



Schedule of Benefits

**ADVANTAGE CARE \$1200/80% NO RX
HIGH DEDUCTIBLE HEALTH PLAN
SMALL GROUP PPO
IIP10022
IIP10053**

The following Schedule of Benefits is a summary that describes the Copayment amounts that apply to specific types of services. Some benefits require Benefit Certification by Presbyterian Insurance Company PIC. Benefits may have limits and certain services are excluded altogether. When the Copayment is expressed as a percentage, the percentage will be applied to the Total Allowable Charges for the particular procedure allowed by PIC. For a more complete description, please refer to Sections of the Group Subscriber Agreement that discuss How the Plan Works, General Information, Benefits, Benefit Certification, Limitations and Exclusions.

Underwritten by
Presbyterian Insurance Company, Inc.

Presbyterian Insurance Company

 **PRESBYTERIAN**

Advantage Care Small Group (Product IDs IIP10022 and IIP10053) Benefits And Coverage	In-Network Limits	Out-of-Network Limits
ANNUAL CALENDAR YEAR DEDUCTIBLE (Deductible must be met before payments are made.)	Individual: \$1,200 Family: \$2,400	Individual: \$2,500 Family: \$5,000
ANNUAL OUT-OF-POCKET MAXIMUM (Includes Deductible, Copayments, and Co-insurance only. Does not include penalty amounts, charges above Reasonable and Customary, or noncovered charges including charges incurred after the benefit maximum has been reached.) PIC pays 100% of Covered charges after the Out-of-Pocket Maximum is met.	Individual: \$2,400 Family: \$ 5,000	Individual: \$5,000 Family: \$10,000
PRE-EXISTING LIMITATION (Does not apply to pregnancy, newborns, and newly adopted children)	<ul style="list-style-type: none"> • No Pre-existing if prior (creditable) coverage • New Hires: 6/6 • Late Enrollees: 6/18 	
MAXIMUM LIFETIME BENEFIT (Does not include Family, Infant and Toddler (FIT) Program services)	\$2 million in-network and out-of-network combined	
MAXIMUM LIFETIME TRANSPLANT BENEFIT	\$500,000 (including Immunosuppressive drugs)	Not Covered
MAXIMUM LIFETIME HOSPICE BENEFIT	\$7,500 In-Network and Out-of-Network combined	
BENEFITS AND COVERAGE	In-Network Co-insurance	Out-of-Network Co-insurance
PHYSICIAN SERVICES including: Non-Specialist office visits Specialist office visits Outpatient Surgery (In-Physician’s office) Specialty Pharmaceuticals ⁽¹⁾ (Injectable forms administered in Physician’s office) Allergy Services Testing Serum (extracts) Injections Injections such as insulin, heparin and injectable antibiotics Infertility Services including drugs and injections	20% 20% 20% 15% up to a maximum of \$250 per injection 20% 20% 20%	40% 40% 40% 15% up to a maximum of \$250 per injection 40% 40% Not Covered

***(1)Benefit Certification may be required. (2) Not subject to Deductible
Refer to the Group Subscriber Agreement for a more complete description of benefits.***

Advantage Care Small Group (Product IDs IIP10022 and IIP10053) Benefits And Coverage	In-Network Co-insurance	Out-of-Network Co-insurance
HOSPITAL SERVICES – Inpatient⁽¹⁾ Coverage includes: <ul style="list-style-type: none"> • Room and Board • Newborn delivery and other Hospital obstetrical services • In-hospital Physician visits, Surgeons, Anesthesiologist and other Inpatient Services • Detoxification • Administration of blood/blood components 	20%	40%
MEDICAL SERVICES - Outpatient <ul style="list-style-type: none"> • Surgeries⁽¹⁾ 20% • X-ray and laboratory tests 20% • Radiation Therapy (Non-surgical) 20% • Chemotherapy 20% Specialty Pharmaceuticals⁽¹⁾ Oral or inhalation forms/Self-administered 15% up to a maximum of \$250 per prescription Specialty Pharmaceuticals⁽¹⁾ Intravenous (IV) 0% • Magnetic Resonance Imaging (MRI) tests 20% • Sleep studies 20% 		40% 40% 40% 40% 15% up to a maximum of \$250 per prescription 0% 40% 40%
RECONSTRUCTIVE SURGERY⁽¹⁾	20%	40%
EMERGENCY ROOM CARE Including Trauma Services	20%	20%Initial treatment only 40% follow-up care
URGENT CARE	20%	20%Initial treatment only 40% follow-up care
AMBULANCE SERVICES including: <ul style="list-style-type: none"> Emergency or high risk <ul style="list-style-type: none"> • Ground ambulance • Air ambulance Inter-facility transfer Services <ul style="list-style-type: none"> • Ground ambulance • Air ambulance 	20%	40%

