SMART CARE 750/30
LARGE GROUP
HMO
(HHH10040)

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 Health Plan (PHP). 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 PHP. 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.

SMART CARE 750/30 LARGE GROUP (HHH10040) BENEFITS AND COVERAGE	LIMITS
ANNUAL CALENDAR YEAR DEDUCTIBLE (For Benefits noted with a (2) the Deductible must be met before payments are made)	Individual:$750 Family: 3x Individual
ANNUAL OUT-OF-POCKET MAXIMUM – Includes % Copayments which are subject to Deductible only. **Does not include** Deductible, all other Copayments, or non-Covered charges.	Individual: $2,000 Family: 3x Individual
MAXIMUM LIFETIME BENEFIT	Unlimited
MAXIMUM LIFETIME TRANSPLANT BENEFIT	$500,000 (Including Immunosuppressive drugs)
BENEFITS AND COVERAGE	**COPAYMENT**
PHYSICIAN SERVICES including:	
Office visits	
• Primary Care Physician (PCP)	$30 Copayment per visit
• Specialist	$40 Copayment per visit
Home visits	**Not Covered**
Outpatient Surgery (In Physician's office)	Included in office visit Copayment
Specialty Pharmaceuticals(1) (Injectable forms administered in Physician's office)	15% Copayment up to a maximum of $250 per injection and $1,500 per Calendar Year
Allergy Services	
• Testing	30% Copayment
• Serum (extracts)	30% Copayment
• Injections	Included in office visit Copayment (waived if nursing visit only)
Injections such as insulin, heparin and injectable antibiotics	Included in office visit Copayment (waived if nursing visit only)
Infertility Services including drugs and injections(1)	50% Copayment
On-campus Student Health Center	$30 Copayment per visit
Hospital and Skilled Nursing Care visits	30% Copayment(2)
HOSPITAL SERVICES – Inpatient(1) Coverage Includes: • Room and Board • Newborn delivery and other Hospital Obstetrical services • In-Hospital Physician visits, Surgeons, Anesthesiologist and other Inpatient Services • Detoxification	30% Copayment per admission(2)
MEDICAL SERVICES – Outpatient	
• Surgeries(1) (at facility)	30% Copayment per visit(2)
• X-ray and laboratory tests	30% Copayment per test(2)
• PET(1)/CAT Scans	30% Copayment per test (2)
• Cardiac Cath/ GI Lab	30% Copayment per visit (2)
• Radiation Therapy (Non-surgical)	30% Copayment(2)
• Chemotherapy	30% Copayment per treatment (2)
Specialty Pharmaceuticals(1) Oral or inhalation forms/Self-administered	15% Copayment up to a maximum of $250 per prescription and $1,500 per Calendar Year
Specialty Pharmaceuticals(1) Intravenous (IV)	$0 Copayment
• Magnetic Resonance Imaging (MRI) tests	30% Copayment per test (2)
• Sleep Studies	30% Copayment per study (2)
• Administration of blood/blood components	30 % Copayment per visit(2)

(1) Benefit Certification may be required

(2) Subject to Deductible

Eff 6/1/06

Refer to the Group Subscriber Agreement for a more complete description of benefits

SMART CARE 750/30 LARGE GROUP (HHH10040) BENEFITS AND COVERAGE	COPAYMENT
RECONSTRUCTIVE SURGERY[1]	Included in Hospital Services - Inpatient, Medical Services - Outpatient, and Physician Services
EMERGENCY ROOM CARE Including trauma services	$100 Copayment per visit (waived if admitted into a Hospital, then Hospital Copayment applies)
URGENT CARE • Participating Provider/Practitioner • Non-Participating Provider/Practitioner (In or out of the Service Area)	 $40 Copayment per visit $40 Copayment per visit
AMBULANCE SERVICES including: Emergency or high-risk • Ground ambulance • Air ambulance Inter-Facility transfer services • Ground ambulance • Air ambulance	 $50 Copayment per occurrence $100 Copayment per occurrence $0 Copayment $100 Copayment per occurrence
CLINICAL PREVENTIVE SERVICES Well Child Care including vision and hearing screening Preventive physical exam Adult and child immunizations Office Based Health education Family planning services Cytologic Screening (Pap Smear) Mammography Human Papillomavirus (HPV) Screening Health Education	 $30 Copayment per visit $30 Copayment per visit Included in office visit Copayment (waived if nursing visit only) Included in office visit Copayment Included in office visit Copayment Included in office visit Copayment Included in office visit Copayment Included in office visit Copayment Included in office visit Copayment
WOMEN'S HEALTH CARE Gynecological Care In office Obstetrical/Maternity Care/Prenatal & Postnatal care Specialist (i.e. Perinatologist) Cytologic (Pap Smear), Human Papillomavirus (HPV) screening, and Mammograms refer to Clinical Preventive Services. Newborn Delivery and other Hospital Obstetrical Services Implantable contraceptive devices • Insertion • Removal	 $30 Copayment per visit $30 Copayment per visit up to a maximum of $300 per pregnancy $40 Copayment per visit not included in $300 maximum listed above 30% Copayment per admission[2] 50% Copayment per insertion[2] 50% Copayment per insertion[2]
DIABETES SERVICES Office visit and Diabetes education Diabetic supplies[1] (Purchased through a Participating Durable Medical Equipment Supplier) Diabetic supplies including Insulin and diabetic oral agents for controlling blood sugar (Purchased through a Participating Pharmacy)	 Included in office visit Copayment 50% Copayment[2] Generic (Preferred) - $10 Copayment Brand (Preferred) - $35 Copayment Non-Preferred - $55 Copayment (Per 30-day supply up to the maximum dosing recommended by the manufacturer) unless Optional Benefit Rider included, then Benefits in Rider will supercede

