New Mexico Public Schools Insurance Authority

PROGRAM GUIDE

2025

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 EPO Option Ends 12/31/2025	High – N05501 Low – N05502 EPO – 213895	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)			
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			
MUSCULOSKELETAL SURGERY AND PAIN MANAGEMENT SERVICES			
LANTERN Formerly Surgery Plus	n/a	1-888-726-1350	https://lanterncare.com/for-members/surgery/
PRESCRIPTION DRUGS			
CVS caremark	Rx BIN 04336	1-877-787-0652	https://www.caremark.com/
DENTAL			
BlueCare Dental	High – 319225 Low – 319228	1-877-723-5697	https://www.bcbsnm.com/nmpsia/benefits/dental
DELTA DENTAL	High – 8565 Low – 8564	1-877-395-9420	https://www.deltadentalnm.com/member/nmpsia-members/
United Concordia dental	812022 (refer to ID card for subgroup #)	1-888-898-0370	https://www.unitedconcordia.com/home
VISION			
DavisVision	3066	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

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2024-2025 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, charter schools and other educational entities at large. Through NMPSIA, member schools are afforded the opportunity to offer comprehensive medical, pharmacy, dental, vision, life and disability benefit coverages to approximately 41,800 employees and 78,900 total members.

NMPSIA continues to offer High and Low Option medical plans, administered through BlueCross BlueShield of New Mexico and Presbyterian Health Plan. The Low Option medical plans offer a lower monthly premium however, members who select this plan option will have a higher deductible and higher out-of-pocket expenses at the time of service. The Exclusive Provider Organization (EPO) plan offered only through BlueCross BlueShield of New Mexico offers a lower deductible and lower out-of-pocket cost compared 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.* **Be advised, the EPO Option will be discontinued as of 12/31/2025.**

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

In May of 2024, NMPSIA announced partnership with Lantern, formerly known as SurgeryPlus. This benefit is designed to **eliminate member's cost-share** for musculoskeletal-related surgery or pain management. Members will be automatically enrolled with Lantern when they elect any one of our medical plans.

NMPSIA's robust wellness program is included in members' benefits packages and offers no-cost digital health management programs and personalized nutrition coaching with licensed healthcare professionals. Be sure to keep an eye out for monthly communications as these contain health-related resources (including fitness, weight management and mental health wellbeing), and reminders to support you in your unique health journey. 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. This is the only way to ensure you are getting the most of the benefits you pay for on a monthly basis. To ensure you are receiving important notices and guidance, we ask that you:

- ***Provide a personal email address (not an employer email address) via the Employee Login Online System.***
- ***Schedule your free in-network annual preventive care, including routine physical exams, screenings like colonoscopies and mammograms, family planning, immunizations, well-child care, and hearing tests. Schedule your annual preventive dental checkup and affordable eye exam with in-network providers. For non-routine tests and procedures, make sure to obtain Prior Authorization before booking the appointment, and familiarize yourself with your plan's deductible, co-pays, and co-insurance. Keep in mind that virtual visits with your primary care physician (PCP) or specialist provider will be billed at the office or specialist visit co-pay rate, so be sure to use your carrier's designated virtual visit platform.***
- ***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 preferred brand-name drug to maximize your savings.***

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 timely changes to your coverages.

Thank you for participating in NMPSIA's benefits.