***(1)Benefit Certification may be required. (2) Not subject to Deductible
Refer to the Group Subscriber Agreement for a more complete description of benefits.***

Advantage Care Small Group (Product IDs IIP10022 and IIP10053) Benefits And Coverage	In-Network Co-insurance	Out-of-Network Co-insurance
CLINICAL PREVENTIVE SERVICES⁽²⁾ Well child care including vision and hearing screening Preventive physical exam Adult and child immunizations Office based health education Family planning services Routine Cytologic Screening (Pap Smear) Human Papillomavirus (HPV) Routine Mammography	Plan pays 100%	40%
WOMEN'S HEALTH CARE Gynecological Care Implantable Contraceptive Device In office obstetrical/maternity care/prenatal & postnatal care Non-routine Pap Smear Non-routine Mammography Cytologic and Human Papillomavirus (HPV) screening and Mammograms refer to Clinical Preventive Services Specialist (Perinatologist) Newborn delivery and other hospital Obstetrical services	20%	40%
DIABETES SERVICES Office visit and Diabetes Education Diabetes Supplies ⁽¹⁾ (Purchased through a Durable Medical Equipment provider) Diabetes Supplies ⁽¹⁾ (Purchased through a Participating Pharmacy)	20% 20% 20% generic (Preferred) 20% brand (Preferred) 30% Non-Preferred Per 30-day supply up to the maximum dosing recommended by the manufacturer unless Optional Prescription Drug Rider included, then Benefits in Rider will supercede.	40% 40% Not Covered (Must use a Participating Pharmacy, unless required due to an emergency occurring outside of the PIC Service Area.)

***(1)Benefit Certification may be required. (2) Not subject to Deductible
Refer to the Group Subscriber Agreement for a more complete description of benefits.***

Advantage Care Small Group (Product IDs IIP10022 and IIP10053) Benefits And Coverage	In-Network Co-insurance	Out-of-Network Co-insurance
<p>COVERED MEDICATIONS – Outpatient⁽¹⁾ Listed on the PIC Preferred Drug List. (Purchased at a Participating Pharmacy, unless due to an emergency occurring outside the PIC Service Area)</p> <ul style="list-style-type: none"> Medically Necessary Nutritional Supplements for prenatal care Insulin and oral agents Diabetic Supplies (Purchased through a Participating Pharmacy) Smoking cessation drugs (Limited to two (2) 90-day courses of treatment per Calendar Year) Immunosuppressive drugs following transplant surgery⁽¹⁾ <ul style="list-style-type: none"> Subject to lifetime transplant maximum <ul style="list-style-type: none"> • Oral • Injectable Specialty Pharmaceuticals⁽¹⁾ Oral or inhalation forms/Self-administered Specialty Pharmaceuticals^(1,2) Intravenous (IV) Special Medical Foods⁽¹⁾ 	<p>20% generic (Preferred) 20% brand (Preferred) 30% Non-Preferred</p> <p>Per 30-day supply up to the maximum dosing recommended by the manufacturer.</p> <p>20% generic (Preferred) 20% brand (Preferred) 30% Non-Preferred</p> <p>Per 30-day supply up to the maximum dosing recommended by the manufacturer 15% up to a maximum of \$250 per injection</p> <p>15% up to a maximum of \$250 per prescription</p> <p>0%</p> <p>50%</p>	<p>Not Covered (Must use a Participating Pharmacy, unless required due to an emergency occurring outside of the PIC Service Area.)</p>
<p>For plans with “Covered Medication” coverage only this plan is considered Non-Creditable per Medicare part D guidelines. For more information regarding Medicare Part D please refer to www.cms.gov.</p>		
<p>PRESCRIPTION DRUGS Prescription Drugs (Retail/Mail Order) – Outpatient</p>	<p>Not Covered except as provided in Section IV. S of the Group Subscriber Agreement unless the Optional Benefit Rider is included, then the amounts listed in the Rider will supercede.</p>	<p>Not Covered (Must use a Participating Pharmacy, unless required due to an emergency occurring outside of the PIC Service Area.)</p>

*(1)Benefit Certification may be required. (2) Not subject to Deductible
Refer to the Group Subscriber Agreement for a more complete description of benefits.*