[1] Benefit Certification may be required (2) Subject to Deductible

Refer to the Group Subscriber Agreement for a more complete description of benefits

SMART CARE 750/30 LARGE GROUP (HHH10040) BENEFITS AND COVERAGE	COPAYMENT
COVERED MEDICATIONS – Outpatient (Purchased at a Participating Pharmacy, unless due to an emergency occurring outside of the PHP Service Area)	
• Medically Necessary Nutritional Supplements for prenatal care • Insulin and diabetic oral agents • Diabetic supplies (purchased through a Participating Pharmacy) • Smoking cessation drugs (Limited to two (2) 90-day courses of treatment per Calendar Year)	Generic (Preferred) - $10 Copayment Brand (Preferred) - $35 Copayment Non-Preferred - $55 Copayment (Per 30-day supply up to the maximum dosing recommended by the manufacturer) unless Optional Benefit Rider included, then Benefits in Rider will supercede
Immunosuppressive drugs following transplant surgery (Subject to lifetime transplant maximum)	
• Oral	Generic (Preferred) - $10 Copayment Brand (Preferred) - $35 Copayment Non-Preferred - $55 Copayment (Per 30-day supply up to the maximum dosing recommended by the manufacturer) unless Optional Benefit Rider included, then Benefits in Rider will supercede
• Injectable	15% Copayment up to a maximum of $250 per injection and $1,500 per Calendar Year
Specialty Pharmaceuticals[1] Oral or inhalation forms/Self-administered	15% Copayment up to a maximum of $250 per prescription and $1,500 per Calendar Year
Specialty Pharmaceuticals[1] Intravenous (IV)	$0 Copayment
Special Medical Foods[1]	50% Copayment
For plans with "Covered Medications" 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. If your employer has purchased the Optional Prescription Drug Rider please refer to that rider for Medicare Part D Creditable/Non-Creditable status.	
PRESCRIPTION DRUGS Prescription Drugs (Retail/Mail Order) – Outpatient	**Not Covered except as provided in Section IV. S (Covered Medications) of the Group Subscriber Agreement, unless the Optional Benefit Rider is included, then the Copayments listed in the rider will supercede**
MENTAL HEALTH SERVICES[1]	
Outpatient	$40 Copayment per visit
Inpatient	30% Copayment per admission[2]
Partial Hospitalization	30% Copayment per admission[2]
ALCOHOL AND SUBSTANCE ABUSE SERVICES[1]	
Detoxification	
• Outpatient	$40 Copayment per visit
• Inpatient	30% Copayment per admission[2]
Rehabilitation - Outpatient, Inpatient or partial hospitalization	**Not Covered**

[1] Benefit Certification may be required

(2) Subject to Deductible

Refer to the Group Subscriber Agreement for a more complete description of benefits

SMART CARE 750/30 LARGE GROUP (HHH10040) BENEFITS AND COVERAGE	COPAYMENT
REHABILITATION AND THERAPY SERVICES	
Cardiac Rehabilitation (up to 12 sessions continuous ECG monitoring and 24 sessions intermittent ECG monitoring per Calendar Year)	30% Copayment per session[2]
Dialysis/Plasmapheresis/Photophoresis	30% Copayment per visit[2]
Pulmonary Rehabilitation (up to 24 sessions per Calendar Year)	30% Copayment per session[2]
Short-term Rehabilitation[1] (Physical and Occupational Therapy up to 2 months per condition)	
• Inpatient	30% Copayment per admission[2]
• Outpatient	30% Copayment per session[2]
Speech and Hearing Therapy* (up to 2 months per condition)	30% Copayment per session[2]
TRANSPLANTS[1] (Subject to lifetime transplant maximums) Standard Coverage	30% Copayment per admission[2]
COMPLEMENTARY THERAPIES (Limited)	
Acupuncture Services (up to 20 visits per Calendar Year if Medically Necessary as specified in Section IV.F of the Group Subscriber Agreement)	30%[2] Copayment per session
Chiropractic Services (up to 18 visits per Calendar Year if Medically Necessary)	30%[2] Copayment per session
Biofeedback for specific conditions	30%[2] Copayment per session
SKILLED NURSING FACILITY[1] (Up to 60 days per Calendar Year)	30%[2] Copayment per admission
HOME HEALTH CARE SERVICES[1]**/ HOME INTRAVENOUS SERVICES**[1]	
Services provided by an RN, LPN and other specified specialist	30% Copayment[2]
Home intravenous services and supplies	30% Copayment[2]
Specialty Pharmaceuticals[1] Oral or inhalation forms/Self-administered	15% Copayment up to a maximum of $250 per prescription and $1,500 per Calendar Year
Specialty Pharmaceuticals[1] Intravenous (IV	$0 Copayment
HOSPICE CARE[1]	
Inpatient	30%[2] Copayment per admission
In-home	30% Copayment[2]
DURABLE MEDICAL EQUIPMENT, PROSTHETICS, AND APPLIANCES[1]	50% Copayment[2]
EYEGLASSES AND CONTACT LENSES[1]	
Limited to the following:	
• Eyeglasses and contact lenses within 12 months following cataract surgery or for the correction of keratoconus, or when related to Genetic Inborn Errors of Metabolism	50% Copayment [2]
• Refraction eye exam associated with post cataract surgery or Keratoconus correction	Included in office visit Copayment

