

Service Area	Available in New Mexico, excluding Eddy and Lea counties		
	IIP10181, IIP10188, IIP10195, IIP10202, IIP10209		
MEDICAL Benefits & Coverage	In-Network	Out-of-Network	
Annual Calendar Year Deductible Individual (Deductible must be met before payments are made)	IIP10181 = \$500 IIP10188 = \$750 IIP10195 = \$1,000	IIP10202 = \$2,000 IIP10209 = \$5,000	IIP10181 = \$1,000 IIP10188 = \$1,500 IIP10195 = \$2,000
Family	3x (Individual) Individual = \$4,000 Family = 3x (Individual)		3x (Individual) Individual = \$6,000 Family = 3x (Individual)
Annual Out-of-Pocket Maximum (Does not include Deductible)	\$2 million combined in- and out-of-network		
Lifetime Maximum	6 months (May be reduced or eliminated with proof of prior Creditable Coverage)		
Pre-Existing Limitation (Does not apply to newborns and newly adopted children)			
Unique Services Reimbursement Program (USRP) Such as, but not limited to: Expenses Due to Medical Travel; Prescription Drug Copayment Costs; Wellness Education. Refer to Schedule of Benefits for full listing.	\$100 Reimbursement per family per Contract Year		
Physician Services			
Office Visit (Non-Specialist or Specialist)	\$15 ^(2,3) Copay per visit - 3 visits per Calendar Year. Subsequent visits are subject to Deductible and Co-insurance		50%
Acupuncture and Chiropractic (\$1,500 per Calendar Year Maximum)	30%		Not Covered
Clinical Preventive Services Such as, but not limited to: Routine Physicals Adult and Child Immunizations Well Child Care Routine mammogram & Pap screenings Preventive Lab, Radiology & Diagnostic Tests	Plan Pays 100%		50%
Diagnostic Tests ⁽¹⁾	30%		50%
Web Visits			
Non-Specialist	\$10 Copay/visit ⁽²⁾		Not Covered
Specialist	\$10 Copay/visit ⁽²⁾		Not Covered
Hospital ⁽¹⁾			
Inpatient	30%		50%
Outpatient	30%		50%
Durable Medical Equipment, Prosthetics, Appliances ⁽¹⁾	30% (\$1,000 per Calendar Year Maximum/Does not apply to supplies for Members with Diabetes)		50% (\$1,000 per Calendar Year Maximum/Does not apply to supplies for Members with Diabetes)
Transplant Benefit ⁽¹⁾ Must use PIC-approved facilities	30%		Not Covered
Accidental Injury/Urgent/Emergency Care			
Emergency Care including trauma services	\$150 Copay per visit ⁽²⁾ - 1 visit per Calendar Year (includes all ER services) Subsequent visits are subject to Deductible and Co-insurance.		
Urgent Care	\$50 Copay per visit ^(2,3) - 2 visits per Calendar Year Subsequent visits are subject to Deductible and Co-insurance.		
Prescription Drugs ^(1,2)	Standard (Must use Participating Pharmacy)	Generic Only (Must use Participating Pharmacy)	No Rx
Generic (Preferred)	\$10	Tier 0 = \$0 Tier 1 = \$10	Not Covered
Brand (Preferred)	\$35	Not Covered	Not Covered
Non-Preferred	\$75	Not Covered	Not Covered
Maternity Services	Not Covered unless Optional Maternity Benefit Rider has been purchased		

NON-MEDICAL Benefits & Coverage
Dental - Underwritten and Administered by Delta Dental Plan of New Mexico, Inc. Refer to the Schedule of Benefits for details.

Vision - Underwritten and Administered by Vision Service Plan Insurance Company (VSP). Refer to the Schedule of Benefits for details.

⁽¹⁾ Benefit Certification may be required ⁽²⁾ Not subject to Deductible ⁽³⁾ Copayment is for the office visit only. All other services received during the office visit are subject to Deductible and Co-insurance. This summary of Covered Benefits and services is subject to the provisions of the Subscriber Agreement and cannot modify or affect the Subscriber Agreement in any way, nor shall you accrue any rights because of any statement in or omission from this summary.

Please refer to the Subscriber Agreement for specific Medical Benefit limitations and exclusions.

