New Mexico Public Schools Insurance Authority

PROGRAM GUIDE

2023-2024

Important Phone Numbers

Carriers & Consultants			
NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY			
New Mexico Public Schools Insurance Authority	Customer Service for Administrative Issues • Claim Issues • Appeals	1-800-548-3724	https: / / nmpsia.com
NMPSIA ELIGIBILITY ADMINISTRATION OFFICE			
EASI Erisa Administrative Services, Inc.	**Erisa Administrative Services, Inc.** Eligibility•Enrollment•Premium Billing•COBRA Administration	1-800-233-3164	https: / / nmpsiaonline.nmpsia.com
MEDICAL			
Carrier	**Group Number**	**Customer Service**	**Website Address**
BlueCross BlueShield of New Mexico	N05501 – High N05502 – Low 213895 – EPO	1.888.966.7742	https://www.bcbsnm.com/nmpsia
Video Visits: mdlive.com! NMPSIA (or visit bcbsnm.com; log in as a member to locate the link)			
cigna healthcare	3343552	1.800.244.6224	https://connections.cigna.com/newmexico/
Video Visits: visit myCigna.com for an appointment via MDLIVE			
PRESBYTERIAN Health Plan, Inc.	A0000035	1.888.275.7737	https://www.phs.org/health-plans/employer-plans/Pages/new-mexico-public-schools-insurance-authority.aspx
Video Visits: visit phs.org and click on "Login to MyPres" to locate link			
PRESCRIPTION DRUGS			
CVS caremark	Rx BIN 04336	1.877.787.0652	https://www.caremark.com/
DENTAL			
DELTA DENTAL	8564	1.877.395.9420	https://www.deltadentalnm.com/
UNITED CONCORDIA DENTAL Protecting More Than Just Your Smile®	812022 (refer to ID card for subgroup #)	1.888.898.0370	https://www.unitedconcordia.com/home
VISION			
DavisVision by VersantHealth	7129	1.800.999.5431	https://www.davisvision.com/member
LIFE AND DISABILITY			
TheStandard	645549	1.888.609.9763 Ext. 0957	https://nmpsia.com/TheStandard.html

New Mexico Public Schools Insurance Authority

Table of Contents

New Mexico Public Schools Insurance Authority
2023-2024 Letter from NMPSIA

Greetings from NMPSIA,

The New Mexico Public Schools Insurance Authority (NMPSIA) was created by the New Mexico Legislature in 1986 to serve as a purchasing agency for public school districts, post-secondary educational entities, and charter schools. Through NMPSIA, member schools are afforded the opportunity to offer comprehensive medical, pharmacy, dental, vision, life and disability benefit coverages to approximately 40,700 employees and 76,200 total members.

NMPSIA continues to offer High and Low Option medical plans, administered through BlueCross BlueShield of New Mexico, Cigna Health, and Presbyterian Health Plan. The Low Option medical plans offer a lower monthly premium but will include a higher deductible and require higher out-of-pocket expenses for services. *This Low Option plan may work well for individuals with minimal health care needs.* The Exclusive Provider Organization (EPO) plan offered only through BlueCross BlueShield of New Mexico will continue to be offered at a lower deductible and lower out-of-pocket costs in comparison to the High and Low Option plans. *The network for the EPO plan is very limited, please be sure to review the contracted providers in your area of the state before seeking services*.

NMPSIA offers prescription drug coverage through CVS Caremark when enrolled in one of our medical plans, High and Low Option dental plans through Delta Dental and United Concordia Dental, a Premier vision plan through Davis Vision, and Life and Disability plans through The Standard.

Also offered is a robust wellness program that includes opportunities for no-cost digital health management programs and personalized nutrition coaching with a healthcare professional. No matter what your health goal or condition, there is a benefits and wellness program designed to meet your needs. Please visit https://nmpsia.com/wellnessWellBeing.html for detailed information.

NMPSIA encourages members to be knowledgeable on benefit options and selected plans.

> ***Schedule free in-network annual preventative care such as routine physical exams, tests like colonoscopy and mammogram, health education counseling, family planning, immunizations, well-childcare, routine vision and hearing screenings. Utilize carrier-specific virtual visit sites, obtain prior authorizations for non-routine tests and procedures prior to scheduling the appointment, know your specific plan's deductible, co-copays and co-insurance. Remember, virtual visits through your primary care(PCP) or specialist preferred provider will be billed at the office visit co-pay. Schedule annual preventative dental services and affordable eye exam with in-network providers.***
>
> ***Work with your provider(s) to plan for cost-effective care, treatment and medications. Ask your provider about prior authorizations for treatment and prior approvals for certain medications. Share the quarterly medication formulary updates with providers before filling prescriptions. Ask your provider if there is a generic alternative to a brand-named drug as generics are less expensive.***

To assist you in deciding the benefits that meet your health and wellness needs, we strongly encourage you to carefully read all information in this guide and visit each carrier's website. A side-by-side medical plan comparison chart is also available at https://nmpsia.com/.

Always visit your employer's Benefits Office first for guidance on enrolling, disenrolling, or making changes to your coverages timely within 31 days of a life event including updating address, phone, and email information by completing a NMPSIA Change Card.

Thank you for participating in NMPSIA's benefits.

Sincerely,

NMPSIA Benefits Team

Participating Employers

NMPSIA Participating Employers	Basic Life	Medical Plan Choices	Dental	Vision	Disability Plan	Add. Life
ACADEMY FOR TECHNOLOGY AND THE CLASSICS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
ACE LEADERSHIP HIGH SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
ACES TECHNICAL CHARTER SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
AFT NEW MEXICO	$10,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	N/A
ALAMOGORDO PUBLIC SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes
ALBUQUERQUE BILINGUAL ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
ALBUQUERQUE CHARTER ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
ALBUQUERQUE COLLEGIATE CHARTER SCHOOL	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
ALBUQUERQUE INSTITUTE FOR MATH & SCIENCE	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes
ALBUQUERQUE SCHOOL OF EXCELLENCE	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
ALBUQUERQUE SIGN LANGUAGE ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
ALDO LEOPOLD CHARTER SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
ALICE KING COMMUNITY SCHOOL	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
ALMA D ARTE CHARTER HIGH SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
ALTURA PREPARATORY SCHOOL	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
AMY BIEHL CHARTER HIGH SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
ANANSI CHARTER SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
ANIMAS PUBLIC SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
ARTESIA PUBLIC SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	N/A	N/A	Yes
AZTEC MUNICIPAL SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes
BELEN CONSOLIDATED SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
BERNALILLO PUBLIC SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
BLOOMFIELD MUNICIPAL SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
CAPITAN MUNICIPAL SCHOOLS	$10,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
CARLSBAD MUNICIPAL SCHOOLS (Dental and Vision 01/01/2024)	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
CARRIZOZO MUNICIPAL SCHOOLS	$10,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
CENTRAL CONSOLIDATED SCHOOL DISTRICT	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
CESAR CHAVEZ COMMUNITY SCHOOL	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
CHAMA VALLEY INDEPENDENT SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes
CHRISTINE DUNCAN'S HERITAGE ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
CIEN AGUAS INTERNATIONAL SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
CIMARRON MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
CLAYTON MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
CLOUDCROFT MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
CLOVIS MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	N/A	N/A	30 Days	Yes
COBRE CONSOLIDATED SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
COOPERATIVE EDUCATIONAL SERVICES	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
CORAL COMMUNITY CHARTER SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
CORONA PUBLIC SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	N/A
CORRALES INTERNATIONAL SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
COTTONWOOD CLASSICAL PREPARATORY SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
COTTONWOOD VALLEY CHARTER SCHOOL	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
CUBA INDEPENDENT SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
DEMING SCHOOL EMPLOYEES CREDIT UNION	$10,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
DEMING CESAR CHAVEZ CHARTER HIGH SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
DEMING PUBLIC SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	N/A	60 Days	Yes
DES MOINES MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
DEXTER CONSOLIDATED SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
DIGITAL ARTS AND TECHNOLOGY ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
DORA CONSOLIDATED SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
DREAM DINE' CHARTER SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
DULCE INDEPENDENT SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
DZIL DITL'OOÍ SCHOOL OF EMPOWERMENT, ACTION & PERSEVERANCE	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes
EAST MOUNTAIN HIGH SCHOOL	$10,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
EL CAMINO REAL ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
ELIDA MUNICIPAL SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
ENMU - PORTALES	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes

Participating Employers

NMPSIA Participating Employers	Basic Life	Medical Plan Choices	Dental	Vision	Disability Plan	Add. Life
ENMU - ROSWELL	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
ESPANOLA PUBLIC SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
ESTANCIA MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
ESTANCIA VALLEY CLASSICAL ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
EUNICE MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
EXPLORE ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
EXPLORE ACADEMY - LAS CRUCES	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
EXPLORE ACADEMY RIO RANCHO	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
FARMINGTON MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	N/A
FLOYD MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
FORT SUMNER MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
GADSDEN INDEPENDENT SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
GALLUP-MCKINLEY COUNTY SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
GILBERT L. SENA CHARTER HIGH SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes
GORDON BERNELL CHARTER SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
GRADY MUNICIPAL SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
GRANTS/CIBOLA COUNTY SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
HAGERMAN MUNICIPAL SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
HATCH VALLEY PUBLIC SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
HEALTH LEADERSHIP HIGH SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
HOBBS MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
HONDO VALLEY PUBLIC SCHOOLS	$10,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
HORIZON ACADEMY WEST	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
HOUSE MUNICIPAL SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
HÓZHÓ ACADEMY	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
J. PAUL TAYLOR ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
JAL PUBLIC SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
JEFFERSON MONTESSORI ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
JEMEZ MOUNTAIN PUBLIC SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
JEMEZ VALLEY PUBLIC SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
LA ACADEMIA DE ESPERANZA	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
LA ACADEMIA DOLORES HUERTA	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
LA TIERRA MONTESSORI SCHOOL OF ARTS & SCIENCES (Terminated 10/2023)	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
LAKE ARTHUR MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
LAS CRUCES PUBLIC SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
LAS MONTANAS CHARTER HIGH SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
LAS VEGAS CITY SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
LEA REGIONAL EDUCATIONAL # 7	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
LOGAN MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
LORDSBURG MUNICIPAL SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
LOS ALAMOS PUBLIC SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes
LOS ALAMOS SCHOOLS CREDIT UNION	$10,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
LOS LUNAS SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	N/A	30 Days	Yes
LOS PUENTES CHARTER SCHOOL	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
LOVING MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
LOVINGTON MUNICIPAL SCHOOL DISTRICT	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
LUNA COMMUNITY COLLEGE	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
MAGDALENA MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes
MARK ARMIJO ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes
MAXWELL MUNICIPAL SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
MCCURDY CHARTER SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
MELROSE MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
MESA VISTA CONSOLIDATED SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
MESALANDS COMMUNITY COLLEGE	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
MIDDLE COLLEGE HIGH SCHOOL	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
MISSION ACHIEVEMENT AND SUCCESS CHARTER SCHOOL	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
MONTE DEL SOL CHARTER SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes

Participating Employers

NMPSIA Participating Employers	Basic Life	Medical Plan Choices	Dental	Vision	Disability Plan	Add. Life
MONTESSORI OF THE RIO GRANDE CHARTER SCHOOL	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
MORA INDEPENDENT SCHOOL DISTRICT	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
MORENO VALLEY HIGH SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
MORIARTY-EDGEWOOD SCHOOL DISTRICT	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
MOSAIC ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
MOSQUERO MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
MOUNTAIN MAHOGANY COMMUNITY SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes
MOUNTAINAIR PUBLIC SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
NATIVE AMERICAN COMMUNITY ACADEMY	$10,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
NEA	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
NEW MEXICO ACADEMY FOR THE MEDIA ARTS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
NEW MEXICO ASSOCIATION OF SCHOOL BUSINESS OFFICIALS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
NEW MEXICO CONNECTIONS ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
NEW MEXICO INTERNATIONAL SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
NEW MEXICO JUNIOR COLLEGE	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes
NEW MEXICO SCHOOL FOR THE ARTS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
NEW MEXICO TECH	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes
NEW MEXICO TECH RETIREES	N/A	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
NM ACTIVITIES ASSOCIATION	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
NM COALITION OF EDUCATIONAL LEADERS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
NM SCHOOL BOARD ASSOCIATION	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
NM SCHOOL FOR THE DEAF	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
NMPSIA	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
NORTH VALLEY ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
NORTHERN NEW MEXICO COLLEGE	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
PECOS CYBER ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
PECOS INDEPENDENT SCHOOL DISTRICT	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
PECOS VALLEY REC #8	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
PENASCO INDEPENDENT SCHOOL DISTRICT	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
POJOAQUE VALLEY SCHOOL DISTRICT	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
PORTALES MUNICIPAL SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
PUBLIC ACADEMY FOR PERFORMING ARTS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
PUBLIC CHARTER SCHOOLS OF NEW MEXICO	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
QUAY SCHOOLS FEDERAL CREDIT UNION	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
QUEMADO INDEPENDENT SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
QUESTA INDEPENDENT SCHOOL DISTRICT	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
RAICES DEL SABER XINACHTLI COMMUNITY SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes
RATON PUBLIC SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
REC #2	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
RED RIVER VALLEY CHARTER SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	N/A
REGIONAL EDUCATIONAL CENTER #6	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
RESERVE INDEPENDENT SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
RIO GALLINAS SCHOOL FOR ECOLOGY AND THE ARTS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
RIO GRANDE ACADEMY OF FINE ARTS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
RIO RANCHO PUBLIC SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
ROBERT F. KENNEDY CHARTER SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
ROOTS AND WINGS COMMUNITY SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
ROSWELL INDEPENDENT SCHOOL DISTRICT	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
ROY MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
RUIDOSO MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
SAN DIEGO RIVERSIDE CHARTER SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
SAN JON MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
SANDOVAL ACADEMY OF BILINGUAL EDUCATION	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
SANTA FE COMMUNITY COLLEGE	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes
SANTA FE PUBLIC SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
SANTA ROSA CONSOLIDATED SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
SCHOOL OF DREAMS ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes

Participating Employers

NMPSIA Participating Employers	Basic Life	Medical Plan Choices	Dental	Vision	Disability Plan	Add. Life
SIDNEY GUTIERREZ MIDDLE SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
SIEMBRA LEADERSHIP HIGH SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
SILVER CONSOLIDATED SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
SIX DIRECTIONS INDIGENOUS SCHOOL	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
SOCORRO CONSOLIDATED SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
SOLARE COLLEGIATE CHARTER SCHOOL	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
SOUTH VALLEY ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	N/A
SOUTH VALLEY PREPARATORY SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
SOUTHWEST AERONAUTICS, MATHEMATICS & SCIENCE ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
SOUTHWEST PREPARATORY LEARNING CENTER	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
SOUTHWEST SECONDARY LEARNING CENTER	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
SPRINGER MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
TAOS ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
TAOS CHARTER SCHOOL	$10,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	N/A
TAOS INTEGRATED SCHOOL OF THE ARTS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
TAOS INTERNATIONAL SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
TAOS MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
TATUM MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
TECHNOLOGY LEADERSHIP HIGH SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
TEXICO MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
THE ALBUQUERQUE TALENT DEVELOPMENT	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
THE ASK ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
THE GREAT ACADEMY	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
THE INTERNATIONAL SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
THE MASTERS PROGRAM	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
THE MONTESSORI ELEMENTARY & MIDDLE SCHOOL	$10,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
THE NEW AMERICA SCHOOL - LAS CRUCES	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
THE NEW AMERICA SCHOOL NEW MEXICO	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
THRIVE COMMUNITY SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes
TIERRA ADENTRO OF NEW MEXICO	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
TIERRA ENCANTADA CHARTER HIGH SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes
TRUTH OR CONSEQUENCES MUNICIPAL SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
TUCUMCARI PUBLIC SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
TULAROSA MUNICIPAL SCHOOL DISTRICT	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
TURQUOISE TRAIL CHARTER SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
TWENTY FIRST CENTURY PUBLIC ACADEMY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
VAUGHN MUNICIPAL SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
VISTA GRANDE CHARTER HIGH SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
VOZ COLLEGIATE	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	60 Days	Yes
WAGON MOUND PUBLIC SCHOOLS	$25,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	N/A	Yes
WALATOWA HIGH CHARTER SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes
WEST LAS VEGAS SCHOOL DISTRICT	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
WESTERN NM UNIVERSITY	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
WILLIAM W. AND JOSEPHINE DORN COMMUNITY CHARTER SCHOOL	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	30 Days	Yes
ZUNI PUBLIC SCHOOLS	$50,000	BCBSNM,CIGNA,PRESBYTERIAN	DLTA,UCD	Yes	90 Days	Yes

Enrollment and Eligibility Guidelines

This guide gives you an overview to help you understand your eligibility requirements, enrollment guidelines, and qualifying events for enrolling in benefit coverages and wellness programs.

The following pages include a summary of the benefits and wellness programs offered for medical, prescription, dental, vision, disability, and life options. Through its benefits and wellness programs, NMPSIA offers options to select health coverages with delivery systems to support your healthcare needs while managing your health, healthcare costs and stabilizing NMPSIA's self-funded claims.

Wellness programs such as annual preventative visits, video/virtual provider visits, routine screenings, health coaching, mindfulness programs, behavioral health, weight and chronic disease management programs, personal health assessments, and many other opportunities are at no-cost to enrolled members.

Benefit Enrollment Guidelines

You are Eligible for Benefits if:

- Your employer has informed you that you are eligible for benefits.
- You work the minimum qualifying number of hours established by your employer.

NMPSIA Requirements:

- You must work 15 hours or more per week to receive basic life insurance.
- You must work 20 hours or more per week to enroll in all other lines of coverage.

  Note: If you work fewer than 20 hours per week, but at least 15 hours per week, you may be eligible to participate if your employer has adopted an annual part-time employee resolution and has been approved by the NMPSIA Board of Directors.
- You are a one-bus owner operator, designated as a *bus employee*.
- You are an international employee on a work visa in the U.S.
- You are a variable hour or seasonal employee (or substitute), as determined by your employer, eligible for medical coverage only, as stated in the Affordable Care Act guidelines.

You are Ineligible for Benefits if:

You are an employee of an independent contractor or fleet bus driver.

Benefits Enrollment Begin Here:

Automatic Basic Life Enrollment

Your employer will:

- Enroll you in the basic life benefit amount offered to you.
- Basic life coverage is effective the first day of the month following your hire date (first day you report to work).

Guidelines on How to Apply for Your Benefit Options:

Your employer will provide you with the benefit options available to you, or you can find this information by looking for your employer on pages 4-7.

You must provide a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).

- An international employee must also provide a copy of a passport or work visa.

  Note: If your SSN or ITIN has not been received by the time benefits are scheduled to start, a temporary ID number will be provided by the NMPSIA Benefits Administrator. *(Visit your benefits office for details.)*

Guidelines on How to Apply for Your Benefit Options:

You have **31 days** from your date of hire **to apply** for all other benefits offered by your employer.
You have **31 days** from the date of a qualifying event **to apply** for other benefits offered by your employer.
*(See **How to Report a Change of Status** section on page 14 for details.)*

To apply you must complete and sign all required forms and turn in the forms and any other required documents to your employer's benefits office or at NMPSIA Employee Online Benefit System.

- All other lines of coverage become effective the first day of the month following the day you apply.
- Effective date of coverage is determined by your employer based on payroll deductions authorized by you in writing.

Coverage will never be effective sooner than the first day of the month following your first day actively at work.

If you miss the 31-day enrollment period or decline coverage, the following applies:

- You must wait until the annual open enrollment period in the fall to apply for Medical/Prescription Drug Coverage, Dental Coverage, Vision Coverage. Your coverage will become effective January 1st of the next year.
- You may apply for Long Term Disability Coverage (LTD) and/or Additional Life Coverage (ADL) at any time. Coverage is not guaranteed.
    - You may apply for LTD or add/increase ADL coverage by providing satisfactory evidence of insurability for yourself. Coverage will become effective the first of the month following approval by the LTD and Life Carrier.

Once enrolled you may switch medical and dental carriers and/or medical and dental plans during the annual switch enrollment period in the fall, and coverage will start January 1st of the next year.

Coverage ends on the last day of the month that your employer deducts premium from your payroll check. This end date is set only by your employer and not by NMPSIA.

Active Eligible Board Member Enrollment Process:

You may qualify for benefits as a board member if you are actively serving as a *(publicly elected)* board member of a participating school district or participating college/university.

- You have **31 days** from being sworn into office **to apply** for benefits.
- You are eligible to enroll in benefit plans offered at the entity you represent (except for basic life and long-term disability coverage).
- Any additional life insurance amounts available are equal to the basic life insurance amount offered to active employees at the entity.
- You pay 100% of the premiums.
- Coverage ends on **December 31st** of the year in which your board member term expires.

Benefit Enrollment Guidelines for Eligible Dependents:
Dependents must meet one of the following definitions of eligible dependent, and you must provide all required documentation to prove your dependent's eligibility. When enrolling dependents, coverage may not be greater than that of the employee.

ELIGIBLE DEPENDENT	SUPPORTIVE DOCUMENTATION REQUIRED
Legal Spouse	Original official state publicly filed marriage certificate from the County Clerk's Office or from the Bureau of Vital Statistics *(Chapel certificate is also acceptable).*
Domestic Partner *(Only if offered by the Employer)*	Notarized affidavit of domestic partnership
Child UNDER the age of 26 as follows: **Natural** Child or Stepchild.	Original official state publicly filed birth certificate from the Bureau of Vital Statistics *(hospital birth registration form is also acceptable).* For children of international employees, also provide a copy of a passport or U.S. visa.
Legally adopted child.	Evidence of placement by a state licensed agency, governmental agency, or a court order/decree **(*notarized statement and power of attorney are not acceptable*).**
Child for whom you have obtained **legal guardianship** and who is primarily dependent on the eligible employee for maintenance and support.	Legal Guardianship Document if evidenced in a court order or decree **(notarized statement and power of attorney documents, kinship or conservatorship documents are not acceptable).** NMPSIA Statute 6.50.1.7.P.3.e NMAC
Foster child living in the same household as a result of placement by a state licensed placement agency, provided that the foster home is appropriately licensed.	Placement order AND foster home license.
Dependent child with **qualified medical child support order.**	Medical Child Support Order.
Child enrolled in the NMPSIA Group Plan who reaches age 26 while covered under the NMPSIA Group Plan*, who is **impaired and relies completely on the eligible employee** for maintenance and support, who is incapable of self-sustaining employment because of mental or physical impairment. **If your child is not enrolled and covered under the NMPSIA Group Plan prior to reaching age 26, your child is not an eligible dependent.*	Evidence of impairment and dependency in the form of a physician statement indicating diagnosis and prognosis along with your request to continue this child's coverage **must be provided to your employer 31 days before the child reaches age 26** or within **31 days** from the date the child becomes impaired **while covered under the NMPSIA Group Plan.** *Final determination is **made by the insurance carrier. For Dental and Vision only enrollees or Cigna members the final determination is made by NMPSIA.***

Visit the Vital Records website to obtain required documentation
https://www.nmhealth.org/about/erd/bvrhs/vrp/

Your Dependent is Ineligible for Benefits if they are:

- Ex-spouses *(Even if specified in a final divorce decree)* or terminated domestic partners.
- Common Law relationships which are not recognized by New Mexico Law.
- Children that are age 26 or older.
- Children left in the care of an eligible employee without evidence of legal guardianship.
- Parents, aunts, uncles, brothers, sisters, or any other person not defined as an eligible dependent under the NMPSIA Rules or **Benefit Enrollment Guidelines for Eligible Dependents** on page 10.
- Domestic partners unless your employer has elected this option.

Guidelines on How to Apply for Your Dependent's Benefit Options:

You have **31 days** from your date of hire to apply for eligible dependent benefits offered by your employer.
You have **31 days** from the date of a qualifying event to apply for eligible dependent benefits offered by your employer. *(See **How to Report a Change of Status** section on page 14 for details.)*

Apply by completing, signing, and turning in the required form and any required documents to your employer's benefits office or at NMPSIA Employee Online Benefit System.

- If you apply to enroll one eligible dependent, you **MUST enroll all eligible dependents** (NMPSIA Statute 6.50.10.8.C.8 NMAC), unless one of the following applies:
  1. The eligible dependent you are requesting to exclude from a particular line of NMPSIA coverage is covered for that particular line of coverage under another plan.
  2. Your enrollment meets the requirements of a Special Enrollment event for adding medical coverage only. *(See **Guidelines for a Special Enrollment Event** section on page 15 for details) or,*
  3. A final divorce decree states that the ex-spouse is to provide a particular coverage for a dependent child.

Supportive documentation in the form of a letter from the other plan is required when #1 applies.
(A current insurance identification card is an acceptable form of supportive documentation if it lists the dependent's name and the type of coverage.)

Supportive documentation as determined by NMPSIA is required when #2 or #3 apply.

- You must provide an SSN or ITIN for **all enrolled dependents**.
  Note: For international dependents - if SSN or ITIN has not been received by the time benefits are scheduled to start, a temporary ID number will be provided by the NMPSIA Benefits Administrator. *(Visit your benefits office for details.)*
- A copy of the required dependent supportive documentation must accompany your form and be submitted to your employer's benefits office prior to coverage becoming effective.

You have **61 days** from the day your new hire coverage becomes effective to provide all required documents.
You have **61 days** from the date of a qualifying event to provide all required documents.
Coverage for your dependent(s) becomes effective the first day of the month following the day you turn in the required documents to your employer's benefits office, *(provided you have applied on time and met the **61 day** deadline for required documentation of the qualifying event).*

- Your dependent(s) benefits will never be effective any sooner than your effective date, with the exception of newborns and adopted children who are enrolled on time due to a qualifying event. *(See Effective Date Exception for Newborns and Adopted Children section on page 13 for details.)*

Guidelines on How to Apply for Your Dependent's Benefit Options: (continued)

If you miss the 31-day enrollment period to add eligible dependents, decline dependent coverage, or you did not meet the 61-day deadline to provide required dependent documents:

- You must wait until the annual open enrollment period in the fall to apply for dependent Medical/Prescription Drug Coverage, Dental Coverage, Vision Coverage. Dependent coverage will start January 1st of the next year.
- You may apply for Dependent Life coverage at any time, provided you are already covered on Additional Life. Dependent Life coverage for spouse is not guaranteed.
  Life Coverages are not offered during the annual open enrollment.
  - Your spouse may apply for Dependent Life coverage by providing satisfactory evidence of insurability (not required for children). Coverage will start the 1st of the month after approval by the Life Carrier.
- Your dependent's coverage ends on the last day of the month in which the eligible dependent becomes ineligible.

Did You Know?

NMPSIA's Wellness and Well-Being programs promote a culture of wellness, build supportive networks, and grow engagement and personal responsibility. Participation in wellness programs improves overall health, promotes well-being, prevents future diseases, and manages current conditions while balancing work and home.

Take Advantage of the No Cost Programs Listed Below

- 24/7 Nurse Advice Line & Virtual Health/Video Visits
- $0 Behavioral Health Programs (for in-network services)
- Customized Wellness Plan
- $0 for diabetes supplies from Approved Formulary
- Health Coaching
- Incentive & Rewards Programs
- Mindfulness Based Stress Reduction Programs
- Monthly Communication & Topics
- Monthly Skill Builders
- Self-Directed Courses and Self-Help Tools
- Tobacco Cessation Programs
- Weight Management and Chronic Disease Programs
- Wellness Ambassador Program
- Health & Wellness Challenges

Effective Date Exceptions for Newborns and Adopted Children

NEWBORN	ADOPTED CHILDREN
You are granted **61 days** from the first of the month following your newborn's birth to **provide appropriate supportive documentation** to your employer's benefits office.	You are granted **61 days** from the first of the month following your child's date of placement for adoption or adoption *(whichever comes first)* to **provide appropriate supporting documentation** to your employer's benefits office.
Coverage for a newborn begins on the newborn's date of birth, provided you are enrolled in family medical coverage. Any claims associated with your newborn, cannot be processed until you apply to enroll your newborn.	**Coverage for an adopted child begins on date of placement or adoption *(whichever comes first)* provided that you are enrolled in family medical coverage.** Any claims associated with your adopted child, or child placed for adoption cannot be processed until you apply to enroll your child.
If you are **not** enrolled in family medical coverage, your newborn will **not** be automatically covered from date of birth.	If you are **not** enrolled in family medical coverage, your adopted child or child placed for adoption will **not** be automatically covered from date of adoption or placement.
You must apply to enroll your newborn within **31 days from the newborn's date of birth.**	You must apply to enroll your child within **31 days from the date of adoption or date of placement** (whichever comes first).
If your newborn is enrolled timely, within 31 days from birth, **NMPSIA's newborn rule** allows your newborn's coverage to be effective on the date of birth.	If your adopted or placed child is enrolled timely, within 31 days from adoption or placement, **NMPSIA's adopted or placed child rule** allows your adopted or placed child's coverage to be effective on the date of adoption or placement.
A premium increase change will become effective the 1st of the month after the date of birth.	A premium increase change will become effective the 1st of the month after the date of adoption or date of placement
If you miss the 31 day enrollment period, your newborn will not be eligible for coverage until January 1 via application for open enrollment.	**If you miss the 31-day enrollment period, your child will not be eligible for coverage until January 1st via application for open enrollment.**

If you are **not enrolled in a NMPSIA medical plan**, the birth of your newborn, placement or adoption may qualify as a Special Enrollment event.
See **Special Enrollment Event for Medical Coverage Only** for details.

How to Report a Change of Status:

A change of status due to any qualifying event **MUST** be reported by completing, signing, and turning in an **Employee Enrollment / Change Form** to your employer's benefits office within **31 days from the qualifying event or Special Enrollment event**.

You have **61 days** from the date of a qualifying event to provide your employer all required documents. Coverage becomes effective the first day of the month following the day you turn in the required documents to your employer's benefits office, ***(provided you have applied on time and met the 61-day deadline for required documentation of the qualifying event).***

While insured you may experience a Qualifying Event such as…

Birth
Marriage or Notarized Affidavit of Domestic Partnership
Adoption of a child or child placement order in anticipation of adoption
Incapacity of a child while covered under the NMPSIA Group Plan
Legal guardianship of a child
Promotion to a new job classification with a salary increase
Employment status change from a part-time to a full-time position with a salary increase.
Divorce, annulment, or termination of domestic partnership *(not a legal separation)*

- A spouse or any enrolled children cannot be canceled when a divorce is in progress.
- Immediate cancellation of an ex-spouse/partner and ineligible children is required by the last day of the month the divorce/partnership becomes final. (See INSURANCE FRAUD statement on page 16 for details).

Involuntary loss of group or individual coverage through no fault of the person having the group or individual insurance coverage.
This may include an **involuntary loss** of medical, dental, vision or life insurance due to:

- Reduction in hours worked
- Resignation, termination, or retirement from employment
- Divorce, annulment, or termination of domestic partnership
- No longer meet eligibility requirements for insurance
- Exhaustion of COBRA
- Death

Be advised: voluntary canceling of other coverage or non-compliance to maintain other coverage is not considered a qualifying event.

IMPORTANT: PROOF OF INVOLUNTARY LOSS REQUIRED
Verifiable proof of involuntary loss is required to be provided to your employer's benefits office. A loss of coverage letter MUST contain the following information: *(See your employer's benefits office for an example.)*

- Name and contact information of employer and/or entity who maintained the insurance coverage lost.
- Who lost coverage?
- What type of coverage was lost?
- What date coverage ended.
- Why coverage was lost.

Unacceptable forms of proof of loss of coverage include:

- Certificate of Creditable Coverage
- COBRA Qualifying Event Letter
- Divorce decree

Report Basic Information and Beneficiary Designation Changes:

- Timely report all changes of address, phone, and email via the NMPSIA Employee Online Benefit System.
- A name change requires valid proof in the form of a copy of Social Security card or driver's license.
- Beneficiary designations must be completed via the NMPSIA Employee Online Benefit System. For beneficiary information visit Beneficiary Designation Commonly Asked Questions.

DID YOU KNOW YOU CAN MAKE CHANGES TO YOUR CONTACT INFORMATION AND REQUEST ENROLLMENT VIA EMPLOYEE LOGIN ACCESS? (See page 19 for details)

Guidelines for a Special Enrollment Event for ADDING MEDICAL COVERAGE ONLY:

Special enrollment, mandated by state and federal law, allows eligible employees and/or eligible dependents who previously declined medical coverage, to enroll in medical coverage or switch medical plans within **31 days** from the occurrence of the following events:

1. Involuntary loss of eligibility or loss of employer contributions for other medical coverage. Some examples of loss of eligibility for other medical coverage:
   - Reduction in hours worked
   - Resignation, termination, or retirement from employment
   - Divorce, annulment, or termination of domestic partnership
   - No longer meet eligibility requirements for insurance
   - Exhaustion of COBRA
   - Death
2. Employees, spouses/domestic partners, and new dependents are allowed to enroll because of:
   - Marriage or Notarized Affidavit of Domestic Partnership
   - Birth, adoption, or placement for adoption
3. Employees or dependents suffer an involuntary loss of Medicaid or CHIP. **This event allows enrollment within 60 days of the involuntary loss of this particular coverage.** *(Proof of loss is required.)*

What Happens When You Are Late in Reporting a Change of Status?

NMPSIA requires timely reporting of enrollments, qualifying events, changes, and separation of employment along with any timely submission of required supportive documentation to your employer's benefits office. Not reporting timely may create consequences like:

- No retroactive effective or termination dates.
- Delayed effective dates.
- Delays or no access to benefit coverage.
- Waiting for the next open or switch enrollment for the following January 1st.
- Require satisfactory evidence of insurability for LTD or ADL coverage.
- Employer and/or NMPSIA will not refund premium.
- Not eligible for COBRA continuation.
- NMPSIA ineligible claim overpayments that are not eligible for collection by the insurance carrier, may be collected from the employee.

NMPSIA Wellness ***Working Well* tip #1….** Take advantage of the no-cost blood pressure cuffs, diabetes prevention and weight management programs including digital devices and health coaching.

The NMPSIA Rules and Regulations at this link supersedes any information contained in this summary document.

INSURANCE FRAUD (*Federal and State Insurance Laws Will Apply*) - Under NMPSIA Rules and Regulations, anyone who knowingly or willfully makes any false or fraudulent statement or representation **shall forfeit all employee and dependent rights to coverage or benefits**. In the event of prohibited actions by an official or employee of a participating school district or other educational entity, the employer shall take the appropriate disciplinary action against the offending official or employee. If such appropriate disciplinary action is not so taken, NMPSIA reserves the right to terminate coverage for the participating school district, charter or other education entity.

If you have questions regarding NMPSIA eligibility, enrollment, or billing, contact your employer's benefits office or the NMPSIA eligibility administrative office at 1.800.233.3164.

Visit this link NMPSIA Website to access valuable enrollment and benefits information and links to contact NMPSIA staff.