[1] Benefit Certification may be required

(2) Subject to Deductible

Refer to the Group Subscriber Agreement for a more complete description of benefits

SMART CARE 750/30 LARGE GROUP (HHH10040) BENEFITS AND COVERAGE	COPAYMENT
DENTAL SERVICES/(CMJ/TMJ) (Limited)	30%
FAMILY, INFANT AND TODDLER PROGRAM Family, Infant and Toddler Program (FIT): Early Intervention services provided through the Family, Infant and Toddler Program to eligible children and their families in accordance with that which is required under N.M.S.A.§ 59A-46-38.1	No Copayment $3,500 per Member per Calendar Year Maximum benefit Not applicable to any lifetime maximums or annual limits

EXCLUSIONS FOR SMART CARE 750/30 LARGE GROUP (HHH10040):

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

Any exclusion listed would not be applicable if Covered under the FIT program in accordance with that which is required under N.M.S.A.§ 59A-46-38.1. 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).
- **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).**
- **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 PHP.**
- **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 items 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 –** 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.
- **Covered services obtained from a Non-Participating Provider/Practitioner**, except as provided in the Group Subscriber Agreement (GSA).
- **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 a Physician's office or by a home health professional.
- **Donor Sperm.**
- **Durable Medical Equipment/Prosthetics/Orthotics** as listed as Covered in this Schedule of Benefits and the Group Subscriber Agreement – additional wheelchairs, duplicate items, convenience items, upgraded or deluxe items, repair or replacement 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.
- **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/Investigational,** as determined by PHP, 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.

EXCLUSIONS FOR SMART CARE 750/30 LARGE GROUP (HHH10040):

- **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).
- **"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.**
- **Home visits by a Physician.**
- **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 a 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 PHP's Pharmacy and Therapeutics Committee.
- **Nutritional supplements** except as provided in the Group Subscriber Agreement (GSA).
- **Organ transplants not listed as Covered and Non-human organs,** except for porcine (pig) heart valve.
- **Orthodontic appliances, endodontics, dental prosthetics, crowns, bridges, and dentures**.
- **Orthodontic appliances** and orthodontic treatment, 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.
- **Orthotics (functional foot),** except as provided in the Group Subscriber Agreement (GSA) for patients with diabetes or other significant peripheral neuropathies.
- **Orthotics/orthosis (Custom Fabricated)** except as specified in the Groups Subscriber Agreement (GSA).
- **Over-The-Counter (OTC) medications** except as specified in the Group Subscriber Agreement (GSA).
- **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) 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 the Covered Medications section of this Schedule of Benefits and the Group Subscriber Agreement (GSA) or as described in the Outpatient Prescription Drug Rider, if included.
- **Prescription Drugs** (as listed as Covered in this Schedule of Benefits, the Optional Prescription Drug Rider, if included, 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.**
- **Prescription Drugs ordered by a Non-Participating Provider** or purchased at a Non-Participating Pharmacy unless required due to an emergency occurring outside of the Service Area.
- **Prescription Drug,** compounded medications.
- **Prescription Drug replacements** due to loss, theft, or destruction.
- **Private duty nursing.**

EXCLUSIONS FOR SMART CARE 750/30 LARGE GROUP (HHH10040):

- **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 or Dependent.
- **Services requiring Benefits Certification** when Benefit Certification was not obtained.
- **Sex transformation surgery and drugs** relating to sex transformation.
- **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 (FIT) 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 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** expense, 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 Covered only if the Optional Prescription Drug Rider is included.)
- **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.

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

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.

Plan ID's - Large - HHH10040

PRESBYTERIAN

Offered by Presbyterian Health Plan

Smart Care HMO Large and Small Group

ENDORSEMENT REGARDING - 2007 Commercial Benefit Mandates

Effective 6/15/07

All terms, benefits, exclusions and provisions of the Group Subscriber Agreement and/or Schedule of Benefits not specifically amended by this Endorsement shall remain in full force and in effect.

Section IV. Benefits, item D. Clinical Preventive Services, and item I. Durable Medical Equipment of the Group Subscriber Agreement – The following language regarding *Hearing Aids* has been amended and will now read as follows:

D. Clinical Preventive Services

3. Vision and Hearing Screening performed only by the PCP to determine the need for vision and hearing correction. This does not include routine eye exams or Eye Refractions performed by eye care specialists. One Eye Refraction per Calendar Year is Covered for children under age six when Medically Necessary to aid in the diagnosis of certain eye diseases. **Hearing aids and the evaluation for the fitting of hearing aids is not Covered except for school aged children under 18 years old (or under 21 years of age if still attending high school).**

I. Durable Medical Equipment, Orthotic Appliances, Prosthetic Devices, Repair and Replacement of Durable Medical Equipment, Prosthetics and Orthotic Devices, Surgical Dressing Benefit, Eyeglasses/Contact Lenses and Hearing Aids.