Advantage Care Small Group (Product IDs IIP10022 and IIP10053) Benefits And Coverage	In-Network Co-insurance	Out-of-Network Co-insurance
MENTAL HEALTH SERVICES⁽¹⁾ Outpatient ⁽¹⁾ Inpatient/Partial Hospitalization ⁽¹⁾	20% 20%	40% 40%
ALCOHOL AND SUBSTANCE ABUSE SERVICES Rehabilitation - Outpatient, inpatient or partial hospitalization Detoxification • Outpatient ⁽¹⁾ • Inpatient ⁽¹⁾	Not covered 20% 20%	Not covered 40% 40%
REHABILITATION AND THERAPY SERVICES Cardiac Rehabilitation (up to 12 sessions continuous ECG monitoring and 24 sessions for intermittent ECG monitoring per Calendar Year) Dialysis/Plasmapheresis/Photopheresis Pulmonary Rehabilitation (up to 24 sessions per Calendar Year) Short-term Rehabilitation (Physical and Occupational Therapy up to two months per condition) Speech and Hearing Therapy ⁽¹⁾ (up to two months per condition)	20% 20% 20% 20% 20%	40% 40% 40% 40% 40%
TRANSPLANTS⁽¹⁾ (Subject to lifetime transplant maximum)	20%	Not Covered
COMPLEMENTARY THERAPIES (Limited) Acupuncture Treatment (maximum \$1,500/year) Chiropractic Services (maximum \$1,500/year) Biofeedback for specific conditions	20% 20% 20%	Not Covered Not Covered Not Covered
SKILLED NURSING FACILITY⁽¹⁾ (Up to 60 days per Calendar Year)	20%	40%
HOME HEALTHCARE SERVICES⁽¹⁾/HOME INTRAVENOUS SERVICE⁽¹⁾ Services provided by an RN, LPN and other specified specialist Home intravenous services and supplies	20% 20%	40% 40%
<i>Home Healthcare Services/Home Intravenous Service Continued on next page</i>		

**(1)Benefit Certification may be required. (2) Not subject to Deductible
Refer to the Group Subscriber Agreement for a more complete description of benefits.**

Advantage Care Small Group (Product IDs IIP10022 and IIP10053) Benefits And Coverage	In-Network Co-insurance	Out-of-Network Co-insurance
HOME HEALTHCARE SERVICES⁽¹⁾/HOME INTRAVENOUS SERVICE⁽¹⁾ <i>Continued from previous page</i> Specialty Pharmaceuticals ⁽¹⁾ Oral or inhalation forms/Self-administered Specialty Pharmaceuticals ⁽¹⁾ Intravenous (IV)	15% up to a maximum of \$250 per prescription 0%	15% of Reasonable and Customary up to a maximum of \$250 per prescription 0%
HOSPICE CARE⁽¹⁾ (subject to the lifetime maximum)	20%	40%
DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND APPLIANCES⁽¹⁾	20%	40% (\$1,000 Per Calendar Year Maximum – Maximum does not include supplies for Members with diabetes)
EYEGLASSES AND CONTACT LENSES Limited to the following: <ul style="list-style-type: none"> • Eyeglasses and contact lenses within 12 months following cataract surgery or for the correction of Keratoconus ⁽¹⁾ • Refraction eye Exam associated with post cataract surgery or Keratoconus correction 	20% 20%	Not Covered Not Covered
DENTAL SERVICES(LIMITED)/CMJ/TMJ	20%	40%
FAMILY, INFANT AND TODDLER PROGRAM Family, Infant and Toddler Program (FIT): Medically Necessary early intervention services provided as part of an individualized family service plan and delivered by certified and licensed personnel as defined in NMAC Title 7, Chapter 30, Part 8 Health Family & Children Health Care Services.	No Co-insurance \$3,500 per Member per Calendar Year Maximum annual benefit Not applicable to any lifetime maximums or annual limits	Not Covered

***(1)Benefit Certification may be required. (2) Not subject to Deductible
Refer to the Group Subscriber Agreement for a more complete description of benefits.***

Refer to the Group Subscriber Agreement for a more complete description of Exclusions & Limitations.

EXCLUSIONS FOR ADVANTAGE CARE SMALL GROUP (Product IDs IIP10022 and IIP10053):

Any exclusion listed would not be applicable if Covered under the FIT Program in accordance with that which is defined in NMAC Title 7, Chapter 30, Part Health Family & Children Health Care Services. Refer to your Group Subscriber Agreement for details.