NMPSIA Wellness ***Working Well* means….**

1. Know your plan and covered benefits before scheduling your appointments and services.
2. Work with your provider(s) to plan for cost-effective care and treatment.
   a. Before procedures or filling your prescriptions, ask your provider about prior authorizations.
3. Take advantage of preventative care and no-cost health and wellness resources.
   a. Schedule your annual screenings and physicals. (No in-network copay by your medical plan.)
   b. Schedule your annual oral exams and cleanings on your dental plan. (Two cleanings allowed every calendar year and paid at 100% in-network.)
   c. Schedule your annual preventive eye examination on the vision plan. (An affordable $10 in-network copay.)

Through NMPSIA's benefits and wellness program, you will find the benefits and programs to help you…

Eat well > Be active > Correct unhealthy behaviors > Live a balanced life > Find personal wholeness!

NMPSIA Wellness ***Working Well* tip #2…**Remember to take a mindful moment

- *Increase your tolerance to decrease your stress*
  Take 5 Mindful Breaths, 5 Times a Day.
- *Focus your thoughts to gain a more positive outlook*
  Start your day by thinking of 3 things you are grateful for.

Important Information for Successful Enrollment …

1. Enrollment starts with your employer's local policies defining a benefits-eligible employee.
2. Remember **31 days** to apply for employee and/or eligible dependent coverage.
   a. ***Apply means completing, signing, and turning in the required form to your employer's benefits office or via the NMPSIA Employee Online Benefit System.***
3. Remember, **61 days** from the day your new hire coverage becomes effective and/or a change in status/qualifying event **to provide required supportive documentation.**
4. Open Enrollment to add medical, dental or vision insurance or add dependents occurs each fall for an effective date of January 1st. Open enrollment does not apply to LTD or ADL coverage.
5. Switch Enrollment **only** applies to switching medical and dental carriers and/or medical and dental plans. This enrollment occurs each fall for an effective date of January 1st.
6. Vision coverage has a two-year enrollment requirement; you may not drop the vision plan until **you and each of your enrolled dependents have been enrolled for two years.**
7. NMPSIA rules do not permit **double coverage** within the NMPSIA group plans. If you, your spouse, or your child work for a NMPSIA participating employer, you may NOT cover each other for the same lines of coverage.
8. Involuntary loss of medical, dental, vision or life coverage qualifying event **requires proof of loss** with: a) **Name and contact information** of employer and/or entity who maintained the insurance coverage lost; b) **Who** lost coverage; c) **What type** of coverage was lost; d) **What date** coverage ended; and e) **Why** coverage was lost
9. Involuntary **loss of Medicaid** is a loss of medical, dental and vision coverage. **Eligible employees have 60 days to provide proof of loss.**
10. Return to work Retiree requires enrollment in NMPSIA benefits as an active employee. Consult with NMRHCA at 1.800.233.2576 to ensure you are complying with NMRHCA rules.
11. NMPSIA enrollment while also **enrolled in Medicare**; **NMPSIA is the primary payer** and Medicare is secondary.
12. If you apply to enroll one eligible dependent, you **MUST enroll all eligible dependents**. *(See Guidelines to Apply for Your Dependents' Benefit Options section on page 11 for details.*
13. To exclude an eligible dependent from coverage, provide proof that the eligible dependent you are excluding from a particular line of NMPSIA coverage **is covered** for that line of coverage **under another plan.**
14. If you have an eligible dependent that **does not live in the U.S.**, proof of other coverage is **not required**.
15. A newborn may be excluded from dental and vision enrollment.
16. If you have **ADL coverage**, a **child may be added** to child life at any time.
17. If you already have child life insurance coverage on one or more children and a new eligible dependent is added to medical, dental or vision insurance, the child will **automatically be added to child life insurance**.
18. Dropping NMPSIA coverage must be **approved by your employer** and reviewed for enrollment in an **IRS Section 125 Cafeteria Plan** and you must experience a valid IRS Qualifying Event.
19. Confirmation of enrollment will be mailed or emailed to you after a requested transaction. Review these notices carefully and **report any discrepancies to your employer's benefits office immediately**.
20. Continue NMPSIA medical, dental and vision insurance via **COBRA** if you have a reduction in hours per week worked, resign, retire, or terminate employment. Call **1.800.233.3164 for COBRA** assistance; for retirement contact **NMRHCA at 1.800.233.2576** for eligibility and enrollment information.
21. To continue life insurance: If disabled, apply for a waiver of premium or convert to a private policy. If employment ends or if you retire, apply to port, or convert to a private policy. If retiring, continue any ADL with NMPSIA until age 65. If eligible, apply with NMRHCA life at 1.800.233.2576 and receive credit for any NMPSIA coverage lost if enrolling timely.
22. Contact your employer for payroll questions and when making changes to your benefit coverages.

BE A SMART CONSUMER: Cost-Effective Benefits and Access to Care

No-Cost Basic Life Insurance Coverage for the Employee

No-Cost Services Provided by all the Medical Plans

- 24/7 Nurseline: a toll-free number for covered members to access a registered nurse (RN) answering health questions or concerns to help you decide whether to make an appointment with a doctor, visit Urgent Care or Emergency Room.
- Email access to your providers by creating an online member account with your selected carrier to communicate with your care team, request medical advice, prescription renewals or schedule office or telephone visit.
- Telehealth video/online visits access is available via your health plan's website for non-emergency medical and behavioral health needs.
- In-Network Provider Care for High Option, Low Option and EPO Option for:
    - Routine/Preventive Services Routine Adult Physicals and Gynecological Exams, Routine Tests (including Pap Tests, Cholesterol tests, Urinalysis, Human Papillomavirus (HPV) Screening), Colonoscopies and Mammograms (one covered at 100% annually regardless of diagnosis when in- network), Health Education Counseling (including diabetic and smoking cessation counseling), Family Planning (including insertion/removal of birth control devices, surgical sterilization in office, birth control & therapeutic injections), Immunizations (including travel immunizations); Well-Child Care; Routine Vision or Hearing Screenings through age 17.

No-Cost Services Provided by the Prescription Drug Benefit

- Preventive Products under the Patient Protection & Affordable Care Act
- Diabetic supplies, Generic & preferred-brand insulin via retail or home delivery pharmacy
- Immunizations administered by certified pharmacists

No-Cost Services Provided by the Dental Plans

- In-Network Provider Care for High Option Routine/Preventive Services Routine Oral Exams (twice every 12 months), Routine Cleanings (twice every 12 months), Periodontal Cleanings (twice every 12 months), X-rays (complete mouth) once every 5 years, Bitewings (twice every 12 months through age 13, once every 12 months thereafter), Sealants through age 15 (permanent first and second molars only). Emergency Treatment for Relief of Pain, Fluoride Treatment (twice every 12 months through age 19)

Low-Cost Services Provided by the Vision Plan

- In-Network Provider Care
    - Eye Examination every 12 months, covered in full after a $10 copayment, Spectacle Lenses every 12 months for standard single-vision, lined bifocal, or trifocal lenses after a $15 copayment, Frames every 24 months with $0 or low-cost options, Contact Lenses in lieu of eyeglasses with $0 or low-cost options.

Accessing Wellness Resources and Opportunities

No-Cost Services Offered by all the Benefit Plans found at NMPSIA Wellness & Well Being Programs

- Behavioral Health and Mindfulness-Based Stress Reduction Programs
- Carrier Customized Web Portals for access to self-directed and self-help health, wellness tools and topics
- Chronic Condition Management for asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, depression, diabetes, low back pain
- Health Coaching and Consulting to create your own customized wellness plan
- Incentive and Reward Programs
- Lifestyle Management Programs for blood pressure, weight loss, diabetes, stress, asthma and more

NMPSIA Employee Online Benefit System

Employee Login and Access

Effective January 1, 2024, employees will be required to process the following transactions ONLINE: ***Change Basic Information, Change Beneficiary Assignments, and Annual Open/ Switch Enrollment*** transactions. Visit the NMPSIA Employee Online Benefit System website.

NMPSIA Employee Online Benefit System Website

If using Internet Explorer as your web browser, you should activate Compatibility View settings for using this website (Tools > Compatibility View Settings).

Select the Employee Login option.

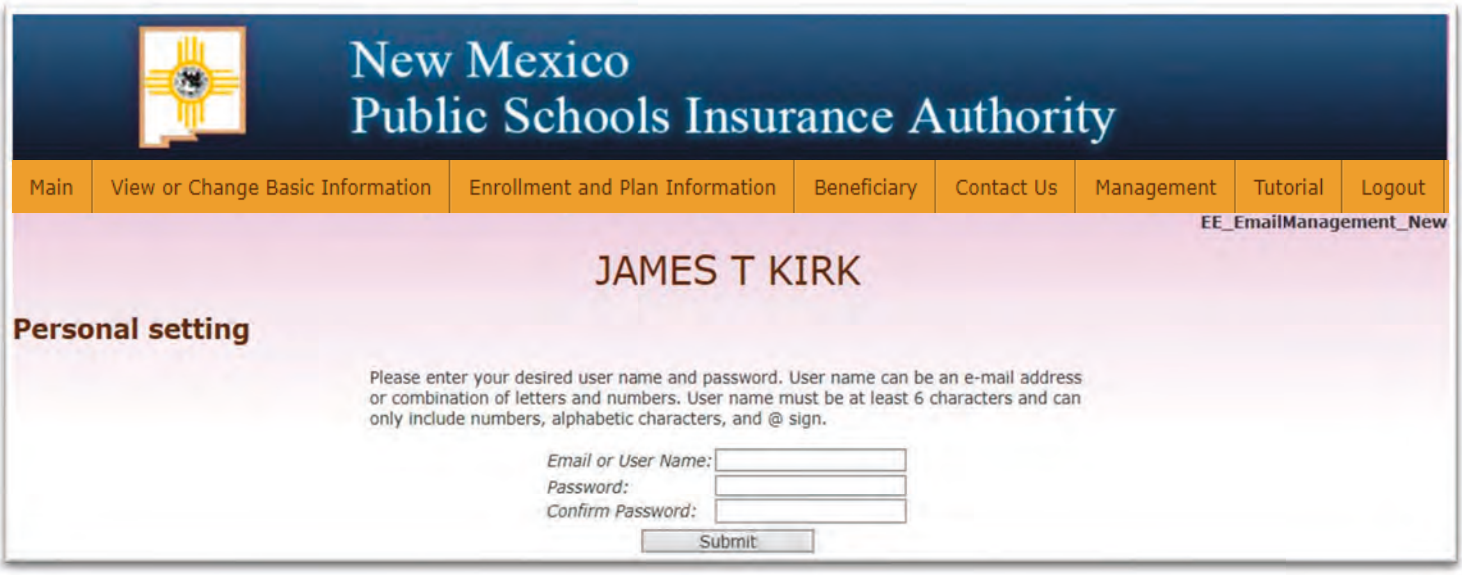
Employee Login Disclaimer

Review the terms and conditions for using the New Mexico Public Schools Insurance Authority's (NMPSIA) Employee Online Benefits System and click **Accept** to continue.

Employee login by SSN

When the Employee Sign-In screen is displayed, type in the first few letters of the name of your employer or use the dropdown list to select your employer. Provide your social security number (no dashes) and your date of birth (mmddyyyy format, 8 digits). Click **Login**.

Employee Self-Defined Login Option



The first time an employee signs in to NMPSIA Employee Online Benefit System, they will be prompted to establish their own user ID and password. You can create your own username and password and click **"Submit"** or click **"Maybe Later"** to proceed.

NMPSIA Employee Online Benefits System- Employee Home Screen and Menu Options

Choose ***View Basic Information*** to show information currently reflected in system.

Change Basic Information allows employees to change information like phone contact, e-mail, and address information.

View allows employees to see what benefits they are currently enrolled in.

Plan Information will direct you to nmpsia.com where you can find customer service numbers, group numbers and links to the carrier websites.

New Hire to elect coverage during your 31-day enrollment period.

Change Enrollment to make changes to your enrollment. This feature is only permitted if you have experienced a Qualifying Event.

Change Beneficiary to make changes to your beneficiary designation.

Open/Switch Enrollment is only available during the annual event.

Enrollment Notice allows employees to view the most recent notices that have been created due to recent enrollment transactions.

Send New Message allows employees to communicate with their Benefits Administrator through "instant feedback".

Simply select ***Check Message*** to view previous messages.

New Mexico Public Schools Insurance Authority

Life, Accidental Death & Dismemberment

New Mexico Public Schools Insurance Authority knows that no two employees are alike. We all have different lifestyles, different family situations and different benefit needs. With this in mind, NMPSIA offers a variety of life benefit options to help you and your family achieve financial security. The advantages to you and your loved ones include:

- **Choice –** You select the coverage you need from the range of amounts and plans available
- **Savings –** Group insurance rates are typically more affordable than those for individual insurance plans, providing you with the same amount of coverage at a lower cost
- **Convenience –** Since premiums are deducted from your paycheck, you don't have to worry about remembering to mail in monthly payments
- **Peace of mind –** Take comfort and satisfaction in knowing you have done something positive for your family's future

Life and Accidental Death & Dismemberment Benefits at a Glance

For complete coverage details, visit **https://nmpsia.com/TheStandard.html** or call 888.609.9763, extension 0957.

Product	Coverage	Who pays the premium?
Basic Life and AD&D: Employee	Employer elects $10,000, $25,000 or $50,000	Employer pays 100%
Additional Life and AD&D: Employee[1]	1X, 2X or 3X base annual earnings to a maximum of $500,000[2]	Employee pays 100%
Dependent Life: Spouse[2]	Lesser of 50% of employee's coverage or 1X employee's base annual earnings	Employee pays 100%
Dependent Life: Child(ren)	$5,000 per eligible dependent child	Employee pays 100%
Other Provisions		
Accelerated Benefit	If you become terminally ill, you may be eligible to receive up to 75% of your combined Basic and Additional Life benefit to a maximum of $500,000. This benefit is also available for your insured spouse up to 75% of the Spouse Dependent Life amount.	
Specified Disease Benefit	Up to 25% of Basic Life benefit amount for life-threatening cancer; myocardial infarction (heart attack); coronary artery bypass procedure; renal failure; stroke; major organ transplant; acquired immune deficiency syndrome (AIDS).	

[1] See page 83 or visit https://nmpsiaonline.nmpsia.com/EROnline/PremiumCal/ViewPremiumCal

[2] Late application and employee amounts above the Guarantee Issue (up to $600,000) require satisfactory evidence of insurability and approval by The Standard.

Waiver of Premium	If you become totally disabled while insured, under age 60, and complete a waiting period of 180 days, your Life insurance may continue without premium payment provided you give us satisfactory proof that you remain totally disabled. Waiver of premium does not apply to AD&D insurance.
Conversion	If your insurance ends or reduces due to a qualifying event, you may be eligible to convert to an individual Life policy without submitting proof of good health. A benefit may be payable if death occurs within 60-days from the qualifying event during the conversion period.
Portability	If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage.
Suicide Exclusion	Additional and Dependent Spouse Life includes an exclusion for death resulting from suicide or other intentionally self-inflicted injury. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.
Repatriation Benefit	If you die more than 150 miles from your primary residence, we will pay the expenses incurred to transport your body to a mortuary near your primary place of residence, but not to exceed $5,000 or 10% of the Life benefit, whichever is less.
Travel Assistance	Designed to help you respond to medical care situations and other emergencies you and your family may experience while traveling 100 miles or more from your home. Travel Assist provides information, referral, coordination and assistance services, including pre-trip assistance, medical assistance, emergency transportation, travel and technical assistance, legal services and medical supplies.
Life Services Toolkit	Comprehensive online tools and services can help the employee create a will, make advanced funeral plans and put their finances in order. After a loss, beneficiaries can consult experts by phone or in person and obtain other helpful information online for up to 12 months after the date of death.
Funeral Assignment	This benefit allows the adult beneficiary to assign payment from the Life insurance proceeds to the funeral home for expenses. The funeral home is paid directly by The Standard and the remaining Life insurance benefits are paid to the beneficiary.
Continuation of Benefits for Dependents	If the employee dies and had Spouse and Child Life enrollment, the Spouse and Child Life will continue for five months without premium payment.

AD&D Table of Losses			
Life	100%	Paraplegia	75%
One hand and one foot	100%	Hemiplegia	50%
Sight in both eyes	100%	One hand or one foot	50%
Both hands or both feet	100%	Sight in one eye	50%
One hand or one foot and sight in one eye	100%	Speech	50%
Speech and hearing in both ears	100%	Hearing in both ears	50%
Quadriplegia	100%	Thumb & index finer (same hand)	25%

Other AD&D Benefits

- Seat belt benefit
- Air bag benefit
- Exposure and disappearance benefit
- Coma benefit
- Higher education benefit (for your children)
- Career adjustment benefit (for your spouse)
- Child care benefit
- Occupational assault benefit

AD&D Exclusions

No AD&D benefit is payable if the accident or loss is caused or contributed to by any of the following:

1. War or act of war. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.
2. Suicide or other intentionally self-inflicted Injury, while sane or insane.
3. Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing your official duties.
4. The voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician.
5. Sickness or pregnancy existing at the time of the accident.
6. Heart attack or stroke.
7. Medical or surgical treatment for any of the above.

Long Term Disability

New Mexico Public Schools Insurance Authority knows that no two employees are alike. We all have different lifestyles, different family situations and different benefit needs. With this in mind, NMPSIA offers a Long Term Disability plan to help you and your family achieve financial security. The advantages to you and your loved ones include:

- **Choice –** You select the coverage you need from the range of amounts and plans available
- **Savings –** Group insurance rates are typically more affordable than those for individual insurance plans, providing you with the same amount of coverage at a lower cost
- **Convenience –** Since premiums are deducted from your paycheck, you don't have to worry about remembering to mail in monthly payments
- **Peace of mind –** Take comfort and satisfaction in knowing you have done something positive for your family's future

Long Term Disability Benefits at a Glance

For complete coverage details, visit **https://nmpsia.com/TheStandard.html** or call 888.609.9763, extension 0957.

LTD Benefit	Late application requires satisfactory evidence of insurability and approval by The Standard.
Benefit Waiting Period	Employer elects either: 30 days, 60 days or 90 days
Monthly Benefit	66 2/3% of the first $7,500 of your predisability earnings, reduced by deductible income
Minimum Benefit	$100
Maximum Benefit	$5,000 before reduction by deductible income
Maximum Benefit Period	Up to your normal retirement age under the Social Security Act; however, if you become disabled at or after age 65, benefits are payable according to an age-based schedule.

Who pays the premium?

You and your employer share the cost of LTD insurance, based on your contracted base annual salary.

If you earn:	**Your employer's share is:**	**Your share is:**
$25,000 or more	60%	40%
$20,000–$25,000	65%	35%
$15,000–$20,000	70%	30%
Less than $15,000	75%	25%

See page 83 or visit https://nmpsiaonline.nmpsia.com/EROnline/PremiumCal/ViewPremiumCal

Long Term Disability, (cont'd)

Definition of Disability
For the benefit waiting period and the first 24 months for which LTD benefits are payable, being unable – as a result of physical disease, injury, pregnancy or mental disorder – to perform with reasonable continuity the material duties of *your own* occupation and suffering a loss of at least 20% of predisability earnings when working in your own occupation. After the first 24 months for which LTD benefits are paid, you are considered disabled if, as a result of physical disease, injury, pregnancy, or mental disorder, you are unable to perform with reasonable continuity the material duties of *any* occupation.
Exclusions
You are not covered for a disability caused or contributed to by war or any act of war, an intentionally self-inflicted injury while sane or insane, active participation in a riot, or committing or attempting to commit an assault or felony. You are not covered for a disability caused or contributed to by the loss of your professional license, occupational license or certification. Also, during the first 12 months of coverage, no LTD benefits will be paid for a disability caused or contributed to by a pre-existing condition or medical or surgical treatment of a pre-existing condition, as defined by The Standard.
Other Features and Services
• 24 hour coverage, including coverage for work-related disabilities • Continuation of insurance during school breaks • Assisted living benefit • Assistance with Social Security benefits • Assistance with tax payments • Lifetime security benefit • Reasonable accommodation expense benefit • Rehabilitation plan provision • Return to work incentive • Return to work responsibility • Survivors benefit • Temporary recovery provision • Waiver of premium while LTD benefits are payable • 24-month lifetime limited pay periods for mental disorders, substance abuse and other limited conditions

This information is only a summary of the benefits. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and NMPSIA may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those insured according to its terms. For complete details of coverage, call 888.609.9763, extension 0957 or visit https://nmpsia.com/TheStandard.html.

Dual-Option PPO and Blue Preferred EPO℠ Plans

NMPSIA's Medical Plan offers you versatile options — High Option, Low Option and Blue Preferred EPO Option

NMPSIA's comprehensive and versatile Dual-Option PPO and Blue Preferred EPO Plans administered by **Blue Cross and Blue Shield of New Mexico (BCBSNM)** let you choose any physician without a referral and give you the security of a health plan that is recognized around the world.

When choosing the High-Option or Low-Option Plan

- Both feature In-Network and Out-of-Network benefits with no required referrals.
- Both include In-Network preventive health benefits with no copays or deductibles.
- Both include Virtual Visits through MDLIVE® at no cost
- The Low-Option Plan offers a lower premium with a deductible and coinsurance for most benefits.
- You'll have access to our nationwide network of providers.

When choosing the Blue Preferred EPO

- Features a wide range of benefits to help control your costs with no referrals required.
- Blue Preferred EPO offers an exclusive statewide network of providers but at a lower cost when compared to the larger PPO network.
- Select a primary care provider (PCP) and you may benefit from PCP-guided care.
- You must use Blue Preferred EPO providers to receive benefits (except in a medical emergency).
- Includes Virtual Visits through MDLive at no cost.
- The Blue Preferred EPO network includes more than 25,000 quality healthcare providers such as Lovelace Hospitals and Medical Group, Davita Medical Group and most recently, UNM Hospitals and Physicians.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

The Value of Blue– Meeting your Health Care Needs

Take advantage of health and wellness programs, such as:

- Blue365® Member Discount Program* The Blue365 Discount Program offers health and wellness deals to BCBSNM members, including discounts from top national and local retailers on fitness gear, family activities, healthy eating options and much more.
- Fitness Program Since you are a Blue Cross and Blue Shield of New Mexico member, the Fitness Program is available exclusively to you and your covered dependents (age 16 and older). The program gives you access to a nationwide network of fitness locations. Choose one location close to home and one near work, or visit locations while traveling.
- Blue Points℠ Members can earn points for completing healthy activities like taking a Health Assessment, enrolling in a self-management program, joining the Fitness Program or using a fitness tracker. They can then redeem those points for merchandise.
- Special Beginnings® This structured maternity program enables early identification of high-risk pregnancies and supports and educates expectant mothers from early pregnancy to six weeks after delivery.

BlueCard®: Coverage around the world

This innovative benefit—available to only Blue Cross and Blue Shield members—helps you access more than 97 percent of hospitals and 92 percent of physicians throughout the United States contracted with BCBS Plans, plus those in over 200 countries when you need medical care.

You can find a contracted provider online at bcbs.com or by calling the BlueCard program directly at **1-800-810-BLUE (2583)**. Present your member ID card at the provider's office and you'll have the same benefits that you have when you see a contracted provider in your hometown. In the United States you'll pay the same deductible, copayments, and coinsurance amounts and won't have to file claims. (In some foreign countries, you may have to pay for services and then file a claim.)

Blue Access for Members℠: Your online resource

Blue Access for Members (BAM℠) is the secure, online member account and information area of our website just for our members. You can log in to BAM and:

- Check your claim status
- View your explanation of benefits (EOBs)
- Confirm who is covered under your plan
- Locate a doctor, hospital, or pharmacy in your plan's network with the Provider Finder®
- Access health and wellness information, including preventive health guidelines, news, and health-related web tools to help you manage your health
- Request a replacement ID card or print a temporary ID card

Mindset Mondays and Wellness Wednesdays Workshops

Virtual monthly workshops are available to all NMPSIA employees and are presented by BCBSNM Wellness Coordinator.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Access new and improved tools in Provider Finder

- Estimate your costs: Use the member liability estimator to research the cost of a provider's procedures, treatments, and tests and help evaluate your out-of-pocket expenses.
- Use the robust search engine: Find a network primary care physician, specialist, or hospital.
- Filter results: Narrow your search results by doctor, specialty, ZIP code, language, and gender.
- Learn more about providers: View certifications and recognitions for doctors. Also, view feedback or add your own review for a provider.

24/7 Nurseline

Health happens – good or bad, 24 hours a day, seven days a week.

That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline. Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Dizziness or severe headaches
- Diabetes
- A baby's nonstop crying
- High fever
- Sore throat
- Cuts or burns
- And much more
- Back pain

Plus, when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

Call the 24/7 Nurseline with any health questions.
Toll-free: **800- 973- 6329** Hours of Operation: **Anytime**

No cost Virtual Visits Powered by MDLIVE® On-demand health care at your fingertips

Getting sick is never convenient and finding time to get to the doctor can be hard. MDLIVE's telehealth program provides you and your covered dependents access to care for non-emergency medical and behavioral health needs.

Whether you're in the city, a rural area or you're on a weekend camping trip, access to a board-certified MDLIVE doctor is available 24 hours a day/seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual Visits can also be a better alternative than going to the emergency room or urgent care.** Activate your account online or by phone:
MDLIVE.com/nmpsia or **(800) 770-4622**.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Take Advantage of Savings with Blue Preferred EPO

Are you looking for an option that gives you similar benefits, quality and services as a PPO plan, but at a more affordable cost? If so, choosing our new Blue Preferred EPO plan may be the best choice for you.

Our **Blue Preferred EPO** plan offers an exclusive statewide network of providers but at a lower cost when compared to the larger PPO network. With Blue Preferred EPO you select a primary care physician (PCP) to partner with for your health care needs. Having your care coordinated by one doctor may offer several advantages. They get to know you and your health history, allowing them to recognize changes in your health, as well as overseeing your routine care. With Blue Preferred EPO, referrals are not needed to see a specialist but your PCP can help you identify specialists.

As a Blue Preferred EPO member, you will only have access to providers that participate in the Blue Preferred℠ network, including contracted doctors, hospitals and other health care professionals in New Mexico. Services from an out-of-network provider are not covered under this plan.

*Blue365 is a discount program only for BCBSNM members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Please check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change your monthly payment, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors who take part in this program. BCBSNM does not guarantee or make any claims or recommendations about the program's services or products. You may want to talk to your doctor before using these services and products. BCBSNM reserves the right to stop or change this program at any time without notice.

**In the event of an emergency, this service should not take place of an emergency room or urgent care facility. Proper diagnosis should come from your doctor and medical advice is between you and your doctor.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Blue Access for Members

Puts your health care at your fingertips

Blue Access for Members gives you simple, online access to your health and insurance information. You can also use BAM from your mobile device, web browser, or download the app at **bcbsnm.com**. See your plan details whenever you want and wherever you are.

Coverage

See benefit highlights for your medical, dental and pharmacy plans.

Claims

Quickly view claims summaries or download your Explanation of Benefits (EOBs).

Wellness

Take control of your well-being with preventive care guidelines, information and health tips for managing health conditions and living a healthier life.

Find Care

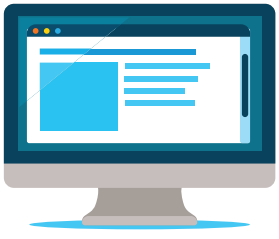
Find in-network health care providers, hospitals and urgent care clinics near you.

Spending

Keep track of your deductible and out-of-pocket expenses.

Member ID Card

Print, download or re-order your member ID Card.



Sign Up For BAM Today!

Go to **bcbsnm.com** and register using the group and member numbers on your member ID card.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Virtual Visits: Get 24/7 Care, Anywhere

Powered by MDLIVE

Illnesses and injuries seldom happen at convenient times. Regardless whether it's after doctor's hours, on the weekend or on the road, you want access to immediate, cost-effective care.

With the **MDLIVE® Virtual Visits** benefit from **Blue Cross and Blue Shield of New Mexico**, the doctor is always in. **Get 24/7** non-emergency care from a board-certified doctor by phone, online video or mobile app from almost anywhere.

Skip expensive urgent care or ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes. Services are available in both English and Spanish with translation services available in other languages.

Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever

First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSNM benefit, please call the number on the back of your ID card.

Activate your Virtual Visits account today:

- Call 888-676-4204
- Go to MDLIVE.com/bcbsil
- Text BCBSIL to 635-483
- Download the app

www.bcbsnm.com/nmpsia

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Provider Finder

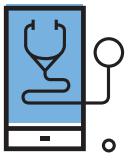
It's now easier to find a provider and manage health care expenses.

Provider Finder from Blue Cross and Blue Shield of New Mexico is a fast, easy-to-use tool that improves members' experience when they're looking for in-network health care providers. Plus, it can help them manage their out-of-pocket costs.

The updated Provider Finder platform has undergone intensive testing. The result is a better experience that will help members be smarter consumers of health care.

By going to **bcbsnm.com**, members can login or create an account on Blue Access for Members and use Provider Finder to:

- Find in-network providers, clinics, hospitals and pharmacies.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Compare quality awards for doctors, hospitals and more.
- Read or add reviews for providers.
- Estimate the out-of-pocket costs for more than 1,700 health care procedures, treatments and tests.*
- Find cost savings opportunities using the Medication Finder tool.



Go Mobile with BCBSNM

Even on the go members can manage their ID cards and stay on top claims activity, coverage information and prescription refill reminders. It's easy: Log into or create a BAM account at **bcbsnm.com** or text BCBSNM to 33633** to download our mobile app.

* Not all plans provide this information.

** Message and data rates may apply. Terms and conditions and privacy policy are available at bcbsnm.com/mobile/text-messaging.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Peace of Mind While Traveling

BlueCard PPO Has You Covered

Use BlueCard PPO When You're Away From Home

Through the BlueCard PPO Program, Blue Cross and Blue Shield (BCBS) plans work together to help ensure you receive reliable, affordable health care when you need it while traveling in the U.S. You have access to an established PPO network of doctors, hospitals and other health care providers throughout the country.

How BlueCard Works

1. Always carry your most current Blue Cross and Blue Shield of New Mexico ID card.
2. When you're outside of your local BCBSNM service area and need health care, refer to your ID card and call BlueCard Access at 800-810-BLUE (2583) or visit the BlueCard Doctor and Hospital Finder at bcbs.com for information on the nearest PPO doctors and hospitals. In an emergency, call 9-1-1 or go to the nearest hospital.
3. You are responsible for calling BCBSNM for precertification, when necessary. Refer to the precertification phone number on your ID card, which is different than the BlueCard Access number above.
4. When you arrive at the doctor's office or hospital, present your ID card, and the office or hospital staff will verify your membership and coverage information.
5. After you receive medical attention, your claim will be routed to BCBSNM for processing by the provider. All doctors and hospitals are paid directly, so you won't have any paperwork.
6. You should not have to pay up front for medical services, except for the usual out-of-pocket expenses (non-covered services, deductibles, copayments and/or coinsurance). BCBSNM will provide you with an Explanation of Benefits (EOB) statement.

Get access to network providers when you're on the go:

Freedom of choice: You can choose your provider. To receive the maximum benefits allowed under your health care plan, though, choose contracted network providers whenever possible.

Coast-to-coast care: Get access no matter where in the U.S. you travel.

No paperwork or claims to file: When visiting a PPO provider, all you need to do is show your ID card.

www.bcbsnm.com/nmpsia

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Experience a New Kind of Wellness — Log In to the Well onTarget® Portal

Well onTarget is designed to give you the support you need to make healthy lifestyle choices — and reward you for your hard work.

Member Wellness Portal

The Well onTarget Wellness Portal uses the latest technology to give you the tools you need for better health. Your wellness journey begins with a suggested list of activities based on the information you provided in the Health Assessment.*

Now you have a step-by-step plan to guide you on the way to living your best life.

The suite of programs and tools include:

- **Digital Self-management Programs:** Learn about nutrition, fitness, weight loss, quitting smoking, managing stress and more!
- **Health and Wellness Library:** The health library has useful articles, podcasts and videos on health topics that are important to you.
- **Blue Points Program:**** Earn points for wellness activities. Redeem your points for a wide variety of merchandise in the online shopping mall.
- **Tools and Trackers:** These interactive resources help keep you on track while making wellness fun.
- **Health Assessment:** Answer some questions to learn more about your health and receive a personal wellness report.
- **Fitness and Nutrition Tracking:** Get Blue Points for tracking activity with popular devices and mobile apps.
- **Personal Challenges:** Join a personal challenge to help you reach your goals. There are over 30 challenges, so you can choose the best one to fit your wellness journey. Topics include stress, sleep, physical activity and more!

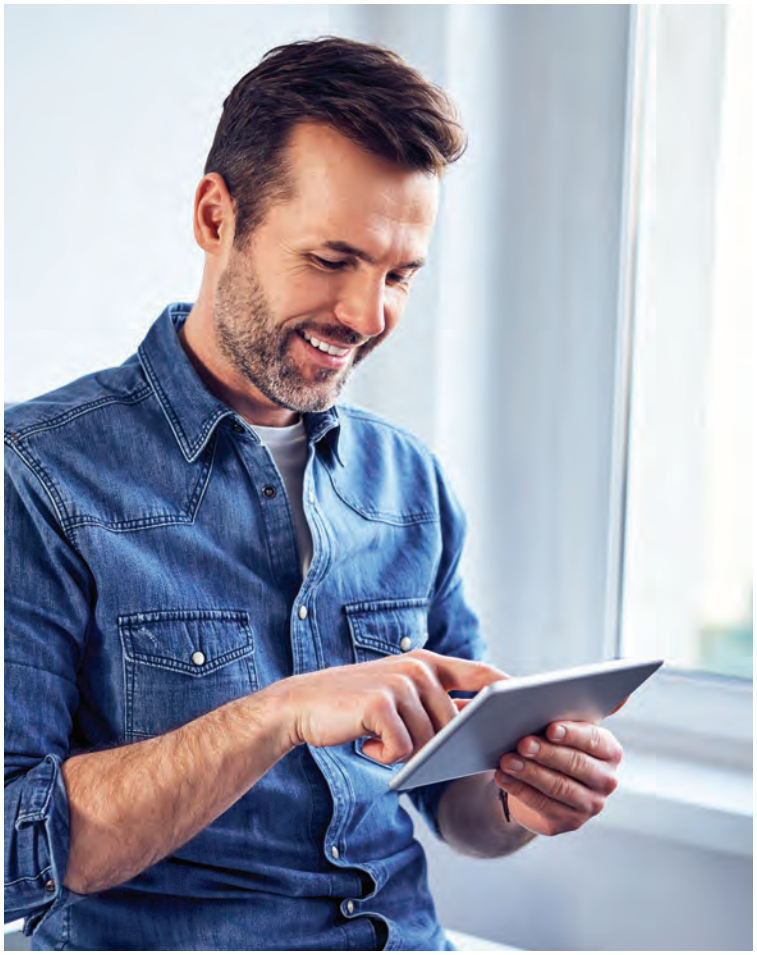
How to Access the Portal

Use your Blue Access for Members account:

- Log in to BAM at **bcbsnm.com/member**.
  If this is your first time logging in, you will need to register your account.
  Click **Create an Account** on the login screen.
- Once you are in BAM, click on the **Wellness tab**. Then click on Visit Well onTarget and you will be taken to the Well onTarget portal.

