

Presbyterian Health Plan - New Plan Design



State: NM

Benefits 2009

		In-Network Coverage	
Plan facts	Member services Member services hours Web address Product name	(800) 356-2219 Mon-Fri: 7:00 AM-6:00 PM MT www.phs.org Smart Care 100/10%	Annual enrollment information: (800) 356-2219
Your medical expenses	Annual deductible Out-of-pocket maximum (does not include deductible) Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	\$100 (individual) / \$200 (family max)* \$2,000 (individual) / \$4,000 (family max) per calendar year* Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible* \$50 copay/visit (waived if admitted)* Covered at 90% after deductible*	
Your prescription drug expenses	Retail	\$10 copay (generic), \$20 copay (preferred brand), \$40 copay (non-preferred brand) per prescription up to 30-day supply (when generic available, applicable generic copay plus cost difference applies)	
	Mail order	\$20 copay (generic), \$50 copay (preferred brand), \$120 copay (non-preferred brand) per prescription up to 90-day supply (when generic available, applicable generic copay plus cost difference applies)	
Preventive care	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	Covered at 100%, no deductible* Covered at 100%, no deductible. Limit 1 exam per 24 months. Contact VSP at 1-800-877-7195 for details* Covered at 100%, no deductible* Covered at 100%, no deductible*	
Mental health	Inpatient Outpatient	Covered at 90% after deductible* Covered at 90% after deductible*	
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	Covered at 90% after deductible. Limit 30 days per calendar year* Covered at 90% after deductible. Limit 30 days per calendar year* Covered at 90% after deductible. Limit 52 visits per calendar year* Covered at 90% after deductible. Limit 52 visits per calendar year*	
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care Infertility	Covered at 90% after deductible. Limit 2 months per condition* Covered at 90% after deductible. Limit 20 visits per calendar year* Covered at 50% after deductible. Contact plan for details*	
Out-of-network coverage	Out-of-network non-emergency care	Not covered	
Key facts	NCQA status: PCP referral required for specialist: Lifetime maximum benefit: Provider network:	Excellent No NA See website for details	Domestic partner coverage available: Yes Domestic partner children coverage avail.: Yes

* Indicates a benefit change

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.