7. Hearing Aids

Hearing aids and the evaluation for the fitting of hearing aids are not Covered **except for school aged children under 18 years old (or under 21 years of age if still attending high school):**

a. Up to $2,200 every 36 months "per hearing impaired ear" for school aged children under 18 years old (or under 21 years of age if still attending high school).

b. Shall include fitting and dispensing services, including ear molds as necessary to maintain optimal fit, as provided by a Participating Provider/Practitioner licensed in New Mexico.

Section IV. Benefits, item V. Rehabilitation and Therapy of the Group Subscriber Agreement – The following language regarding *Hearing Aids* has been amended and will now read as follows:

V. Rehabilitation and Therapy

4. Outpatient Speech Therapy**.**

g. Hearing aid evaluations are **not Covered except for school aged children under 18 years old (or under 21 years of age if still attending high school)**.

Section VII. Exclusions, item AH. Hearing Aids of the Group Subscriber Agreement – The following language regarding *Hearing Aids* has been amended and will now read as follows:

VII. Exclusions:

AH. **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)**.

Section XVII. Glossary of the Group Subscriber Agreement – The following definition has been added regarding *Hearing Aids*:

HEARING AID means Durable Medical Equipment that is of a design and circuitry to optimize audibility and listening skills in the environment commonly experienced by children.

The following language located in the Schedule of Benefits regarding Hearing Aids has been added and will read as follows:

	Copayment
DURABLE MEDICAL EQUIPMENT, PROSTHETICS, AND APPLIANCES[1] • **Hearing Aids (for school aged children under age 18 or 21 years of age if still attending high school)**	**Refer to Schedule of Benefits for Copayment Amount.** **Up to $2,200 every 36 months "per hearing impaired ear".**

The following language located in the Exclusions section of the Schedule of Benefits regarding *Hearing Aids* has been amended and will read as follows:

- **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)**.

Section IV. Benefits, item D. Clinical Preventive Services of the Group Subscriber Agreement – The following language regarding *Colorectal Cancer Screenings* has been amended and will now read as follows:

D. Clinical Preventive Services

5. Colorectal cancer screening in accordance with the evidence-based recommendations established by the United States Preventive Services Task Force for determining the presence of pre-cancerous or cancerous conditions and other health problems including:

   a. Fecal occult blood testing (FOBT),

   b. Flexible Sigmoidoscopy,

   c. Colonoscopy,

   d. Double contrast barium enema.

Section IV. Benefits, item D. Clinical Preventive Services and item Z. Women's Healthcare of the Group Subscriber Agreement – The following language regarding *Coverage of HPV Vaccine* for females aged nine to 14 years of age has been added and will now read as follows:

D. Clinical Preventive Services

11. HPV Vaccine Coverage for the Human Papillomavirus, as approved by the Food and Drug Administration, for females nine to 14 years of age used for the prevention of Human Papillomavirus infection and cervical pre-cancers. In addition, the HPV vaccine is covered for other populations ***in accordance with guidelines established by*** The Advisory Committee on Immunization Practices (ACIP).

Z. Women's Healthcare

6. Cytologic Screening (PAP Smear), Human Papillomavirus (HPV) screenings, HPV Vaccine coverage for females nine to 14 years of age and other populations ***in accordance with guidelines established by*** The Committee on Immunization Practices (ACIP), and mammography Coverage described in Section IV. (Benefits) item D. (Clinical Preventive Services).

IN WITNESS THEREOF, Presbyterian Health Plan, Inc. has caused this Group Subscriber Agreement/Schedule of Benefits Endorsement to be executed by a duly authorized agent.

PRESBYTERIAN HEALTH PLAN, INC.

_____

Lisa Farrell
Treasurer
Presbyterian Health Plan, Inc.

PRESBYTERIAN

Offered by Presbyterian Health Plan

PHP Custom/Value Care HMO
PHP My Care Active/Family
PHP Smart Care (Large and Small)
PHP Alliance Group/Individual

ENDORSEMENT REGARDING - 2007 Commercial Benefit Mandate Regarding Health Insurance Coverage for General Anesthesia and Hospitalization for Dental Surgery

Effective 7/1/07

All terms, benefits, exclusions and provisions of the Group/Subscriber Agreement and/or Schedule of Benefits not specifically amended by this Endorsement shall remain in full force and in effect.