Questions?

If you have any questions about Well onTarget, call Customer Service at **877-806-9380**.



Log in to the Well onTarget Member Wellness Portal today!

*Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

** Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for further information.
BCBSNM makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Retrain Your Brain

learntolive

Get a mental health tune-up — online

Learn to adjust unhelpful thoughts and control your moods

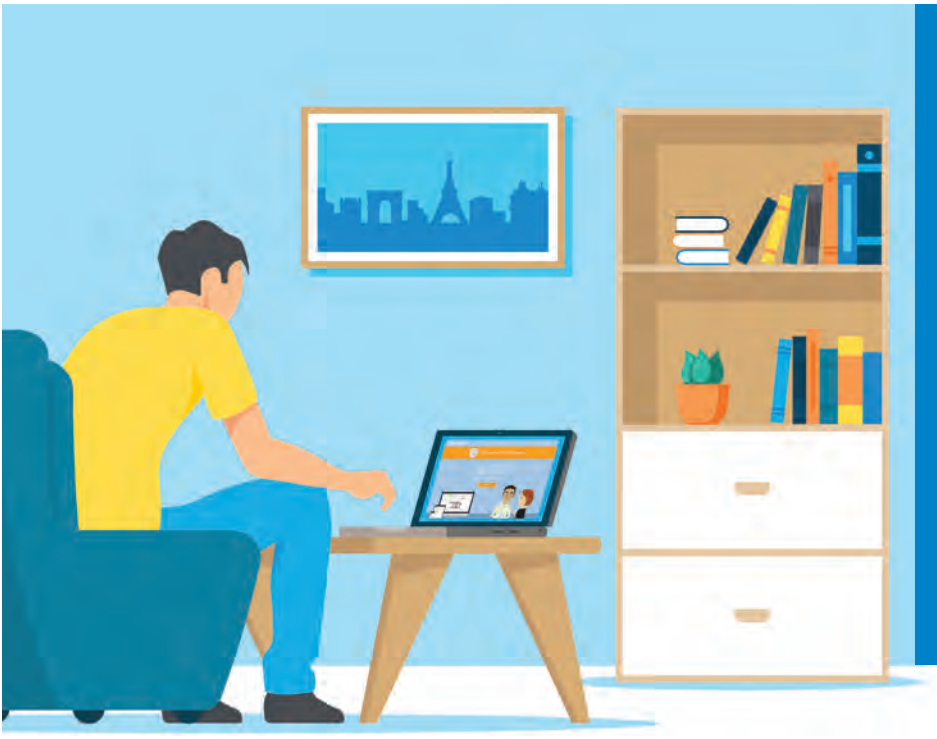
Explore quick and easy lessons whenever it fits your schedule. A little homework between sessions helps you keep up your progress. Activities are based on therapy techniques with a track record of helping people get better.

An expert coach can guide you

If you need one-on-one support to reach your goals, connect with a coach by phone, text or email. They'll lift you up, cheer you on and help you master your new skills.

Your personal details are private

Just like with face-to-face therapy, your personal results, program progress and messages with your coach will not be shared with your employer.



Check out the programs included at no added cost through your Blue Cross and Blue Shield of New Mexico plan:

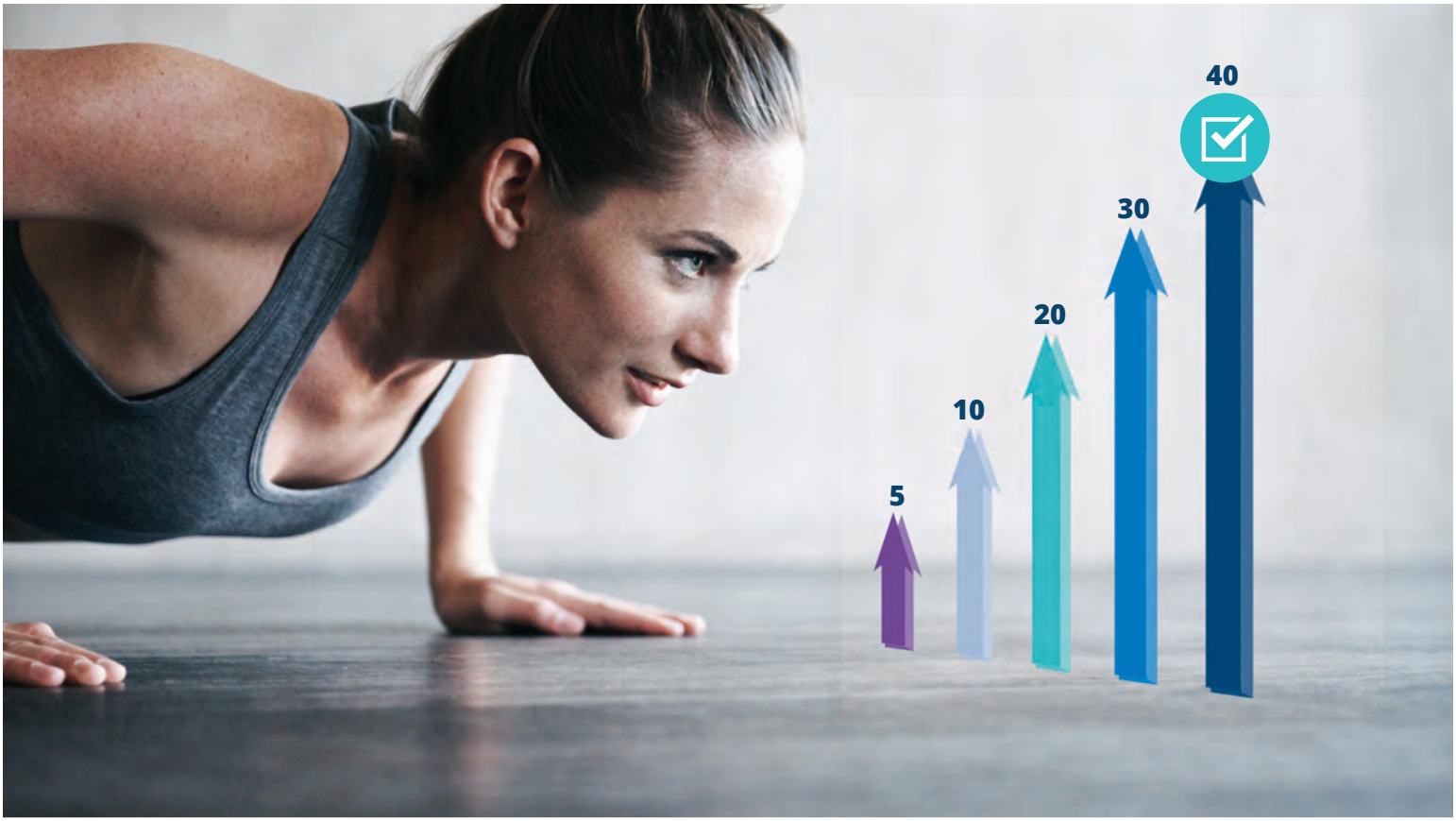
1. Log in at **bcbsnm.com**.
2. Click **Wellness**.
3. Choose **Digital Mental Health**.

1. Learn to Live provides educational behavioral health programs; members considering further medical treatment should consult with a physician.
2. https://www.cdc.gov/mentalhealth/learn/index.htm

Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of New Mexico. BCBSNM makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority



Make Your Fitness Program Membership Work for You

The Fitness Program gives you flexible options to help you live a healthy lifestyle.

Since you are a Blue Cross and Blue Shield of New Mexico member, the Fitness Program is available exclusively to you and your covered dependents (age 16 and older).* The program gives you access to a nationwide network of fitness locations. Choose one location close to home and one near work, or visit locations while traveling.

BlueCross BlueShield of New Mexico

Well onTarget®

Other program perks include:

- **Flexible Gym Network:** A choice of gym networks to fit your budget and preferences.**

Options	Digital Only	Base	Core	Power	Elite
Monthly Fee	$10	$19	$29	$39	$99
Gym Facility Network Size†	Digital Access Only	3,000	7,500	12,000	12,400
$19 Enrollment Fee *(No enrollment fee for Digital Only Option)*					

- **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount.
- **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

† Represents possible network locations. Check local listings for exact network options as some locations may not participate. Network locations are subject to change without notice.

www.bcbsnm.com/nmpsia

New Mexico Public Schools Insurance Authority

Features

- **Mobile App:** Allows members to access location search, studio class registration, location check-in and activity history.

  Check out the Well onTarget Fitness mobile app, available from Apple® or Google Play™. It can help you work on your fitness goals — anytime and anywhere.
- **Real-time Data:** Provided to the mobile app and Well onTarget portals.
- **Complementary and Alternative Medicine (CAM) Discounts Through the WholeHealth Living Choices Program:** Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. To take advantage of these discounts, register at **www.whlchoices.com**.
- **Blue Points:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits. You can redeem points for apparel, books, electronics, health and personal care items, music and sporting goods.***
- **Web Resources:** You can go online to find fitness locations and track your visits.
- **Digital Fitness:** Stay active from the comfort of your own home. Access thousands of digital fitness videos and live classes including cardio, bootcamp, barre, yoga, and more through an online platform. Digital access is included with Base, Core, Power and Elite memberships. You can also join the Digital Only plan option if only interested in access to digital fitness options.

Are You Ready for Fitness?

It's easy to sign up:

1. Go to **bcbsnm.com** and log in to Blue Access for Members.
2. Select the Wellness tab on the top navigation bar of the Dashboard page. Then scroll down to the Fitness Program section and click on **Learn More**.
3. Complete registration form.
4. Verify your personal information and method of payment. Print or download your Fitness Program membership ID card. You may also request to receive the ID card in the mail.
5. Visit a fitness location today!

Prefer to sign up by phone or have questions about the Fitness Program? Just call the toll-free number **888-762-BLUE (2583)** Monday through Friday, between 7 a.m. and 7 p.m., CT (6 a.m. and 6 p.m., MT).

Find fitness buddies, take a digital class and try something new!

Join the Fitness Program today to help you reach your health and wellness goals.

*Individuals must be 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can login and join through the primary member's account as an "additional member."

**Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness locations. The Prime Network is made up of independently owned and operated fitness locations.

The WholeHealth Living Choices program is administered by Tivity Health™ Services, LLC. This is NOT insurance. Some of the services offered through this program may be covered by a health plan. The relationship between these vendors and Blue Cross and Blue Shield of New Mexico is that of independent contractors.

Participation in the Well onTarget program, including the completion of a Health Assessment, is voluntary and you are not required to participate. Visit Well onTarget for complete details and terms and conditions.

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.

***Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

BCBSNM makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Blue365

A Discount Program for You

Blue365®
Because health is a big deal®

Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of New Mexico member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once you sign up for Blue365 at **blue365deals.com/bcbsnm**, weekly "Featured Deals" will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

EyeMed® | Davis Vision®

You can save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

TruHearing® | Beltone™ | Start Hearing

You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

Dental Solutions℠

You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.*

Sun Basket | Nutrisystem®

Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

Fitbit®

You can customize your workout routine with Fitbit's family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. You'll get a 20% discount on Fitbit devices plus free shipping.

Reebok | SKECHERS®

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can get 30% off plus free shipping for your online orders.

InVite® Health

InVite Health offers quality vitamins and supplements, educational resources and a team of health care experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements.

Livekick

Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and 30% off a monthly plan on any Live Online Personal Training.

eMindful

Get up to a 50% discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

www.bcbsnm.com/nmpsia

For more great deals or to learn more about Blue365, visit blue365deals.com/bcbsnm.

The relationship between these vendors and Blue Cross and Blue Shield of New Mexico is that of independent contractors. BCBSNM makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

* Dental Solutions requires a $9.95 signup and $6 monthly fee.

Blue365 is a discount program only for BCBSNM members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSNM does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSNM reserves the right to stop or change this program at any time without notice.

CIGNA High and Low Option Plans Ended June 30, 2024

SO MANY WAYS TO HELP MANAGE YOUR HEALTH

Get to know the full value of myCigna.

Now it's easier than ever to manage your health and make the most of your health plan on the myCigna® website and app.* From programs that help improve your health to tools that help manage your health spending, there's so much you can do.

View, print and send ID cards

Find in-network doctors, hospitals and medical services

Compare quality of care information, including patient reviews from Cigna customers

Manage and track claims

See cost estimates for medical procedures

Use the click-to-chat feature to connect with a live Cigna rep

Feel better protected Cigna is as committed to helping protect your health information as we are to protecting your health and well-being. That's why we take certain steps to enhance the security of your personal health information on myCigna.

Visit myCigna today. Not registered yet? Start here.**

Download on the App Store | GET IT ON Google Play

Download the myCigna App for your mobile device.
Disponible en Español.

Scan the QR code with your phone, and make sure to have your ID card handy; you'll need it to register.**

Together, all the way.®

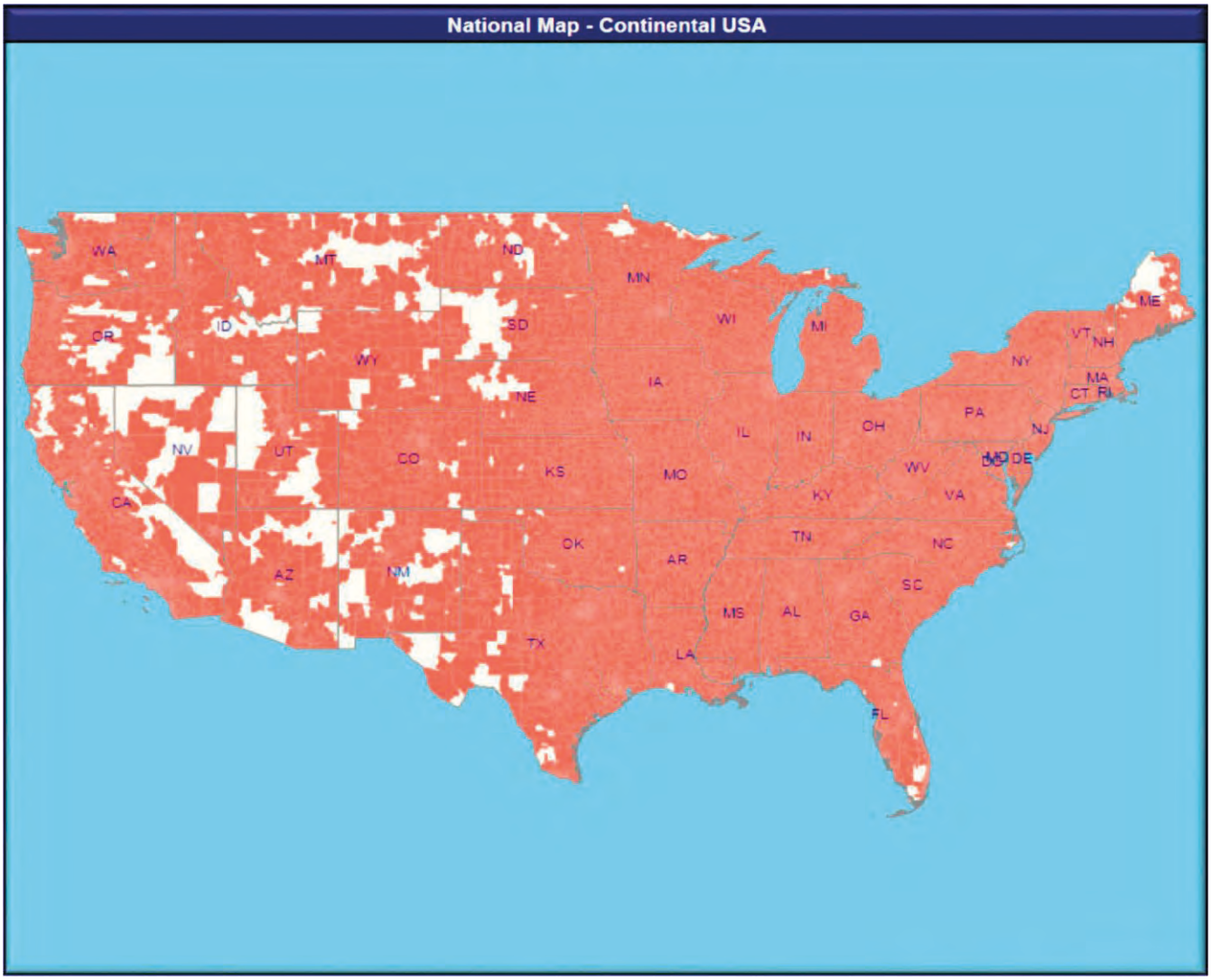
* Actual myCigna features may vary depending on your plan and customer profile.
** Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.

cigna healthcare

New Mexico Public Schools Insurance Authority

Offered by Cigna Health and Life Insurance Company or its affiliates.

Cigna Service Area Map



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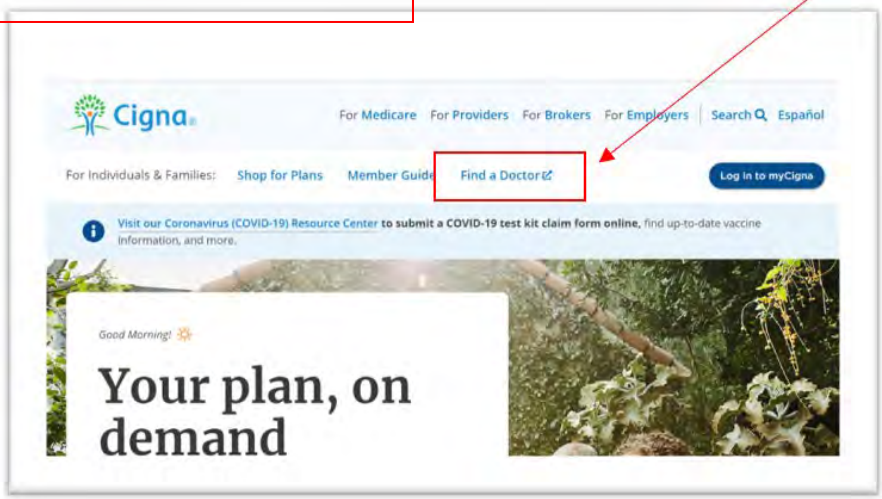
New Mexico Public Schools Insurance Authority

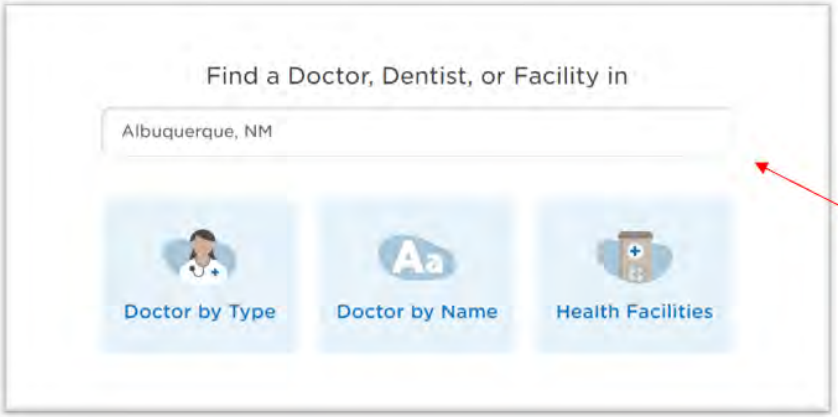
Find a Provider Tutorial

Go to www.Cigna.com to find a provider or facility in-network.

Click on "Find a Doctor"

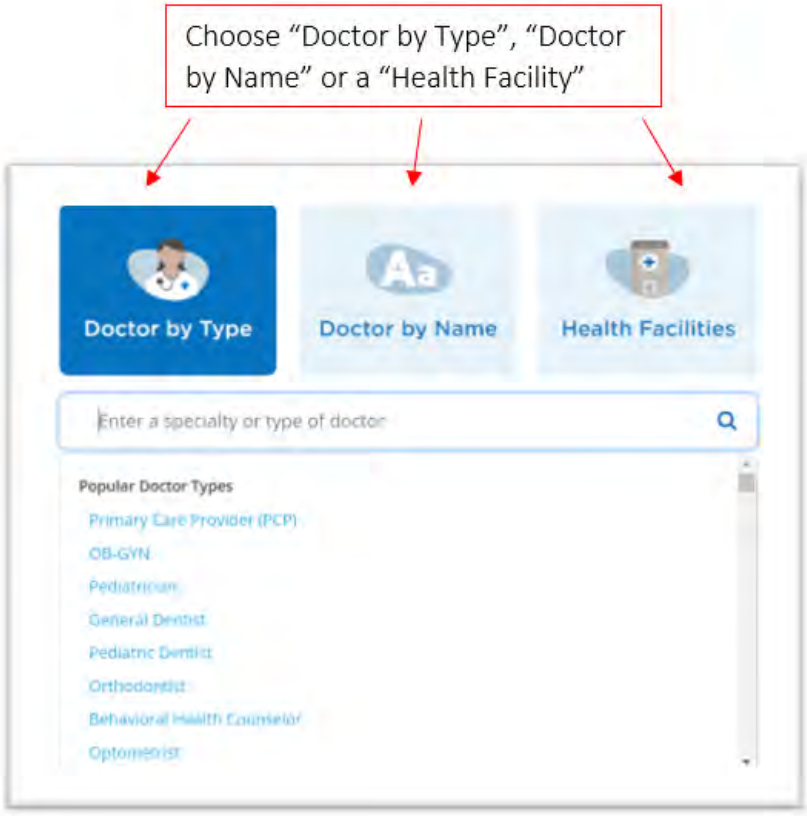


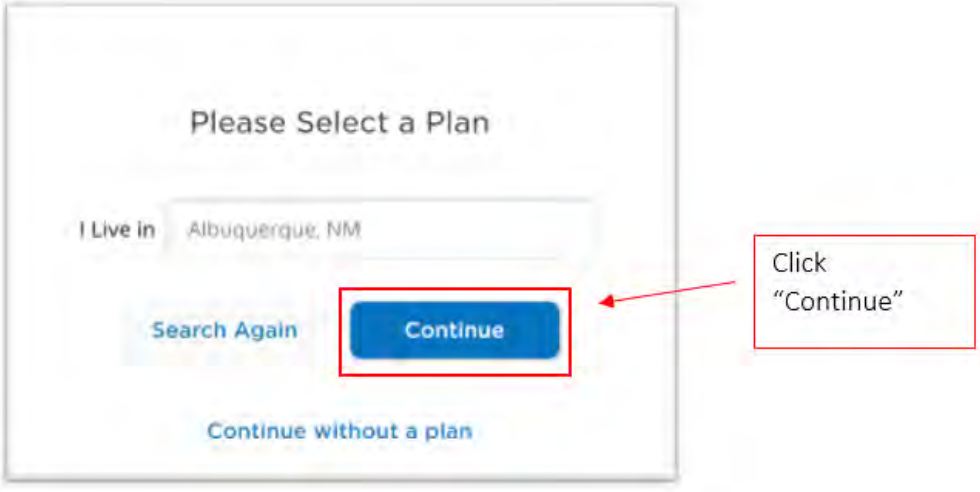
Choose "Employer or School" as your coverage.



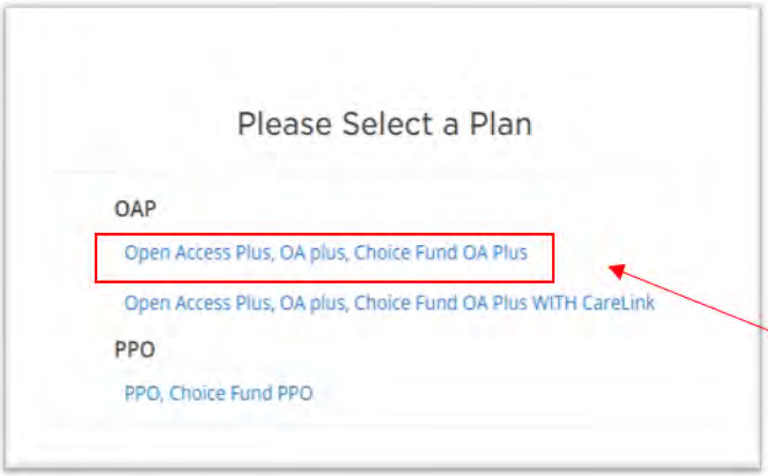
Add your city or zip code.

Find a Provider Tutorial



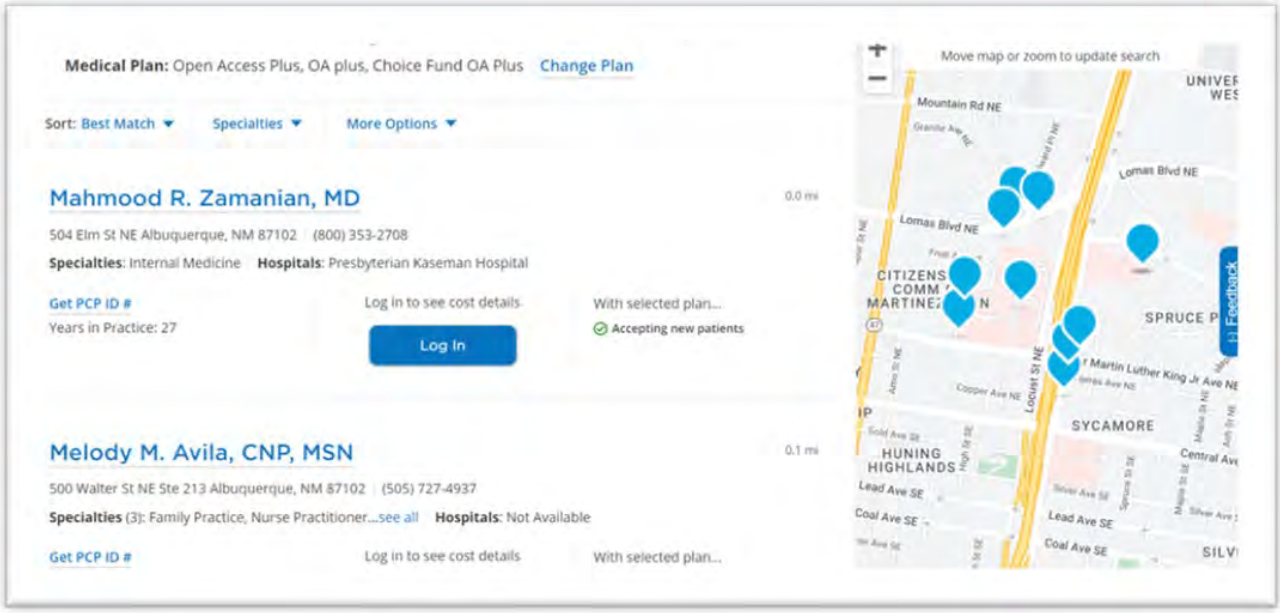


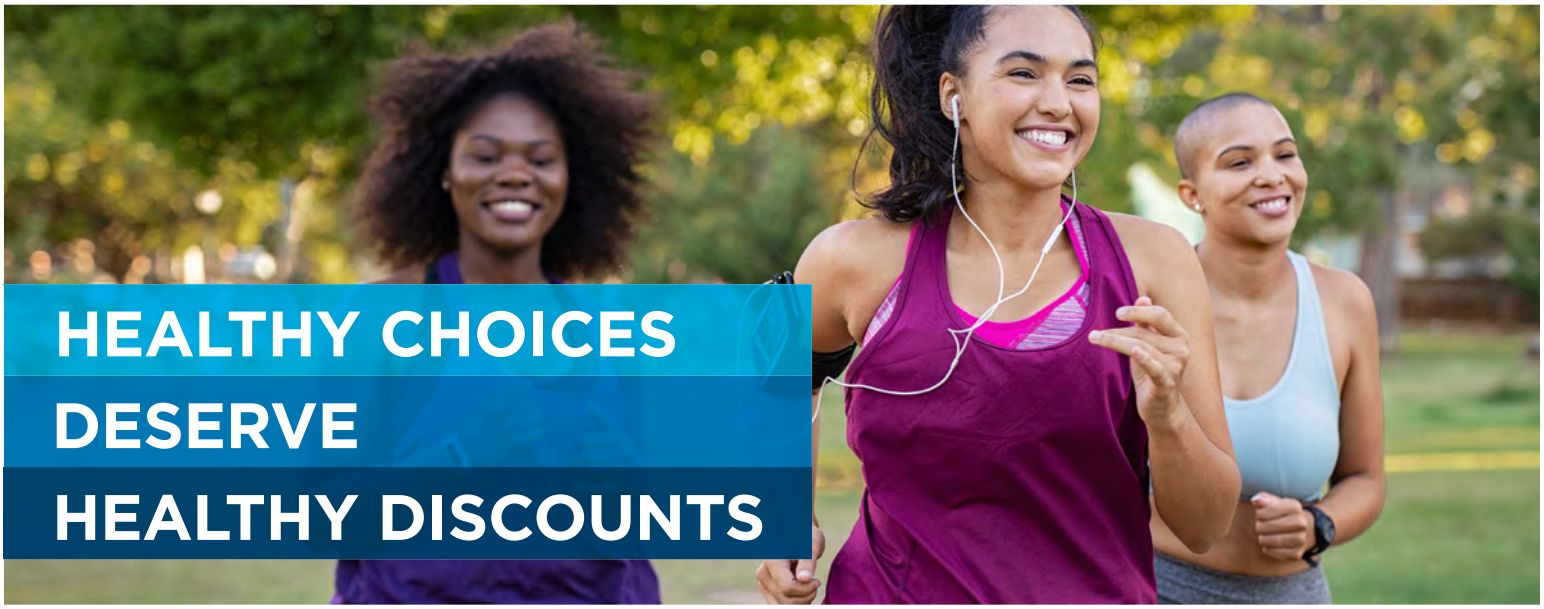
Find a Provider Tutorial



Select OAP (same as PPO)

Providers or facilities will populate, let you know if they are accepting new patients, and a map of the location will come in view.





HEALTHY CHOICES DESERVE HEALTHY DISCOUNTS

Start saving today with Cigna Healthy Rewards®*

Just use your Cigna ID wallet card when you pay and let the savings begin.

Get discounts on the health products and programs you use every day for:

- Nutritional Meal Delivery Service
- Fitness Memberships and Devices**
- Vision Care, Lasik Surgery, Hearing Aids
- Alternative medicine
- Yoga Products and Virtual Workouts**

Real brands. Real discounts. Real easy.

Log into **myCigna.com** and navigate to Healthy Rewards Discount Program or call **800.870.3470**.

For Cigna customers who don't have access to **myCigna.com** and want an Active&Fit Direct™ gym membership:

- Call **800.870.3470**; and
- Press 3 to be transferred to a customer service agent.

* Healthy Rewards is a discount program. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your health plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your your plan benefi ts. **A discount program is NOT insurance, and you must pay the entire discounted charge.** All goods, services and discounts offered through Healthy Rewards are provided by third parties who are solely responsible for their products, services and discounts.

** Fitness Membership and Devices along with Yoga Products and Virtual Workouts can only be accessed by login into **myCigna.com** and navigating to Healthy Rewards Discount Program.

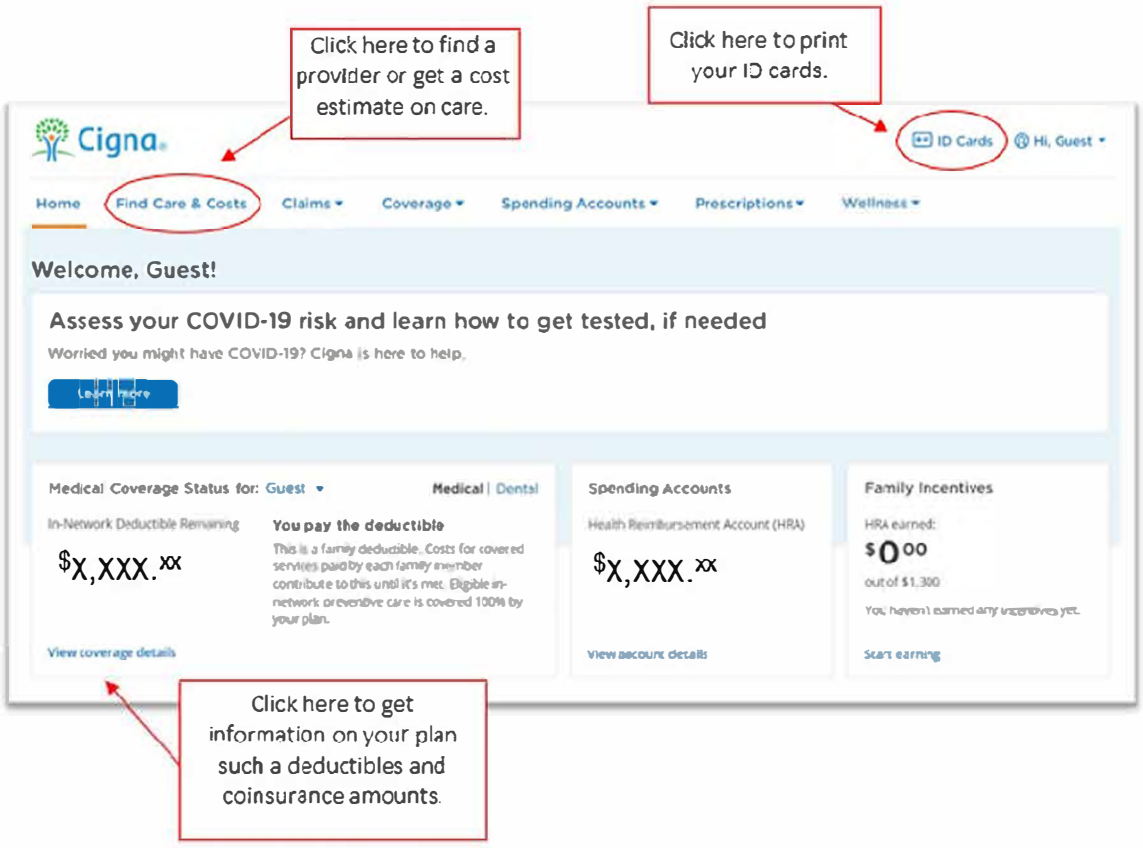
cigna healthcare

New Mexico Public Schools Insurance Authority

Together, all the way.®

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

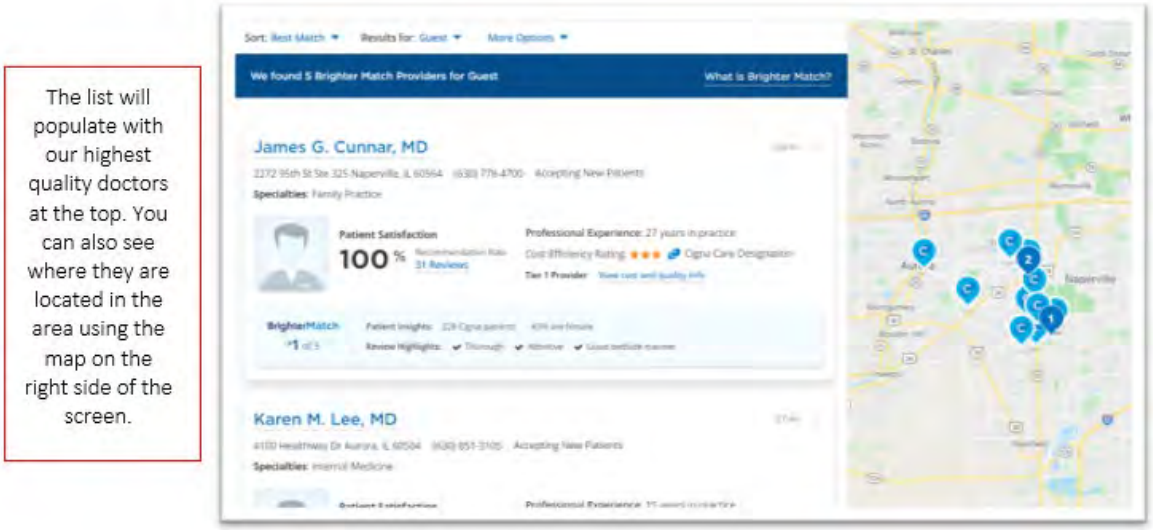
myCigna.com Navigation



cigna healthcare

New Mexico Public Schools Insurance Authority

How to Find a Provider on myCigna.com



cigna healthcare

New Mexico Public Schools Insurance Authority

IT PAYS TO TAKE HEALTHY STEPS

Through Cigna's ®Motivate*Me* incentive program, NMPSIA provides you with financial rewards for the healthy actions you take.

