

The following grid highlights this EPO plan as administered by New Mexico Health Connections (NMHC) for Albuquerque Public Schools (APS) members. These benefits are effective 1/1/17. An Exclusive Provider Organization (EPO) plan requires that you use only medical providers and facilities that are contracted, in-network providers of NMHC.\* The specific terms of coverage, limitations, and exclusions are detailed in the *What Is Covered by the Plan?* and *Services Your Plan Does Not Cover* sections of your Benefit Booklet.

Annual Deductible			
In-Network			
Single	Two-Party	Family	
\$250	\$500	\$750	
Annual Out-of-Pocket Maximum			
In-Network			
\$2,250	\$4,500	\$6,750	
Plan Benefit/Coverage	In-Network Member Costs	Subject to Deductible?	Prior Authorization Required?
<b>Preventive Care</b>	No charge	No	No
For a complete list of preventive services, visit <a href="http://www.healthcare.gov/coverage/preventive-care-benefits">www.healthcare.gov/coverage/preventive-care-benefits</a> . Exams and immunizations, etc., for services that are not medically necessary are not covered as preventive care services.			
<b>Primary Care Provider Visits</b>	\$15 copay/visit	No	No
<b>Specialist Provider Visits</b>	\$40 copay/visit	No	No
NMHC does not require you to get a written referral to see a specialist. However, some specialists may require referrals even if NMHC does not. You should talk to your primary care provider (PCP) about any specialists you plan to visit.			
<b>Behavioral (Mental) Health Provider Visits</b>	\$15 copay/visit	No	No
<b>Maternity Care Pre- and Postnatal</b>	\$40 copay initial visit	No	No
Delivery is subject to inpatient cost sharing and prior authorization. Elective home births and services are not covered. Be sure to enroll your newborn in your health plan within 60 days of birth.			
<b>On-Campus University Student Health Centers</b>	\$15 copay/visit	No	No
<b>Urgent Health Care Facility</b>	\$50 copay/visit	No	No
<b>Emergency Room Visit</b>	\$150 copay/visit; then deductible and 20% coinsurance	Yes	No
<b>Emergency Medical Transportation</b>	20%	Yes	No
*Sometimes it is necessary to get urgent or emergent care from an out-of-network provider and you are covered for that service. However, the follow-up care from an out-of-network provider is not covered.			
<b>Hospital Inpatient Stay</b> <i>Physical, Mental, and Substance Abuse</i>	20%	Yes	Yes
<b>Certified Hospice Care</b>	20%	Yes	Yes
<b>Skilled Nursing Care</b>	20%	Yes	Yes
Up to 60 days per condition per plan year.			
<b>Home Health Care</b>	\$40 copay/visit	No	No
<b>Outpatient Surgery</b>	20%	Yes	Yes
<b>Cardiac Catheterization Lab</b>	20%	Yes	Yes
<b>Infertility Services</b>	Copays based on place of service	Yes	Yes
<b>Dialysis</b>	20%	Yes	Yes

Plan Benefit / Coverage	In-Network Member Costs	Subject to deductible?	Prior authorization required?
<b>Durable Medical Equipment</b> <i>Such as orthotic appliances and prosthetic devices.</i>	20%	No	Yes
<b>Laboratory Tests</b>	No charge	No	No
If your provider sends out lab work, be sure the laboratory is in-network. Only in-network providers or facilities are covered on this plan.			
<b>Radiology, X-Ray, Ultrasound</b>	No charge	No	No
<b>Imaging and Scanning (PET/CAT/MRI)</b>	\$100 copay/day, then 20%	Yes	Yes
<b>Home/Sleep Studies</b>	20%	Yes	No
<b>Gastrointestinal Lab Procedures</b> (such as GI tests and endoscopies)	20%	Yes	Yes
<b>Allergy Testing and Serum (Extracts)</b>	\$40 copay/visit	No	Yes
<b>Outpatient Speech, Physical, or Occupational Therapy</b>	\$40 copay/visit to \$400 annual maximum	No	Yes
Up to 60 visits, all therapies combined, per condition per plan year.			
<b>Chiropractic, Acupuncture, Massage, Rolfing</b>	\$40 copay/visit	No	No
Limited to 25 visits combined per plan year.			
<b>Cardiac Rehabilitation</b>	\$40 copay/session	No	No
<b>Pulmonary Rehabilitation</b>	\$40 copay/session	No	No
<b>Radiation Therapy and Chemotherapy</b>	20%	Yes	No

#### HOW THIS PLAN WORKS

You are responsible for learning how your Plan works. You should carefully read and refer to this Summary of Benefits, the Benefit Booklet that will be sent to enrolled members after January 1st, and other Plan documents. Contact the Customer Care Center at 1-877-210-8339 if you have questions or concerns about your coverage.

This Exclusive Provider Organization (EPO) plan requires that you use only medical providers and facilities that are contracted with NMHC\*. (You have no out-of-network coverage on this plan, except for Urgent and Emergent care.) The NMHC plan gives you a network of In-Network Providers: physicians and other practitioners and hospitals that you must use to receive coverage. The statewide network of physicians, hospitals, and other medical service Providers means that you have access to In-Network Providers throughout New Mexico. NMHC's Service Area is the state of New Mexico.

The NMHC Provider Directory includes a list of physicians, hospitals, and other In-Network Providers that are contracted with us. Before you see a Provider, you need to check to see that that Provider is contracted with NMHC. You can check the status of Providers in the Online Provider directory at [www.mynmhc.org](http://www.mynmhc.org) or contact the Customer Care Center at 1-877-210-8339.

When you or your covered Dependents see an In-Network Provider, NMHC pays that Provider for Covered Benefits or Services that are covered under your Plan. You will be responsible for paying some charges such as your Copayment, Deductible, and Coinsurance amounts. These amounts are generally due at the time that you receive services.

Prior Approval is required for some Covered Benefits and Services such as hospitalizations. If benefits and services require Prior Approval, your In-Network Provider must obtain authorization before providing these services to you. This Summary of Benefits indicates services that are subject to Prior Approval; more detailed information is in the Benefit Booklet that will be sent to you after your coverage effective date.

\*If a covered member reasonably believes that he or she has an Emergency Medical Condition, and seeks emergency care from a non-contracted provider, the initial treatment of that condition that prevents the member from seeking care from an In-Network Provider will be covered by NMHC and paid at the In-Network benefit level. However, follow-up care must be provided by an In-Network Provider; follow-up care by an Out-of-Network Provider is not covered by the plan.