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 and PRESBYTERIAN	YES	YES	30 days	YES
ACE LEADERSHIP HIGH SCHOOL	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	60 days	YES
ACES TECHNICAL CHARTER SCHOOL	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
AFT NEW MEXICO	$10,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	N/A
ALAMOGORDO PUBLIC SCHOOLS	$25,000	BCBSNM and PRESBYTERIAN	YES	YES	90 days	YES
ALBUQUERQUE AVIATION ACADEMY	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
ALBUQUERQUE BILINGUAL ACADEMY	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
ALBUQUERQUE CHARTER ACADEMY	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	N/A	YES
ALBUQUERQUE COLLEGIATE CHARTER SCHOOL	$25,000	BCBSNM and PRESBYTERIAN	YES	YES	60 days	YES
ALBUQUERQUE INSTITUTE FOR MATH & SCIENCE	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	90 days	YES
ALBUQUERQUE SCHOOL OF EXCELLENCE	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
ALBUQUERQUE SIGN LANGUAGE ACADEMY	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	60 days	YES
ALDO LEOPOLD CHARTER SCHOOL	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	60 days	YES
ALICE KING COMMUNITY SCHOOL	$25,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
ALMA D ARTE CHARTER HIGH SCHOOL	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
ALTURA PREPARATORY SCHOOL	$25,000	BCBSNM and PRESBYTERIAN	YES	YES	60 days	YES
AMY BIEHL CHARTER HIGH SCHOOL	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	60 days	YES
ANANSI CHARTER SCHOOL	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
ANIMAS PUBLIC SCHOOLS	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
ARTESIA PUBLIC SCHOOLS	$50,000	BCBSNM and PRESBYTERIAN	YES	N/A	N/A	YES
AZTEC MUNICIPAL SCHOOLS	$25,000	BCBSNM and PRESBYTERIAN	YES	YES	90 days	YES
BELEN CONSOLIDATED SCHOOLS	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	N/A	YES
BERNALILLO PUBLIC SCHOOLS	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
BLOOMFIELD MUNICIPAL SCHOOLS	$25,000	BCBSNM and PRESBYTERIAN	YES	YES	N/A	YES
CAPITAN MUNICIPAL SCHOOLS	$10,000	BCBSNM and PRESBYTERIAN	YES	YES	N/A	YES
CARLSBAD MUNICIPAL SCHOOLS	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
CARRIZOZO MUNICIPAL SCHOOLS	$10,000	BCBSNM and PRESBYTERIAN	YES	YES	N/A	YES
CENTRAL CONSOLIDATED SCHOOL DISTRICT	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
CESAR CHAVEZ COMMUNITY SCHOOL	$25,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
CHAMA VALLEY INDEPENDENT SCHOOLS	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	90 days	YES
CHRISTINE DUNCAN'S HERITAGE ACADEMY	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
CIEN AGUAS INTERNATIONAL SCHOOL	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
CIMARRON MUNICIPAL SCHOOLS	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	60 days	YES
CLAYTON MUNICIPAL SCHOOLS	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
CLOUDCROFT MUNICIPAL SCHOOLS	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	N/A	YES
CLOVIS MUNICIPAL SCHOOLS	$50,000	BCBSNM and PRESBYTERIAN	N/A	N/A	30 days	YES
COBRE CONSOLIDATED SCHOOLS	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
COOPERATIVE EDUCATIONAL SERVICES	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	N/A	YES
CORAL COMMUNITY CHARTER SCHOOL	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	60 days	YES
CORONA PUBLIC SCHOOLS	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	60 days	N/A
CORRALES INTERNATIONAL SCHOOL	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	60 days	YES
COTTONWOOD CLASSICAL PREPARATORY SCHOOL	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
COTTONWOOD VALLEY CHARTER SCHOOL	$25,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
CUBA INDEPENDENT SCHOOLS	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
DEMING SCHOOL EMPLOYEES CREDIT UNION	$10,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
DEMING CESAR CHAVEZ CHARTER HIGH SCHOOL	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	60 days	YES
DEMING PUBLIC SCHOOLS	$50,000	BCBSNM and PRESBYTERIAN	YES	N/A	60 days	YES
DES MOINES MUNICIPAL SCHOOLS	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	N/A	YES
DEXTER CONSOLIDATED SCHOOLS	$25,000	BCBSNM and PRESBYTERIAN	YES	YES	N/A	YES
DIGITAL ARTS AND TECHNOLOGY ACADEMY	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
DORA CONSOLIDATED SCHOOLS	$25,000	BCBSNM and PRESBYTERIAN	YES	YES	N/A	YES
DREAM DINE' CHARTER SCHOOL	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
DULCE INDEPENDENT SCHOOLS	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	30 days	YES
DZIL DITL'OOÍ SCHOOL OF EMPOWERMENT, ACTION & PERSEVERANCE	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	90 days	YES
EAST MOUNTAIN HIGH SCHOOL	$10,000	BCBSNM and PRESBYTERIAN	YES	YES	N/A	YES
EL CAMINO REAL ACADEMY	$50,000	BCBSNM and PRESBYTERIAN	YES	YES	60 days	YES

Participating Employers

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

Participating Employers

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

Participating Employers

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

Enrollment and Eligibility Guidelines (cont'd)

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 (if allowed by your employer).

- 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. Coverage is not offered during the annual open enrollment period.
    - 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, 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, the final determination is made by NMPSIA.***

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

Enrollment and Eligibility Guidelines (cont'd)

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 allowed by your employer).