Employee's enrolled in the Cigna medical plan can earn up to a **$100 debit card** by completing healthy activities including those below:

1. GET YOUR ANNUAL PREVENTIVE CHECKUP

Your annual preventive checkup can help catch health issues before they become serious. Cigna medical plans cover annual checkups at 100% when received from an in-network physician (earn $25).

Don't have a primary care doctor?

Find an in-network doctor near you by logging into myCigna.com and clicking "Find Care & Costs" or call the number on the back of your ID card.

2. COMPLETE CIGNA'S ONLINE HEALTH ASSESSMENT

Cigna's health assessment is a quick, easy way to learn more about living a happier, healthier life. Not only will you gain a better understanding of your health and potential risk factors but it earns your financial rewards as well! (earn $25)

3. GET YOUR FLU SHOT/COVID VACCINE

Help protect yourself from the flu by getting vaccinated each year. (earn $25)

There are more rewards where that came from.

For a full list of activities to complete to earn rewards:

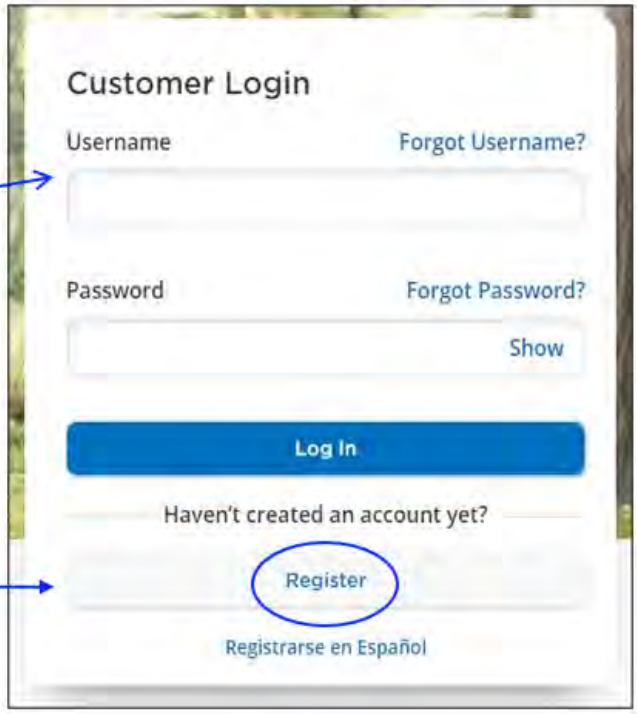
- Log into **myCigna.com**
- Click on 'Wellness' in the navigation bar
- Select 'Incentive Awards'

cigna healthcare

New Mexico Public Schools Insurance Authority

NMPSIA Incentive Program through Cigna

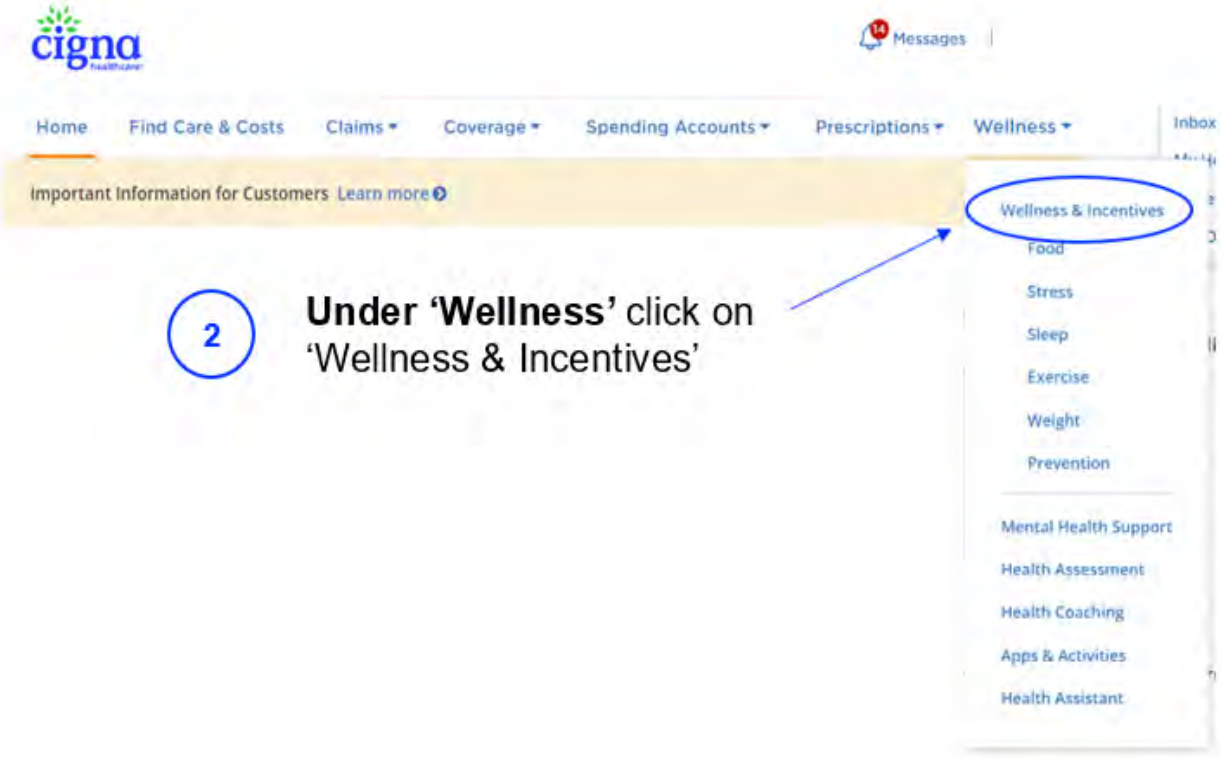
Ready to get started? Log in now



1 **Go to myCigna.com.** Enter your user ID and password or take this opportunity to register now.

Congratulations on taking the first step to a healthier you (and happier wallet).

Take some time to explore.



2 **Under 'Wellness'** click on 'Wellness & Incentives'

cigna healthcare

New Mexico Public Schools Insurance Authority

Valuable Resources Available to You

PRESBYTERIAN Health Plan, Inc.

Dedicated Member Service Team

You now have access to a highly trained, dedicated customer service team that can help:

- Navigate you to the most cost-effective level of medical care, whether it's a virtual visit, outpatient options, or urgent or emergency care.
- Find in-network primary care providers (PCPs) and specialists and schedule appointments.
- Answer questions about your benefits and help coordinate benefits for your personalized needs.
- Assist with follow-up care and claims resolution.

Contact us at (505) 923-5600 or 1-888-ASK-PRES (1-888-275-7737), TTY 711, Monday through Friday from 7 a.m. to 6 p.m.

Assist America

assist america®

You have the protection of Assist America's global emergency travel assistance services 24 hours a day, 365 days a year. This unique program immediately connects you to services when experiencing a medical emergency while traveling 100 miles or more away from a permanent residence or in another country.

First, download the *free* Assist America Mobile App, then log in with reference number 01-AAPXI-10071.

For questions, contact Assist America's Operations Center at **1-800-872-1414** (or +1-609-986-1234 outside of the USA).

Wellness at Work

Wellness at WORK

Through this online tool you can access all your wellness programming and create a personalized health improvement plan. It features a powerful Personal Health Assessment (PHA) tool to help identify personal health risks and provide recommendations for improving those risks. To participate, visit **www.phs.org** and register or login to myPRES.

Community Health Worker Program

Our community health workers work and live in the same communities as you and are specially trained to help you get what you need to stay as healthy as possible. They can help you find housing, food, utility assistance, transportation and translation services, and they will help you schedule a visit with a healthcare provider. They can also help you better manage other health conditions such as pregnancy, asthma, diabetes, high blood pressure, behavioral health, and substance use problems.

This service is confidential and provided at no additional cost to you. For more information, call **(505) 923-8567**.

Disease Management Programs

As a member, you have access to several comprehensive disease management programs at no additional cost to you.

If you have diabetes, asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), or coronary artery disease (CAD), our licensed nurses will work collaboratively with your healthcare provider to provide you with coaching and self-management tools. To enroll in one or more of these Healthy Solutions programs, call **1-800-841-9705** or email **healthysolutions@phs.org**.

Our care coordinators also provide support for managing cancer or low back pain/musculoskeletal conditions. To enroll in one or more of the care coordination programs, call **1-866-672-1242** or email **phpreferral@phs.org**.

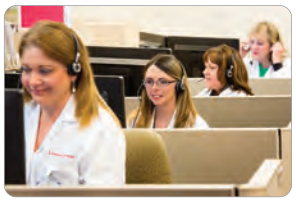
Estimate Your Cost of Care

Now you can better evaluate the cost of certain tests and procedures with our new treatment cost estimator. This tool will provide estimates for many of your covered services and help you find more convenient lower cost locations to obtain care. Your provider or Presbyterian's Customer Service Center can also refer you to lower cost locations for certain care needs. Visit **www.phs.org/tools-resources/member/your-care-your-choice** for details.

No-Cost Member Benefits

PRESBYTERIAN Health Plan, Inc.

PresRN Nurse Advice Line



Speak with a registered Presbyterian nurse for medical advice at no cost 24 hours a day, every day, including holidays. Call (505) 923-5570 or 1-866-221-9679.

For details, visit **www.phs.org** and search for "PresRN."

MyChart

Members with a Presbyterian Medical Group provider can send electronic messages and communicate with their care team, request prescription renewals and schedule office or telephone visits. You can also view medical records, lab and radiology reports, procedures and test results.

For details, visit **www.phs.org/mychart**.

myPRES

Get the information you want when you need it. Presbyterian's web-based services offer fast and convenient service any day of the year. To sign in or register, visit **www.phs.org/myPRES**.

- Look up benefit information securely, view claims status and track deductibles.
- Access your personal health assessment and other health education tools.
- View or request a replacement member ID card.

Talkspace

No-cost messaging therapy offers members age 14 and older behavioral health coaching with licensed behavioral therapists via text, video or audio messaging at a time and place that is convenient for them.

Go to **www.talkspace.com/php** to access the program.

Clickotine

Clickotine is a no-cost, innovative program that uses clinically driven app technology to help you create and stick to a quit plan and overcome nicotine cravings.

Go to **www.clktx.com/join** and enter Client ID code: 731C73.

On to Better Health

This interactive software offers an alternative to traditional mental health and substance abuse care by providing access to tools and resources that are easy to use, confidential and available 24/7 at no cost.

Go to **www.ontobetterhealth.com/php**.

(505) 923-5600, 1-888-ASK-PRES (1-888-275-7737) www.phs.org/nmpsia

Keep moving with a Fitness Pass membership.

The 2023 cost is only $17.50 per eligible member per month. Enrollment is open year-round.

PRESBYTERIAN Health Plan, Inc.

Presbyterian Health plan members and eligible dependents have access to more than 8,500 fitness, recreation, and community centers. For $17.50 a month, members have access to Defined Fitness and Prime Fitness network gyms. That same $17.50 monthly fee also provides Fitness Pass members a discount on Sports & Wellness monthly membership fees.

DEFINED FITNESS

www.defined.com

Defined Fitness is one of New Mexico's premier health clubs, offering a wide variety of group exercise classes, supervised child care and state-of-the-art strength training and cardiovascular equipment. All locations feature an aquatic complex with an indoor pool, hot tub, dry sauna and steam room. Once enrolled for $17.50 a month, members can go to any Defined Fitness or Prime Fitness gym location.

prime

www.primemember.com

The Prime Fitness network provides group exercise classes and amenities such as pools, sport courts, tracks and more. You can visit participating locations nationwide as often as you like, including select CHUZE, YMCAs, Snap Fitness, Curves® and more. When you use Prime Fitness, your fitness travels with you. Once enrolled for $17.50 a month, members can go to any Prime Fitness or Defined Fitness gym location.

SPORTS & WELLNESS

www.sportsandwellness.com

Sports & Wellness is where Albuquerque has gone to find fun, friends and fitness for 25+ years. Your Fitness Pass membership for $17.50 a month allows you a discounted rate on membership options at all five New Mexico Sports & Wellness (NMSW) locations. You pay the monthly $17.50 plus the NMSW discounted fee.

Fitness Pass program enrollment is easy. How to start:

For quick access and to learn more about Fitness Pass, go to **www.phs.org/wellness**.

- All enrolled health plan members aged 18 and older are eligible to enroll. Employees must enroll in the program for dependents to be eligible for the program.
- Once enrolled, Presbyterian will automatically debit your account or credit card each month.
- Your enrollment will last through the current calendar year, and you must reenroll each year.

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(505) 923-5600, 1-888-ASK-PRES (1-888-275-7737) **www.phs.org/nmpsia**

Keep moving with a Fitness Pass

PRESBYTERIAN Health Plan, Inc.

Your journey to a healthier you is as easy as a few clicks!

1. Visit **www.phs.org**.
2. Sign in using your myPRES credentials. Need a myPRES account? Sign up at **www.phs.org/myPRES**.
3. Select the eligible family members that would like to enroll. Remember, only enrolled members aged 18 and older are eligible for the Fitness Pass.
4. Fill out the banking information. Presbyterian accepts checking/debit accounts and most major credit cards.
5. Print/save a copy of your confirmation page. If you have any questions, please call our customer service center using the number on the back of your Member ID card and reference the confirmation number.
6. We will send your eligibility information beginning the first of the following month.
7. Visit the gym of your choice. At Defined Fitness and Sports & Wellness, you will be issued an ID card directly by the gym after you present your Presbyterian Member ID card. If you want to use Prime Fitness, visit **www.primemember.com** to obtain a Prime ID Card before visiting a gym in that network.

Some things to keep in mind about your Fitness Pass membership

- Under the Defined Fitness and Prime Fitness membership, you can use as many participating gyms as you like. There is no limit to the number of gyms you can utilize.
- The Sports & Wellness membership provides you with a discount to Sports & Wellness facilities in New Mexico. It also includes Defined Fitness and Prime Fitness network access.
- Upon enrollment, your fitness pass eligibility will start on the first of the following month.
- Initial enrollment is open all year, although if you enroll you are committed through the calendar year.
- Eligible dependents must be at least 18 years of age to participate.
- Dependents living outside of New Mexico can still participate and have access to the nationwide Prime Fitness Network.
- You must be active on your Presbyterian Health Plan policy to remain eligible for the Fitness Pass.
- Fitness Pass accounts cannot be changed or cancelled voluntarily.
- If your account is cancelled for non-payment, you cannot re-enroll until the following year.
- All gym memberships through the Fitness Pass are basic memberships; upgrades may be purchased directly through the fitness center.

(505) 923-5600, 1-888-ASK-PRES (1-888-275-7737) **www.phs.org/nmpsia**

Wherever You Go, We'll Be There

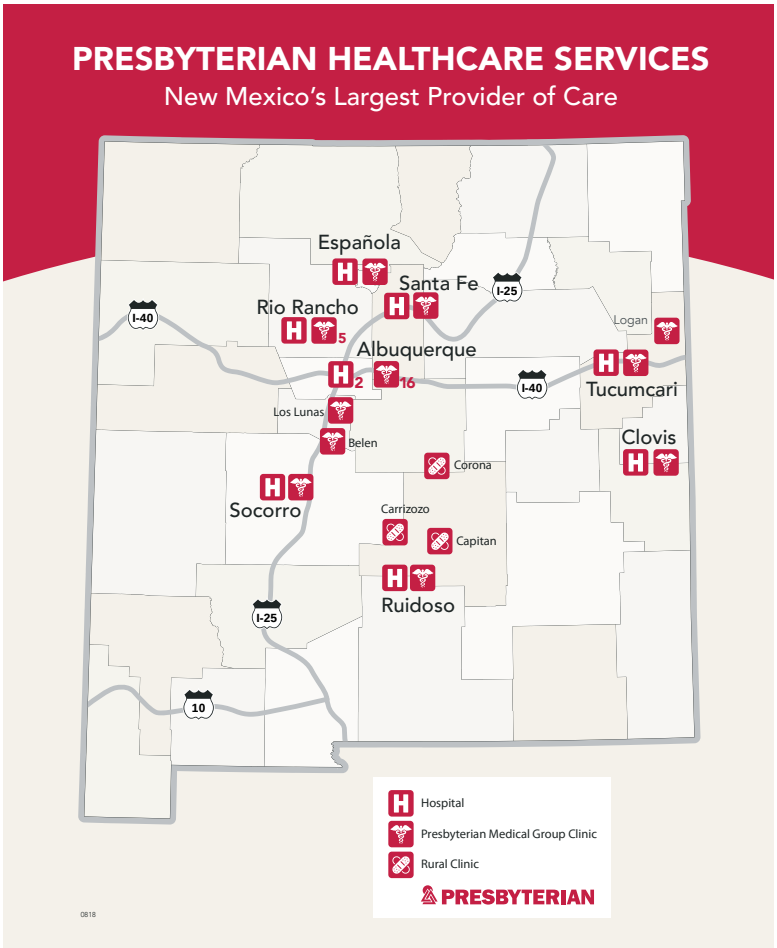
PRESBYTERIAN
Health Plan, Inc.

Care in New Mexico

With access to more than 24,000 providers statewide and in bordering communities, Presbyterian gives you more freedom to manage your own healthcare. To find the most current list of providers and create your very own personal Provider Directory based on criteria you choose, visit **www.phs.org/directory**.

Care Outside New Mexico

In addition to our robust provider network, members also receive in-network benefits outside of New Mexico with nearly 900,000 providers through our partnership with a national network. Visit **www.multiplan.com/presbyterian**.



Investing to Serve Growing Communities

Presbyterian continues to expand to meet the ever-growing needs of New Mexicans across the state with nine hospitals and care for over 50 specialties statewide. Most recently, Presbyterian Hospital in Albuquerque opened a new 11-story tower, providing an additional 335,000 square feet and 144 single-occupancy rooms to the existing hospital. Presbyterian also opened several new facilities in northern New Mexico, including the Presbyterian Santa Fe Medical Center in 2018, featuring specialty medical services, surgery suites, and urgent and emergency care.

Presbyterian Santa Fe Medical Center

Presbyterian Hospital F Tower

(505) 923-5600, 1-888-ASK-PRES (1-888-275-7737) **www.phs.org/nmpsia**

Our Integrated System

PRESBYTERIAN

- Founded in New Mexico in 1908, Presbyterian Healthcare Services is a locally owned, not-for-profit healthcare system that includes a medical group, nine hospitals, and urgent care facilities and ambulatory surgery centers throughout the state.
- Owned by Presbyterian Healthcare Services, Presbyterian Health Plan, Inc. was formed in 1985 and now has more than 640,000 enrolled in Medicare Advantage, Medicaid and Commercial/Individual plans. In addition to an array of health insurance options that offer ease, convenience and local affiliation, the health plan provides care coordination, state-of-the-art wellness programs and digital tools, and an employee assistance program.

Presbyterian by the Numbers

114 years of serving New Mexicans

9 hospitals in **8** communities

More than **1,200** providers in Presbyterian Medical Group

900,000 individual customers (and counting)

More than **13,000** employees – New Mexico's largest private employer

More than **640,000** Presbyterian Health Plan members

(505) 923-5600, 1-888-ASK-PRES (1-888-275-7737) **www.phs.org/nmpsia**

Better well-being in 2023 on a better well-being platform

WELLNESS AT WORK

Join Wellness at Work—a NEW well-being platform with more wellness, just for you!

How you thrive matters. That's why we've redesigned Wellness at Work to make wellness and well-being programs work better for you.

- Access Wellness at Work on your phone or computer.
- Find more ways to earn—and redeem—Wellness Rewards points.
- Personalize it to match your interests and goals.
- Create your own challenges to connect with friends.
- Explore more—nutrition, financial fitness, movement, mental health, environmental, social connection and much more!

New Mexico Public Schools Insurance Authority

NMPSIA Wellness

Access using your myPRES account, or by visiting www.solutionsbiz.com

Accessing Wellness at Work

1. Log in to your myPRES account on phs.org, or by visiting www.solutionsbiz.com.

   If you don't have an account, you can create one by following the instructions provided by your benefits department.

FIRST TIME LOGIN

2. You will be directed to an enrollment page. Please fill in the information and continue.

3. Accept the privacy terms.

4. Complete the profile information.

   IMPORTANT NOTE: The password is only a one-time password. You will not need it to get to Wellness at Work. It is only to get through the initial enrollment. You do not need to remember it for future access.

5. Click "Take Me There" to access Wellness at Work.

6. Complete your Health Check and start earning points.

WELLNESS AT WORK
PRESBYTERIAN

If you need assistance, please contact the IT Service Desk at (505) 923-6825 or (866) 640-7205, or email wellnessatwork@phs.org

NMPSIA Wellness Rewards

Earning wellness rewards just got easier!
Wellness at Work is all new in 2023.

To access the rewards, log in to your myPRES account on phs.org, click on Wellness at Work. Complete the one-time enrollment for Virgin Pulse. Once logged in, complete the tasks. To redeem your gift card, go to Rewards on the top left and redeem your for gift cards and more.

WELLNESS AT WORK

NEW in 2023:

- Points are easier to earn with more earning opportunities
- Take wellness with you everywhere with a **NEW** mobile app
- Rewards are earned by completing simple tasks
- More gift cards to choose from, or use your rewards at the online store

Earn up to $75 in gift cards, prizes & more by participating in select wellness activities

WAYS TO EARN POINTS FOR INCENTIVES

- ❑ Complete a Health Check -- **Earn $25 reward**
- ❑ Complete a PCP attestation form -- **Earn $25 reward**

Some ways to earn points

- ❑ Track steps, activity, sleep and more
- ❑ Stay up to date with preventive care
- ❑ Complete daily healthy habits
- ❑ Join or create your own personal challenge
- ❑ Complete a Wellness Journey

— **Earn $25 reward**

2023

Earn $75 in gift cards and more.

PRESBYTERIAN

New Mexico Public Schools Insurance Authority

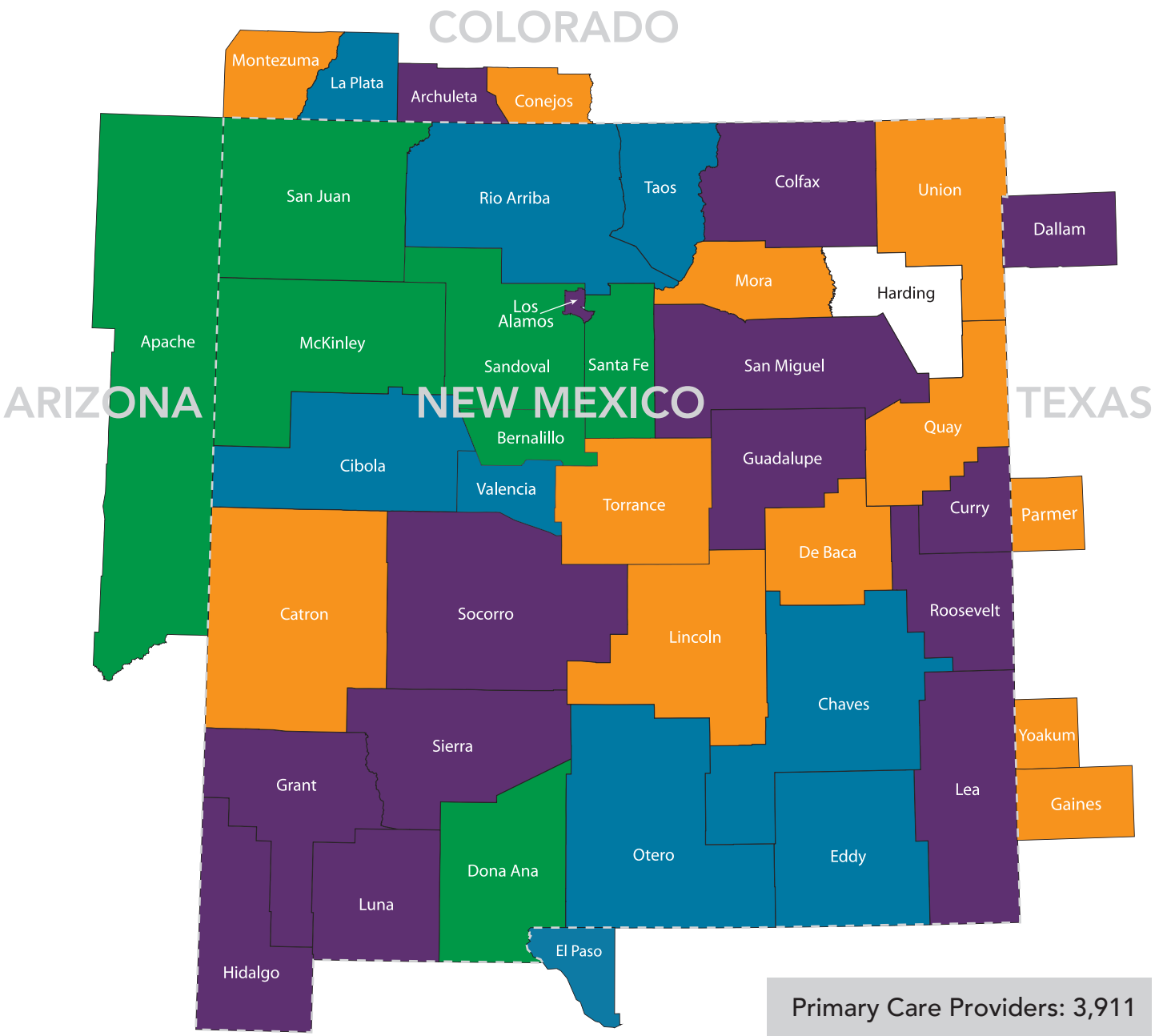
NMPSIA Wellness

NMPSIA rewards program ends June 30, 2023. A new campaign will start July 1, 20-23. Rewards must be redeemed before the end of the campaign. Look for more information on Wellness at Work.

If it is unreasonably difficult due to a medical conditon for you to acheive the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for reward under this program, email us at nmpsia.wellness@phs.org and we will work with you to develop another way to qualify for the reward.

Presbyterian Health Plan ASO Provider Network of Primary Care Providers, Urgent Cares and Hospitals

PRESBYTERIAN Health Plan, Inc.



Primary Care Providers: 3,911

Urgent Cares: 35

Hospitals: 87

KEY

Orange	=	1- 10
Purple	=	11 - 50
Blue	=	51 - 200
Green	=	201+

Complete to earn Pulse Cash!

Complete your Health Check

Health Check is a confidential 15-minute survey that provides valuable information about yourself and your health habits. You'll learn your strengths as well as areas for improvement, and get personalized recommendations to help you tackle your wellbeing goals.

Visit **your Wellness at Work** portal, go to the **Health** tab and select **Health Check**, or scan the QR code to open in the app.

New Mexico Public Schools Insurance Authority

NMPSIA Wellness

WELLNESS AT WORK

PRESBYTERIAN

HIGH OPTION - SUMMARY OF BENEFITS
This is only a summary that lists member cost-sharing amounts and provides a brief description of NMPSIA High Option PPO Health Plan benefits.
This plan is available under BlueCross BlueShield of New Mexico, Cigna Health and Presbyterian Health Plan.
The Summary Plan Description supersede any information outlined in this summary.

NMPSIA High Option Health Plan Benefits There is no overall lifetime maximum benefit. However, certain services have maximum annual limits. See below:	Member's Share of Covered Charges (Deductible applies unless specified as "deductible waived") In-Network Provider	Out-Of-Network Provider
Calendar Year Deductible Individual Family	 $750 $1,500	 $1,500 $3,000
Annual Out-Of-Pocket Limit *(Includes copayments, coinsurance, and deductibles)* Individual Family	 $4,100 $8,200	 $9,500 $19,000
Office Visit/Exam Charge Office and Home Visits/Exams or Consultation *(Other services received during the office visits listed below such as therapy are subject to deductible, copay, and/or coinsurance as listed in the rest of the summary.)* **Primary Preferred Provider Office/Home Visit** **Specialist/Office/Home Visit** **Telehealth** *(Virtual video visit access. * **Cost varies dependent on specific plan details - see your health plan for more information.**)*	 **Office Visit Copay** ***(deductible waived)*** **$25** **$50** **$0***	 **40%** **40%** **Not Covered**
Office Surgery *(Including casts, splints, and dressings)*	20%	40%
Allergy injections *(only)* , Extract Preparation	No Charge *(deductible waived)*	40%
Therapeutic injections: Allergy Testing	Office Visit Copay	40%
Routine/Preventive Services Routine Adult Physicals and Gynecological Exams, Routine Tests *(including Pap Tests, Cholesterol tests, Urinalysis, Human Papillomavirus (HPV) Screening);* Colonoscopies *(one covered at 100% annually regardless of diagnosis when in-network);* **Mammograms (no charge for breast imaging);** Health Education Counseling *(including diabetic and smoking cessation counseling;* Family Planning *(including insertion/removal of birth control devices, surgical sterilization in office, birth control and therapeutic injections);* Immunizations *(including travel immunizations)* ; Well-Child Care; Routine Vision or Hearing Screenings	**No Charge** ***(deductible waived)***	**40%** ***(deductible waived)***
Acupuncture and Massage Therapy *(when medically necessary)* *(Combined max. benefit of 30 visits/calendar year)* **Naprapathy and Rolfing** *(when medically necessary)* *(Combined max. benefit of 30 visits/calendar year)*	$50 copay *(deductible waived)*	40% Naprapathy and Rolfing Not Covered
Chiropractic (Spinal Manipulation) *(when medically necessary)* *(Combined max. benefit of 30 visits/calendar year)*	$25 copay ***(deductible waived)***	40%
Ambulance Service: Ground and Emergency Air Transport	**$50 copay *(deductible waived)***	
Ambulance Services: Inter-facility Transport	$0 *(deductible waived)*	
Autism Spectrum Disorder Applied Behavioral Analysis (ABA). Specialist includes outpatient physical therapy, occupational therapy & speech therapy.	No Charge	40%
Biofeedback *(For specified medical conditions only)*	$50 copay *(deductible waived)*	40%
Cardiac and Pulmonary Rehabilitation (Office/Outpatient)	$50 copay *(deductible waived)*	40%
Dental/Facial Accident, Oral Surgery & TMJ/CMJ Services	Varies by Services	40%
Emergency Room Treatment Physician and other professional provider charges	**$450 copay *(deductible waived)***	
Hearing Aids and Related Services *(**Age 21 & older** : Routine exams testing not covered)*	Hearing Aids: No Charge up to $500; thereafter you pay 90% coinsurance in any 36-month period	
Hearing Aids and Related Services *(**Under age 21:** Exam testing subject to usual cost-sharing)*	Hearing Aids: No Charge up to $2,200 per hearing impaired ear; thereafter you pay 90% coinsurance in any 36-month period	
Home Health Care/Home I.V. Services Limitations	20% Unlimited	40% 120 visits per calendar year
Hospice Services Including respite care *(limited to 10 days for each 6-month per hospice period - 2 periods per lifetime)* Bereavement counseling *(limited to 3 sessions during the hospice benefit period)*	No Charge *(deductible waived)*	40%
Infertility: Diagnosis Testing Only - No Treatment	Varies by services	40%
Lab, X-Ray, and other Basic Diagnostic Tests **-** non-routine *(Office/Freestanding Lab or Radiology Facility)*	**$30 copay or actual allowable amount, whichever is less per day** ***(deductible waived)***	**40%**
Lab, X-Ray, and other Basic Diagnostic Tests **-** non-routine ***(Outpatient Department of Hospital)***	**$60 copay or actual allowable amount, whichever is less per day** ***(deductible waived)***	**40%**

NMPSIA High Option Health Plan Benefits There is no overall lifetime maximum benefit. However, certain services have maximum annual limits. See below:	Member's Share of Covered Charges (Deductible applies unless specified as "deductible waived") In-Network Provider	Out-Of-Network Provider
High Tech Imaging: **MRI, MRA, CT Scan, PET Scan** ***(No charge for breast imaging)***	**$600 copy or 20%, whichever is less per day *(deductible waived)***	**40%**
Professional Interpretation & Reading *(Lab, X-Ray, & High Tech)*	**No Charge**	**40%**
Prothrombin Time Test	$10 copay *(deductible waived)*	40%
Sleep Study	20%	40%
Inpatient Hospital/Facility Services		
Medical/Surgical Acute Care, and Maternity-Related Room & Board Covered Ancillaries, Related Professional Charges **Skilled Nursing Facility** *(max. 60 days/calendar year)* **Inpatient Physical Rehabilitation**	20% coinsurance after deductible	40% coinsurance after deductible
Observation Stay including Related Professional Charges	$100 facility copay plus 20%	40%
Maternity Services		
Physicians Midwife Services *(Delivery, pre- and post-natal care, including lab, diagnostic testing, and pre-natal genetic testing, if medically necessary)*	$25 Office Visit Copay/Initial Visit	40%
Hospital Admission *(Including routine newborn nursery charges)*	20% coinsurance after deductible	40%
Extended Stay - (non-routine) ***Charges for covered Newborn***	20% coinsurance after deductible	40%
Home Birth	20%	40%
Mental Health Services		
Office, Home, Outpatient Facility/Physician	**No Charge**	40%
Inpatient	**No Charge**	40%
Partial Hospitalization	**No Charge**	40%
Facility-Based Intensive Outpatient Programs (IOP)	**No Charge**	40%
Substance Abuse Rehabilitation (Lifetime-no limit on number of courses of treatment for all services combined)		
Office, Home, Outpatient Facility/Physician *(No limit on number of days/calendar year)*	**No Charge**	40%
Inpatient *(No limit on number of days/calendar year)*	**No Charge**	40%
Partial Hospitalization *(No limit on number of days/calendar year combined with Inpatient)*	**No Charge**	40%
Facility-Based Intensive Outpatient Programs (IOP)	**No Charge**	40%
Residential Treatment Center		
Residential Treatment Center (RTC) *(For adults age 18 & older only)* *(No limit on number of days/calendar year and no limit on days/admit)*	**No Charge**	40%
Outpatient Hospital/Facility/Ambulatory Surgery Facility *(Including Related Professional Charges)*	20% coinsurance after deductible	40%
Short-Term Rehabilitation **Outpatient and Office: Occupational, Physical & Speech Therapy Services**	**$25 copay up to $250 *(deductible waived);* thereafter no charge for the remaining calendar year**	**40%**
Smoking/Tobacco Use Cessation *(Includes medication, hypnotherapy, acupuncture, related tests, and any counseling programs not eligible under Routine/Preventive Services)*	No Charge For Prescription Drugs, see your CVS Plan for details	50% For Prescription Drugs, see your CVS Plan for details
Supplies, Durable Medical Equipment, Prosthetics & Functional Orthotics **Prior Authorization needed for services over $1,000.** *(Support hose limited to 12 pair (or 24 hose). Mastectomy Bras up to 6 per calendar year.)* ***Prosthetics and/or orthotics are not subject to financial penalties or greater restrictions than other medical services.***	20%	40%
Insulin Pump Supplies and Glucose Meters *(Insertion sets, reservoirs)*	**No Charge *(deductible waived)***	**40%**
Therapy: Chemotherapy and Radiation Therapy	**No Charge *(deductible waived)***	**40%**
Therapy: Dialysis	20%	40%
Transplant Services *Maximums apply to donor charges, travel, and lodging. Services must be received at a facility that contracts with the plan or with a national transplant network approved by the plan.*	Applicable copays based on place and type of service	Not Covered
Urgent Care *(Includes all services and supplies such as x-ray/labs/ physician fees)*	**$50 copay *(deductible waived)***	**40%**
Prescription Drugs, Insulin, Diabetic Supplies, Nutritional Products, Smoking/Tobacco Cessation Products: Administered by CVS Caremark. **Call CVS Caremark Customer Service Center: 1-877-787-0652.** (No charge for drugs used to treat behavioral health conditions)		

LOW OPTION - SUMMARY OF BENEFITS
This is only a summary that lists the member cost-sharing amounts and provides a brief description of NMPSIA Low Option PPO Health Plan benefits.
This plan is available under BlueCross BlueShield of New Mexico, Cigna Health and Presbyterian Health Plan.
The Summary Plan Description supersede any information outlined in this summary.

