

# Presbyterian Health Plan



State: NM

Benefits 2011

		In-Network Coverage		
<b>Plan facts</b>	Member services Member services hours Web address Product name	(800) 356-2219 Annual enrollment information: (800) 356-2219 Mon-Fri: 7:00 AM-6:00 PM MT www.phs.org Smart Care 500/10%		
<b>Your medical expenses</b>	Annual deductible Out-of-pocket maximum (includes deductible) Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	\$500 (individual) / \$1,000 (family max) \$3,000 (individual) / \$6,000 (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 \$100 copay/visit (waived if admitted) Covered at 90% after deductible		
<b>Your prescription drug expenses</b>	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 name), \$120 copay (non-preferred brand name) per prescription up to 90-day supply (when generic available, applicable generic copay plus cost difference applies)		
<b>Preventive care</b>	Routine physical and GYN exam	Covered at 100%, no deductible		
	Routine vision exam	Covered at 100%, no deductible. Limit 1 exam per 24 months. Contact VSP at 1-800-877-7195 for details		
	Well-child care and immunizations	Covered at 100%, no deductible		
	Routine mammography	Covered at 100%, no deductible		
<b>Mental health</b>	Inpatient	Covered at 90% after deductible		
	Outpatient	Covered at 90% after deductible		
<b>Substance abuse</b>	Inpatient detoxification	Covered at 90% after deductible		
	Inpatient rehabilitation	Covered at 90% after deductible		
	Outpatient detoxification	Covered at 90% after deductible		
	Outpatient rehabilitation	Covered at 90% after deductible		
<b>Other professional care</b>	Outpatient physical/speech/occupational therapy	Covered at 90% after deductible*		
	Chiropractic care	Covered at 90% after deductible. Limit 20 visits per calendar year		
	Infertility	Diagnosis/Treatment/Artificial Insemination: Covered at 50% after deductible. In-vitro fertilization: Not covered. Contact Plan for details*		
<b>Out-of-network</b>	Out-of-network non-emergency care	Not covered		
<b>Key facts</b>	NCQA status:	Excellent	Domestic partner coverage available:	Yes
	PCP referral required for specialist:	No	Domestic partner children coverage available:	Yes
	Lifetime maximum benefit:	NA		
	Provider network:	See website for details		

\* Indicates a benefit change

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