EXCLUSIONS FOR PRESBYTERIAN PRESSOLO PPO BENEFIT PLANS: Alcoholism and Substance Abuse services except for substance abuse detoxification services • **Alternative/complementary therapies**, except as specified in the Subscriber Agreement • **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 Subscriber Agreement • **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** • **Cancer Clinical Trials** – certain exclusions apply as identified in the Subscriber Agreement • **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 above Reasonable and Customary** • **Charges that are determined to be unreasonable by PIC** • **Circumcisions** except as specified in the Subscriber Agreement • **Clothing** or other protective devices whether by prescription or not • **Co-dependency Treatment** • **Convenience Items** • **Cosmetic Surgery, treatments, devices, orthotics, and medications** including treatment for hair-loss • **Costs for extended warranties** and premiums for other insurance coverage • **Counseling** • **Court ordered evaluation or treatment**, or treatment that is a condition of parole or probation or in lieu of sentencing • **Custodial or domiciliary care** • **Dental care** and dental x-rays, except as provided in the Subscriber Agreement • **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** - duplicate items, convenience items, upgraded or deluxe items, repair or replacements due to normal wear, loss, neglect, theft, misuse, abuse, to improve appearance, or for convenience or items under the manufacturers or supplier's warranty • **Elastic support hose** • **Elective abortions** • **Emergency facility** used for non-emergent services • **Exercise equipment** and videos, personal trainers, club memberships and weight reduction programs • **Expenses due to Medical Travel, (Food/Lodging)** except as provided for under the Unique Services Reimbursement Program • **Experimental or investigational**, as determined by PIC, drugs, medicines, treatments, or procedures • **Extracorporeal shock wave therapy** • **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 Subscriber Agreement • **Foot care (routine)**, except as provided in the Subscriber Agreement • **Foot Orthotics** functional and/or customized except as described in the Subscriber Agreement • **"Get acquainted"** visits without physical assessment or diagnostic or therapeutic intervention provided • **Gloves**, unless part of a wound treatment kit • **Gym Memberships** except as provided for under the Unique Services Reimbursement Program • **Hair loss** (baldness) treatments, medications, supplies, and devices • **Halfway houses** • **Hearing aids** and the evaluation for the fitting of hearing aids except for school-aged children under 18 years old (or under 21 years of age if still attending high school) • **Home sleep studies** • **Hospice benefits are limited** as specified in the Subscriber Agreement • **Hospital, physician, mid-wife and other charges** related to prenatal care and delivery of a newborn child except as described in the Subscriber Agreement • **Hypnotherapy** • **Infant formula** • **Infertility treatment/Artificial Conception and drugs** • **In-vitro, GIFT and ZIFT fertilization** • **Malocclusion treatment**, if part of routine dental care/ orthodontics • **Maternity/ Obstetrical Care** including, but not limited to, any condition which is pregnancy related, prenatal care, delivery or voluntary pregnancy termination, and post natal care unless the Optional Maternity Benefit Rider is included • **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 • **Mental Health Services and medications** • **New medications** for which determination of criteria has not yet been established by PIC • **Nutritional supplements** unless for prenatal care as prescribed by the attending Physician or as a 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**, with the exception of approved over-the-counter medications as determined by PIC's Pharmacy and Therapeutics Committee • **Personal or comfort items, services or treatments** • **Photophoresis** for all conditions other than mycosis fungoides • **Physical examinations**, vaccinations, drugs, and immunizations for the primary intent of medical research, or non-Medically Necessary purpose(s) as specified in the Subscriber Agreement • **Prescription Drugs** received upon Hospital discharge, provided by a Hospital pharmacy unless a Participating outpatient pharmacy is not available • **Prescription Drugs requiring a Benefit Certification when Certification was not obtained** • **Prescriptions** purchased at a Non-Participating Pharmacy, unless due to an emergency occurring outside of the PIC Service Area • **Prescription** compounded medications • **Prescription Drugs Copayment Costs** except as provided under the Unique Services Reimbursement Program • **Prescription Drug** replacements due to loss, theft, or destruction • **Private Duty Nursing** • **Psychological testing** • **Residential Treatment Centers** • **Reversals of voluntary sterilization** • **Routine services**, other than emergent or urgent in nature, received **outside of the United States** • **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 Certification is not obtained • **Sex transformation surgery and drugs related to sex transformations** • **Sexual dysfunction treatment**, including medication, counseling, and clinics except for penile prosthesis as provided in the Subscriber Agreement • **Special education**, except as covered under the Family, Infant and Toddler (FIT) program • **Special Medical Foods**, except as listed as Covered in the Subscriber Agreement • **Storage or banking** of sperm, ova (human eggs), embryos, zygotes, or other human tissue • **Stress Management** except as provided for under the Unique Services Reimbursement Program • **"Telephone visits"** by a 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 Subscriber Agreement • **Vision Care (routine) and Eye Refraction** for determining prescriptions for corrective lenses, except as listed as covered in the Subscriber Agreement • **Visual training** • **Vocational Rehabilitation services and Long-Term Rehabilitation services** • **Weight Loss Program/Membership Fees** except as provided for under the Unique Services Reimbursement Program • **Weight reduction or control treatments and medications**, except for Medically Necessary treatment for morbid obesity • **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 • **Yoga Classes** except as provided for under the Unique Services Reimbursement Program.

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