NMPSIA Low Option Health Plan Benefits There is no overall lifetime maximum benefit. However, certain services have maximum annual limits. See below:	Member's Share of Covered Charges (Deductible applies unless specified as "deductible waived") In-Network Provider	Out-Of-Network Provider
Calendar Year Deductible Individual Family	 $2,000 $4,000	 $4,000 $8,000
Annual Out-Of-Pocket Limit *(Includes copayments, coinsurance, and deductibles)* Individual Family	 $4,100 $8,200	 $9,500 $19,000
Office Visit/Exam Charge Office and Home Visits/Exams or Consultation *(Other services received during the office visits listed below such as therapy are subject to deductible, copay, and/or coinsurance as listed in the rest of the summary.)* **Primary Preferred Provider Office/Home Visit** **Specialist/Office/Home Visit** **Telehealth** *(Virtual video visit access. * **Cost varies dependent on specific plan details - see your health plan for more information.**)*	 **Office Visit Copay** ***(deductible waived)*** **$30** **$60** **$0***	 **50%** **50%** **Not Covered**
Office Surgery *(Including casts, splints, and dressings)*	25%	50%
Allergy injections *(only)* , Extract Preparation	25%	50%
Therapeutic injections: Allergy Testing	25%	50%
Routine/Preventive Services Routine Adult Physicals and Gynecological Exams, Routine Tests *(including Pap Tests, Cholesterol tests, Urinalysis, Human Papillomavirus (HPV) Screening);* Colonoscopies *(one covered at 100% annually regardless of diagnosis when in-network);* **Mammograms (no charge for breast imaging);** Health Education Counseling *(including diabetic and smoking cessation counseling;* Family Planning *(including insertion/removal of birth control devices, surgical sterilization in office, birth control and therapeutic injections);* Immunizations *(including travel immunizations)* ; Well-Child Care; Routine Vision or Hearing Screenings	**No Charge** ***(deductible waived)***	**50%** ***(deductible waived for routine testing only)***
Acupuncture and Massage Therapy *(when medically necessary)* *(Combined max. benefit of 30 visits/calendar year)* **Naprapathy and Rolfing** *(when medically necessary)* *(Combined max. benefit of 30 visits/calendar year)*	25% $50 copay (deductible waived) (Limit $500 per year)	50% Naprapathy and Rolfing Not Covered
Chiropractic (Spinal Manipulation) *(when medically necessary)* *(Combined max. benefit of 30 visits/calendar year)*	$30 copay ***(deductible waived)***	50%
Ambulance Service: Ground and Emergency Air Transport	**25% coinsurance after deductible**	
Ambulance Services: Inter-facility Transport	$0 *(deductible waived)*	
Autism Spectrum Disorder Applied Behavioral Analysis (ABA). Specialist includes outpatient physical therapy, occupational therapy & speech therapy.	No Charge	50%
Biofeedback *(For specified medical conditions only)*	25%	50%
Cardiac and Pulmonary Rehabilitation (Office/Outpatient)	25%	50%
Dental/Facial Accident, Oral Surgery & TMJ/CMJ Services	25%	50%
Emergency Room Treatment Physician and other professional provider charges	**$450 copay after deductible**	
Hearing Aids and Related Services *(**Age 21 & older** : Routine exams testing not covered)*	Hearing Aids: No Charge up to $500; thereafter you pay 90% coinsurance in any 36-month period	
Hearing Aids and Related Services *(**Under age 21:** Exam testing subject to usual cost-sharing)*	Hearing Aids: No Charge up to $2,200 per hearing impaired ear; thereafter you pay 90% coinsurance in any 36-month period	
Home Health Care/Home I.V. Services Limitations	25% Unlimited	50% 120 visits per calendar year
Hospice Services Including respite care *(limited to 10 days for each 6-month per hospice period - 2 periods per lifetime)* Bereavement counseling *(limited to 3 sessions during the hospice benefit period)*	25%	50%
Infertility: Diagnosis Testing Only - No Treatment	Varies by services	50%
Lab, X-Ray, and other Basic Diagnostic Tests **-** non-routine *(Office/Freestanding Lab or Radiology Facility)*	**$35 copay or actual allowable amount, whichever is less per day** ***(deductible waived)***	**50%**
Lab, X-Ray, and other Basic Diagnostic Tests **-** non-routine ***(Outpatient Department of Hospital)***	**$70 copay or actual allowable amount, whichever is less per day** ***(deductible waived)***	**50%**

NMPSIA Low Option Health Plan Benefits There is no overall lifetime maximum benefit. However, certain services have maximum annual limits. See below:	Member's Share of Covered Charges (Deductible applies unless specified as "deductible waived") In-Network Provider	Out-Of-Network Provider
High Tech Imaging: **MRI, MRA, CT Scan, PET Scan** ***(No charge for breast imaging)***	**$700 copy or 25%,** **whichever is less per day** ***(deductible waived)***	**50%**
Professional Interpretation & Reading *(Lab, X-Ray, & High Tech)*	**No Charge**	**50%**
Prothrombin Time Test	$10 copay *(deductible waived)*	50%
Sleep Study	25%	50%
Inpatient Hospital/Facility Services		
Medical/Surgical Acute Care, and Maternity-Related Room & Board Covered Ancillaries, Related Professional Charges **Skilled Nursing Facility** *(max. 60 days/calendar year)* **Inpatient Physical Rehabilitation**	25%	50%
Observation Stay including Related Professional Charges	25%	50%
Maternity Services		
Physicians Midwife Services *(Delivery, pre- and post-natal care, including lab, diagnostic testing, and pre-natal genetic testing, if medically necessary)*	25%	50%
Hospital Admission *(Including routine newborn nursery charges)*	25%	50%
Extended Stay - (non-routine) ***Charges for covered Newborn***	25%	50%
Home Birth	25%	50%
Mental Health Services		
Office, Home, Outpatient Facility/Physician	**No Charge**	50%
Inpatient	**No Charge**	50%
Partial Hospitalization	**No Charge**	50%
Facility-Based Intensive Outpatient Programs (IOP)	**No Charge**	50%
Substance Abuse Rehabilitation (Lifetime-no limit on number of courses of treatment for all services combined)		
Office, Home, Outpatient Facility/Physician *(No limit on number of days/calendar year)*	**No Charge**	50%
Inpatient *(No limit on number of days/calendar year)*	**No Charge**	50%
Partial Hospitalization *(No limit on number of days/calendar year combined with Inpatient)*	**No Charge**	50%
Facility-Based Intensive Outpatient Programs (IOP)	**No Charge**	50%
Residential Treatment Center		
Residential Treatment Center (RTC) *(For adults age 18 & older only)* *(No limit on number of days/calendar year and no limit on days/admit)*	**No Charge**	50%
Outpatient Hospital/Facility/Ambulatory Surgery Facility *(Including Related Professional Charges)*	25%	50%
Short-Term Rehabilitation **Outpatient and Office: Occupational, Physical & Speech Therapy Services**	**$30** ***(deductible waived)***	**50%**
Smoking/Tobacco Use Cessation *(Includes medication, hypnotherapy, acupuncture, related tests, and any counseling programs not eligible under Routine/Preventive Services)*	No Charge For Prescription Drugs, see your CVS Plan for details	50% For Prescription Drugs, see your CVS Plan for details
Supplies, Durable Medical Equipment, Prosthetics & Functional Orthotics **Prior Authorization needed for services over $1,000.** *(Support hose limited to 12 pair (or 24 hose). Mastectomy Bras up to 6 per calendar year.)* ***Prosthetics and/or orthotics are not subject to financial penalties or greater restrictions than other medical services.***	25%	50%
Insulin Pump Supplies and Glucose Meters *(Insertion sets, reservoirs)*	**No Charge** ***(deductible waived)***	**50%**
Therapy: Chemotherapy and Radiation Therapy	25%	50%
Therapy: Dialysis	25%	50%
Transplant Service *Maximums apply to donor charges, travel, and lodging. Services must be received at a facility that contracts with the plan or with a national transplant network approved by the plan.*	Applicable copays based on place and type of service	Not Covered
Urgent Care *(Includes all services and supplies such as x-ray/labs/ physician fees)*	**$60 copay** ***(deductible waived)***	**50%**
Prescription Drugs, Insulin, Diabetic Supplies, Nutritional Products, Smoking/Tobacco Cessation Products: Administered by CVS Caremark. **Call CVS Caremark Customer Service Center: 1-877-787-0652.** (No charge for drugs used to treat behavioral health conditions)		

EPO OPTION - SUMMARY OF BENEFITS
This is only a summary that lists the member cost-sharing amounts and provides a brief description of NMPSIA Exclusive Provider Organization(EPO) plan.
This plan is ONLY available under BlueCross BlueShield of New Mexico (BCBSNM).
The Summary Plan Description supersede any information outlined in this summary.

NMPSIA EPO Option Health Plan Benefits There is no overall lifetime maximum benefit. However, certain services have maximum annual limits. See below:	**Member's Share of Covered Charges** **EPO Benefits** **Preferred BCBSNM Provider Network**
Calendar Year Deductible Individual Family	 $500 $1,000
Annual Out-Of-Pocket Limit *(Includes copayments, coinsurance, and deductibles)* Individual Family	 $3,250 $6,500
Office Visit/Exam Charge Office and Home Visits/Exams or Consultation *(Other services received during the office visits listed below such as therapy are subject to deductible, copay, and/or coinsurance as listed in the rest of the summary.)* **Primary Preferred Provider Office/Home Visit** **Specialist/Office/Home Visit** **Telehealth** *(Virtual video visit access.* ****Cost varies dependent on specific plan details - see your health plan for more information.*** *)*	 **Office Visit Copay** ***(deductible waived)*** **$25** **$35** **$0***
Office Surgery *(Including casts, splints, and dressings)*	20%
Allergy injections *(only)* , Extract Preparation	No Charge *(deductible waived)*
Therapeutic injections: Allergy Testing	$25
Routine/Preventive Services Routine Adult Physicals and Gynecological Exams, Routine Tests *(including Pap Tests, Cholesterol tests, Urinalysis, Human Papillomavirus (HPV) Screening);* Colonoscopies *(one covered at 100% annually regardless of diagnosis when in-network);* **Mammograms (no charge for breast imaging);** Health Education Counseling *(including diabetic and smoking cessation counseling;* Family Planning *(including insertion/removal of birth control devices, surgical sterilization in office, birth control and therapeutic injections);* Immunizations *(including travel immunizations)* ; Well-Child Care; Routine Vision or Hearing Screenings	**No Charge** ***(deductible waived)***
Acupuncture and Massage Therapy *(when medically necessary)* *(Combined max. benefit of 30 visits/calendar year)* **Naprapathy and Rolfing** *(when medically necessary)* *(Combined max. benefit of 30 visits/calendar year)*	$35 copay *(deductible waived)*
Chiropractic (Spinal Manipulation) *(when medically necessary)* *(Combined max. benefit of 30 visits/calendar year)*	**$25 *(deductible waived)***
Ambulance Service: Ground and Emergency Air Transport	**$25 *(deductible waived)***
Ambulance Services: Inter-facility Transport	$0 *(deductible waived)*
Autism Spectrum Disorder Applied Behavioral Analysis (ABA). Specialist includes outpatient physical therapy, occupational therapy & speech therapy.	No Charge
Biofeedback *(For specified medical conditions only)*	$35 copay *(deductible waived)*
Cardiac and Pulmonary Rehabilitation (Office/Outpatient)	$35 copay *(deductible waived)*
Dental/Facial Accident, Oral Surgery & TMJ/CMJ Services	Varies by Services
Emergency Room Treatment Physician and other professional provider charges	**$150 copay plus 20% coinsurance after deductible per visit**
Hearing Aids and Related Services *(* ***Age 21 & older*** *: Routine exams testing not covered)*	Hearing Aids: No Charge up to $500; thereafter you pay 90% coinsurance in any 36-month period
Hearing Aids and Related Services *(* ***Under age 21:*** *Exam testing subject to usual cost-sharing)*	Hearing Aids: No Charge up to $2,200 per hearing impaired ear; thereafter you pay 90% coinsurance in any 36-month period
Home Health Care/Home I.V. Services Limitations	20% Unlimited
Hospice Services Including respite care *(limited to 10 days for each 6-month per hospice period - 2 periods per lifetime)* Bereavement counseling *(limited to 3 sessions during the hospice benefit period)*	No Charge *(deductible waived)*
Infertility: Diagnosis Testing Only - No Treatment	Varies by Services
Lab, X-Ray, and other Basic Diagnostic Tests **-** non-routine *(Office/Freestanding Lab or Radiology Facility)*	$25 copay or actual allowable amount, whichever is less per day *(deductible waived)*
Lab, X-Ray, and other Basic Diagnostic Tests **-** non-routine ***(Outpatient Department of Hospital)***	$50 copay or actual allowable amount, whichever is less per day *(deductible waived)*

NMPSIA EPO Option Health Plan Benefits There is no overall lifetime maximum benefit. However, certain services have maximum annual limits. See below:	Member's Share of Covered Charges EPO Benefits Preferred BCBSNM Provider Network
High Tech Imaging: **MRI, MRA, CT Scan, PET Scan** ***(No charge for breast imaging)***	$500 copay or 20%, whichever is less per day *(deductible waived)*
Professional Interpretation & Reading *(Lab, X-Ray, & High Tech)*	No Charge
Prothrombin Time Test	$10 copay *(deductible waived)*
Sleep Study	20%
Inpatient Hospital/Facility Services	
Medical/Surgical Acute Care, and Maternity-Related Room & Board Covered Ancillaries, Related Professional Charges **Skilled Nursing Facility** *(max. 60 days/calendar year)* **Inpatient Physical Rehabilitation**	$500 facility copay/admission plus 20% (EPO Option copays are waived if you are re-admitted for the same condition within 15 days of discharge or transferred to a rehab or skilled nursing facility within 15 days of discharge from an acute care facility.)
Observation Stay including Related Professional Charges	$100 facility copay plus 20%
Maternity Services	
Physicians Midwife Services *(Delivery, pre- and post-natal care, including lab, diagnostic testing, and pre-natal genetic testing, if medically necessary)*	$25 Office Visit Copay/Initial Visit
Hospital Admission *(Including routine newborn nursery charges)*	$500 copay per pregnancy plus 20%
Extended Stay - (non-routine) ***Charges for covered Newborn***	$500 facility copay/admission plus 20%
Home Birth	20%
Mental Health Services	
Office, Home, Outpatient Facility/Physician	No Charge
Inpatient	No Charge
Partial Hospitalization	No Charge
Facility-Based Intensive Outpatient Programs (IOP)	No Charge
Substance Abuse Rehabilitation (Lifetime-no limit on number of courses of treatment for all services combined)	
Office, Home, Outpatient Facility/Physician *(No limit on number of days/calendar year)*	No Charge
Inpatient *(No limit on number of days/calendar year)*	No Charge
Partial Hospitalization *(No limit on number of days/calendar year combined with Inpatient)*	No Charge
Facility-Based Intensive Outpatient Programs (IOP)	No Charge
Residential Treatment Center	
Residential Treatment Center (RTC) *(For adults age 18 & older only)* *(No limit on number of days/calendar year and no limit on days/admit)*	No Charge
Outpatient Hospital/Facility/Ambulatory Surgery Facility *(Including Related Professional Charges)*	$150 copay plus 20%
Short-Term Rehabilitation **Outpatient and Office: Occupational, Physical & Speech Therapy Services**	$25 copay up to $250 *(deductible waived)* thereafter no charge for the remaining calendar year
Smoking/Tobacco Use Cessation *(Includes medication, hypnotherapy, acupuncture, related tests, and any counseling programs not eligible under Routine/Preventive Services)*	No Charge For Prescription Drugs, see your CVS Plan for details
Supplies, Durable Medical Equipment, Prosthetics & Functional Orthotics **Prior Authorization needed for services over $1,000.** *(Support hose limited to 12 pair (or 24 hose). Mastectomy Bras up to 6 per calendar year.)* ***Prosthetics and/or orthotics are not subject to financial penalties or greater restrictions than other medical services.***	20%
Insulin Pump Supplies and Glucose Meters *(Insertion sets, reservoirs)*	No Charge *(deductible waived)*
Therapy: Chemotherapy and Radiation Therapy	No Charge *(deductible waived)*
Therapy: Dialysis	20%
Transplant Services *Maximums apply to donor charges, travel, and lodging. Services must be received at a facility that contracts with the plan or with a national transplant network approved by the plan.*	Applicable copays based on place and type of service
Urgent Care *(Includes all services and supplies such as x-ray/labs/ physician fees)*	$45 copay *(deductible waived)*
Prescription Drugs, Insulin, Diabetic Supplies, Nutritional Products, Smoking/Tobacco Cessation Products: Administered by CVS Caremark. **Call CVS Caremark Customer Service Center: 1-877-787-0652.** (No charge for drugs used to treat behavioral health conditions)	

Medical Plan Exclusions and Limitations that are Common to BlueCross BlueShield of New Mexico, Cigna Health, and Presbyterian Health Plans

The information below is a summary of the plan exclusions that are similar in the Medical Plans administered by BlueCross BlueShield of NM, Cigna Health and Presbyterian Health Plan. Refer to the Medical Plan documents (benefit booklets) located at www.nmpsia.com for a complete list and detailed information about covered and excluded benefits of the medical plans.

- Portion of inpatient treatment provided before member's effective date
- Charges in excess of Plan limits
- Charges in Excess of Medicare Allowable Amounts from out-of-network providers
- Experimental or Investigational services/treatment
- Medically Unnecessary Services
- Work-related injuries or illnesses
- Cosmetic Surgery
- Complications related to non-covered benefits
- Contact lenses or eyeglasses, Radial Keratotomy, LASIK, and other eye refractive surgeries
- Convalescent care, or Custodial care
- Dental Services, unless related to an Accidental Injury of the Teeth
- Duplicate Expenses
- Hair Loss Treatment including wigs and hair transplants
- Infertility diagnostic testing, drugs, and treatment
- Late Filed Claims; Claims with no Legal payment obligations
- Long-term Therapy Rehabilitation Services or Maintenance Therapy
- Missed appointments
- Modifications to home, vehicle, or workplace to accommodate a condition
- Most Genetic Testing or Counseling
- Nutritional Supplements (unless required by law)
- Over the Counter (non-prescription) medications unless required by law
- Private-duty nursing
- Services/membership at a spa, health club or other similar facilities
- Gender affirming surgery reversals
- Sexual dysfunction testing and treatment
- Thermography (a technique that photographically represents the surface temperature of the body)
- Travel and transportation expenses not covered under Ambulance Services or Transplant
- Veterans Administration facility services for service-related disability or while member is active military
- War-related injuries or illnesses

Plan Summary

New Mexico Public Schools Insurance Authority

This chart explains what your plan covers and what your share of prescriptions costs will be. You can also find it on our website, too.

BCBS High & Low Plan, Cigna High & Low Plan, Presbyterian High & Low Plan

Here's what you need to know about how and where to fill prescriptions to ensure they are covered under your plan. Visit **Caremark.com** or call CVS Customer Care at **1-877-787-0652** for more up-to-date, personalized information about your plan.

	Fill at any pharmacy in your plan's network		**Fill at CVS Caremark Mail Service Pharmacy**
	Cost for up to a 30 day supply	Cost for a 31-90 day supply	Cost for up to a 90 day supply
Generic Medications Best option to help you save money	**$10** for one 30 day supply	**$22** for a 31-90 day supply	**$22** for one 90-day supply
Preferred Brand-Name Medications Best option when a generic isn't available	**30% ($30 min / $60 max)** for one 30 day supply	**$60** for a 31-90 day supply	**$60** for one 90-day supply
Non-Preferred Brand-Name Medications Highest cost option	**70%** for one 30 day supply	**70%** for a 31-90 day supply	**70%** for one 90-day supply
Diabetic Supplies & Medications	Generic & Preferred Diabetic Supplies, Insulin and Injectable Diabetic medications are covered at **$0** copay. Log into Caremark.com or call us at 1-877-787-0652 for more details.		
Specialty Medications*	Per 30 day supply of specialty medicines through CVS Specialty pharmacy: Generic $55 Preferred Brand $80 Non-Preferred Brand $130		
Maximum Out-of-Pocket	$3,000 individual / $6,000 family (prescription only)		

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

* Your plan includes the PrudentRx program for certain eligible specialty medications exclusively dispensed by CVS Specialty. For these medications, 30% coinsurance will apply. If you are enrolled in PrudentRx, your final out of pocket cost will be $0. If you opt out of PrudentRx, you will be responsible for the 30% coinsurance. Note: only the amount you pay out of pocket will be reflected in your annual deductible and/or maximum out-of-pocket.

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Register today at Caremark.com/StartNow

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information. Plan Member Rights and Responsibilities can be found at Caremark.com.

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Plan Summary

New Mexico Public Schools Insurance Authority

This chart explains what your plan covers and what your share of prescriptions costs will be. You can also find it on our website, too.

BCBS EPO Plan

Here's what you need to know about how and where to fill prescriptions to ensure they are covered under your plan. Visit **Caremark.com** or call CVS Customer Care at **1-877-787-0652** for more up-to-date, personalized information about your plan.

	Fill at any pharmacy in your plan's network		**Fill at CVS Caremark Mail Service Pharmacy**
	Cost for up to a 30 day supply	Cost for a 31-90 day supply	Cost for up to a 90 day supply
Generic Medications Best option to help you save money	**$10** for one 30 day supply	**$22** for a 31-90 day supply	**$22** for one 90-day supply
Preferred Brand-Name Medications Best option when a generic isn't available	**30% ($30 min / $60 max)** for one 30 day supply	**$60** for a 31-90 day supply	**$60** for one 90-day supply
Non-Preferred Brand-Name Medications Highest cost option	**70%** for one 30 day supply	**70%** for a 31-90 day supply	**70%** for one 90-day supply
Diabetic Supplies & Medications	Generic & Preferred Diabetic Supplies, Insulin and Injectable Diabetic medications are covered at **$0** copay. Log into Caremark.com or call us at 1-877-787-0652 for more details.		
Specialty Medications*	Per 30 day supply of specialty medicines through CVS Specialty pharmacy: Generic $55 Preferred Brand $80 Non-Preferred Brand $130		
Maximum Out-of-Pocket	$3,100 individual/$6,200 family (prescription only)		

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

***** Your plan includes the PrudentRx program for certain eligible specialty medications exclusively dispensed by CVS Specialty. For these medications, 30% coinsurance will apply. If you are enrolled in PrudentRx, your final out of pocket cost will be $0. If you opt out of PrudentRx, you will be responsible for the 30% coinsurance. Note: only the amount you pay out of pocket will be reflected in your annual deductible and/or maximum out-of-pocket.

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Register today at Caremark.com/StartNow

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information. Plan Member Rights and Responsibilities can be found at Caremark.com.

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Definitions – Need to know

When you register at Caremark.com, you'll get access to tools and resources:

- Check the status of your order
- Refill prescriptions
- Find a network pharmacy
- Check medication costs and coverage

There are three easy ways to register:

- Go to Caremark.com, click the Register button and follow the instructions to sign up
- Download the CVS Caremark® mobile app from Google Play or the App Store to register your account
- Call the number on the back of your member ID card (1-877-787-0652) and a representative will get you started with a personalized registration email or text.

Formulary Drug Lists: (Updated quarterly)

Performance Drug List: This guide lists preferred drugs within select non-specialty therapeutic categories to help identify products that are clinically appropriate and cost effective.

https://www.caremark.com/portal/asset/Advanced_Control_Specialty_Performance_Drug_List.pdf

Advanced Control Specialty Formulary®: This guide lists preferred drugs within select specialty therapeutic classes to help identify products that are clinically appropriate and cost effective.

https://www.caremark.com/portal/asset/Advanced_Control_Specialty_Preferred_Drug_List.pd

Medications Requiring Prior Authorization - Formulary Exclusions: This guide lists drugs that will not be covered without a prior authorization for medical necessity. Covered formulary options are available.

Drug List Reminders

When reviewing your drug list, please keep in mind the following:

- Lower cost should always be your first choice when medically appropriate
- Ask your doctor to consider prescribing a brand name product from your preferred drug list if a generic is not available
- While brand name drugs appear in the drug list, generics may or may not appear
- Drugs on the preferred drug list are chosen and reviewed by a panel of physicians and pharmacists
- Unless specifically indicated, drugs on the list(s) will include all dosage forms

Formulary vs. Non-Formulary

What is a formulary?

The list of medications covered by your plan is also called a formulary. Formulary medications are covered by your plan, which means you pay your plan's usual copay* or coinsurance. Non-formulary medications are generally not covered by your plan.

What should I do if my doctor prescribes a non-formulary medication?

Let your doctor know that the medication is not covered under your plan and ask for a new prescription for a formulary (covered) medication. Changing to a formulary medication is your best option. However, in certain cases when there is a medical reason for taking a medication that is not covered, your doctor can request an exception through the prior authorization process.

*Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

Formulary Definitions:

Generic Drugs: Lower cost FDA-approved equivalents of brand name medications. Generic drugs usually pay at the 1st tier copay.

Preferred Brand Name Medications: Brand name medications on the Performance Drug List or Advanced Control Specialty Formulary that would pay at the 2nd tier copay.

Non-Preferred Brand Name Medications: Brand name medications not on the Performance Drug List or Advanced Control Specialty Formulary that would pay at the 3rd tier copay. There are generics and preferred brand name medication options available.

Formulary Exclusions: Medications listed on the Medications Requiring Prior Authorization guide are not covered without a prior authorization for medical necessity. Covered formulary options are available.

Prior Authorization and Exceptions

At CVS Caremark, making sure you have access to affordable medications is our priority. To help keep costs low, your plan covers a specific list of medications to treat most conditions. However, there may be exceptions that require you get a new prescription or take action before certain medications are covered. Below is important information that explains more about prior authorization and other exceptions your plan may include. It also covers what to do if your plan affects a medication your doctor prescribes for you. Scroll to see additional information.

*Prior authorization can be required on medications not listed on the Medications Requiring Prior Authorization list. Medications on this guide are limited to Formulary Exclusions.

Prior Authorization

What does "prior authorization" mean?

Prior authorization is an approval process that benefit plans require for certain medications before they can be covered. A prior authorization makes sure that you're getting the right medication for your condition. It may also help keep costs down so you don't overpay.

When is a prior authorization required?

Here are common reasons a prior authorization is needed:

- There may be a lower cost option that's just as effective
- The medication has potential for misuse or abuse
- The medication is for certain conditions or diagnoses

How does a prior authorization work?

We gather information from your doctor that's required by your benefit plan. This information helps determine if the medication will be covered. We notify you and your doctor whether your prior authorization is approved or denied as soon as possible – usually within a few days.

How does the prior authorization process start?

You or your pharmacy can ask your doctor to start the prior authorization process. Then, your doctor sends us the required information by phone, fax, or electronically. In some cases, your doctor can submit the information electronically and get a decision within a few minutes.

What can I do if my prior authorization is denied?

You have several options:

- Ask your doctor if there's another medication that will work for you
- Choose to pay for the medication yourself
- Submit an appeal by following the steps in your denial letter

How do I find out what's happening with my prior authorization?

For more information on your prior authorization request, you may call Customer Care at the number listed on your member ID card.

Quantity Limits

What does it mean if there's a quantity limit on my medication?

This means that your medication may be covered under your plan, but there is a limit on the amount of medication your plan will cover.

What should I do if there's a quantity limit on my medication?

You can choose to either fill your prescription, only up to the limit, or you can pay for the extra quantity yourself. We recommend that you let your doctor know that there is a limit because there may be other medications you can try. In certain cases, if it is medically necessary for you to continue taking this medication after the limit is reached, your doctor may be able to request a prior authorization.

Drug coverage, formulary and utilization management is subject to change.

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Rx Delivery by Mail

Convenience, savings and safety

Why get your Rx delivered by mail? Not only is delivery by mail a safe and secure way to get the medications you take regularly (like medication for asthma or high blood pressure) — you'll probably save money, too.

Want more convenience?
With delivery, you have one less thing to worry about. Your 90-day supplies will arrive at your door from CVS Caremark® Mail Service Pharmacy.

Like to save?
Filling your Rx in 90-day supplies usually comes with savings. Plus, there's no extra cost for shipping.

Looking to stay safe?
Contactless delivery keeps you and your loved ones safe. And our secure, nondescript packaging protects your privacy.

90-day supplies typically cost less than 30-day supplies.

Save time & get your Rx online
https://www.youtube.com/watch?v=3mGqLdXRgSw

Tracking your Rx mail order
https://www.youtube.com/watch?v=T5RcUK9XfTY

Start Rx Delivery by Mail at Caremark.com/RxDelivery (after your benefits begin).

New Mexico Public Schools Insurance Authority

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Digital tools

Save time and money

Our digital tools help you find ways to save on medication and manage your prescriptions on your own time.

Our digital tools make it easy to manage your health whenever – and wherever – you like. You can look for saving opportunities, stay on top of your prescriptions and more. Here's how our digital tools can help you every day.

Stay in the loop

Sign up to get email or text messages about your prescriptions, ways to save, status updates and more.

Refill fast

Request refills quickly and keep track of prescriptions for your family in one convenient place. See how close you are to meeting your deductible and out-of-pocket cost maximum anytime.

Explore Rx savings options

Find out if your Rx is covered or if you could pay less for it. And see if options like Rx delivery by mail or changing to a generic medication can save you money.

Get to know our digital tools

https://www.youtube.com/watch?v=YhvRSqWiV2Y

Have the Wallet app on an Apple device?

Save your ID card to Wallet and view it anytime.

For savings opportunities and personalized support, visit Caremark.com (after your benefits begin).

New Mexico Public Schools Insurance Authority

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Generic medication

Same quality, better price.

We offer many generic options to help keep your medication as affordable as possible.

Generic medications work just like brand-name equals.

A generic has the same active ingredients, strength and dosage as its brand-name equal. It provides the same quality and performance. Generics don't have high development costs.[1] That's why they cost you less.

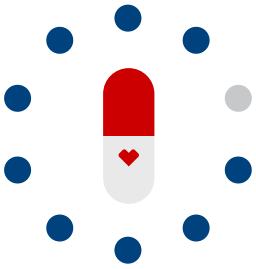
Generics are safe.

The U.S. Food and Drug Administration (FDA) requires generics to be as safe and effective as brand-name equals. Both types of medication must meet the same FDA standards.[1]

Here's how to save with generics.

Current prescriptions: Ask your provider or pharmacist if you can replace your brand-name medication with a generic.

New prescriptions: Ask your provider if there's a generic option.

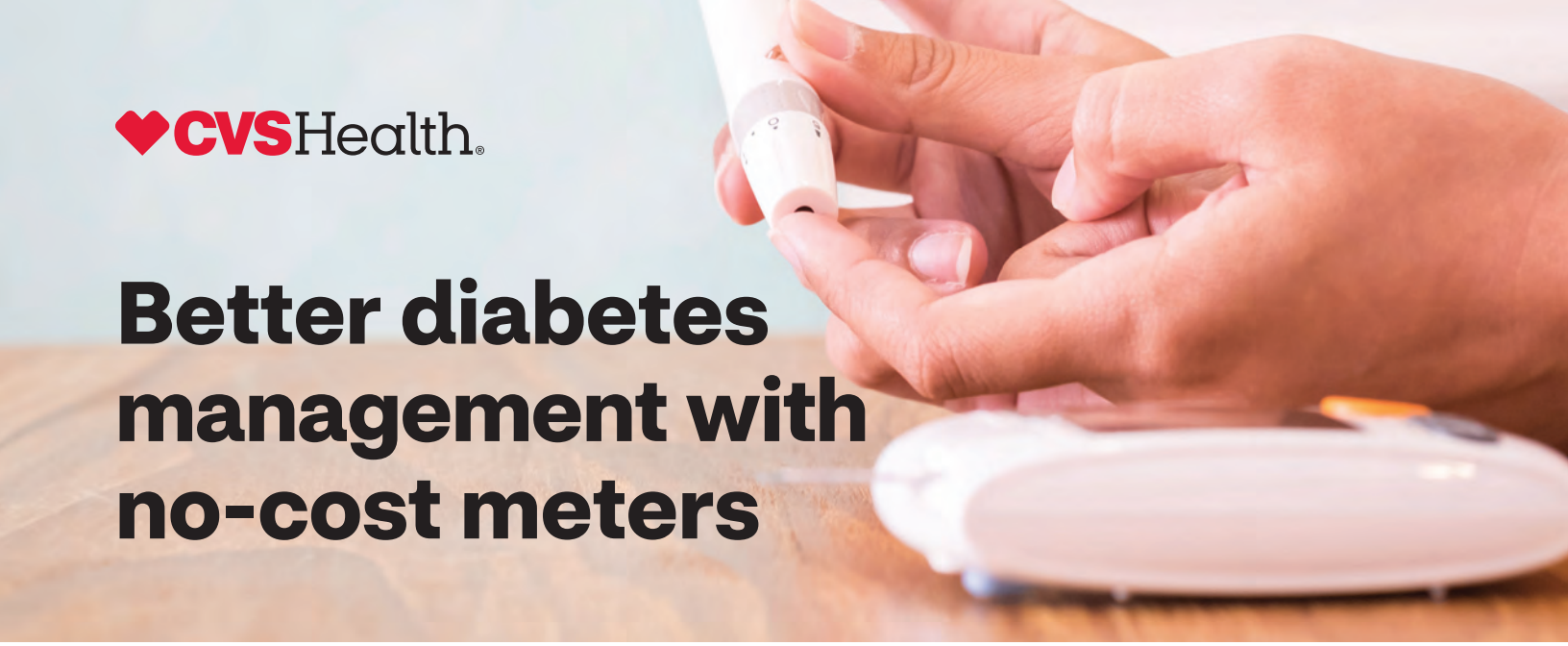


Nearly 9 out of 10
CVS Caremark® prescriptions are for generics[2]

For savings opportunities and personalized support, visit Caremark.com (after your benefits begin).

