

# Presbyterian Health Plan



State: NM

Benefits 2008

<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 Custom Care 20/500
<b>Your medical expenses</b>	Office visits	\$20 (PCP) or \$30 (specialist) copay per visit
	Maternity care prenatal office visits	\$20 copay per visit up to \$200 per pregnancy
	Inpatient hospitalization	\$500 copay per admission
	Outpatient surgical care	Covered at 85% copay for hospital care up to a maximum \$250 copay. Office visit copay applies in physician's office
	Outpatient lab and X-ray Emergency room care Urgent care facility	Covered at 100%. Specialized scanning covered 85% up to \$250 copay \$100 copay/visit (waived if admitted) \$30 copay/visit. Out-of-area: \$40 copay/visit
<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), \$120 copay (non-preferred brand) 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	\$20 copay per visit
	Routine vision exam	Not covered
	Well-child care and immunizations	\$20 copay per visit
	Routine mammography	Covered at 100% per AMA guidelines
<b>Mental health</b>	Inpatient	\$500 copay per admission. Unlimited days
	Outpatient	\$30 copay per visit. Unlimited visits
<b>Substance abuse</b>	Inpatient detoxification	\$500 copay per admission. Limited to short term treatment only. Contact plan for details
	Inpatient rehabilitation	Covered at 80% . Limit 1 treatment series per year, 3 per lifetime for all inpatient and outpatient substance abuse combined
	Outpatient detoxification	\$25 copay per visit. Limit 20 visits/year. Limit 1 treatment series/year for all inpatient and outpatient substance abuse. Group visits not covered
	Outpatient rehabilitation	\$25 copay per visit. Limit 20 visits per year. Group visits not covered
<b>Other professional care</b>	Outpatient physical/speech/occupational therapy	\$25 copay per visit. Limit 2 consecutive months per condition
	Chiropractic care	\$30 copay per visit. Limit 18 visits per calendar year
<b>Out-of-network coverage</b>	Out-of-network non-emergency care	Not covered
<b>Key facts</b>	NCQA status: PCP referral required for specialist: Lifetime Maximum Benefit: Provider Network:	Excellent    Domestic partner coverage available: Yes No    Domestic partner children coverage avail.: Yes NA 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.