- **Alcoholism and Substance Abuse services**, except for Substance Abuse Medical Detoxification services.
- **Alternative/complementary therapies**, except as specified in the Group Subscriber Agreement (GSA) and only if received through a Participating Provider/Practitioner.
- **Any service**, treatment, procedure, facility, equipment, drugs, drug usage, device or supply determined to be **not Medically Necessary** or accepted medical practice.
- **Artificial aids** including speech synthesis devices except items identified in the Group Subscriber Agreement (GSA).
- **Athletic trainers.**
- **Autopsies** and/or transportation costs for deceased Members.
- **Baby food** (including baby formula or breast milk) or other regular grocery products that can be blenderized for oral or tube feedings.
- **Benefits and services not specified as Covered.**
- **Biofeedback**, except as specified in the Group Subscriber Agreement (GSA).
- **Cancer Clinical Trials** are limited to phase 2, 3 and 4 and must be provided for in the State of New Mexico in **accordance with the provisions set forth in the Group Subscriber Agreement (GSA)**. Refer to your Group Subscriber Agreement (GSA) for details.
- **Care for conditions which State or local law requires** be treated in a public or correctional facility.
- **Care for military service connected disabilities** to which the Member is legally entitled and for which facilities are reasonably available to the Member.
- **Charges that are determined to be unreasonable by PIC.**
- **Charges above Reasonable and Customary charges.**
- **Circumcisions** performed other than during the newborn's Hospital stay, unless Medically Necessary.
- **Clothing** or other protective devices including prescribed photoprotective clothing, windshield tinting, lighting fixtures and/or shields, and other terms or devices whether by prescription or not.
- **Co-dependency treatment.**
- **Convenience items.**
- **Cosmetic Surgery, treatments, devices, orthotics, and medications**, including treatment of hair-loss.
- **Costs for extended warranties** and premiums for other insurance coverage.
- **Counseling** – Marriage, family, sex, pastoral/spiritual, and bereavement counseling.
- **Court ordered evaluation or treatment**, or treatment that is a condition of parole or probation or in lieu of sentencing, such as Alcohol or Substance Abuse programs and/or psychiatric evaluation or therapy.
- **Custodial or domiciliary care.**
- **Dental care** and dental x-rays, except as provided in the Group Subscriber Agreement (GSA).
- **Dental implants.**
- **Disposable medical supplies**, except when provided in a Hospital or Physician's office or by a home health professional.
- **Donor Sperm.**
- **Durable Medical Equipment/Prosthetics/Orthotics** – additional wheelchairs, duplicate items, convenience items, upgraded or deluxe items, repair or replacements due to loss, neglect, misuse, abuse, to improve appearance, for convenience or items under the manufacturer or supplier's warranty.
- **Elastic support hose.**
- **Elective abortions** after the 24th week of pregnancy.

EXCLUSIONS FOR ADVANTAGE CARE SMALL GROUP (Product IDs IIP10022 and IIP10053):

- **Elective Home Birth** and any prenatal or postpartum services connected with an elective home birth.
- **Emergency facility** used for non-emergent services.
- **Exercise equipment** and videos, personal trainers, club memberships and weight reduction programs.
- **Experimental or investigational**, as determined by PIC, drugs, medicines, treatments, or procedures.
- **Extracorporeal shock wave therapy** involving the musculoskeletal system.
- **Eye movement therapy.**
- **Eye refractive procedures** including radial keratotomy, laser procedures, and other techniques.
- **Eyeglasses (Corrective)** or sunglasses, frames, lens prescription, contact lenses or the fitting thereof except as provided in the Group Subscriber Agreement (GSA).
- **Foot care (routine)**, except as provided in the Group Subscriber Agreement (GSA).
- **Foot orthotics** functional and/or customized except as described in the Group Subscriber Agreement (GSA).
- **“Get acquainted”** visits without physical assessment or diagnostic or therapeutic intervention provided.
- **Gloves**, unless part of a wound treatment kit.
- **Hair-loss** (or baldness) treatments, medications, supplies and devices including wigs, and special brushes.
- **Halfway houses.**
- **Hearing aids** and the evaluation for the fitting of hearing aids.
- **Home sleep studies.**
- **Hospice benefits are not available for the following services:** food, housing, and delivered meals, volunteer services, comfort items such as, but not limited to, aromatherapy, clothing, pillows, special chairs, pet therapy, fans, humidifiers, and special beds (excluding those covered under Durable Medical Equipment benefits), homemaker and housekeeping services, private duty nursing, pastoral and spiritual counseling or bereavement counseling.
- **Hypnotherapy** except as part of anesthesia preparation or chronic pain management.
- **Infant formula.**
- **In-vitro, GIFT and ZIFT fertilization.**
- **Lay midwife** – Services of a lay midwife or an unlicensed midwife.
- **Malocclusion treatment**, if part of routine dental care and orthodontics.
- **Massage Therapy**, unless performed by a licensed physical therapist and as part of a prescribed short-term physical therapy program.
- **Medical and Hospital services of a donor** when the recipient of an organ transplant is not a Member or when the transplant procedure is not covered.
- **New medications** for which the determination of criteria for Coverage has not yet been established by PIC’s Pharmacy and Therapeutics Committee.
- **Nutritional supplements** unless for prenatal care as prescribed by the attending Physician or as sole source of nutrition.
- **Organ transplants (Non-human)**, except for porcine (pig) heart valve.
- **Orthodontic appliances, endodontics, dental prosthetics, crowns, bridges, and dentures.**
- **Orthodontic appliances** and orthodontic treatment (braces), crowns, bridges and dentures used for the treatment of Craniomandibular and Temporomandibular Joint disorders, unless the disorder is trauma related.
- **Orthopedic or corrective shoes** arch supports, shoe appliances, foot orthotics, and custom fitted braces or splints except for patients with diabetes or other significant peripheral neuropathies.
- **Over-the-counter medications, except as specified in the Group Subscriber Agreement (GSA).**
- **Personal or comfort items, services or treatments.**
- **Photopheresis** for all conditions other than mycosis fungoides.

