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

Medical Summaries of Benefits Comparison

These are only summaries that list the member cost-sharing amounts and provide a brief description of NMPSIA Health Plan medical benefits. See below:

NOTE: 2021 and 2022 Benefits Summaries are both displayed here.

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>High Option FFPO Benefits</th>
<th>Low Option FFPO Benefits</th>
<th>DPO Benefits</th>
<th>NMPSIA Health Plan Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Member’s Share of Covered Charges</td>
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<td>Out-Of-Network Provider</td>
<td></td>
</tr>
<tr>
<td>2021 Calendar Year Deductible</td>
<td>$750</td>
<td>$1,900</td>
<td>$2,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>2022 Calendar Year Deductible</td>
<td>$750</td>
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<tr>
<td>2021 Calendar Year Annual Out-Of-Pocket Limit</td>
<td>$3,700</td>
<td>$9,000</td>
<td>$5,750</td>
<td>$18,000</td>
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<tr>
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<td>$3,700</td>
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<td>$5,750</td>
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Office Visit Copay

2021 Calendar Year Office Visit/Exam Charge | Office and Home Visits/Ems or Consultation (Other services received during the office visits and listed under "Other Services," below) as subject to deductible, coinsurance, and/or deductible as listed in the rest of the summary. |
| Primary Preferred Provider Office/Home Visit Specialist/Office/Home Visit Telehealth (Cost varies dependent on specific plan details - see your health plan for more information) |
| Office Visit Copay | Office Visit Copay | Office Visit Copay |
| (deductible waived) | (deductible waived) | (deductible waived) |
| $30 | $30 | $30 |
| $30 | $30 | $30 |
| No Charge | No Charge | No Charge |

2021 Calendar Year Out-Of-Network Provider

Out-Of-Network Provider

40% | 2021 Calendar Allergy injections | 2022 Calendar Office Surgery

2022 Calendar Year Ambulance Service:

Ground and Emergency Air Transport

2021 Calendar Year Allergy Testing

No Charge (deductible waived) | No Charge (deductible waived) | No Charge (deductible waived) |
| No Charge (deductible waived) | No Charge (deductible waived) | No Charge (deductible waived) |
| No Charge (deductible waived) | No Charge (deductible waived) | No Charge (deductible waived) |
| No Charge (deductible waived) | No Charge (deductible waived) | No Charge (deductible waived) |
| No Charge (deductible waived) | No Charge (deductible waived) | No Charge (deductible waived) |

Up to 90 visits per member per year (in & out-of-network combined) PCP copay for Applied Behavioral Analysis (ABA). Specialist includes outpatient spoken therapy, occupational therapy & speech therapy.

2021 Calendar Year Autism Spectrum Disorder

Up to 50 visits per member per year (in & out-of-network combined) PCP copay for Applied Behavioral Analysis (ABA). Specialist includes outpatient spoken therapy, occupational therapy & speech therapy.

2022 Calendar Year Autism Spectrum Disorder

Up to 50 visits per member per year (in & out-of-network combined) PCP copay for Applied Behavioral Analysis (ABA). Specialist includes outpatient spoken therapy, occupational therapy & speech therapy.

2021 Calendar Year Biofeedback

For (specified medical conditions only)

$50 copay (deductible waived) | $50 copay | $50 copay |
| $50 copay | $50 copay | $50 copay |
| $50 copay | $50 copay | $50 copay |

Up to 30 visits per calendar year

2021 Calendar Year Biofeedback

For (specified medical conditions only)

$50 copay (deductible waived) | $50 copay | $50 copay |
| $50 copay | $50 copay | $50 copay |
| $50 copay | $50 copay | $50 copay |

The High and Low Option Plans are available under BlueCross BlueShield of New Mexico (BCBSNM), Cigna Health and Presbyterian Health Plan. The Exclusive Provider Organization (EPO) is only offered by BlueCross BlueShield of New Mexico. The Summary Plan Descriptions supersede any information outlined in this summary.

There is no overall lifetime maximum benefit. However, certain services have maximum annual limits. (Deductible applies unless specified as "deductible waived") See below:

Acupuncture, Chiropractic (Spinal Manipulation), Massage Therapy (if medically necessary) | Naprapathy and Rolfing |

Naprapathy and Rolfing

50% | 2022 Calendar Year Ambulance Service: Ground and Emergency Air Transport |
| 2022 Calendar Year Ambulance Service: Ground and Emergency Air Transport |
| 2022 Calendar Year Biofeedback (for specified medical conditions only) |

Ambulance Services: Inter-facility Transport

$0 | $0 | $0 |
| $0 | $0 | $0 |

Acupuncture, Chiropractic (Spinal Manipulation), Massage Therapy (if medically necessary) | Naprapathy and Rolfing |

Naprapathy and Rolfing

50% | 2021 Calendar Year Ambulance Service: Ground and Emergency Air Transport |
| 2021 Calendar Year Ambulance Service: Ground and Emergency Air Transport |
| 2021 Calendar Year Biofeedback (for specified medical conditions only) |