[1] https://www.fda.gov/drugs/buying-using-medicine-safely/generic-drugs.
[2] CVS Health Book of Business, Funded Clients, January – June 2019. Provided by Enterprise Analytics, November 2019.

New Mexico Public Schools Insurance Authority



Better diabetes management with no-cost meters

Regular blood glucose testing is an essential part of successful diabetes management. The Diabetic Meter Program makes monitoring blood glucose levels easier by offering no-cost* meters to eligible plan members.

The Diabetic Meter Program

This value-added program is offered as part of your prescription benefit plan and provides eligible members with a blood glucose meter at no out-of-pocket cost.

Eligibility

To take advantage of this offer, members must:

- Be enrolled in the prescription benefit plan
- Have diabetes
- Have a valid prescription for blood glucose test strips. Members who don't already have a prescription can request one at Caremark.com/managingdiabetes.

Additional requirements or limitations may apply. Meters will be shipped to members within 7 to 10 days of order.

Diabetic Meter Program

For more information about offering the Diabetic Meter Program to your members, **visit caremark.com/managingdiabetes and choose "*request a meter*".**

*Blood glucose meters are funded by the manufacturer. Choice of meters is subject to change. Additional requirements or limitations may apply.

Image Source: Getty Images 2018.

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CVS Specialty®

More than medication.

CVS Specialty provides specialized care and support along with your medication for complex conditions (such as rheumatoid arthritis, multiple sclerosis, HIV and cancer).

A team of pharmacists and nurses specially trained in your condition.

We give you a CVS Specialty CareTeam led by pharmacists and nurses to support you 365 days a year. We'll show you how to take your medication correctly, help you manage side effects and stay on track. We also provide helpful resources at **CVSspecialty.com/EducationCenter**.

A choice of pick up at CVS Pharmacy® or home delivery at no extra cost.

We make it as easy as possible to get the medication you need, where you need it. You can have your medication delivered anywhere nationwide, even if you're on vacation. Or you can pick it up at any CVS Pharmacy location.*

Digital tools let you manage your prescriptions on your own time.

We make it easy to manage your medications and stay on track at **CVSspecialty.com/go** or with our mobile app.

What's a specialty pharmacy?

It's a pharmacy that provides specialized medication for complex conditions or medication requiring injections or infusions.

*Where allowed by law. In-store pick up is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations.

New Mexico Public Schools Insurance Authority

DELTA DENTAL®

Your Local Choice in Dental

To enroll or switch your NMPSIA dental plan to Delta Dental of New Mexico, please contact your benefits administrator!

For questions about **Delta Dental of New Mexico plan options**, contact your HR Department, or call **NMPSIA** at **1-800-548-3724** or **ERISA** at **1-800-233-3164**

www.DeltaDentalNM.com

New Mexico Public Schools Insurance Authority

DELTA DENTAL®

Why Delta Dental

About Delta Dental of New Mexico

Delta Dental of New Mexico in New Mexico's local, not-for-profit dental insurance carrier. For over 50 years our goal has been to advance, innovate, and improve oral and overall health for all New Mexicans. We not only offer high-quality dental plans to the members of NMPSIA across the state but also assist local communities through philanthropic donations and volunteer support.

Leased Networks and the Delta Dental New Mexico Difference

In today's marketplace, nothing is certain. Each day brings new struggles, uncertainty, and change within the provider community. But one thing remains consistent and unwavering - our promise of stability and high-quality, especially when it comes to our networks. The same can't be said when it comes to leased networks. Not all carriers provide the same quality, strength or value as the Delta Dental network and with leased networks, the carrier typically has no direct contact with the dentist. With Delta Dental, you can be confident you are getting the widest network of high-quality dentists in-state and nation-wide.

Provider Assistance

If a problem occurs concerning fees or charges with one of our network dentists, we work directly with the dentist to resolve the issue on behalf of the patient. We have Provider Relations staff right here in New Mexico that can assist with training/ education of our contracted providers, making it easy for them to reach out to us.

Avoid Surprises with Pre-Treatment Estimates

Unexpected bills aren't fun for anyone. That's why Delta Dental makes it easy for you to find out whether a proposed dental treatment is covered, what amount the plan will pay and the difference you will be responsible for.

Here's how: When you are having extensive work done and want to know what your share of the cost will be, ask your dentist to submit the proposed treatment plan to us for a pre-treatment estimate. A pre-treatment estimate allows us to review the proposed treatment in accordance with your dental coverage. We can then determine what portion of the treatment will be covered under the plan chosen by your employer, if you will exceed your maximum and what portion will be your financial responsibility.

Once completed, we will send a pre-treatment estimate notice to you and your dentist. We encourage you to review this notice together and discuss treatment options before deciding on treatment.

DELTA DENTAL®

Network Information

FEATURING: Delta Dental PPO™ Point-of-Service

The Delta Dental New Mexico Public School Insurance Authority (NMPSIA) dental plans feature the Delta Dental PPO™ Point-of-Service network. The plans give enrollees the option to select from two different networks (Delta Dental PPO™ or Delta Dental Premier®) depending on their needs.

Patients selecting a Delta Dental PPO™ dentist receive the plan's highest level of discounts while patients choosing to utilize Delta Dental Premier® will have the broadest selection of dentists but at a lower level of discounts. **Please note that there is no quality of care difference between networks.**

Choosing an In-Network Provider

Make sure to ask a provider if they are a contacted in-network Delta Dental PPO™, or Delta Dental Premier® provider.

You can search for providers on www.deltadentalnm.com under the "Find a Provider" link, or in the Delta Dental mobile app. You can search locally or nationwide.

In-Network Providers Nationwide: Delta Dental PPO™ & Delta Dental Premier®

Whether you just traveled across the New Mexico border, or across the nation, know that the Delta Dental PPO™ Point-of-Service network provides you with the same benefit levels as if you were in-state utilizing either the Delta Dental PPO™ or Delta Dental Premier® nationwide networks.

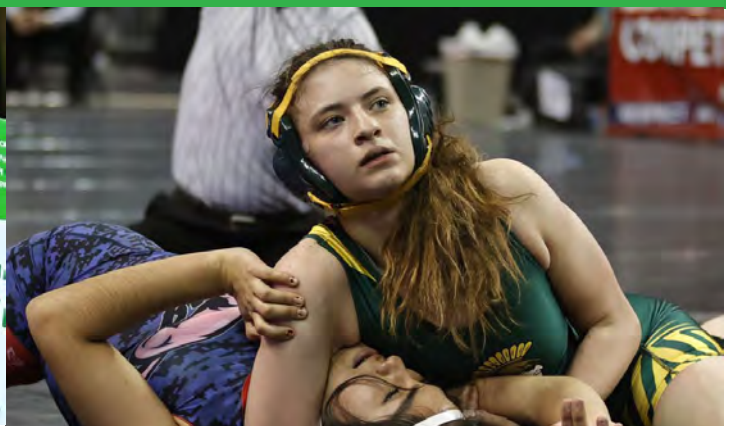
Out-of-Network Providers

Out-of-network providers have not agreed to provider fee maximums/discounts applicable under the dental plan. Your out-of-pocket costs can be much higher because you may be balance billed for the difference up to the full amount charged by the provider and what the plan may pay. Further, you may have to pay the full amount at the time you receive services and submit a claim for reimbursement. Reduced benefit levels apply to out-of-network/non-contracted services.

Delta Dental Members Have 24/7 Access

Once your plan is effective, Delta Dental's automated voice response system is available 24/7 to help you with topics such as benefit/eligibility verification, requesting an ID card, provider directories, and checking claim/pre-treatment estimate status. To access the Delta Dental New Mexico automated voice response system, please call us 24/7 at (877) 395-9420. The same number can be called for a live Customer Service Representative M-F 8:00am-4:30pm. On average, 97% of representative calls are answered within 8 seconds (stats are from year ending 2022).

DELTA DENTAL® Mouthguard Program



Guarding Children's Grins Across New Mexico!

Delta Dental of NM (DDNM) has partnered with the New Mexico Activities Association (NMAA) to provide the Delta Dental Mouth Guard to middle school & high school student athletes across the state of New Mexico - COMPLETELY FREE.

The DDNM Mouthguard Program provides mouth guards to students in boys and girls sports that require mouthguards at no cost to the student athlete, their families, or the school.

- **First sport in DDNM Mouthgram Program was Wrestling (winter 2023)**
- **2,764 mouthguards shipped to (65) high schools across NM (boys & girls)**
- **Mouth guards in individual school colors were shipped to all (65) schools to be distributed by athletic director/coach**
- **The next sport to tackle (pun intended) will be football in fall 2023! We are looking to provide mouth guards to over 6,500 student athletes across the state.**

Middle school sports & youth leagues to be added as the program grows!

Did you know???

More than 3 million teeth will be knocked out this year while practicing or participating in youth sports. Child athletes who don't wear mouth guards while playing sports are 60x more likely to damage their teeth!

ADA Accepted
American Dental Association ®

DELTA DENTAL

Delta Dental of New Mexico Plan Options

New Mexico Public School Insurance Authority (NMPSIA)

Delta Dental PPO™ Point-of-Service	Basic Plan		Comprehensive Plan	
Benefit Category	***Contracted In-Network: You Pay***	***Out-of-Network: You Pay****	***Contracted In-Network: You Pay***	***Out-of-Network: You Pay****
Diagnostic and Preventive Services	***No Deductible Applies***			
Oral Exams, Routine Cleanings & Periodontal maintenance cleanings (2 per calendar year). *Members with specified medical conditions may be eligible for additional cleanings & periodontal surgeries.*	No Charge	75% of Allowed Amount + Balance Billing	No Charge	0% of Allowed Amount + Balance Billing
Sealants to age 16 (first and second molars only)				
Fluoride treatments (2 per calendar year to age 20)				
Radiographic Images (full mouth: once every 5 years; bitewings: twice per calendar year through age 13, once per calendar year thereafter)				
Emergency Treatment for Relief of Pain				
Basic Services	***Deductible Applies***			
Amalgam or Composite Fillings	20%	75% of Allowed Amount + Balance Billing	20%	45% of Allowed Amount + Balance Billing
Extractions (non-surgical)				
Endodontics				
Non-Surgical Periodontics				
Oral Surgery (including surgical extractions)	100% (Not Covered)			
Surgical Periodontics				
Repairs to Crowns, Onlays, Dentures, and Bridgework	20%	75% of Allowed Amount + Balance Billing		
Major Services	***Deductible Applies***			
Prosthodontic Procedures—for construction of fixed bridges, partials, or complete dentures	100% (Not Covered)		50%	65% of Allowed Amount + Balance Billing
Implants—specified services, including repairs, and related prosthodontics				
Onlays, Crowns, and Cast Restorations—when teeth cannot be restored with amalgam or composite resin restorations				
Orthodontic Services (Children and Adults)	***No Deductible Applies***			
Diagnostic, Active, Retention Treatment —in and out-of-network orthodontic lifetime (maximums cannot be combined)	100% (Not Covered)		50%, No Deductible, $1500 Lifetime Max	50% of Allowed Amount, No Deductible, $500 Lifetime Max
Deductibles and Maximums				
Calendar Year Deductible—Jan. 1 – Dec. 31. Applies to all services except where noted above.	$50 ($150 per Family)		$50 ($150 per Family)	
Calendar Year Maximum—Jan. 1 – Dec. 31 (per person). In and out-of-network maximum benefit amounts cannot be combined.	$1500 Maximum		$1500 Maximum	$1000 Maximum

*Selecting a non-participating provider may result in higher out-of-pocket expenses, even when there is no change in benefit level between in-network and out-of-network benefits. Non-participating providers do not accept Delta Dental's maximum approved fees as payment in full. You will be financially responsible for balance billed amounts, or amounts that exceed the non-participating provider's reimbursement.

DELTA DENTAL®

Save Money on Out-of-Pocket Costs

How Can I Save Money on My Out-of-Pocket Costs?

With your Delta Dental PPO™ Point-of-Service plan, you may save more money and receive higher levels of coverage when visiting a Delta Dental PPO™ dentist. Our PPO dentists have agreed to accept lower fees as full payment for covered services. However, if you go to a dentist who doesn't participate in Delta Dental PPO™, you can still save money if your dentist participates in Delta Dental Premier®. Like our PPO dentists, Delta Dental Premier® dentists agree to accept Delta Dental's fee determination as full payment for covered services.

Delta Dental Networks	Delta Dental PPO™	• No balance billing on covered services • Most significant network discounts with more than 269,800 office locations nationwide* • Dentists file claims for member
	Delta Dental Premier®	• No balance billing on covered services • Significant network discounts with the most office locations nationwide—340,500* • Dentists file claims for member
Out-of-Network	Out-of-Network	• May be balance billed • No discounts • May need to file own claims

*National network statistics: Delta Dental Plans Association, April 2017.

Example of how it works

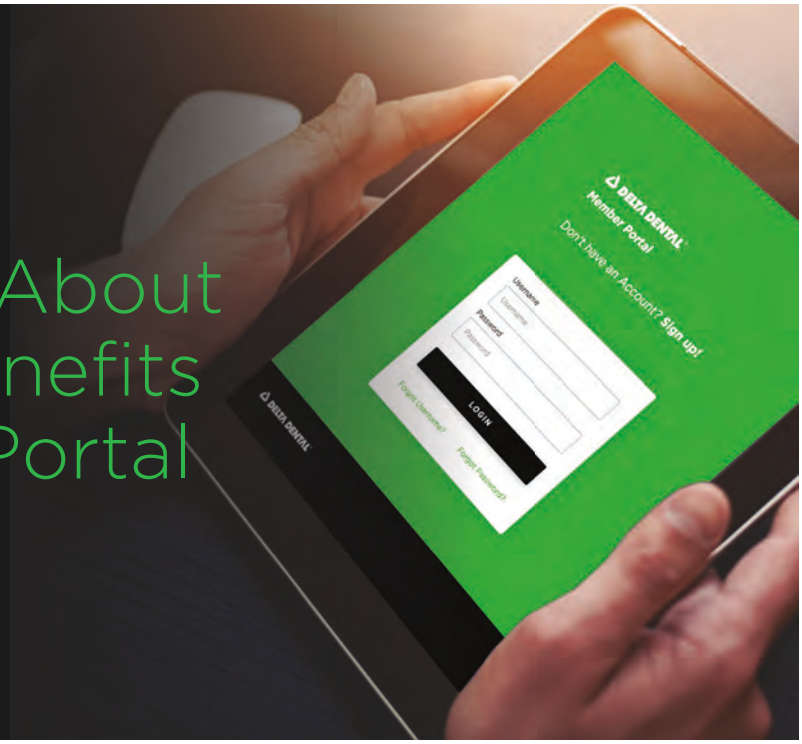
As shown below, your lowest out-of-pocket costs result from going to either a Delta Dental PPO™ or Delta Dental Premier® dentist.

		Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist
Adult Cleaning	Submitted fee	$80	$80
	Maximum allowed fee	$54	$77
	Coverage level	100%	100%
	Amount Delta Dental pays	$54	$77
	AMOUNT YOU PAY	$0	$0
Crown	Submitted fee	$1,100	$1,100
	Maximum allowed fee	$754	$989
	Coverage level	50%	50%
	Amount Delta Dental pays	$377	$494.50
	AMOUNT YOU PAY	$377	$494.50

NOTE: Payment examples above are illustrative only. Fees and reimbursements can vary by location and dentist. They do however represent how payment is determined.

DELTA DENTAL®

Stay Informed About Your Dental Benefits With Member Portal



Member Portal gives you 24/7 access to important information about your dental benefits.

With Member Portal, you can:

- See which members are covered on your plan, now and in the future
- Find an in-network dentist
- See common procedures
- Access an online ID card
- View the status of all claims and toggle between different family member claims
- View and print Explanation of Benefits (EOBs)

NOTE: Member Portal has replaced Consumer Toolkit.

Get started today

Visit www.memberportal.com

Log in using your existing Consumer Toolkit® credentials

OR

If you do not have existing credentials, click "Sign up"

Complete the required fields and follow the on-screen instructions to register as a new user

NOTE: You will need the subscriber's ID (the person whose name is on the benefit package). The member ID is an assigned number unique to the subscriber. In many cases, the member ID is the same as the subscriber's Social Security number.

Questions? Call Toolkit Support at 866-356-0301

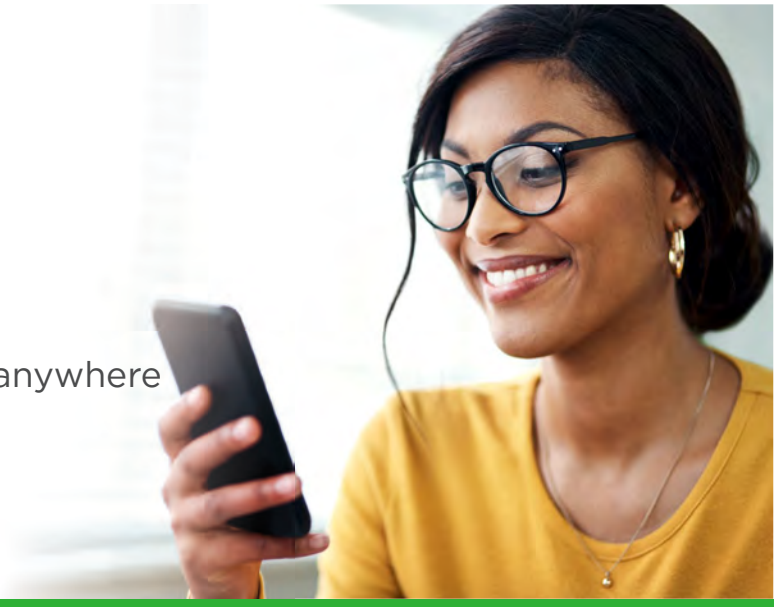
Privacy of your online benefit information is assured through highly secure encryption technology.

FLI-6592 v1 Delta Dental of Arkansas, Indiana, Kentucky, Michigan, New Mexico, North Carolina, Ohio, and Tennessee PA 1/21

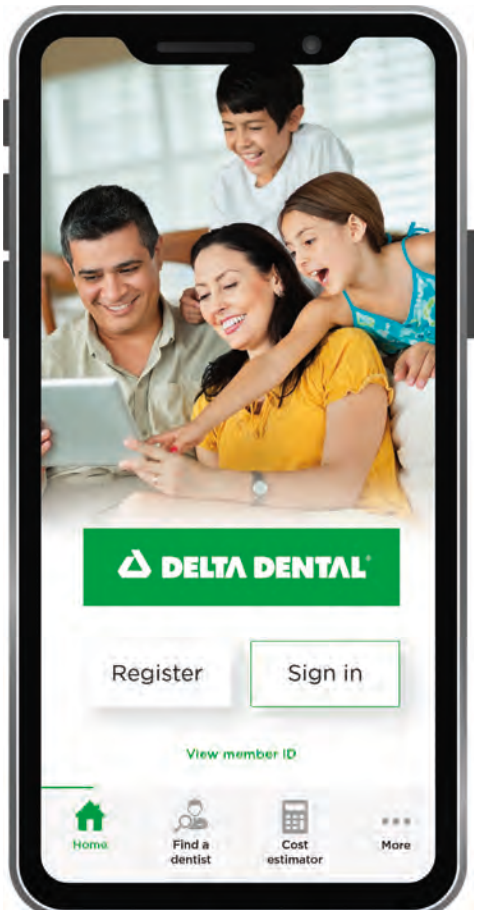
DELTA DENTAL®

Delta Dental Mobile App

Manage your oral health anytime, anywhere



Your oral health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device.



Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code below. You will need an internet connection in order to download and use most features of our free app.

Logging in to view benefits

Delta Dental members can sign in using the username and password they use to sign in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.

SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

UNITED CONCORDIA® DENTAL
Protecting More Than Just Your Smile®

NMPSIA's Trusted Dental Plan for Over 23 Years

At United Concordia Dental, we love smiles — especially yours. We're excited to provide the dental insurance you need to keep it healthy and beautiful.

We make it easy — and affordable — to visit the dentist. Most plans cover:

- ✓ **Routine care** including checkups, cleanings and X-rays.
- ✓ **Basic procedures** like fillings and pulled teeth.
- ✓ **Major services** such as crowns, bridges and dentures.

Plus, you get extra coverage for gum disease care If you have certain medical problems. There's also a program to help pay for college.

Visit ***MyDental****Benefits* to chat live with customer service if you need help. You can also call us at 1-888-898-0370.

Visit the NMPSIA Clients' Corner page for the most up-to-date information about your plan.

UnitedConcordia.com/NMPSIA

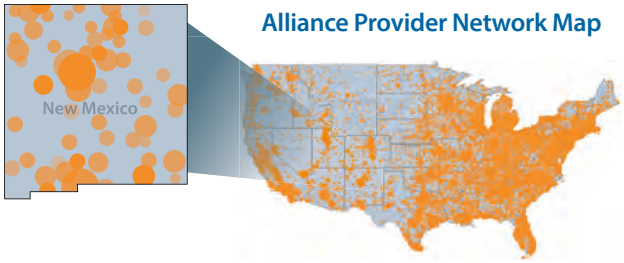
Choose from 4,000+ in-network dental offices in New Mexico

When you stay in network, you'll enjoy benefits like:

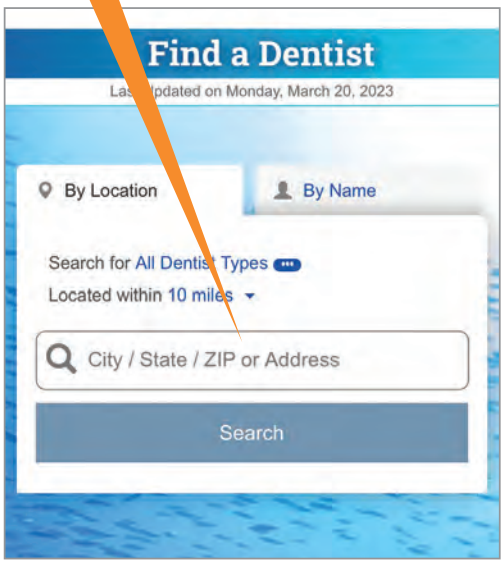
- **Lower out-of-pocket costs***
  We've negotiated better fees, so you pay less.
- **High-quality care**
  Dentists' credentials are verified, and offices are inspected.
- **Time savings**
  Most dentists file claims, so there's no paperwork for you.

To find an in-network dentist:

- Visit **UnitedConcordia.com**.
- Click on **Find a Dentist**.
- Type in an **office location** or **dentist's name**.
- Select your **Alliance network** from the drop-down list.



SEARCH: Quickly search by city, state or ZIP — even by practice name or type of dentist — to find an Alliance network dentist near you!



*In most cases.

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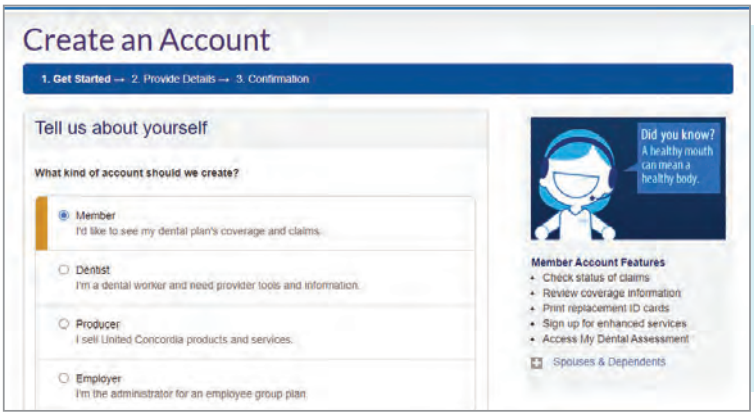
Create a *MyDental*Benefits account

It's the online hub where you can check your coverage details, see claims and payments, print extra ID cards and more. Visit **UnitedConcordia.com/GetMDB** after your plan's effective date to set up an account. Make sure to have your member ID or Social Security number handy.



Learn more about ***MyDental***Benefits and how to create an account.

Get more out of your plan

Smile for Health®–Wellness

If you have diabetes, heart disease, rheumatoid arthritis, lupus or oral cancer, or if you've had a stroke or organ transplant, you're eligible for additional periodontal services to care for gum disease. Learn how to check your eligibility and sign up.

College Tuition Benefit®

Earn Tuition Rewards® points redeemable for tuition discounts at 400+ participating private colleges and universities. Learn more and how to sign up.

GradFin

GradFin can help you save money and reduce student loan debt by providing free, one-on-one consultations with financial experts to determine ideal loan financing and consolidation strategies. Learn more and find out how to get started.

Visit the NMPSIA Clients' Corner page for the most up-to-date information about your plan. You can also call us at 1-888-898-0370.

Tuition Rewards® is a Registered Trademark of SAGE Scholars, Inc. SAGE is not a subsidiary or affiliate of United Concordia Insurance Company (UCIC). Subject to eligibility requirements and terms and conditions. Tuition Rewards are a value-added program and not an insured benefit. Program participation subject to enrollment with SAGE. "Points" are credits that may be used to discount the cost of Tuition and have no cash value. UCIC does not provide services related to this program. Tuition Rewards not available in all jurisdictions. Program subject to change without notice.

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UNITED CONCORDIA DENTAL – HIGH OPTION

Benefit Category	Alliance Network		Non-Network	
	Plan Pays[1]	You Pay[1]	Plan Pays[4]	You Pay
Diagnostic & Preventive Services ■ Routine Oral Exams (twice every calendar year) ■ Routine Cleanings (twice every calendar year) ■ Periodontal Cleanings (twice every calendar year) ■ X-rays—complete mouth (once every 5 years); bitewings (twice every calendar year through age 13, once every calendar year thereafter) ■ Sealants (through age 15): permanent first and second molars only ■ Emergency Treatment for Relief of Pain ■ Fluoride Treatment (twice every calendar year through age 19)	100%	0% (No Deductible)	100% (of Allowed Amount)	0% (of Allowed Amount) + Any charges in excess of the allowed amount (No Deductible)
Basic Services ■ Basic Restorative (amalgam and posterior composites) ■ Simple Extractions ■ Endodontics ■ Repair of Denture and Bridgework ■ General Anesthesia & IV Sedation (covered only in conjunction with dental surgery) ■ Complex Oral Surgery ■ Surgical Periodontics ■ Nonsurgical Periodontics	80%	20% (Deductible Applies)	55% (of Allowed Amount)	45% (of Allowed Amount) + Any charges in excess of the allowed amount (Deductible Applies)
Major Services ■ Removable Partial or Complete Dentures and Fixed Bridges (to replace teeth lost while insured under this contract) ■ Inlays, Onlays & Crowns (when teeth cannot be restored to normal form and function with amalgam, composite resin or plastic fillings) ■ Implant Coverage	50%	50% (Deductible Applies)	35% (of Allowed Amount)	65% (of Allowed Amount) + Any charges in excess of the allowed amount (Deductible Applies)
Orthodontic Services ■ Diagnostic, Active, Retention Treatment Adult and Child	50%	50% (No Deductible)	50% (of Allowed Amount)	50% (of Allowed Amount) + any charges in excess of the allowed amount (No Deductible)
Included Plan Features ■ Pregnancy Benefit	■ Covers 1 additional cleaning during pregnancy ■ Covers 1 additional periodontal maintenance			
■ Smile for Health®–Wellness[2] (Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke)	■ Covers 1 additional periodontal maintenance per year and all are covered at 100% ■ Scaling and root planing are covered at 100% ■ 4 periodontal surgery procedures are covered at 100%			
Calendar Year Deductible (per person/per family)	$50/$150		$50/$150	
Calendar Year Maximum (per person) [3]	$1,500		$1,000	
Lifetime Orthodontic Maximum (per person) [5]	$1,500		$500	

1. Network providers agree to accept United Concordia's maximum allowable charge as payment-in-full.
2. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through ***MyDental****Benefits* on UnitedConcordia.com.
3. Network and non-network maximums cannot be combined.
4. Non-network reimbursed at the 80th percentile.
5. Orthodontic benefit is paid on a prorated basis. Payments are made quarterly. If coverage ends before the treatment plan is completed, the full benefit of $1,500 may not be paid.

This Benefit Summary highlights some of the benefits available under your plan. A complete description regarding the terms of coverage and exclusions and limitations will be provided in your summary plan description, available online at www.nmpsia.state.nm.us.

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UNITED CONCORDIA DENTAL – LOW OPTION

Benefit Category	Alliance Network		Non-Network	
	Plan Pays[1]	You Pay[1]	Plan Pays[4]	You Pay
Diagnostic & Preventive Services ■ Routine Oral Exams (twice every calendar year) ■ Routine Cleanings (twice every calendar year) ■ Periodontal Cleanings (twice every calendar year) ■ X-rays—complete mouth (once every 5 years); bitewings (twice every 12 months through age 13, once every calendar year thereafter) ■ Sealants (through age 15), permanent first and second molars only ■ Emergency Treatment for Relief of Pain ■ Fluoride Treatment (twice every calendar year through age 19)	100%	0% (No Deductible)	25% (of Allowed Amount)	75% (of Allowed Amount) + Any charges in excess of the allowed amount (No Deductible)
Basic Services ■ Basic Restorative (amalgam and posterior composites) ■ Simple Extractions ■ Endodontics (root canal therapy only) ■ Repair of Denture and Bridgework ■ Nonsurgical Periodontics	80%	20% (Deductible Applies)	25% (of Allowed Amount)	75% (of Allowed Amount) + Any charges in excess of the allowed amount (Deductible Applies)
Major Services ■ Complex Oral Surgery ■ Surgical Periodontics (including endodontic surgery) ■ Removable Partial or Complete Dentures and Fixed Bridges ■ Inlays, Onlays & Crowns (when teeth cannot be restored to normal form and function with amalgam, composite resin or plastic fillings)	Not Covered			
Orthodontic Services ■ Diagnostic, Active, Retention Treatment	Not Covered			
Included Plan Features ■ Pregnancy Benefit	■ Covers 1 additional cleaning during pregnancy ■ Covers 1 additional periodontal maintenance			
■ Smile for Health®–Wellness[2] (Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke)	■ Covers 1 additional periodontal maintenance per year and all are covered at 100% ■ Scaling and root planing are covered at 100%			
Calendar Year Deductible (per person/per family)	$50/$150			
Calendar Year Maximum (per person) [3]	$1,500			
Lifetime Orthodontic Maximum (per person)	Not Covered			

1. Network providers agree to accept United Concordia's maximum allowable charge as payment-in-full.
2. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through ***MyDental****Benefits* on UnitedConcordia.com.
3. Network and non-network maximums cannot be combined.
4. Non-network reimbursed at the 80th percentile.

This Benefit Summary highlights some of the benefits available under your plan. A complete description regarding the terms of coverage and exclusions and limitations will be provided in your summary plan description, available online at www.nmpsia.state.nm.us.

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DavisVision®

by VersantHealth®

Vision care administrator for New Mexico Public Schools Insurance Authority

Creating and Logging Into Your Member Account

Davisvision.com gives you quick access to your vision benefits information. Member account information is shared by all covered family dependents. Your member account includes useful tools allowing you to access your member ID card, find an in-network provider or view your list of benefits.

Step 1

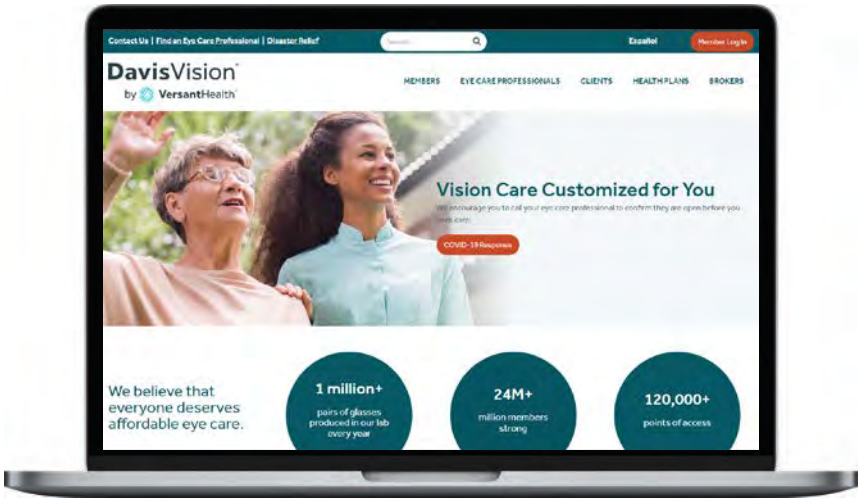
From any page on davisvision.com, select "Member log in" from the navigation.

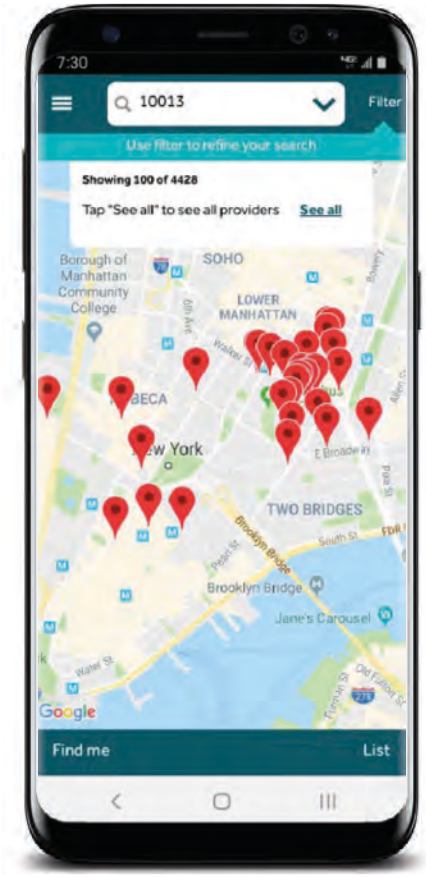
Step 2

If you have already set up your account, enter your username and password. Otherwise, click "Register new account."