- 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.)*

Enrollment and Eligibility Guidelines (cont'd)

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
- Diabetes Prevention and Weight Management Programs
- $0 for diabetes supplies from Approved Formulary
- $0 blood pressure cuffs
- 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
- 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 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

Enrollment and Eligibility Guidelines (cont'd)

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

Practicing Gratitude… Be intentional about practicing ***gratitude***. Research suggests that gratitude can improve well-being, reduce stress, increase resilience, and strengthen social relationships. **Apply it** by writing 5 things you are happy about in your life to enhance your perception of how your life is going daily. The act of sharing your gratitude is even more powerful and can increase the benefits of gratitude for yourself and others.

Enrollment and Eligibility Guidelines (cont'd)

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.

Eat the Colors!

Each fruit, vegetable, legume, and grain have their own unique nutrition profile, offering different vitamins and minerals. One thing that makes them all especially unique is their color. Different colors will provide different varieties of phytonutrients, components found in plants that can be powerful defenders of health. By consuming a colorful diet, you can maximize the benefits of these plants. Even different varieties of the same vegetable can contain a different nutrition profile! Below are some examples of different colors and their benefit to our health:

Color	Benefits	Foods
Red	Ant-inflammatory, Vascular Health	Apples, Kidney Beans, Onions, Bell Pepper, Plums, Tomato
Orange	Anti-bacterial, Immune Health	Carrots, Mango, Pumpkin, Turmeric
Yellow	Eye Health, Cognition	Corn, Potatoes, Ginger, Banana, Pineapple

Apply it by making it a fun game to try and eat as many different colors of the rainbow! Use this worksheet to keep track of your color game! If you have kiddos, they are sure to have fun doing this with you.

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!

Enrollment and Eligibility Guidelines (cont'd)

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 as allowed by your employer.***
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 on your health plan's website via the national network of providers 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 12 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

All employees are 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

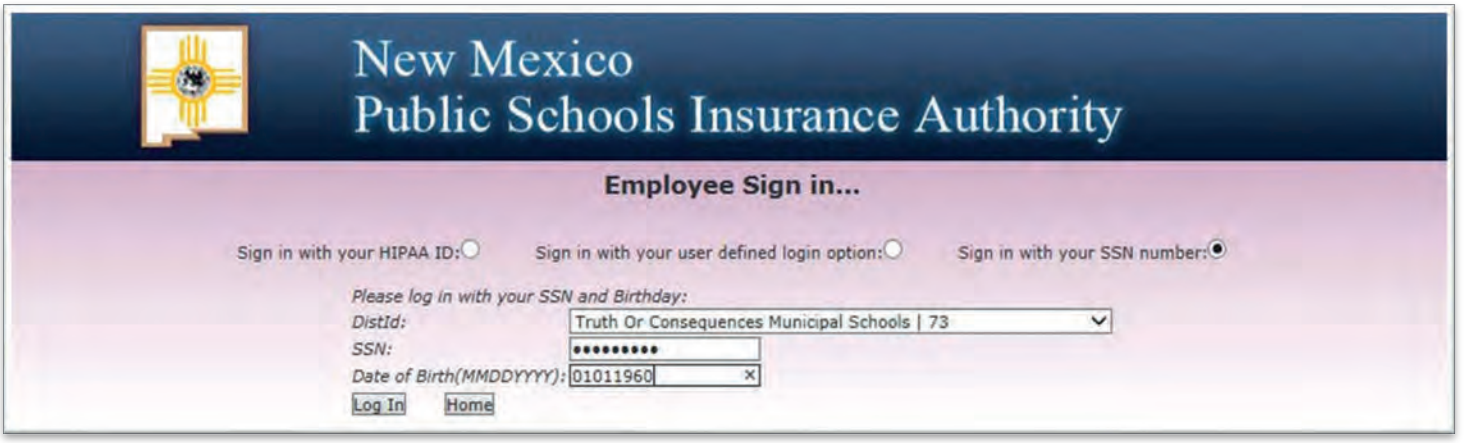
If using Internet Explorer as your web browser, you should activate Compatibility View settings for using this website (Tools > Compatibility View Settings).

Select the Employee Login option.