Section IV. Benefits, item E. Dental Services of the Subscriber Agreement – The following language regarding *General Anesthesia and Hospitalization for Dental Surgery* has been amended and will now read as follows:

F. Dental Services Including Temporo/Craniomandibular Joint Disorders (TMJ/CMJ)

5. **Hospitalization, day surgery, outpatient services and/or anesthesia for Non-Covered dental services, are Covered if,** provided in a hospital or ambulatory surgical center for dental surgery when approved by PHP. Plan benefits for these services include coverage:

   a. for Members who exhibit physical, intellectual or medically compromising conditions for which dental treatment under local anesthesia, with or without additional adjunctive techniques and modalities cannot be expected to provide a successful result and for which dental treatment under general anesthesia can be expected to produce superior results;

   b. for Members for whom local anesthesia is ineffective because of acute infection, anatomic variation or allergy;

   c. for Covered children or adolescents who are extremely uncooperative, fearful, anxious, or uncommunicative with dental needs of such magnitude that treatment should not be postponed or deferred and for whom lack of treatment can be expected to result in dental or oral pain or infection, loss of teeth or other increased oral or dental morbidity;

   d. for Members with extensive oral-facial or dental trauma for which treatment under local anesthesia would be ineffective or compromised; and

   e. for *other procedures* for which hospitalization or general anesthesia in a hospital or ambulatory surgical center is medically necessary.

Section VII. Exclusions, item X.1. Dental care of the Subscriber Agreement – The following language regarding *General Anesthesia and Hospitalization for Dental Surgery* has been amended and will now read as follows:

VII. Exclusions relating to Dental Services:

X.1 **Dental care and** dental x-rays, except as provided in Section IV. (Benefits) item F. (Dental Services/TMJ/CMJ), hospitalization, day surgery, outpatient services and/or anesthesia for Non-Covered dental services **are covered if provided in a hospital or ambulatory surgical center for dental surgery when approved by PHP.**

IN WITNESS THEREOF, Presbyterian Health Plan, Inc. has caused this Group/Subscriber Agreement/Schedule of Benefits Endorsement to be executed by a duly authorized agent.

PRESBYTERIAN HEALTH PLAN, INC.

_____

Lisa Farrell
Treasurer
Presbyterian Health Plan, Inc.

PRESBYTERIAN

Offered by Presbyterian Health Plan

CUSTOM CARE, VALUE CARE, MY CARE ACTIVE/FAMILY, SMART CARE
LARGE & SMALL GROUP
HMO

ENDORSEMENT REGARDING The Removal of the Transplant Lifetime Maximum

Effective 01/01/07

All terms, benefits, exclusions and provisions of the Group Subscriber Agreement and Schedule of Benefits not specifically amended by this Endorsement shall remain in full force and in effect.

Section IV. Benefits, item Y. (Transplants) of the Group Subscriber Agreement - The following language has been deleted:

All transplant benefits, including travel, and Immunosuppressive medications are limited to a Lifetime Maximum Benefit of $500,000.

Section VI. Limitations, item C. of the Group Subscriber Agreement - The following language has been deleted:

Total lifetime benefits per Member for any and all Organ transplants are limited to $500,000.

The following language located in the Schedule of Benefits has been deleted:

MAXIMUM LIFETIME TRANSPLANT BENEFIT	$500,000 (including Immunosuppressive drugs)	**Not Covered**

Throughout the Schedule of Benefits, any reference to "Subject to Lifetime Transplant Maximum" has been deleted.

IN WITNESS THEREOF, Presbyterian Health Plan, Inc. has caused this Group Subscriber Agreement Endorsement to be executed by a duly authorized agent.

PRESBYTERIAN HEALTH PLAN, INC.

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Lisa Farrell
Vice President & Chief Financial Officer
Presbyterian Health Plan, Inc.

PRESBYTERIAN HEALTH PLAN INC.

SMART CARE
LARGE & SMALL GROUP
HMO

ENDORSEMENT REGARDING WEB VISITS

Effective 05/01/07

All terms, benefits, exclusions and provisions of the Schedule of Benefits and Group Subscriber Agreement not specifically amended by this Endorsement shall remain in full force and in effect.

For the Smart Care, under the Schedule of Benefits, the subsection "Physician Services" has added the following:

	COPAYMENT
Web Visits ***Provided through PHP contracted Web Visits Providers as identified in the Provider Directory.***	
• **Primary Care Physician (PCP)**	**$7 Copayment per visit**
• **Specialist**	**$7 Copayment per visit**

For the Smart Care, under the Schedule of Benefits, the subsections "Clinical Preventive Services" and "Women's Health Care" have added the following:

	COPAYMENT
Web Visits ***Provided through PHP contracted Web Visits Providers as identified in the Provider Directory.***	**$7 Copayment per visit**

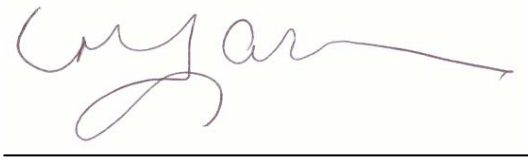
Throughout the Group Subscriber Agreement and the Schedule of Benefits, the exclusion for "electronic mail (E-mail)" has been removed. "Electronic mail (E-mail)" is a Covered benefit.

Section XVII. Glossary of Terms, under the Group Subscriber Agreement;
The following definition has been added:

WEB VISITS means an online consultation between a doctor and an established patient about a non-urgent healthcare matter.

IN WITNESS THEREOF, Presbyterian Health Plan, Inc., has caused this Schedule of Benefits and Group Subscriber Agreement Endorsement to be executed by a duly authorized agent.

PRESBYTERIAN HEALTH PLAN, INC.