Step 3

Enter the ID as outlined in your member welcome kit. Your password must meet the minimum criteria as noted on the website.





Need access on the go? Download our mobile app and log in using the same credentials from your member account.

DavisVision®
by VersantHealth®

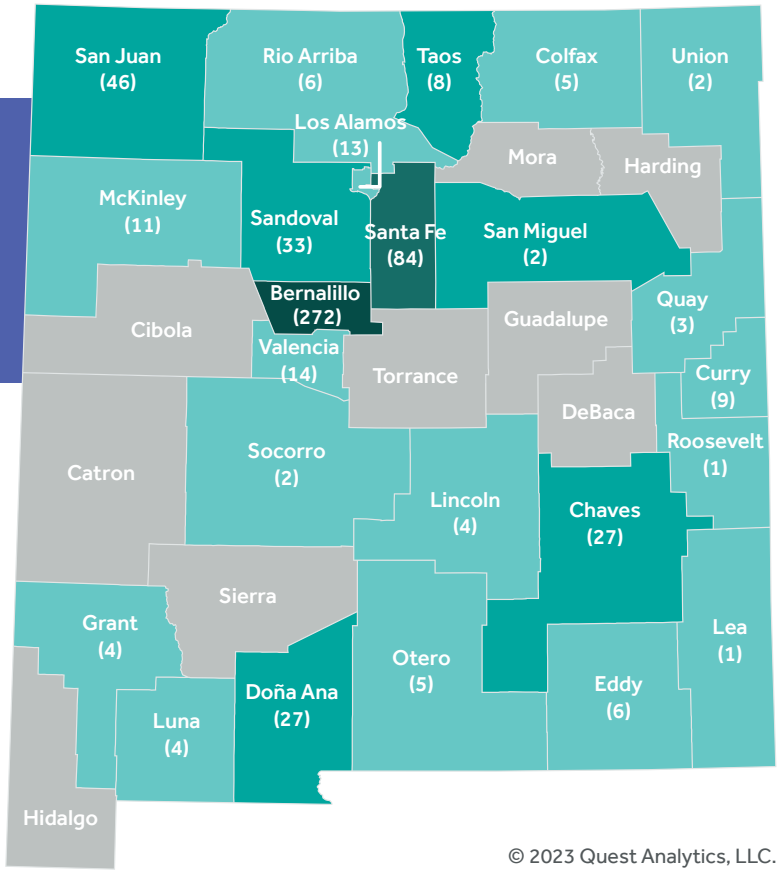
Vision care administrator for New Mexico Public Schools Insurance Authority

The Davis Vision® Exclusive Network

Number of Providers Per County

- Up to 25 providers
- 26–50 providers
- 51–75 providers
- 76–100 providers
- 101+ providers

Map is for illustrative purposes only. Please call in-network providers before visiting to verify network participation, services and acceptance of your plan.



Find In-Network Providers

Visit **davisvision.com/members** and log in to your member account or create a new one.

1. Click "Find a Provider" from the menu within your member account.
2. Enter your ZIP code and radius (miles) or choose state, county, and city; you can also search by provider or business name.
3. Click "Search Now" to proceed.
4. Scroll to see results in a list or on a map; results can also be downloaded as a PDF file for offline viewing.

If you are using the mobile app:

1. Search for the "Davis Vision" app in the Android or iOS store and install it.
2. Log in to your member account or create a new one.
3. Tap "Locations" from the menu.
4. Enter your city or ZIP code; you can also search by provider or business name.
5. Tap the magnifying glass to proceed.
6. Use the map to interact with results or see them in a list; results can be filtered further by tapping on the funnel icon at the top-right.

Once you've selected an in-network provider, call them to verify network participation, services, and acceptance of your plan.

Access New Vision Benefits Effective July 1, 2024

DavisVision® by VersantHealth®

Vision care administrator for New Mexico Public Schools Insurance Authority

Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

If you are not currently enrolled, please visit our member site at davisvision.com or call 1.877.923.2847 and enter client code 7129 to locate providers or for additional information.

Using your benefits is easy! Just log on to our Member site at davisvision.com and click "Find a Provider," or call us at 1.800.999.5431.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through New Mexico Public Schools Insurance Authority. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

100% OF YOUR CALLS & CLAIMS ARE PROUDLY ADMINISTERED IN THE USA

Your Davis Vision Premier Plan Benefits

Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination[5]	12 months	$10	Covered in full. *Includes dilation when professionally indicated.*
Spectacle Lenses	12 months	$15	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.)
Frame	24 months	$0	**Covered in Full Frames:** Any Fashion, Designer or Premier level frame from Davis Vision's Collection[2] (retail value, up to $195). **OR, Frame Allowance:** $100 allowance, plus 20% discount[1] on the overage to go toward any frame from provider. **OR, Visionworks Frame Allowance:** $150 allowance toward any frame from a Visionworks family of store locations.[4]
Contact Lens Evaluation, Fitting & Follow Up Care (in lieu of eyeglasses)	12 months	$0	**Davis Vision Collection Contacts**: Covered in full **Non Collection Contacts**: 15% discount[1]
Contact Lenses (in lieu of eyeglasses)	12 months	$0	**Covered in Full Contacts**: From Davis Vision's Collection[2], up to: Planned Replacement: Two boxes/multi-packs* Disposable: Four boxes/multi-packs* **OR, Contact Lens Allowance**: $110 allowance plus 15% discount[1] on overage to go toward any contacts from provider's supply. **OR, Visually Required Contacts**: Covered in full with prior approval. **Number of contact lens boxes may vary based on manufacturer's packaging.*

Significant savings on optional frames, lens types and coatings! Member Price

Davis Vision Collection Frames: Fashion | Designer | Premier	$0 | $0 | $0
Tinting of Plastic Lenses	$0
Scratch-Resistant Coating	$0
Premium Scratch-Resistant Coating	$30
Ultraviolet Coating	$12
Anti-Reflective Coating: Standard | Premium | Ultra | Ultimate	$35 | $48 | $60 | $85
Polycarbonate Lenses	$0[3]-$30
High-Index Lenses 1.67 | 1.74	$55 | $120
Progressive Lenses: Standard | Select | Premium | Ultra | Ultimate .$50 | $70 | $90 | $140 | $175	
Polarized Lenses	$75
Photosensitive Lenses: Plastic | Glass	$65 | $20
Digital Single Vision Lenses	$30
Scratch Protection Plan: Single Vision | Multifocal Lenses	$20 | $40
Trivex Lenses	$50
Blue Light Filtering	$15

[1] *Some limitations apply to additional discounts, discounts not applicable at all in-network providers.*
[2] *The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.*
[3] *For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.*
[4] *Enhanced frame allowance available at all Visionworks Locations nationwide.*
[5] *A refraction only exam is available in lieu of the full comprehensive eye exam.*

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

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DavisVision® by VersantHealth®

Vision care administrator for New Mexico Public Schools Insurance Authority

Frequently Asked Questions

How can I contact Member Services?
Call 1.800.999.5431 for automated help 24/7. Live help is also available seven days a week: Monday-Friday, 8 a.m.-11 p.m. | Saturday, 9 a.m.-4 p.m. | Sunday, 12 p.m.-4 p.m. (Eastern Time). (TTY services: 1.800.523.2847.)

What frames are in Davis Vision's Collection?
Our Collection offers a great selection of fashionable and designer frames, most of which are covered in full. No wonder 8 out of 10 members select a Collection frame. Log on to our member Web site at davisvision.com and take a look!

When will I receive my eyewear?
Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

Do I need a claim form?
Claim forms are only required if you visit an out-of-network provider. Claim forms are available on our member Web site.

Can I split my benefits?
You may split your benefits by receiving your eye examination and eyeglasses or contact lenses on different dates or through different provider locations. To maximize your benefit value we recommend that all services be obtained from a network provider.

Can I use an out-of-network provider?
Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts: eye exam - $35 | refraction eye exam - $15 | single vision lenses - $25 | bifocal - $40 | trifocal - $55 | lenticular - $80 | frame - $35 | elective contacts - $110 | visually required contacts - $210.

Are there any exclusions to the vision benefits?
Your vision plan does not cover medical treatment of eye disease or njury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

DAVIS VISION EXTRAS!

One Year Breakage Warranty Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

Greater Benefits Access a higher frame allowance by visiting a Visionworks family of store locations[6].

Additional Savings Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. Contact lenses are available at a 10% discount.[7]

Mail Order Contact Lenses Replacement contacts (after initial benefit) through www.DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.

Laser Vision Correction Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit www.davisvision.com.

Low Vision Services Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

Eye Health & Wellness Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

For more details... about your vision benefits, patient rights and responsibilities, or more information about Davis Vision, please log on to our member Web site or contact us at 1.800.999.5431.

Additional Information Your eyewear coverage may be applied towards prescription occupational or safety eyeglasses in lieu of dress eyeglasses.

Davis Vision has made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract will prevail.

[6] Enhanced frame allowance available at all Visionworks Locations nationwide.
[7] Some limitations apply to additional discounts, discounts not applicable at all in-network providers.

New Mexico Public Schools Insurance Authority

MONTHLY CONTRIBUTIONS EFFECTIVE OCTOBER 1, 2023

NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY

Visit Employee Benefit Premiums for the latest premium schedules.

BASIC LIFE
ACCIDENTAL DEATH & DISMEMBERMENT
Employer pays 100% of premium

$10,000 Life/AD&D	**$1.16 per month**
$25,000 Life/AD&D	**$2.88 per month**
$50,000 Life/AD&D	**$5.76 per month**

LONG TERM DISABILITY
Employer contributes premium

30 Day Wait	**$0.58 per $100 payroll**
60 Day Wait	**$0.38 per $100 payroll**
90 Day Wait	**$0.30 per $100 payroll**

ADDITIONAL LIFE (Employee, Spouse, & Children) and **AD&D** (Employee Only)
Employee pays 100% of premium

Person's Age	Rate per $1,000
under 25	**$0.06**
25-29	**$0.08**
30 - 39	**$0.08**
40 - 44	**$0.10**
45 - 49	**$0.14**
50 - 54	**$0.24**
55 - 59	**$0.38**
60 - 64	**$0.56**
65 - 69	**$0.84**
70 & over	**$1.10**
Child(ren)	**$0.26/mo.**

HEALTH COVERAGES	**Single**	**Two-Party**	**Family**
Employer contributes premium (see reverse side)			
Blue Cross Blue Shield New Mexico – High Option	**$922.70**	**$1,754.78**	**$2,343.72**
Blue Cross Blue Shield New Mexico – Low Option	**$639.72**	**$1,216.66**	**$1,625.08**
Blue Cross Blue Shield New Mexico – Exclusive Provider Organization (EPO) Option*	**$830.40**	**$1,579.26**	**$2,109.30**
Cigna – High Option	**$881.02**	**$1,700.74**	**$2,279.56**
Cigna – Low Option	**$613.70**	**$1,184.68**	**$1,587.88**
Presbyterian – High Option	**$746.14**	**$1,566.80**	**$2,089.24**
Presbyterian – Low Option	**$517.40**	**$1,086.36**	**$1,448.56**
Delta Dental – High Option	**$28.60**	**$54.44**	**$85.54**
Delta Dental – Low Option	**$14.32**	**$27.26**	**$42.78**
United Concordia Dental – High Option	**$28.60**	**$54.44**	**$85.54**
United Concordia Dental – Low Option	**$14.32**	**$27.26**	**$42.78**
Davis Vision Plan	**$6.26**	**$10.48**	**$14.14**

** EPO Plan – A managed care plan where services are covered only if you go to providers (doctors, specialists, hospitals, etc.) in the plan's network (except in an emergency).*

7.24% increase on High, Low and EPO medical options

CONTRIBUTIONS EFFECTIVE OCTOBER 1, 2023 *MONTHLY COST SHARING based on salary and EMPLOYER MINIMUM CONTRIBUTION REQUIREMENTS set forth in NM State Statute*		Less than $50,000 *20%/80%*	$50,000 $59,999 *30%/70%*	$60,000 and Over *40%/60%*
MEDICAL	**Single (employee deduction)**	**$184.54**	**$276.80**	**$369.08**
BCBS	Single (district/employer contribution)	$738.16	$645.90	$553.62
High Option	**Two-Party (employee deduction)**	**$350.96**	**$526.42**	**$701.90**
	Two-Party (district/employer contribution)	$1,403.82	$1,228.36	$1,052.88
	Family (employee deduction)	**$468.74**	**$703.12**	**$937.48**
	Family (district/employer contribution	$1,874.98	$1,640.60	$1,406.24
BCBS	**Single (employee deduction)**	**$127.94**	**$191.92**	**$255.88**
Low Option	Single (district/employer contribution)	$511.78	$447.80	$383.84
	Two-Party (employee deduction)	**$243.32**	**$365.00**	**$486.66**
	Two-Party (district/employer contribution)	$973.34	$851.66	$730.00
	Family (employee deduction)	**$325.02**	**$487.52**	**$650.02**
	Family (district/employer contribution	$1,300.06	$1,137.56	$975.06
BCBS	**Single (employee deduction)**	**$166.08**	**$249.12**	**$332.16**
EPO Option	Single (district/employer contribution)	$664.32	$581.28	$498.24
	Two-Party (employee deduction)	**$315.84**	**$473.78**	**$631.70**
	Two-Party (district/employer contribution)	$1,263.42	$1,105.48	$947.56
	Family (employee deduction)	**$421.86**	**$632.78**	**$843.72**
	Family (district/employer contribution	$1,687.44	$1,476.52	$1,265.58
Cigna	**Single (employee deduction)**	**$176.20**	**$264.30**	**$352.40**
High Option	Single (district/employer contribution)	$704.82	$616.72	$528.62
	Two-Party (employee deduction)	**$340.14**	**$510.22**	**$680.30**
	Two-Party (district/employer contribution)	$1,360.60	$1,190.52	$1,020.44
	Family (employee deduction)	**$455.90**	**$683.86**	**$911.82**
	Family (district/employer contribution	$1,823.66	$1,595.70	$1,367.74
Cigna	**Single (employee deduction)**	**$122.74**	**$184.10**	**$245.48**
Low Option	Single (district/employer contribution)	$490.96	$429.60	$368.22
	Two-Party (employee deduction)	**$236.94**	**$355.40**	**$473.86**
	Two-Party (district/employer contribution)	$947.74	$829.28	$710.82
	Family (employee deduction)	**$317.58**	**$476.36**	**$635.14**
	Family (district/employer contribution	$1,270.30	$1,111.52	$952.74
Presbyterian	**Single (employee deduction)**	**$149.22**	**$223.84**	**$298.46**
High Option	Single (district/employer contribution)	$596.92	$522.30	$447.68
	Two-Party (employee deduction)	**$313.36**	**$470.04**	**$626.72**
	Two-Party (district/employer contribution)	$1,253.44	$1,096.76	$940.08
	Family (employee deduction)	**$417.84**	**$626.76**	**$835.70**
	Family (district/employer contribution	$1,671.40	$1,462.48	$1,253.54
Presbyterian	**Single (employee deduction)**	**$103.48**	**$155.22**	**$206.96**
Low Option	Single (district/employer contribution)	$413.92	$362.18	$310.44
	Two-Party (employee deduction)	**$217.26**	**$325.90**	**$434.54**
	Two-Party (district/employer contribution)	$869.10	$760.46	$651.82
	Family (employee deduction)	**$289.70**	**$434.56**	**$579.42**
	Family (district/employer contribution	$1,158.86	$1,014.00	$869.14
DENTAL	**Single (employee deduction)**	**$5.72**	**$8.58**	**$11.44**
Delta Dental or	Single (district/employer contribution)	$22.88	$20.02	$17.16
United Concordia	**Two-Party (employee deduction)**	**$10.88**	**$16.34**	**$21.78**
High Option	Two-Party (district/employer contribution)	$43.56	$38.10	$32.66
	Family (employee deduction)	**$17.10**	**$25.66**	**$34.22**
	Family (district/employer contribution	$68.44	$59.88	$51.32
Delta Dental or	**Single (employee deduction)**	**$2.86**	**$4.30**	**$5.74**
United Concordia	Single (district/employer contribution)	$11.46	$10.02	$8.58
Low Option	**Two-Party (employee deduction)**	**$5.44**	**$8.18**	**$10.90**
	Two-Party (district/employer contribution)	$21.82	$19.08	$16.36
	Family (employee deduction)	**$8.56**	**$12.82**	**$17.12**
	Family (district/employer contribution	$34.22	$29.96	$25.66
VISION	**Single (employee deduction)**	**$1.24**	**$1.88**	**$2.50**
Davis Vision	Single (district/employer contribution)	$5.02	$4.38	$3.76
	Two-Party (employee deduction)	**$2.10**	**$3.14**	**$4.18**
	Two-Party (district/employer contribution)	$8.38	$7.34	$6.30
	Family (employee deduction)	**$2.82**	**$4.24**	**$5.66**
	Family (district/employer contribution	$11.32	$9.90	$8.48

CONTRIBUTIONS EFFECTIVE OCTOBER 1, 2023 *MONTHLY COST SHARING based on salary and EMPLOYER MINIMUM CONTRIBUTION REQUIREMENTS set forth in NM State Statute*			Less than $50,000 *20%/80%*	1/2 *20%/80%*	$50,000 $59,999 *30%/70%*	1/2 *30%/70%*	$60,000 and Over *40%/60%*	1/2 *40%/60%*
MEDICAL	**Single**	**Employee share**	**$184.54**	**$92.27**	**$276.80**	**$138.40**	**$369.08**	**$184.54**
BCBS		Employer	$738.16	$369.08	$645.90	$322.95	$553.62	$276.81
High Option	**Two-Party**	**Employee share**	**$350.96**	**$175.48**	**$526.42**	**$263.21**	**$701.90**	**$350.95**
		Employer	$1,403.82	$701.91	$1,228.36	$614.18	$1,052.88	$526.44
	Family	**Employee share**	**$468.74**	**$234.37**	**$703.12**	**$351.56**	**$937.48**	**$468.74**
		Employer	$1,874.98	$937.49	$1,640.60	$820.30	$1,406.24	$703.12
BCBS	**Single**	**Employee share**	**$127.94**	**$63.97**	**$191.92**	**$95.96**	**$255.88**	**$127.94**
Low Option		Employer	$511.78	$255.89	$447.80	$223.90	$383.84	$191.92
	Two-Party	**Employee share**	**$243.32**	**$121.66**	**$365.00**	**$182.50**	**$486.66**	**$243.33**
		Employer	$973.34	$486.67	$851.66	$425.83	$730.00	$365.00
	Family	**Employee share**	**$325.02**	**$162.51**	**$487.52**	**$243.76**	**$650.02**	**$325.01**
		Employer	$1,300.06	$650.03	$1,137.56	$568.78	$975.06	$487.53
BCBS	**Single**	**Employee share**	**$166.08**	**$83.04**	**$249.12**	**$124.56**	**$332.16**	**$166.08**
EPO Option		Employer	$664.32	$332.16	$581.28	$290.64	$498.24	$249.12
	Two-Party	**Employee share**	**$315.84**	**$157.92**	**$473.78**	**$236.89**	**$631.70**	**$315.85**
		Employer	$1,263.42	$631.71	$1,105.48	$552.74	$947.56	$473.78
	Family	**Employee share**	**$421.86**	**$210.93**	**$632.78**	**$316.39**	**$843.72**	**$421.86**
		Employer	$1,687.44	$843.72	$1,476.52	$738.26	$1,265.58	$632.79
Cigna	**Single**	**Employee share**	**$176.20**	**$88.10**	**$264.30**	**$132.15**	**$352.40**	**$176.20**
High Option		Employer	$704.82	$352.41	$616.72	$308.36	$528.62	$264.31
	Two-Party	**Employee share**	**$340.14**	**$170.07**	**$510.22**	**$255.11**	**$680.30**	**$340.15**
		Employer	$1,360.60	$680.30	$1,190.52	$595.26	$1,020.44	$510.22
	Family	**Employee share**	**$455.90**	**$227.95**	**$683.86**	**$341.93**	**$911.82**	**$455.91**
		Employer	$1,823.66	$911.83	$1,595.70	$797.85	$1,367.74	$683.87
Cigna	**Single**	**Employee share**	**$122.74**	**$61.37**	**$184.10**	**$92.05**	**$245.48**	**$122.74**
Low Option		Employer	$490.96	$245.48	$429.60	$214.80	$368.22	$184.11
	Two-Party	**Employee share**	**$236.94**	**$118.47**	**$355.40**	**$177.70**	**$473.86**	**$236.93**
		Employer	$947.74	$473.87	$829.28	$414.64	$710.82	$355.41
	Family	**Employee share**	**$317.58**	**$158.79**	**$476.36**	**$238.18**	**$635.14**	**$317.57**
		Employer	$1,270.30	$635.15	$1,111.52	$555.76	$952.74	$476.37
Presbyterian	**Single**	**Employee share**	**$149.22**	**$74.61**	**$223.84**	**$111.92**	**$298.46**	**$149.23**
High Option		Employer	$596.92	$298.46	$522.30	$261.15	$447.68	$223.84
	Two-Party	**Employee share**	**$313.36**	**$156.68**	**$470.04**	**$235.02**	**$626.72**	**$313.36**
		Employer	$1,253.44	$626.72	$1,096.76	$548.38	$940.08	$470.04
	Family	**Employee share**	**$417.84**	**$208.92**	**$626.76**	**$313.38**	**$835.70**	**$417.85**
		Employer	$1,671.40	$835.70	$1,462.48	$731.24	$1,253.54	$626.77
Presbyterian	**Single**	**Employee share**	**$103.48**	**$51.74**	**$155.22**	**$77.61**	**$206.96**	**$103.48**
Low Option		Employer	$413.92	$206.96	$362.18	$181.09	$310.44	$155.22
	Two-Party	**Employee share**	**$217.26**	**$108.63**	**$325.90**	**$162.95**	**$434.54**	**$217.27**
		Employer	$869.10	$434.55	$760.46	$380.23	$651.82	$325.91
	Family	**Employee share**	**$289.70**	**$144.85**	**$434.56**	**$217.28**	**$579.42**	**$289.71**
		Employer	$1,158.86	$579.43	$1,014.00	$507.00	$869.14	$434.57
DENTAL	**Single**	**Employee share**	**$5.72**	**$2.86**	**$8.58**	**$4.29**	**$11.44**	**$5.72**
Delta Dental or		Employer	$22.88	$11.44	$20.02	$10.01	$17.16	$8.58
United Concordia	**Two-Party**	**Employee share**	**$10.88**	**$5.44**	**$16.34**	**$8.17**	**$21.78**	**$10.89**
High Option		Employer	$43.56	$21.78	$38.10	$19.05	$32.66	$16.33
	Family	**Employee share**	**$17.10**	**$8.55**	**$25.66**	**$12.83**	**$34.22**	**$17.11**
		Employer	$68.44	$34.22	$59.88	$29.94	$51.32	$25.66
DENTAL	**Single**	**Employee share**	**$2.86**	**$1.43**	**$4.30**	**$2.15**	**$5.74**	**$2.87**
Delta Dental or		Employer	$11.46	$5.73	$10.02	$5.01	$8.58	$4.29
United Concordia	**Two-Party**	**Employee share**	**$5.44**	**$2.72**	**$8.18**	**$4.09**	**$10.90**	**$5.45**
Low Option		Employer	$21.82	$10.91	$19.08	$9.54	$16.36	$8.18
	Family	**Employee share**	**$8.56**	**$4.28**	**$12.82**	**$6.41**	**$17.12**	**$8.56**
		Employer	$34.22	$17.11	$29.96	$14.98	$25.66	$12.83
VISION	**Single**	**Employee share**	**$1.24**	**$0.62**	**$1.88**	**$0.94**	**$2.50**	**$1.25**
Davis Vision		Employer	$5.02	$2.51	$4.38	$2.19	$3.76	$1.88
	Two-Party	**Employee share**	**$2.10**	**$1.05**	**$3.14**	**$1.57**	**$4.18**	**$2.09**
		Employer	$8.38	$4.19	$7.34	$3.67	$6.30	$3.15
	Family	**Employee share**	**$2.82**	**$1.41**	**$4.24**	**$2.12**	**$5.66**	**$2.83**
		Employer	$11.32	$5.66	$9.90	$4.95	$8.48	$4.24

THE STANDARD ADDITIONAL LIFE Employee pays 100% of the premium.

Visit Calculate LTD and ADL Monthly Premiums

Age of Adult	Under 25	25-29	30-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +	Child(ren)
Rate per $1,000	$.06	$.08	$.08	$.10	$.14	$.24	$.38	$.56	$.84	$1.10	$.26/mo.

To calculate your Additional Life monthly payroll deduction, follow these steps, or click on the link above to the calculator.	*Example: Employee Age 46 earning $34,666 choosing 3x for Employee Life Insurance and enrolling Spouse Age 36 and Children*
Enter Annual Contracted Salary, rounded to next higher $1,000	*$35,000*
Multiply by your selection (1x, 2x, or 3x) (Maximum amount $500,000 without medical underwriting; $600,000 if approved by medical underwriting)	*3 x $35,000 = $105,000*
Divide by 1,000 (for # of units of $1,000)	*$105,000 / $1,000 = 105*
Multiply by the rate for Employee's age group to get the Employee Life Insurance deduction	*Rate for ages 45-49 is $.14; 105 x $.14 = $14.70*
If insuring Spouse, enter the lesser of: (a) 50% of your Additional Life Insurance or 1x your Annual Contracted Salary, rounded to the next higher $1,000	*Spouse amount limited to $35,000 in this example because spouse amount may not exceed 1x Employee's Salary rounded to the next higher $1,000*
Divide by 1,000 (for # of units of $1,000)	*$35,000 / 1,000 = 35*
Multiply by the rate for Spouse's age group to get the deduction for Spouse Life	*Rate for ages 30-39 is $.08; 35 x $.08 = $2.80*
If insuring Child(ren) for the Children's Additional Life Coverage of $5,000, add $.26	*$.26*
Add amounts in shaded rows for your total deduction for Additional Life	*$14.70 for $105,000 on Employee* *$ 2.80 for $35,000 on Spouse* *$ .26 for $5,000 on Children* *$17.76 per month*

THE STANDARD LONG TERM DISABILITY PLAN Employer contributes to the premium

Benefit Waiting Period *(Selected by your employer)*	Monthly Premium
30 Day Wait	$0.58 per $100 payroll
60 Day Wait	$0.38 per $100 payroll
90 Day Wait	$0.30 per $100 payroll

To calculate your LTD monthly payroll deduction, follow these steps:	*Example: $40,000 Salary, 30 Day Benefit Waiting Period*
Enter Contracted Annual Salary but not more than $90,000	*$40,000*
Divide by Salary by 1200	*$40,000 / 1200 = $33.34*
Multiply by plan rate from table. This is the total monthly cost, which is shared between you and your employer.	*$33.34 x $.58 = $19.34*
Your share is: 40% if you earn $60,000 or more 30% if you earn between $50,000 and less than $60,000 20% if you earn less than $50,000 Check with your employer to confirm your % share.	*20% of $19.34 = $3.86* *Sample monthly deduction at $40,000 Salary*

New Mexico Public Schools Insurance Authority (NMPSIA)
Important Employee Benefit Program Notices

Updated July 2023

This document contains important employee benefit program notices of interest to you and your family. Please share this information with your family members. Some of the notices in this document are required by law and other notices contain helpful information. These notices are updated from time-to-time and some of the federal notices are updated each year. Be sure you review an updated version of this important notices document.

Si no entiende la información de este documento, póngase en contacto con la oficina de beneficios o recursos humanos de su empleador.

MID-YEAR CHANGES TO YOUR HEALTH CARE BENEFIT ELECTIONS

IMPORTANT: After an open enrollment period is completed, generally you **will not** be allowed to change your benefit elections or add/delete dependents until next years' open enrollment, unless you have a Special Enrollment Event or a Mid-year Change in Status Event as outlined below:

- ***Special Enrollment Event:***

  Loss of Other Coverage Event: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if your employer stops contributing toward your or your dependents' other coverage). However, you **must request enrollment within 31 days** after your or your dependents' other coverage ends (or after the employer stops contributing towards the other coverage).

  Marriage, Birth, Adoption Event: In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you **must request enrollment within 31 days** after the marriage, birth, adoption, or placement for adoption.

  Medicaid/CHIP Event: You and your dependents may also enroll in this plan if you (or your dependents):

  - Have coverage through Medicaid or a State Children's Health Insurance Program (CHIP) and you (or your dependents) lose eligibility for that coverage. However, you must request enrollment within **60 days** after the Medicaid or CHIP coverage ends.
  - Become eligible for a premium assistance program through Medicaid or CHIP. However, you must request enrollment within 60 days after you (or your dependents) are determined to be eligible for such assistance.

  To request special enrollment contact your employer's benefits office or obtain more information at the Plan's designated Enrollment and Eligibility Administrator, ERISA Administrative Services at 800-233-3164.

- ***Mid-Year Permitted Election Change in Status Event:***

  When your employer pre-taxes your benefits, NMPSIA is required to follow Internal Revenue Service (IRS) regulations on if and when benefits can be changed in the middle of a plan year. The following events **may** allow certain changes in benefits mid-year, **if** permitted by the IRS:

  - Change in legal marital status (e.g. marriage, divorce/legal separation, death).
  - Change in number or status of dependents (e.g. birth, adoption, death).

- Change in employee/spouse/dependent's employment status, work schedule, or residence that affects their eligibility for benefits.
- Coverage of a child due to a QMCSO.
- Entitlement or loss of entitlement to Medicare or Medicaid.
- Certain changes in the cost of coverage, composition of coverage or curtailment of coverage of the employee or spouse's plan.
- Changes consistent with Special Enrollment rights and FMLA leaves.

You must notify the plan in writing within **31 days** of the mid-year change in status event by contacting your employer's benefits office or obtain more information at ERISA Administrative Services at 800-233-3164.

The Plan will determine if your change request is permitted and if so, changes become effective prospectively, on the first day of the month, following the approved change in status event (except for newborn and adopted children, who are covered back to the date of birth, adoption, or placement for adoption).

IMPORTANT REMINDER TO PROVIDE THE PLAN WITH THE TAXPAYER IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN) OF EACH ENROLLEE IN A HEALTH PLAN

Employers are required by law to collect the taxpayer identification number (TIN) or social security number (SSN) of each medical plan participant and provide that number on reports that will be provided to the IRS each year. Employers are required to make at least two consecutive attempts to gather missing TINs/SSNs.

If a dependent does not yet have a social security number, you can go to this website to complete a form to request an SSN: http://www.socialsecurity.gov/online/ss-5.pdf. Applying for a social security number is FREE.

If you have not yet provided the social security number (or other TIN) for each of your dependents that you have enrolled in the health plan, please contact your employer's benefits office or obtain more information at ERISA Administrative Services at 800-233-3164.

MEDICARE NOTICE OF CREDITABLE COVERAGE REMINDER

If you or your eligible dependents are currently Medicare eligible, or will become Medicare eligible during the next 12 months, you need to be sure that you understand whether the prescription drug coverage that you elect under the Medical Plan options available to you through NMPSIA are or are not creditable with (as valuable as) Medicare's prescription drug coverage.

To find out whether the prescription drug coverage under the medical plan options offered by NMPSIA is or is not creditable you should review the Plan's Medicare Part D Notice of Creditable Coverage available at the back of this document or from https://nmpsia.com/ and select the most current Program Guide.

PRIVACY NOTICE REMINDER

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

This Plan's HIPAA Privacy Notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this Notice when you enroll in the Plan. A copy of the Notice is provided at the back of this document and you can get another copy of this Notice from the New Mexico Public Schools Insurance Authority (NMPSIA) at 800-548-3724.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA) ANNUAL NOTICE REMINDER

You or your dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles, copayment and coinsurance applicable to other medical and surgical benefits provided under the various medical plans offered by NMPSIA. For more information on WHCRA benefits, contact Cigna at 800-244-6224, NM Blue Cross Blue Shield at 888-966-7742, or Presbyterian Health Plan at 888-275-7737.

AVAILABILITY OF SUMMARY HEALTH INFORMATION: THE SUMMARY OF BENEFIT AND COVERAGE (SBC) DOCUMENT(S)

The health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

As required by law, across the US, insurance companies and group health plans like ours are providing plan participants with a consumer-friendly **Summary of Benefits and Coverage (SBC)** as a way to help understand and compare medical plan benefits. Choosing a health coverage option is an important decision. To help you make an informed choice, the SBC, summarizes and compares important information in a standard format.

Each SBC contains concise medical plan information, in plain language, about benefits and coverage, including, what is covered, what you need to pay for various benefits, what is not covered and where to go for more information or to get answers to questions. SBC documents are updated when there is a change to the benefits information displayed on an SBC.

Government regulations are very specific about the information that can and cannot be included in each SBC. Plans are not allowed to customize very much of the SBC documents. There are detailed instructions the Plan had to follow about how the SBCs look, how many pages long the SBC should be, the font size, the colors used when printing the SBC and even which words were to be bold and underlined.

A Uniform Glossary that defines many of the terms used in the SBC is available at https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/sbc-uniform-glossary-of-coverage-and-medical-terms-final.pdf.

The SBC for each medical plan option is available at the NMPSIA website: https://nmpsia.com/ or for a paper copy contact NMPSIA at 800-548-3724.

PATIENT PROTECTION RIGHTS OF THE AFFORDABLE CARE ACT

The medical plans offered by NMPSIA do not require the selection or designation of a primary care provider (PCP). You have the ability to visit any network or non-network health care provider; however, payment by the Plan may be less for the use of a non-network provider.

You also do not need prior authorization from the Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Cigna at 800-244-6224, NM Blue Cross Blue Shield at 888-966-7742, or Presbyterian Health Plan at 888-275-7737.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Hospital Length of Stay for Childbirth: Under federal law, group health plans, like this Plan, generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the Plan may pay for a shorter stay if the attending Physician (e.g., Physician, or Health Care Practitioner), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, the Plan may not, under federal law, require that a Physician or other Health Care Practitioner obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification for a length of stay longer than 48 hours for vaginal birth or 96 hours for C-section, contact Cigna at 800-244-6224, NM Blue Cross Blue Shield at 888-966-7742, or Presbyterian Health Plan at 888-275-7737 to precertify the extended stay. If you have questions about this Notice, contact Cigna at 800-244-6224, NM Blue Cross Blue Shield at 888-966-7742, or Presbyterian Health Plan at 888-275-7737.

KEEP THE PLAN NOTIFIED OF CHANGES IN ELIGIBILITY FOR BENEFITS

IMPORTANT NOTICE

You or your Dependents must promptly furnish to the Plan Administrator (ERISA Administrative Services) at 800-233-3164 information regarding change of name, address, marriage, divorce or legal separation, death of any covered family member, birth and change in status of a Dependent Child, Medicare enrollment or disenrollment, an individual no longer meeting the eligibility provisions of the Plan, or the existence of other coverage. Proof of legal documentation will be required for certain changes.