Ambulance Services: Inter-facility Transport

$0 | $0 | $0 |
| $0 | $0 | $0 |
New Mexico Public Schools Insurance Authority

Side-by-Side Medical Plan Benefit Comparison Chart

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<td>(Deductible applies unless specified as &quot;deductible waived&quot;)</td>
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<td>See below</td>
<td>See below</td>
</tr>
</tbody>
</table>

2022 Calendar Year Cardiac and Pulmonary Rehabilitation (Office/Outpatient)
- $150 copay (deductible waived)
- 30%
- 50%
- 25%
- $150 copay (deductible waived)

2022 Calendar Year Dental/Facial Accident, Oral Surgery & TMJ/CMI Services
- Varies by Services
- 30%
- 25%
- 50%
- Varies by Services

2022 Calendar Year Emergency Room Treatment
- Physician and other professional provider charges
- 40%
- 25%
- 25%
- Varies by Services

2022 Calendar Year Emergency Room Treatment Physician and other professional provider charges
- $150 copay plus 20% coinsurance after deductible
- $150 copay plus 20% coinsurance after deductible
- $150 copay plus 20% coinsurance after deductible

2022 Calendar Year Hospice Services (Office/Free-standing Lab or Radiology Facility)
- No charge (deductible waived)
- 30%
- 25%
- 50%
- No charge (deductible waived)

2022 Calendar Year Hospice Services including non-routine care (limited to 10 days for each 6-month period: per period by HEDS) & bereavement counseling (limited to 3 sessions during the hospice benefit period)
- No charge (deductible waived)
- 40%
- 25%
- 50%
- No charge (deductible waived)

2022 Calendar Year Hospice Services (Outpatient Department of Hospital)
- No charge (deductible waived)
- 30%
- 25%
- 50%
- No charge (deductible waived)

2022 Calendar Year Observation Stay
- Varies by services
- 30%
- 25%
- 50%
- Varies by services

2022 Calendar Year Lab, B-Ray, and other Basic Diagnostic Tests (Office/Outpatient Department of Hospital)
- $150 copay or actual allowable amount, whichever is less per day (deductible waived)
- 40%
- $150 copay or actual allowable amount, whichever is less per day (deductible waived)
- $150 copay or actual allowable amount, whichever is less per day (deductible waived)

2022 Calendar Year Lab, B-Ray, and other Basic Diagnostic Tests (Office/Freestanding Lab or Radiology Facility)
- $150 copay or actual allowable amount, whichever is less per day (deductible waived)
- 40%
- $150 copay or actual allowable amount, whichever is less per day (deductible waived)
- $150 copay or actual allowable amount, whichever is less per day (deductible waived)

2022 Calendar Year Medical/Surgical Acute Care, and Maternity-Related Room & Board, Covered Ancillaries, Related Professional Charges, Skilled Nursing Facility (max. 60 days/calendar year), Inpatient Physical Rehabilitation
- $500 copay/admission plus 20%
- 30%
- 25%
- 50%
- $500 copay/admission plus 20%

2022 Calendar Year Observation Stay including Related Professional Charges
- $300 facility copay plus 20%
- 30%
- 25%
- 50%
- $300 facility copay plus 20%

2022 Calendar Year Observation Stay including Related Professional Charges
- 20%
- 40%
- 50%
- 20%

2022 Calendar Year Sleep Study
- 20%
- 40%
- 25%
- 20%

2022 Calendar Year Sleep Study
- $100 facility copay plus 20%
- $100 facility copay plus 20%
- $100 facility copay plus 20%

2022 Calendar Year Prothrombin Time Test
- $30 copay (deductible waived)
- 40%
- $30 copay (deductible waived)
- $30 copay (deductible waived)

2021 Calendar Year Benefit Limitations
- Maternity-
- Inpatient Hospital/Facility Services (High Option copays are waived if you are re-admitted for the same condition within 15 days of discharge or transferred to a rehab or skilled nursing facility within 15 days of discharge from an acute care facility)
- Inpatient Hospital/Facility Services (Low and EPO Option copays are waived if you are re-admitted for the same condition within 15 days of discharge or transferred to a rehab or skilled nursing facility within 15 days of discharge from an acute care facility)

2021 Calendar Year Cardiac and Pulmonary Rehabilitation (Office/Outpatient)
- $150 copay (deductible waived)
- 30%
- 50%
- 25%
- $150 copay (deductible waived)

2021 Calendar Year Dental/Facial Accident, Oral Surgery & TMJ/CMI Services
- Varies by Services
- 30%
- 25%
- 50%
- Varies by Services

2021 Calendar Year Emergency Room Treatment
- Physician and other professional provider charges
- 40%
- 25%
- 25%
- Varies by Services

2021 Calendar Year Emergency Room Treatment Physician and other professional provider charges
- $150 copay plus 20% coinsurance after deductible
- $150 copay plus 20% coinsurance after deductible
- $150 copay plus 20% coinsurance after deductible

2021 Calendar Year Hospice Services (Office/Free-standing Lab or Radiology Facility)
- No charge (deductible waived)
- 30%
- 25%
- 50%
- No charge (deductible waived)