Lisa Farrell
Vice President & Chief Financial Officer
Presbyterian Health Plan, Inc.

PRESBYTERIAN

Offered by Presbyterian Health Plan

PHP Custom/Value Care Plans
PHP My Care Plans
PHP Smart Care Plans
PHP Flex/Choice Care Plans
PHP Alliance Group and Individual Plans
PHP Minimum Health Care Protection Plan
PHP Conversion Plan

ENDORSEMENT REGARDING Benefit Certification or Preauthorization Requirement for MRI/CAT Scans

Effective 12/15/08

All terms, benefits, exclusions and provisions of the Group Subscriber Agreement and Schedule of Benefits not specifically amended by this Endorsement shall remain in full force and in effect.

Section V. (Benefit Certification/Preauthorization), item C. (What Services and Supplies Require Benefit Certification), of the Subscriber Agreement – Computed Axial Tomography (CAT) scans and Magnetic Resonance Imaging (MRI) tests have been added to the list requiring Benefit Certification and will be listed as follows:

C. What Services and Supplies Require Benefit Certification or Preauthorization?

Computed Axial Tomography (CAT) Scans;
Magnetic Resonance Imaging (MRI) tests;

The following language located in the Schedule of Benefits has been amended to read as follows:

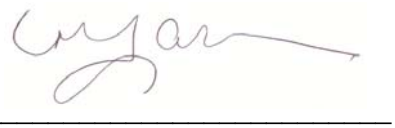
MEDICAL SERVICES – Outpatient
• **PET[(1)]/CAT[(1)] Scans**

• **Magnetic Resonance Imaging (MRI)[(1)] tests**

[(1)] Benefit Certification or Pre-authorization may be required

IN WITNESS THEREOF, Presbyterian Health Plan, Inc. has caused this Subscriber Agreement Endorsement to be executed by a duly-authorized agent.

PRESBYTERIAN HEALTH PLAN, INC.



Lisa Farrell
Treasurer
Presbyterian Health Plan, Inc.

PRESBYTERIAN

Offered by Presbyterian Health Plan

Smart Care (Large and Small) Group HMO

ENDORSEMENT REGARDING – Benefit Enhancements

Effective January 1, 2009

All terms, benefits, exclusions and provisions of the *Group Subscriber Agreement* and/or *Schedule of Benefits* not specifically amended by this Endorsement shall remain in full force and in effect.

The following language located in the Schedule of Benefits regarding Medical Services, has been enhanced and will read as follows:

BENEFITS AND COVERAGE	Copayment
Medical Services	
• X-ray	30% Copayment per test
• Laboratory tests	0% Copayment per test

The following language located in the Schedule of Benefits regarding Clinical Preventive Services, has been enhanced and will read as follows:

BENEFITS AND COVERAGE	Copayment
Clinical Preventive Services	
Well child care including vision and hearing screening	$30 Copay per visit
Preventive physical exam	$30 Copay per visit
Adult and child immunizations	Included in office visit Copayment (waived if nursing visit only)
Office based health education	Included in office visit Copayment
Family planning services	Included in office visit Copayment
Cytologic screening (Pap smear)	Included in office visit Copayment
Human Papillomavirus (HPV) screening	Included in office visit Copayment
HPV Vaccine for females nine to 14 years of age	Included in office visit Copayment (waived if nursing visit only)
Mammography	$0 Copay per visit
Colonoscopy	$0 Copay per visit

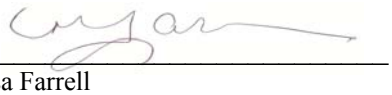
The following language located in the Schedule of Benefits regarding Transplants, has been enhanced and will read as follows:

BENEFITS AND COVERAGE	Copayment
Transplants[1] STANDARD COVERAGE	30% Copayment per admission[2]

[1] Benefit Certification may be required [2] Subject to deductible

IN WITNESS THEREOF, Presbyterian Health Plan, has caused this *Group Subscriber Agreement* and/or *Schedule of Benefits* Endorsement to be executed by a duly-authorized agent.

PRESBYTERIAN HEALTH PLAN



Lisa Farrell
Treasurer
Presbyterian Health Plan

PRESBYTERIAN

Offered by Presbyterian Health Plan

Smart Care (Large and Small) Group HMO

ENDORSEMENT REGARDING – Benefit Change

Effective April 1, 2009

All terms, benefits, exclusions and provisions of the *Group Subscriber Agreement* and/or *Schedule of Benefits* not specifically amended by this Endorsement shall remain in full force and in effect.

The following language located in the Schedule of Benefits regarding Durable Medical Equipment, Prosthetics, and Appliances, has been changed and will read as follows:

BENEFITS AND COVERAGE	Copayment
Durable Medical Equipment (DME), Prosthetics, and Appliances[1]	50% Copayment[2] ($2000 Calendar Year Maximum – Diabetic supplies do not count towards the Calendar Year Maximum benefit)
• Hearing Aids (for school aged children under age 18 or 21 years of age if still attending high school).	Maximum benefit of $2,200 every 36 months "per hearing impaired ear" – does not count toward the $2000 Calendar Year Maximum benefit

[1] Benefit Certification may be required [2] Subject to deductible

IN WITNESS THEREOF, Presbyterian Health Plan, has caused this *Group Subscriber Agreement* and/or *Schedule of Benefits* Endorsement to be executed by a duly-authorized agent.