EXCLUSIONS FOR ADVANTAGE CARE SMALL GROUP (Product IDs IIP10022 and IIP10053):

- **Physical examinations**, vaccinations, drugs and immunizations for the primary intent of medical research or non-Medically Necessary purpose(s) such as, but not limited to, licensing, certification, employment, insurance, flight, travel, passports or functional capacity examinations related to employment.
- **Prescription Drugs (Outpatient)**, except as described in this Schedule of Benefits and the Group Subscriber Agreement (GSA).
- **Prescription Drugs** (as listed as Covered in this Schedule of Benefits and the Group Subscriber Agreement) received upon Hospital discharge, provided by a Hospital pharmacy unless a Participating outpatient pharmacy is not available.
- **Prescription Drugs requiring a Benefit Certification when Benefit Certification was not obtained.**
- **Prescriptions** purchased at a Non-Participating Pharmacy, unless required due to an emergency occurring outside of the PIC Service Area.
- **Prescription Drugs**, compounded medications.
- **Prescription Drug replacements** due to loss, theft or destruction.
- **Private duty nursing.**
- **Psychological** testing when not Medically Necessary.
- **Residential Treatment Centers.**
- **Reversals of voluntary sterilization.**
- **Services for which the Member is eligible under any governmental program** (except Medicaid) or services for which, in the absence of any health service plan or insurance plan, no charge would be made to the Member.
- **Services requiring Benefit Certification** when Benefit Certification was not obtained.
- **Sex transformation surgery and drugs** relating to sex transformations.
- **Sexual dysfunction treatment**, including medication, counseling, and clinics except for penile prosthesis as provided in the Group Subscriber Agreement (GSA).
- **Special education**, school testing or evaluations, counseling, therapy or care for learning deficiencies or disciplinary problems. This applies whether or not associated with manifest mental illness or other disturbances. Except as provided for under the Family, Infant and Toddler program. Refer to the Group Subscriber Agreement (GSA) for more information.
- **Special Medical Foods**, except as listed as Covered in the Group Subscriber Agreement (GSA) for Genetic Inborn Errors of Metabolism.
- **Storage or banking** of sperm, ova (human eggs), embryos, zygotes, or other human tissue.
- **“Telephone visits** and electronic mail (e-mail)” by Physician or “environmental intervention” or “consultation” by telephone for which a charge is made to the patient.
- **Transportation costs** for deceased Members.
- **Travel and lodging** expenses, except as provided in the Group Subscriber Agreement (GSA).
- **Vision Care (routine) and Eye Refractions** for determining prescriptions for corrective lenses, except as listed as Covered in the Group Subscriber Agreement (GSA).
- **Visual training.**
- **Vocational Rehabilitation services and Long-Term Rehabilitation services.**
- **Weight reduction or control treatments and medications**, except for Medically Necessary treatment for morbid obesity. Medications are not Covered.
- **Work-related accidents** or injuries or occupational illness or disease if the Member is required to be covered under workers’ compensation insurance, whether or not such coverage actually exists.

(For internal use only: IIP10033/10080)



This Schedule of Benefits and services is subject to the provisions of the contract and cannot modify or affect the Group Subscriber Agreement in any way; nor shall you accrue rights because of any statement in or omission from this schedule.

Presbyterian Insurance Company

P.O. Box 26267
Albuquerque, NM 87125-6267

www.phs.org

Presbyterian Customer Service Center

(505) 923-6980

1-800-923-6980

TTY/TDD (505) 923-5699

TTY/TDD toll-free 1-877-298-7407