2021 Calendar Year Hospice Services including non-routine care (limited to 10 days for each 6-month period: per period by HEDS) & bereavement counseling (limited to 3 sessions during the hospice benefit period)
- No charge (deductible waived)
- 40%
- 25%
- 50%
- No charge (deductible waived)

2021 Calendar Year Hospice Services (Outpatient Department of Hospital)
- No charge (deductible waived)
- 30%
- 25%
- 50%
- No charge (deductible waived)

2021 Calendar Year High Tech Imaging: MRI, MRA, CT Scan, PET Scan
- $150 copay or actual allowable amount, whichever is less per day (deductible waived)
- 40%
- $150 copay or actual allowable amount, whichever is less per day (deductible waived)
- $150 copay or actual allowable amount, whichever is less per day (deductible waived)

2021 Calendar Year High Tech Imaging: MRI, MRA, CT Scan, PET Scan
- $150 copay or actual allowable amount, whichever is less per day (deductible waived)
- 40%
- $150 copay or actual allowable amount, whichever is less per day (deductible waived)
- $150 copay or actual allowable amount, whichever is less per day (deductible waived)

2021 Calendar Year Prothrombin Time Test
- $30 copay (deductible waived)
- 40%
- $30 copay (deductible waived)
- $30 copay (deductible waived)

2021 Calendar Year Prothrombin Time Test
- $30 copay (deductible waived)
- 40%
- $30 copay (deductible waived)
- $30 copay (deductible waived)

2021 Calendar Year Sleep Study
- 20%
- 40%
- 25%
- 20%

2021 Calendar Year Sleep Study
- 20%
- 40%
- 25%
- 20%

2021 Calendar Year Proton Beam Therapy
- 30%
- 25%
- 50%
- 20%

2021 Calendar Year Proton Beam Therapy
- 30%
- 25%
- 50%
- 20%

2021 Calendar Year Proton Beam Therapy
- 30%
- 25%
- 50%
- 20%

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- 30%
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### Medical Summaries of Benefits Comparison

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**Side-by-Side Medical Plan Benefit Comparison Chart**

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<td>Out-Of-Network Provider</td>
<td>(Deductible applies unless specified as “deductible waived”)</td>
<td>No Charge</td>
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| 2021 Calendar Year Therapy: Dialysis | In-Network Provider | 25% | 50% | 20% |
| 2022 Calendar Year Therapy: Dialysis | In-Network Provider | 20% | 30% | 40% |
| 2021 Calendar Year Therapy: Chemotherapy and Radiation Therapy | In-Network Provider | 20% | 40% | 25% |
| 2022 Calendar Year Therapy: Chemotherapy and Radiation Therapy | In-Network Provider | 20% | 40% | 25% |

| 2021 Calendar Year Insulin Pump Supplies | Insertion sets, reservoirs | No Charge | 30% | No Charge | 30% |
| 2022 Calendar Year Insulin Pump Supplies | Insertion sets, reservoirs | No Charge | 30% | No Charge | 30% |

| 2021 Calendar Year Therapy: Chemotherapy and Radiation Therapy | No Charge | 30% | No Charge | 30% |
| 2022 Calendar Year Therapy: Chemotherapy and Radiation Therapy | No Charge | 30% | No Charge | 30% |

| 2021 Calendar Year Therapy: Dialysis | 20% | 30% | 25% | 50% | 20% |
| 2022 Calendar Year Therapy: Dialysis | 20% | 30% | 25% | 50% | 20% |

| 2021 Calendar Year Supplies, Durable Medical Equipment, Prosthetics & Functional Orthotics (Support hose limited to 12 pair or 24 hose) | Mastectomy Bras up to 6 per calendar year | Prior Authorization needed for services over $1,000 |
| 2022 Calendar Year Supplies, Durable Medical Equipment, Prosthetics & Functional Orthotics (Support hose limited to 12 pair or 24 hose) | Mastectomy Bras up to 6 per calendar year | Prior Authorization needed for services over $1,000 |

| 2021 Calendar Year Supplies, Durable Medical Equipment, Prosthetics & Functional Orthotics (Support hose limited to 12 pair or 24 hose) | Prior Authorization needed for services over $1,000 |
| 2022 Calendar Year Supplies, Durable Medical Equipment, Prosthetics & Functional Orthotics (Support hose limited to 12 pair or 24 hose) | Prior Authorization needed for services over $1,000 |

| 2021 Calendar Year Urgent Care | (Includes all services and supplies such as x-ray/labs/ physician fee) | $20 copay | 30% | $80 copay | 50% |
| 2022 Calendar Year Urgent Care | (Includes all services and supplies such as x-ray/labs/ physician fee) | $20 copay | 30% | $80 copay | 50% |

| Prescription Drugs, Insulin, Nutritional Products, Smoking/Tobacco Cessation Products: | Administered by Express Scripts. Call Express Scripts Customer Service Center: 1-800-498-4904 |
| Prescription Drugs, Insulin, Nutritional Products, Smoking/Tobacco Cessation Products: | Administered by Express Scripts. Call Express Scripts Customer Service Center: 1-800-498-4904 |