehealth** *(Virtual video visit access)* **** No charge when utilizing a nationwide network of providers offered by your selected carrier.***	**Office Visit Copay** ***(deductible waived)*** **$30** **$55** **$0***	 **50% coinsurance** **50% coinsurance** **Not Covered**	**Office Visit Copay** ***(deductible waived)*** **$35** **$70** **$0***	 **60% coinsurance** **60% coinsurance** **Not Covered**
Urgent Care *(In most cases includes ancillary services and supplies such as x-ray/labs/physician fees for the occurrence.)*	**$55 copay** ***(deductible waived)***	**50% coinsurance**	**$70 copay** ***(deductible waived)***	**60% coinsurance**
Emergency Room Treatment *(Hospital emergency room (ER) facility for a medical Emergency; Ancillary charges (such as lab or x-ray) performed during the ER visit; Physician and other professional provider charges.*	**$550 copay** ***(deductible waived)***		**$550 copay**	
Ambulance Service: Ground and Emergency Air Transport to or from the nearest local adequate Hospital or Skilled Nursing Facility.	**$55 copay** ***(deductible waived)***		**30% coinsurance**	
Ambulance Services: Inter-facility Transport	**$0** ***(deductible waived)***		**$0** ***(deductible waived)***	
Preventive Care Services Routine Adult Physicals and Gynecological Exams; Routine Well-Child Care; Routine Tests (including Pap Tests, Cholesterol tests, Urinalysis, Human Papillomavirus (HPV) Screening); Family Planning (including insertion/removal of birth control devices, surgical sterilization in office, birth control, and therapeutic injections.); Health Education Counseling (including diabetic and smoking cessation counseling); Colonoscopies (one covered at 100% annually regardless of diagnosis when in-network); Mammograms (no charge or service limit for breast imaging); Immunizations (including travel immunizations); Routine vision or hearing screenings through age 19. *Note: See the following Government websites for a complete description of covered preventive care/services or call the your respective Claims Administrative Office with any questions.* *http://www.uspreventiveservicestaskforce.org/BrowseRec/Index* *http://www.cdc.gov/vaccines/schedules/hcp/index.html* *http://www.uspreventiveservicestaskforce.org/BrowseRec/Index* *http://www.hrsa.gov/womensguidelines/* *Note: Preventive Care for covered immunizations/vaccines received at an In-Network Pharmacy will be paid under the Pharmacy Benefit Plan. If there is not an In-Network provider who can provide the preventive care service, then the Plan will cover the service when performed by an Out-of-Network provider without cost sharing.*	**Plan pays 100%** ***(deductible waived)***	**50% coinsurance** **(deductible waived)**	**Plan pays 100%** ***(deductible waived)***	**60% coinsurance** **(deductible waived for routine testing only)**
Lab, X-Ray, and other Basic Lab or X-ray Diagnostic Tests - non-routine ***(Office/Freestanding Lab or Radiology Facility)***	**Up to $30 copay or actual allowable amount, whichever is less per day** ***(deductible waived)***	**50% coinsurance**	**Up to $35 copay or actual allowable amount, whichever is less per day** **(deductible waived)**	**60% coinsurance**
Lab, X-Ray, and other Basic Lab or X-ray Diagnostic Tests - non-routine ***(Outpatient Department of Hospital)***	**Up to $60 copay or actual allowable amount, whichever is less per day** **(deductible waived)**	**50% coinsurance**	**Up to $70 copay or actual allowable amount, whichever is less per day** **(deductible waived)**	**60% coinsurance**
High Tech Imaging: MRI, MRA, CT Scan, PET Scan ***(No charge for breast imaging)***	**Up to $600 copay or 25% coinsurance, whichever is less per day** **(deductible waived)**	**50% coinsurance**	**Up to $700 copay or 30% coinsurance, whichever is less per day** **(deductible waived)**	**60% coinsurance**
Inpatient Hospital/Facility Services				
Medical/Surgical Acute Care and Maternity-Related Room & Board Room & board facility fees in a semiprivate room with general nursing services; Specialty care units (e.g., intensive care unit, cardiac care unit); Medical/Surgical Acute Care; Inpatient Physical Rehabilitation; Lab, X-ray, Diagnostic services; Related Medically Necessary Ancillary Services (e.g., prescriptions, supplies); Related Professional Charges**.**	**25% coinsurance**	**50% coinsurance**	**30% coinsurance**	**60% coinsurance**
Skilled Nursing Facility (SNF) or Subacute Facility *(Skilled Nursing Facility (SNF); Subacute Care Facility, also called Long Term Acute Care (LTAC) Facility.)*	**25% coinsurance**	**50% coinsurance**	**30% coinsurance**	**60% coinsurance**
Observation Stay includes Related Professional Charges	**$100 facility copay plus 25% coinsurance**	**50% coinsurance**	**30% coinsurance**	**60% coinsurance**