PRESBYTERIAN HEALTH PLAN

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Lisa Farrell
Treasurer
Presbyterian Health Plan

PRESBYTERIAN

Offered by Presbyterian Health Plan

PHP Custom/Value Care Plans
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PHP Smart Care Plans
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PHP Alliance Group Plan
PHP Minimum Health Care Protection Plan

ENDORSEMENT REGARDING –Children's Health Insurance Program Reauthorization Act (CHIPRA) Special Enrollment

Effective April 1, 2009

All terms, benefits, exclusions and provisions of the *Group Subscriber Agreement* and/or *Schedule of Benefits* not specifically amended by this *Endorsement* shall remain in full force and in effect.

Children's Health Insurance Program Reauthorization Act (CHIPRA) Enrollment
The following changes were made to your *Group Subscriber Agreement*:

In the *Eligibility, Enrollment and Effective Dates* Section, under "Special Enrollment" the following has been added:

3. CHIPRA (in accordance with provisions as currently may be defined under federal law)

   a. An employee, who chose not to enroll in PHP for self and/or dependent(s) during a previous enrollment period because they were covered under a state Medicaid or Children's Health Insurance Program (CHIP) plan and such coverage terminated due to a loss of eligibility, may request coverage for self and/or any affected eligible Dependent(s) if the Dependent is eligible and was not enrolled within 60 days of the date Medicaid or CHIP coverage terminated.

   b. An employee, who chose not to enroll in PHP for self and/or dependent(s) during a previous enrollment period and has become eligible for group health premium assistance under State Medicaid or State CHIP, may request coverage for self and/or eligible Dependent(s) if the Dependent is eligible and was not enrolled within 60 days of becoming eligible.

   c. If you apply within 60 days of the date Medicaid or CHIP coverage is terminated or within 60 days of the date the employee is determined to be eligible for employment assistance under a state Medicaid or CHIP plan, coverage will start no later then the first day of the month following receipt of your enrollment request.

IN WITNESS THEREOF, Presbyterian Health Plan, has caused this *Group Subscriber Agreement* and/or *Schedule of Benefits* Endorsement to be executed by a duly-authorized agent.

PRESBYTERIAN HEALTH PLAN

Lisa Farrell
Treasurer
Presbyterian Health Plan

PRESBYTERIAN

Offered by Presbyterian Health Plan

PHP Conversion Plan
PHP Custom/Value Care Plans
PHP My Care Plans
PHP Smart Care Plans
PHP Flex/Choice Care Plans
PHP Alliance Group and Individual Plans

ENDORSEMENT REGARDING – Cancer Clinical Trials Benefit Enhancements

Effective July 1, 2009

All terms, benefits, exclusions and provisions of the *Group Subscriber Agreement* and/or *Schedule of Benefits* not specifically amended by this *Endorsement* shall remain in full force and in effect.

Coverage for Cancer Clinical Trials will follow the guidance set forth in Senate Bill 24. As such, the following changes are made to your Group Subscriber Agreement:

A. Where "Cancer Clinical Trials" is listed in the Benefits section, the Limitations and Exclusions section, and the Glossary delete the words "phase I, II, III or IV."

B. Also, in the Benefits section and Glossary, the definition of Cancer Clinical Trials, "routine costs" now reads as follows:

   Routine patient care costs are Covered for Members in a Cancer Clinical Trial if:

   a. The Cancer Clinical Trial is undertaken for the purposes of the **prevention of or** the prevention of reoccurrence, early detection, or treatment of cancer for which no equally or more effective standard cancer treatment exists.

   b. The Cancer Clinical Trial is not designed exclusively to test toxicity or disease pathophysiology and it has a therapeutic intent.

   c. The Cancer Clinical Trial is being provided **in New Mexico** as part of a scientific study of a new therapy or intervention.

   d. There is not a non-Investigational treatment equivalent to the Cancer Clinical Trial.

   e. There is a reasonable expectation shown in clinical or pre-clinical data that the Cancer Clinical Trial will be at least as efficacious as any non-Investigational alternative.

   f. There is a reasonable expectation based on clinical data that the medical treatment provided in the Cancer Clinical Trial will be at least as effective as any other medical treatment.

   g. Pursuant to the patient informed consent, Presbyterian is not liable for damages associated with the treatment provided during any phase of a Cancer Clinical Trail.

IN WITNESS THEREOF, Presbyterian Health Plan, has caused this *Group Subscriber Agreement* and/or *Schedule of Benefits* Endorsement to be executed by a duly-authorized agent.

PRESBYTERIAN HEALTH PLAN

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Lisa Farrell
Treasurer
Presbyterian Health Plan

PRESBYTERIAN

Offered by Presbyterian Health Plan

PHP Smart Care (Large and Small) Group Plans

ENDORSEMENT REGARDING – Autism Spectrum Disorder Diagnosis and Treatment Benefit

Effective July 1, 2009

All terms, benefits, exclusions and provisions of the *Group Subscriber Agreement* and/or *Schedule of Benefits* not specifically amended by this *Endorsement* shall remain in full force and in effect.