Notify the Plan of any of these changes within 31 days. Note that for certain events like divorce or a child reaching the limiting age for coverage, if you do not notify the Plan within 60 days of that change, the opportunity to elect COBRA will not apply.

Failure to give ERISA Administrative Services a timely notice of the above noted events may:

a. cause you, your Spouse and/or Dependent Child(ren) to lose the right to obtain COBRA Continuation Coverage,
b. cause the coverage of a Dependent Child to end when it otherwise might continue because of a disability,
c. cause claims to not be considered for payment until eligibility issues have been resolved,
d. result in your liability to repay the Plan if any benefits are paid on behalf of, or to, an ineligible person. The Plan has the right to offset the amounts paid against the participant's future medical, dental, and/or vision benefits.

In accordance with the requirements in the Affordable Care Act, your employer will not retroactively cancel coverage (a rescission) except when premiums and self-payments are not timely paid, or in cases when an individual performs an act, practice or omission that constitutes fraud, or makes an intentional misrepresentation of material fact that is prohibited by the terms of the Plan. **Keeping an ineligible dependent enrolled (for example, an ex-spouse, overage dependent child, etc.) is considered fraud.** If you have questions about eligibility for benefits, contact your employer's benefits office or obtain more information at ERISA Administrative Services at 800-233-3164.

COBRA COVERAGE REMINDER

In compliance with a federal law referred to as COBRA Continuation Coverage, this plan offers its eligible employees and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying events).

Qualified beneficiaries are entitled to elect COBRA when certain events occur, and, as a result of the event, coverage of that qualified beneficiary ends (together, the event and the loss of coverage are called a qualifying event). Qualified beneficiaries who elect COBRA Continuation Coverage must pay for it at their own expense.

Qualifying events may include termination of employment, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce/legal separation, or a child ceasing to be an eligible dependent child under the terms of the plan, if a loss of coverage results.

In addition to considering COBRA as a way to continue coverage, there may be other coverage options for you and your family. You may want to look for coverage through the Health Care Marketplace. See https://www.healthcare.gov/. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums for Marketplace coverage, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. COBRA eligibility does not limit your eligibility for coverage for Marketplace coverage or for the tax credit. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan) if you request enrollment within 30 days, even if the plan generally does not accept late enrollees.

The maximum period of COBRA coverage is generally either eighteen (18) months or thirty-six (36) months, depending on the qualifying event.

In order to have the chance to elect COBRA coverage after a divorce/legal separation or a child ceasing to be a dependent child under the plan, **you and/or a family member must inform the plan in writing of that event no later than 60 days after that event occurs**. That notice must be sent to your employer's benefits office or obtain more information at ERISA Administrative Services 800-233-3164 or PO Box 9054, Santa Fe, NM 97504 via first class mail and is to include the employee's name, the qualifying event, the date of the event, and the appropriate documentation in support of the qualifying event (such as divorce documents).

If you have questions about COBRA contact ERISA Administrative Services at 800-233-3164.

IMPORTANT NOTICES ATTACHED

The following pages include important notices for you and your family:

- Reminder about the Employer Notice About the Health Insurance Marketplace
- Medicare Part D Notice
- HIPAA Privacy Notice
- Notice about Premium Assistance with Medicaid and CHIP

EMPLOYER NOTICE ABOUT THE HEALTH INSURANCE MARKETPLACE

Your employer should distribute a notice to new employees when they are first hired. The notice is at least two pages long. To help you recognize the notice, here is a snapshot of a portion of the first page of the Notice:

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Important Notice from NMPSIA about Prescription Drug Coverage for People with Medicare

This notice is for people with Medicare.
Please read this notice carefully and keep it where you can find it.

This Notice has information about your current prescription drug coverage with the New Mexico Public Schools Insurance Authority (NMPSIA) and the prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare's prescription drug coverage and can help you decide whether or not you want to enroll in that Medicare prescription drug coverage. At the end of this notice is information on where you can get help to make a decision about Medicare's prescription drug coverage.

- **If you and/or your family members are not now eligible for Medicare, and will not be eligible during the next 12 months, you may disregard this Notice.**
- **If, however, you and/or your family members are now eligible for Medicare or may become eligible for Medicare in the next 12 months, you should read this Notice very carefully.**

This announcement is required by law whether the group health plan's coverage is primary or secondary to Medicare. Because it is not possible for our Plan to always know when a Plan participant or their eligible spouse or children have Medicare coverage or will soon become eligible for Medicare we have decided to provide this Notice to all plan participants.

Prescription drug coverage for Medicare-eligible people is available through Medicare prescription drug plans (PDPs) and Medicare Advantage Plans (like an HMO or PPO) that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more drug coverage for a higher monthly premium.

NMPSIA has determined that the prescription drug coverage IS "CREDITABLE" under the following medical plan options:

- **Presbyterian Low Option Plan and Presbyterian High Option Plan**
- **Blue Cross Blue Shield of New Mexico Low Option Plan**
- **Blue Cross Blue Shield of New Mexico High Option Plan**
- **Blue Cross Blue Shield of New Mexico Preferred EPO Plan**
- **Cigna Low Option Plan and Cigna High Option Plan**

"Creditable" means that the value of this Plan's prescription drug benefit is, on average for all plan participants, expected to pay out as much as or more than the standard Medicare prescription drug coverage will pay.

Because the medical plan options noted above are, on average, at least as good as the standard Medicare prescription drug coverage, **you can elect or keep prescription drug coverage under the Presbyterian Low Option Plan, Presbyterian High Option Plan, Blue Cross Blue Shield of New Mexico Low Option Plan, Blue Cross Blue Shield of New Mexico High Option Plan, Blue Cross Blue Shield of New Mexico Preferred EPO Plan, Cigna Low Option Plan or Cigna High Option Plan, and you will not pay extra if you later decide to enroll in Medicare prescription drug coverage.** You may enroll in Medicare prescription drug coverage at a later time, and because you maintain creditable coverage, you will not have to pay a higher premium (a late enrollment fee penalty).

REMEMBER TO KEEP THIS NOTICE

If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

Medicare-eligible people can enroll in a Medicare prescription drug plan at one of the following three (3) times:

- When they first become eligible for Medicare; or
- During Medicare's annual election period (from October 15th through December 7th); or
- For beneficiaries leaving employer/union coverage, you may be eligible for a two-month Special Enrollment Period (SEP) in which to sign up for a Medicare prescription drug plan.

When you make your decision whether to enroll in a Medicare prescription drug plan, you should also compare your current prescription drug coverage, (including which drugs are covered and at what cost) with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

YOUR RIGHT TO RECEIVE A NOTICE

You will receive this notice at least every twelve (12) months and at other times in the future such as if the creditable/non-creditable status of the prescription drug coverage through this plan changes. You may also request a copy of a Notice at any time.

WHY CREDITABLE COVERAGE IS IMPORTANT (When you will pay a higher premium (penalty) to join a Medicare drug plan)

If you do not have creditable prescription drug coverage when you are first eligible to enroll in a Medicare prescription drug plan and you elect or continue prescription drug coverage under a **non-creditable** prescription drug plan, then at a later date when you decide to elect Medicare prescription drug coverage you may pay a higher premium (a penalty) for that Medicare prescription drug coverage for as long as you have that Medicare coverage.

Maintaining creditable prescription drug coverage will help you avoid Medicare's late enrollment penalty. This **late enrollment penalty** is described below:

> If you go sixty-three (63) continuous days or longer without creditable prescription drug coverage (meaning drug coverage that is at least as good as Medicare's prescription drug coverage), your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have either Medicare prescription drug coverage or coverage under a creditable prescription drug plan. You may have to pay this higher premium (the penalty) as long as you have Medicare prescription drug coverage.
>
> For example, if nineteen (19) months pass where you do not have creditable prescription drug coverage, when you decide to join Medicare's drug coverage your monthly premium will always be at least 19% higher than the Medicare base beneficiary premium. Additionally, if you go sixty-three (63) days or longer without prescription drug coverage you may also have to wait until the next October to enroll for Medicare prescription drug coverage.

WHAT ARE MY CHOICES?

You can choose any **one** of the following options:

Your Choices:	What you can do:	What this option means to you:
Option 1	**You can select or keep your current medical and prescription drug coverage** with the Presbyterian Low Option Plan, Presbyterian High Option Plan, Blue Cross Blue Shield of New Mexico Low Option Plan, Blue Cross Blue Shield of New Mexico High Option Plan, Blue Cross Blue Shield of New Mexico Preferred EPO Plan, Cigna Low Option Plan or Cigna High Option Plan, **and you do not have to enroll in a Medicare prescription drug plan.**	You will continue to be able to use your prescription drug benefits through the Presbyterian Low Option Plan, Presbyterian High Option Plan, Blue Cross Blue Shield of New Mexico Low Option Plan, Blue Cross Blue Shield of New Mexico High Option Plan, Blue Cross Blue Shield of New Mexico Preferred EPO Plan, Cigna Low Option Plan or Cigna High Option Plan, • You may, in the future, enroll in a Medicare prescription drug plan during Medicare's annual enrollment period (during October 15th through December 7th of each year). • As long as you are enrolled in creditable drug coverage you will not have to pay a higher premium (a late enrollment fee) to Medicare when you do choose, at a later date, to sign up for a Medicare prescription drug plan.
Option 2	**You can select or keep your current medical and prescription drug coverage** with the Presbyterian Low Option Plan, Presbyterian High Option Plan, Blue Cross Blue Shield of New Mexico Low Option Plan, Blue Cross Blue Shield of New Mexico High Option Plan, Blue Cross Blue Shield of New Mexico Preferred EPO Plan, Cigna Low Option Plan or Cigna High Option Plan, **and also enroll in a Medicare prescription drug plan.** If you enroll in a Medicare prescription drug plan you will need to pay the Medicare Part D premium out of your own pocket.	Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. Having dual prescription drug coverage under this Plan and Medicare means that this Plan will coordinate its drug payments with Medicare, as follows: • For Medicare eligible Retirees and their Medicare eligible Dependents, Medicare Part D coverage pays primary and the group health plan pays secondary. • For Medicare eligible Active Employees and their Medicare eligible Dependents, the group health plan pays primary and Medicare Part D coverage pays secondary. Note that you may not drop just the prescription drug coverage under the medical plan in which you are enrolled. That is because prescription drug coverage is part of the entire medical plan. Generally, you may only drop medical plan coverage at this Plan's next Open Enrollment period. Note that each Medicare prescription drug plan (PDP) may differ. Compare coverage, such as: • PDPs may have different premium amounts; • PDPs cover different brand name drugs at different costs to you; • PDPs may have different prescription drug deductibles and different drug copayments; • PDPs may have different networks for retail pharmacies and mail order services.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE'S PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. A person enrolled in Medicare (a "beneficiary") will get a copy of this handbook in the mail each year from Medicare. A Medicare beneficiary may also be contacted directly by Medicare-approved prescription drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number), for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Para más información sobre sus opciones bajo la cobertura de Medicare para recetas médicas.

Revise el manual "Medicare Y Usted" para información más detallada sobre los planes de Medicare que ofrecen cobertura para recetas médicas. Visite www.medicare.gov por el Internet o llame GRATIS al 1 800 MEDICARE (1-800-633-4227). Los usuarios con teléfono de texto (TTY) deben llamar al 1-877-486-2048. Para más información sobre la ayuda adicional, visite la SSA en línea en www.socialsecurity.gov por Internet, o llámeles al 1-800-772-1213 (Los usuarios con teléfono de texto (TTY) deberán llamar al 1-800-325-0778).

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

For more information about this notice or your current prescription drug coverage contact:

NMPSIA
410 Old Taos Highway
Santa Fe, NM 87501
Phone Number: 1-800-548-3724

As in all cases, NMPSIA reserves the right to modify benefits at any time, in accordance with applicable law. This document (dated June 2023) is intended to serve as your Medicare Notice of Creditable Coverage, as required by law.

New Mexico Public Schools Insurance Authority

NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY (NMPSIA)

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

The NMPSIA self-funded group health plan (hereafter referred to as the "Plan") is required by law to take reasonable steps to maintain the privacy of your health information (called **Protected Health Information** or **PHI**) and to provide you with notice of its legal duties and privacy practices with respect to your Protected Health Information including:

1. The Plan's uses and disclosures of PHI,
2. Your rights to privacy with respect to your PHI,
3. The Plan's duties with respect to your PHI,
4. Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services (HHS), and
5. The person or office you should contact for further information about the Plan's privacy practices, and
6. To notify affected individuals following a breach of unsecured Protected Health Information.

The Plan Sponsor has amended its Plan documents to protect your PHI as required by Federal law.

PHI use and disclosure by the Plan is regulated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). You may find these rules in Section 45 of the Code of Federal Regulations, Parts 160 and 164. The regulations will supersede this Notice if there is any discrepancy between the information in this Notice and the regulations. The Plan will abide by the terms of the Notice currently in effect. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI it maintains.

You may also receive a Privacy Notice from companies who offer Plan participants insured health care services, such as the Vision plan benefits. Each of these notices will describe your rights as it pertains to that plan and in compliance with the Federal regulation, HIPAA. This Privacy Notice however, pertains to your protected health information related to the NMPSIA self-funded medical plan options and COBRA Administration, (the "Plan") and outside companies contracted to help administer Plan benefits, also called "business associates."

Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

If you have questions about any part of this Notice or if you want more information about the privacy practices at NMPSIA, please contact NMPSIA located at 410 Old Taos Highway, Santa Fe, NM 87501, or by telephone at 1-(800) 548-3724.

Your Protected Health Information

The term **"Protected Health Information" (PHI)** includes all information related to your past, present or future health condition(s) that individually identifies you or could reasonably be used to identify you and is transferred to another entity or maintained by the Plan in oral, written, electronic or any other form.

PHI does not include health information contained in employment records held by your employer in its role as an employer, including but not limited to health information on disability, work-related illness/injury, sick leave, Family or Medical Leave (FMLA), life insurance, dependent care flexible spending account, drug testing, etc.

PHI also does not include health information that has been de-identified. De-identified information is information that does not identify you and there is no reasonable basis to believe that the information can be used to identify you.

The Plan's Duties

The Plan is required by law to:

- Maintain the privacy of your protected health information (PHI);
- Inform you promptly if a breach occurs that may have compromised the privacy or security of your information;
- Provide you with certain rights with respect to your protected health information;
- Provide you and your eligible dependents with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information;
- Follow the terms of the Notice that is currently in effect; and
- Not use or share your information other than as described here unless you tell us in writing that we can. If you tell us we can share information, you may change your mind at any time and advise us in writing of such change.

Notice Distribution: The Notice will be provided to each person when they initially enroll for benefits in the Plan (the Notice is provided in the Plan's Enrollment/Program Guide). The Notice is also available on the Plan's website: https://nmpsia.com/. The Notice will also be provided upon request. Once every three years the Plan will notify the individuals then covered by the Plan where to obtain a copy of the Notice. This Plan will satisfy the requirements of the HIPAA regulation by providing the Notice to the named insured (covered employee) of the Plan; however, you are encouraged to share this Notice with other family members covered under the Plan.

Notice Revisions: If a privacy practice of this Plan is changed affecting this Notice, a revised version of this Notice will be provided to you and all participants covered by the Plan at the time of the change. Any revised version of the Notice will be distributed within 60 days of the effective date of a material change to the uses and disclosures of PHI, your individual rights, the duties of the Plan or other privacy practices stated in this Notice.

Material changes are changes to the uses and disclosures of PHI, an individual's rights, the duties of the Plan or other privacy practices stated in the Privacy Notice. Because our health plan posts its Notice on its web site, we will prominently post the revised Notice on that web site by the effective date of the material change to the Notice. We will also provide the revised notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to individuals covered by the Plan.

When the Plan May Use or Disclose Your Health Information

Under the law, the Plan may use and disclose your health information without your written authorization in the following cases:

- ***At your request.*** If you request it, the Plan is required to give you access to your PHI in order to inspect it and copy it.
- ***As required by an agency of the government.*** The Secretary of the Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plan's compliance with the privacy regulations.
- ***For treatment, payment or health care operations.*** The Plan and its Business Associates will use your PHI (except psychotherapy notes in certain instances as described below) without your consent, authorization or opportunity to agree or object in order to carry out treatment, payment, or health care operations.

    1. **For Treatment.** We may use or disclose your protected health information to facilitate medical treatment or services by providers. **For example**, we may disclose providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you to your treating specialist to enable your providers to confer regarding a treatment plan.

2. **For Payment.** We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. **For example**, we may tell your health care provider about you to determine whether the Plan will cover the treatment recommended by your provider. We may also share your protected health information with a utilization review or pre-certification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.
3. **Health Care Operations.** We may use and disclose health information about you to carry out necessary insurance-related activities. Such activities may include underwriting, enrollment, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; patient safety activities; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration. If use or disclosure of protected health information is made for underwriting purposes, any such protected health information that is genetic information of an individual is prohibited from being used or disclosed. **For example**, we may use information about your medical claims to project future benefit costs.

The Plan may disclose PHI to the Plan Sponsor for purposes of treatment, payment, and health care operations in accordance with the Plan amendment. The Plan may disclose PHI to the Plan Sponsor for review of your appeal of a benefit or for other reasons related to the administration of the Plan.

Although the Plan does not routinely obtain psychotherapy notes, generally, an authorization will be required by the Plan before the Plan will use or disclose psychotherapy notes about you. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. However, the Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by you.

The Plan generally will require an authorization form for uses and disclosure of your PHI for sales or marketing purposes if the Plan receives direct or indirect payment from the entity whose product or service is being marketed or sold. You have the right to revoke an authorization at any time.

Use or Disclosure of Your PHI Where Consent, Authorization or Opportunity to Object Is Not Required

In general, the Plan does not need your written authorization to release your PHI if required by law or for public health and safety purposes. The Plan and its Business Associates are allowed to use and disclose your PHI **without** your written authorization (in compliance with section 164.512) under the following circumstances:

1. **Required by Law.** As required by law, we may use and disclose your health information. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.
2. **Public Health.** As authorized by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
3. **Proof of Immunization.** We may disclose information about you limited to proof of immunization to a school about an individual who is a student or prospective student of the school.
4. **Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.
5. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.

6. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
7. **Coroners, Medical Examiners and Funeral Directors.** We may disclose your health information to coroners, medical examiners and funeral directors. For example, this may be necessary to identify a deceased person or determine the cause of death.
8. **Information of Decedent Related to Organ and Tissue Donation.** We may disclose your health information after you have died to organizations involved in procuring, banking or transplanting organs and tissues, as necessary.
9. **Public Safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
10. **National Security.** We may disclose your health information for military, national security, prisoner and government benefits purposes.
11. **Military and Veterans.** If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority if required.
12. **Worker's Compensation.** We may disclose your health information as necessary to comply with worker's compensation or similar laws.
13. **Research.** We may disclose your health information to researchers when:
    - The individual identifiers have been removed; or
    - When an institutional review board or privacy board (a) has reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.
14. **Disclosures to Plan Sponsors.** We may discuss your health information to the sponsor of your group health plan, for purposes of administering benefits under the plan. We share the minimum information necessary to accomplish these purposes.
15. **Business Associates.** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

Any other Plan uses and disclosures not described in this Notice will be made only if you provide the Plan with written authorization, subject to your right to revoke your authorization, and information used and disclosed will be made in compliance with the minimum necessary standards of the regulation.

Disclosing Only the Minimum Necessary Protected Health Information

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment,
- **Disclosures to You.** When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information where the disclosure was for reasons other than for treatment, payment, or health care operations, and where the protected health information was disclosed in accordance with your individual authorization.
- **Government Audits.** We are required to disclose your health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.
- Uses of disclosures required by law, and
- Uses of disclosures required for the Plan's compliance with the HIPAA privacy regulations.

As described in the amended Plan document, the Plan may share PHI with the Plan Sponsor for limited administrative purposes, such as determining claims and appeals, performing quality assurance functions and auditing and monitoring the Plan. The Plan shares the minimum information necessary to accomplish these purposes.

In addition, the Plan may use or disclose "summary health information" to the Plan Sponsor for obtaining premium bids or modifying, amending or terminating the group health Plan. Summary health information means information that summarizes claims history, claims expenses or type of claims experienced by individuals for whom the Plan Sponsor has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.

Use or Disclosure of Your PHI Where You Will Be Given an Opportunity to Agree or Disagree Before the Use or Release

Disclosure of your PHI to family members, other relatives and your close personal friends without your written consent or authorization is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care, and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Under this Plan your PHI will automatically be disclosed to your employer's benefits office as outlined below. If you disagree with this automatic disclosure by the Plan you may contact the Privacy Officer to request that such disclosure not occur without your written authorization:

- In the event of your death while you are covered by this Plan, when the Plan is notified it will automatically communicate this information to your employer's benefits office.
- In the event the Plan is notified of a work-related illness or injury, the Plan will automatically communicate this information to your employer's benefits office to allow the processing of appropriate paperwork.

Note that PHI obtained by the Plan Sponsor's employees through Plan administration activities will NOT be used for employment related decisions.

Your Personal Representatives

You may exercise your rights to your Protected Health Information (PHI) by designating a person to act as your Personal Representative. Your Personal Representative will generally be required to produce evidence (proof) of the authority to act on your behalf **before** the Personal Representative will be given access to your PHI or be allowed to take any action for you.

Under this Plan, proof of such authority will include (1) a completed, signed and approved Appoint a Personal Representative form; (2) a notarized power of attorney for health care purposes; (3) a court-appointed conservator or guardian; or, (4) for a Spouse under this Plan, the absence of a Revoke a Personal Representative form on file with the Privacy Officer. Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

(1) You have been, or may be, subjected to domestic violence, abuse or neglect by such person;
(2) Treating such person as your personal representative could endanger you; or
(3) In the exercise of professional judgment, we believe it is not in your best interest to treat the person as your personal representative.

This Plan WILL AUTOMATICALLY recognize your legal Spouse as your Personal Representative and vice versa, without you having to complete a form to Appoint a Personal Representative. However, you may request that the Plan not automatically honor your legal Spouse as your Personal Representative by completing a form to Revoke a Personal Representative (copy attached to this notice or also available from the Privacy Officer).

If you wish to revoke your Spouse as your Personal Representative, please complete the Revoke a Personal Representative form (attached or available from the Privacy Officer) and return it to the Privacy Officer and this will mean that this Plan will NOT automatically recognize your Spouse as your Personal Representative and vice versa.

Because HIPAA regulations give adults certain rights and generally children age 18 and older are adults, if you have dependent children age 18 and older covered under the Plan, and the child wants you, as the parent(s), to be able to access their Protected Health Information (PHI), that child will need to complete a form to Appoint a Personal Representative to designate you (the employee/retiree) and/or your Spouse as their Personal Representatives.

The Plan will consider a parent, guardian, or other person acting *in loco parentis* as the Personal Representative of an unemancipated minor (a child generally under age 18) unless the applicable law requires otherwise. *In loco parentis* may be further defined by State law, but in general it refers to a person who has been treated as a parent by the child and who has formed a meaningful parental relationship with the child for a substantial period of time. Spouses and unemancipated minors may, however, request that the Plan restrict PHI that goes to family members as described above under the section titled "Your Individual Privacy Rights."

Statement of Your Individual Privacy Rights

1. **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your protected health information. The Plan is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501.
2. **Right to Request Confidential Communications.** You have the right to receive your protected health information through a reasonable alternative means or at an alternative location (such as mailing PHI to a different address or allowing you to personally pick up the PHI that would otherwise be mailed), if you provide a written request to the Plan that the disclosure of PHI to your usual location could endanger you. To request confidential communications, you must submit your request in writing to NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501. We are not required to agree to your request.
3. **Right to Inspect and Copy.** You have the right to inspect and obtain a copy (in hard copy or electronic form) of your protected health information (except psychotherapy notes and information compiled in reasonable contemplation of an administrative action or proceeding) contained in a "designated record set," for as long as the

Plan maintains the PHI. You may request your hard copy or electronic information in a format that is convenient for you, and the Plan will honor that request to the extent possible. You may also request a summary of your PHI.

A **Designated Record Set** includes your medical records and billing records that are maintained by or for a covered health care provider. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan or other information used in whole or in part by or for the covered entity to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you is not included in the designated record set.

The Plan must provide the requested information within 30 days of its receipt of the request if the information is maintained onsite or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline and notifies you in writing in advance of the reasons for the delay and the date by which the Plan will provide the requested information.

To inspect and copy such information, you or your personal representative must submit your request in writing to NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501. If you request a copy of the information, we may charge you a reasonable cost-based fee. You may request your hard copy or electronic information in a format that is convenient for you, and we will honor that request to the extent possible. You may also request a summary of your PHI.

4. **Right to Request Amendment.** You or your personal representative have a right to request that the Plan amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501. You must also provide a reason for your request.

5. **Right to Accounting of Disclosures.** You have the right to receive a list or "accounting of disclosures" of your health information made by us, except that we do not have to account for disclosures made for purposes of payment functions or health care operations or made to you. To request this accounting of disclosures, you must submit your request in writing to NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501. Your request should specify a time period of up to six years and may not include dates before April 14, 2003. The Plan has 60 days after its receipt of your request to provide the accounting. The Plan is allowed an additional 30 days if the Plan gives you a written statement of the reasons for the delay and the date by which the accounting will be provided. The Plan will provide one list per 12 month period free of charge; we may charge you for additional lists.

6. **Right to Paper or Electronic Copy.** You have a right to receive a paper or electronic copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501. This right applies even if you have agreed to receive the Notice electronically.

7. **Right to be Notified of a Breach.** You have the right to receive notification in the event that we (or a Business Associate) discover a breach of unsecured protected health information. Notice of a breach will be provided to you within 60 days of the breach being identified.

8. **Right to Choose Someone to Act for You.** You have the right to appoint a personal representative to act on your behalf with respect to your protected health information, such as if you have given someone medical power of attorney or if someone is your legal guardian.

   To appoint a personal representative to act on your behalf, you must make your request in writing to NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501. Your request must specify who the individual is that you are appointing, that individual's contact information, and in which matters the appointed individual may act on your behalf.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501, or by telephone at 1-800-548-3724.

Changes to this Notice of Privacy Practices

The Plan reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains. We will promptly revise our Notice and distribute it to you whenever we make material changes to the Notice. Until such time, the Plan is required by law to comply with the current version of this Notice.

Your Right to File a Complaint

If you believe that your privacy rights have been violated, you may file a complaint with the Plan in care of the Plan's Privacy Officer, at the address listed on the first page of this Notice. Neither your employer nor the Plan will retaliate against you for filing a complaint.

Complaints about this Notice of Privacy Practices or about how we handle your health information should be directed to NMPSIA's Administrative Office, 410 Old Taos Highway, Santa Fe, NM 87501. Neither NMPSIA nor the Plan will retaliate against you in any way for filing a complaint. All complaints to NMPSIA must be submitted in writing.

You may also file a complaint (within 180 days of the date you know or should have known about an act or omission) with the Secretary of the U.S. Department of Health and Human Services by contacting their nearest office as listed in your telephone directory or at this website https://www.hhs.gov/ocr/about-us/contact-us/index.html.

Privacy Officer

NMPSIA has designated a Privacy Officer to oversee the administration of privacy by the Plan and to receive complaints. The Privacy Officer may be contacted at:

Privacy Officer
NMPSIA Administrative Office
410 Old Taos Highway
Santa Fe, NM 87501

Effective Date of This Notice: July 1, 2022.

Attached (form to Revoke a Personal Representative)

NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY (NMPSIA)

Form to Revoke a Personal Representative

Complete the following chart to indicate the name of the Personal Representative to be revoked:

	Plan Participant	Person to be Revoked as my Personal Representative
Name (print):		
Address (*City, State, Zip*):		
Phone:	( )	( )

I, _____ (*Name of Participant or Beneficiary)* hereby revoke the authority of _____ (*Name of Personal Representative)*

□ to act on my behalf,

□ to act on behalf of my dependent child(ren), named:

_____,

in receiving any protected health information (PHI) that is (or would be) provided to a personal representative, including any individual rights regarding PHI under HIPAA, effective _____, 20____.

I understand that PHI has or may already have been disclosed to the above named Personal Representative prior to the effective date of this form.

_____ _____

Participant or Beneficiary's Signature Date

Once completed, please return this form to the:
Privacy Officer for New Mexico Public School Insurance Authority (NMPSIA)
410 Old Taos Highway Santa Fe, NM 87501
Phone: 1-800-548-3724

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102

MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669

VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

IMPORTANT INFORMATION ABOUT THE WELLNESS PROGRAM

The New Mexico Public Schools Insurance Authority (NMPSIA) Wellness Program is **voluntary** and is designed to **promote health or prevent disease**. The term Wellness Program includes both:

a. ways that we help individuals identify and reduce health risk factors, like elevated blood pressure or excess weight, along with

b. ways to help individuals with chronic conditions, like diabetes, take better care of their condition, for example by working with a coach to encourage you to take the medication the doctor prescribes for your chronic condition.

The NMPSIA Wellness Program also offers **incentives** for participation such as for completing a Health Risk Appraisal questionnaire and incentives if you positively change behavior such as increasing activity. Only employees enrolled in one of our medical plan options at a NMPSIA participating employer have the opportunity to qualify for NMPSIA Wellness Program incentives. Incentives are able to be achieved at least **once a year**. The **time commitment required to achieve incentives in our NMPSIA Wellness Program is reasonable**. More information about our NMPSIA Wellness Program incentives are described at https://nmpsia.com/wellnessWellBeing.html.

The NMPSIA Wellness Program incentives have been reviewed and in accordance with law, do not exceed 30% of the total cost of employee-only coverage under the plan including employee & employer contributions.

- **Reasonable Alternative Standard**: If you think you might be unable to meet a standard for a certain reward under our NMPSIA Wellness Program, you might qualify for an opportunity to earn the same reward by a different means. If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under the NMPSIA Wellness program, or if it is medically inadvisable for you to attempt to achieve the standards of the NMPSIA Wellness Program, then a reasonable alternative standard will be made available upon request. Contact the NMPSIA Benefits & Wellness team at (800) 548-3724 for information on the NMPSIA Wellness Program and for information on reasonable alternative standards and accommodations. NMPSIA will work with you and, if you wish, your doctor, to find an alternative NMPSIA Wellness Program standard with the same reward that is right for you in light of your health status. If your personal doctor states that the alternative is not medically appropriate, a more accommodating alternative will be provided.

NOTICE REGARDING THE WELLNESS PROGRAM

The New Mexico Public Schools Insurance Authority (NMPSIA) Wellness Program is a **voluntary** wellness program available to only employees enrolled in a NMPSIA medical plan and is designed to **promote health or prevent disease.** The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the NMPSIA Wellness Program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions, e.g., cancer, diabetes, or heart disease. You are not required to complete the HRA questionnaire, or to work with a health coach.

However, employees who choose to participate in the NMPSIA Wellness Program will receive an incentive as described by your medical plan. Although you are not required to complete the HRA or participate in health coaching, only employees who do so will receive the incentives.

Additional incentives offered by your medical plan may be available for employees who participate in certain health-related activities as described by your medical plan or achieve certain health outcomes as described by your medical plan. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the NMPSIA Benefits & Wellness team at (800) 548-3724.

The information from your HRA questionnaire will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the NMPSIA Wellness Program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

NMPSIA and your elected medical plan are required by law to maintain the privacy and security of your personally identifiable health information.

Information collected from the NMPSIA Wellness Program participants will not be received by your employer. Although the NMPSIA Wellness Program and may use aggregate information it collects to design a program based on identified health risks, the NMPSIA Wellness Program and your medical plan will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the NMPSIA Wellness Program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the NMPSIA Wellness Program will not be provided to anyone at your employer and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the NMPSIA Wellness Program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the NMPSIA Wellness Program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the NMPSIA Wellness Program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) your medical plan in order to provide you with services under the NMPSIA Wellness Program.

In addition, all medical information obtained through the NMPSIA Wellness Program will be maintained by your medical plan, and no information you provide as part of the NMPSIA Wellness Program will be used in making any employment decision. Appropriate precautions will be taken by your medical plan to avoid any data breach, and in the event a HIPAA data breach occurs involving information you provide in connection with the NMPSIA Wellness Program, your elected medical plan will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the Wellness Program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact NMPSIA Benefits & Wellness team at (800) 548-3724.

Important Phone Numbers

Carriers & Consultants			
NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY			
New Mexico Public Schools Insurance Authority	Customer Service for Administrative Issues • Claim Issues • Appeals	1-800-548-3724	https://nmpsia.com
NMPSIA ELIGIBILITY ADMINISTRATION OFFICE			
EASI Erisa Administrative Services, Inc.	**Erisa Administrative Services, Inc.** Eligibility•Enrollment•Premium Billing•COBRA Administration	1-800-233-3164	https://nmpsiaonline.nmpsia.com/
MEDICAL			
Carrier	**Group Number**	**Customer Service**	**Website Address**
BlueCross BlueShield of New Mexico	N05501 – High N05502 – Low 213895 – EPO	1.888.966.7742	https://www.bcbsnm.com/nmpsia
Video Visits: mdlive.com! NMPSIA (or visit bcbsnm.com; log in as a member to locate the link)			
cigna healthcare	3343552	1.800.244.6224	https://connections.cigna.com/newmexico/
Video Visits: visit myCigna.com for an appointment via MDLIVE			
PRESBYTERIAN Health Plan, Inc.	A0000035	1.888.275.7737	https://www.phs.org/health-plans/employer-plans/Pages/new-mexico-public-schools-insurance-authority.aspx
Video Visits: visit phs.org and click on "Login to MyPres" to locate link			
PRESCRIPTION DRUGS			
CVS caremark	Rx BIN 04336	1.877.787.0652	https://www.caremark.com/
DENTAL			
DELTA DENTAL	8564	1.877.395.9420	https://www.deltadentalnm.com/
UNITED CONCORDIA® DENTAL Protecting More Than Just Your Smile®	812022 (refer to ID card for subgroup #)	1.888.898.0370	https://www.unitedconcordia.com/home
VISION			
DavisVision by VersantHealth	7129	1.800.999.5431	https://www.davisvision.com/member
LIFE AND DISABILITY			
TheStandard	645549	1.888.609.9763 Ext. 0957	https://nmpsia.com/TheStandard.html

NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY ADMINISTRATIVE OFFICE

Customer Service for Administrative Matters/Claim Issues/Appeals
410 Old Taos Highway • Santa Fe, NM 87501 / 1-800-548-3724
505-988-2736 • 505-983-8670 fax • https://nmpsia.com/

ERISA ADMINISTRATIVE SERVICES INC. ELIGIBILITY/ENROLLMENT ADMINISTRATIVE OFFICE

Customer Service for Enrolling/Billing/Eligibility/COBRA
PO Box 9054 • Santa Fe, NM 87504-9054 / 1-800-233-3164
505-988-4974 • 505-988-8943 fax
View your enrollment information by logging into: https://nmpsiaonline.nmpsia.com