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NMPSIA Health Plan Benefits There is no overall lifetime maximum benefit. However, certain services have maximum annual limits. ***(Deductible applies unless specified as "deductible waived")***	**High Option PPO Benefits** **Member's Share of Covered Charges**		**Low Option PPO Benefits** **Member's Share of Covered Charges**	
See below:	**In-Network Provider**	**Out-Of-Network Provider**	**In-Network Provider**	**Out-Of-Network Provider**
Maternity Services				
Inpatient and Home Birth *(Hospital Admission an Maternity-Related Room & Board include routine newborn nursery charges.)*	**25% coinsurance**	**50% coinsurance**	**30% coinsurance**	**60% coinsurance**
Outpatient Physician and Midwife Services *(Physician/Midwife Services include delivery, pre- and post-natal care, including lab, diagnostic testing, and pre-natal genetic testing, if medically necessary.)*	**Initial visit copay applies based on place and type of service received**	**50% coinsurance**	**30% coinsurance**	**60% coinsurance**
Primary Preferred Provider Office/Home Visit Copay	**$30 Office Visit Copay**	**50% coinsurance**	**30% coinsurance**	**60% coinsurance**
Specialist Provider or Midwife Office/Home Visit Copay	**$55 Office Visit Copay**	**50% coinsurance**	**30% coinsurance**	**60% coinsurance**
NMPSIA Prescription Drug Pharmacy Benefit Administered by Express Scripts by Evernorth. Call Express Scripts Customer Service Center: 1-800-819-9281 **See below:**	**High Option Benefits** (Based on Medical Enrollment) **Member's Share of Covered Charges**		**Low Option Benefits** (Based on Medical Enrollment) **Member's Share of Covered Charges**	
Prescription Drug Annual Out-Of-Pocket Limit *(Includes copayments and coinsurance)*	**$3,000/Individual** **$6,000/Family**			
Immunizations at a Retail Pharmacy *Administered by a Certified Pharmacist.*	**$0 copy** *(Contact Express Scripts for list of Certified Pharmacists and qualified vaccinations.)*			
Retail Pharmacy – Generic	**Up to $10 copay (30-day supply);** **$22 copay (31-90 day supply)**		**Up to $15 copay (30-day supply);** **$35 copay (31-90 day supply)**	
Retail Pharmacy – Preferred Brand-Name	**30% coinsurance ($30 minimum / $75 maximum);** **$150 copay (31-90 day supply)**		**30% coinsurance ($45 minimum / $112 maximum);** **$175 copay (31-90 day supply)**	
Retail Pharmacy – Non-Preferred Brand-Name	**70% coinsurance (30-90 day supply)**			
Mail-Order Service Pharmacy – Generic	**$22 copay (one 90-day supply)**		**$35 copay (one 90-day supply)**	
Mail-Order Service Pharmacy – Preferred Brand-Name	**$150 copay (one 90-day supply)**		**$175 copay (one 90-day supply)**	
Mail-Order Service Pharmacy – Non-Preferred Brand-Name	**70% coinsurance (one 90-day supply)**			
Prescription Specialty Drugs (through Accredo Specialty Pharmacy) Specialty drugs require preauthorization by calling ***Accredo Specialty Pharmacy at 1-866-211-5424.*** Members may qualify for Specialty drug copayment assistance available via enrollment in the SaveOn program for certain Specialty drugs. ***To enroll, contact SaveOn at 1-800-683-1074.***	**Generic $55 (30-day supply)**			
	Preferred Brand-Name $80 (30-day supply)		**Preferred Brand-Name $120 (30-day supply)**	
	Non-Preferred Brand-Name $130 (30-day supply)		**Non-Preferred Brand-Name $170 (30-day supply)**	

Non-essential health benefit specialty pharmacy drugs under the SaveOn program do not accumulate to the Outpatient Drug Out-of-Pocket Limit.

Something for every unique health jorney!

NMPSIA wellness programs are designed to support members at every stage of their health journey. By leveraging claims data, these programs help identify underlying health concerns and provide personalized support to guide members toward better health. This is just a summary! Visit our website for even more wellness benefits included in your monthly premium.

NMPSIA Wellness

Online Platforms

Presbyterian	BCBSNM
Wellness at Work: Online wellness portal with tons of wellness tools you can utilize. Explore topics like nutrition, physical activities, health challenges, event sign up, and health education. Access via the "myPres" app.	**Well onTarget:** Online Member Wellness Portal with several tools and resources to assist you in a personalized health & wellness journey. Access via the "Always On" app.

Mental Health

Presbyterian	BCBSNM
Talkspace: Messaging Therapy for emotional wellbeing **My Stress Tools:** Online suite of stress management and resilience-building resources	**Learn to Live:** Digital programming with lessons, activities and one-to-one support.

Life on Mindfulness:
Online Platform with live workshops & daily live guided meditations. This program is available to ALL members.

Weight Loss

Presbyterian	BCBSNM
Health Coaching: through The Solutions Group and through Good Measures **Noom:** Psychology-based program to help individuals make healthier choices.	**Wondr Health:** Obesity & Metabolic Syndrome Reversal Program

Omada:
Mobile application helps manage and prevent diabetes, prediabetes, hypertension, and weight-related conditions through personalized support and guidance from a team of clinical professionals.

Incentives & Discounts

Presbyterian	BCBSNM
Wellness Rewards: Earn up to $75 in Amazon.com gift cards by participating in wellness activities. **Discounted Gym Memberships:** Fitness Pass Membership **Discounts:** Presbyterian MemberPerks	**Blue Points:** Redeem points in the online Shopping mall with over a million products. **Fitness Programs:** Unlimited access to tiered national gym network including digital programs. **Discounts:** Blue 365 Health & Wellness Discounts