Coverage for Autism Spectrum Disorder Diagnosis and Treatment in accordance with Senate Bill 39. As such, the following changes are made to the respective *Schedules of Benefits* and *Group Subscriber Agreements*:

A. Under the Benefits section, the following is added:

Autism Spectrum Disorder

The diagnosis and treatment for Autism Spectrum Disorder is covered for children, from birth to age nineteen (19) (or up to age twenty-two (22) if enrolled in high school) in accordance with state mandates (Senate Bill 39) as follows:

1. Diagnosis for the presence of Autism Spectrum Disorder when performed during a well child or well baby screening; and/or
2. Treatment through speech therapy, occupational therapy, physical therapy and Applied Behavioral Analysis (ABA) to develop, maintain, restore and maximize the functioning of the individual, which may include services that are habilitative or rehabilitative in nature.

These services are only covered when a treatment plan is provided to Presbyterian Health Plan's Health Services Department prior to services being obtained. The Health Services Department will review the treatment plans in accordance with Senate Bill 39.

Autism Spectrum Disorder Services must be provided by Participating Providers/Practitioners who are certified, registered or licensed to provide these services. Applied Behavioral Analysis (ABA) and other Autism Spectrum Disorder services may require Benefit Certification prior to being provided. If Benefit Certification is not obtained when required, the claim may be denied.

Limitation – services received under the federal Individuals with Disabilities Education Improvement Act of 2004 and related state laws that place responsibility on state and local school boards for providing specialized education and related services to children three (3) to twenty-two (22) years of age who have Autism Spectrum Disorder are not covered under this Plan.

B. Under Benefits, Rehabilitation and Therapy, Long Term Therapy, delete the word "autism" in the second sentence.

C. Under the Glossary, please add the following:
Autism Spectrum Disorder – means a condition that meets the diagnostic criteria for the pervasive development disorders published in the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association, including Autistic Disorder; Asperger's Disorder; Pervasive Development Disorder not otherwise specified; Rett's Disorder; and Childhood Disintegrative Disorder.

D. The following benefit information is added to the *Schedule of Benefits*:

	Limits
Autism Spectrum Disorder Diagnosis and Treatment Maximum Lifetime Benefit	$200,000 per member per lifetime. Beginning January 1, 2011, the maximum benefit shall be adjusted manually on January 1 to reflect any change from the previous year in the medical component of the then-current consumer price index for all urban consumers published by the Bureau of Labor Statistics of the United States Department of Labor.

Benefits and Coverage	**Copayment**
Autism Spectrum Disorder (1)	
Treatment through or provided by:	
PCP	$30 Copayment per visit
Specialist	$40 Copayment per visit
Outpatient Physical Therapy	30% Copayment per session (2)
Outpatient Occupational Therapy	30% Copayment per session (2)
Outpatient Speech Therapy	30% Copayment per session (2)
Applied Behavioral Analysis (ABA) (1)	$40 Copay per visit
Diagnosis and Treatment for all children up to age 19 or up to age 22 if still attending high school	Up to $36,000 per member per Calendar Year

(1) Benefit Certification may be required. (2) Subject to Deductible.

IN WITNESS THEREOF, Presbyterian Health Plan, has caused this *Group Subscriber Agreement* and/or *Schedule of Benefits* Endorsement to be executed by a duly-authorized agent.

PRESBYTERIAN HEALTH PLAN

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Lisa Farrell
Treasurer
Presbyterian Health Plan

PRESBYTERIAN

Offered by Presbyterian Health Plan

Alliance Group Plan
Choice/Flex Care Plans
Custom/Value Care Plans
My Care Plans
Smart Care Plans

ENDORSEMENT REGARDING:
Changes to the EFFECT OF OTHER COVERAGE Section

Effective January 1, 2010

All terms, benefits, exclusions and provisions of the *Group Subscriber Agreement* not specifically amended by this Endorsement shall remain in full force and in effect.

In Section X. (Effect of Other Coverage), the "Explanation Box" has been amended and reads as follows:

EFFECT OF OTHER COVERAGE

Some Members may have medical Coverage through other health benefit plans. This Section explains how Presbyterian Health Plan (PHP) coordinates these benefits along with your PHP Coverage.

Item A. (Coordination of Benefits), 2. g. has been added:

g. If a Member is Covered under a motor vehicle or homeowners insurance policy which provides benefits for medical expenses resulting from a motor vehicle accident or accident in the Member's own home, the Member shall not be entitled to benefits under this Agreement for injuries arising out of such accident to the extent they are Covered by their motor vehicle or homeowners' insurance policy. If such benefits have been provided by PHP, PHP shall have the right to recover any benefits provided from the Member or from the motor vehicle or homeowners' insurance to the extent they are available under the motor vehicle or homeowners' insurance policy.

Item D. Med-Pay (Motor Vehicle, Homeowners Policies) has been deleted.

IN WITNESS THEREOF, Presbyterian Health Plan has caused this *Group Subscriber Agreement* Endorsement to be executed by a duly-authorized agent.

PRESBYTERIAN HEALTH PLAN

Lisa Farrell
Treasurer
Presbyterian Health Plan