Employee Login Disclaimer

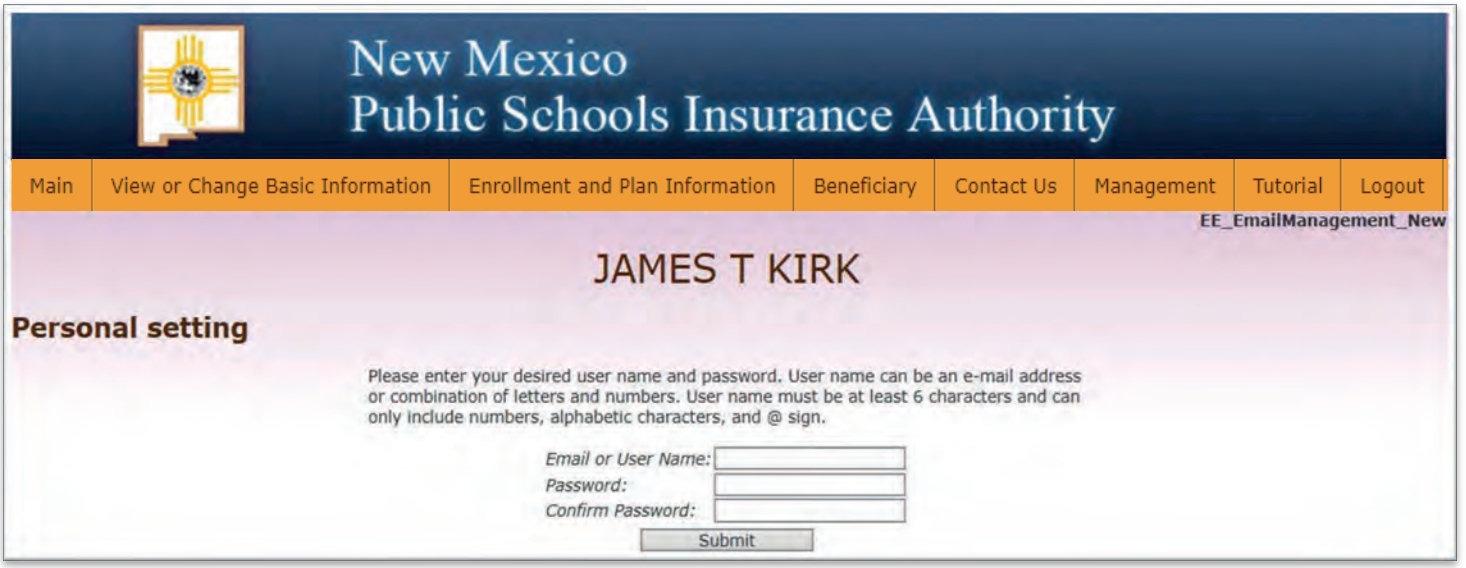
Review the terms and conditions for using the New Mexico Public Schools Insurance Authority's (NMPSIA) Employee Online Benefits System and click **Accept** to continue.

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 and Long Term Disability Insurance

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 and 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

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 84 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 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 84 or visit https://nmpsiaonline.nmpsia.com/EROnline/PremiumCal/ViewPremiumCal

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.

Connected EOI™ Access to Additional Life & Long-Term Disability

(If offered by the Employer)

Applying for Additional Life and/or Long-Term Disability (LTD) Coverage – Late Enrollment

This applies to requests for LTD coverage or Additional Life for the employee, and Dependent Life coverage for spouse.

For Additional Life or Long Term Disability that is declined or if the employee chooses to enroll after the 31-day enrollment deadline, to add these coverages the employee needs to:

Step 1
Complete a paper Employee Enrollment/Change Form and submit to the employer's Benefits office or apply via the Employee Login online system.

Step 2
Respond to the Evidence of Insurability email from The Standard to complete the Evidence of Insurability application.

Note: The Evidence of Insurability process is available anytime of the year.
A tutorial can be found here.

What is evidence of insurability (EOI)?

EOI is a statement or proof of a person's physical condition that is required to obtain certain types of insurance. *EOI and approval by The Standard will be required to add this coverage. If approved, the effective date will be determined as the first of the following month from the decision date.*

Questions about Connected EOI™?

Contact Andrea Vargas at andrea.vargas@standard.com or 971.321.7192.

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.

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

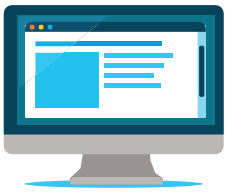
Find in-network health care providers, hospitals and urgent care clinics near you.

Spending

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

Member ID Card

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



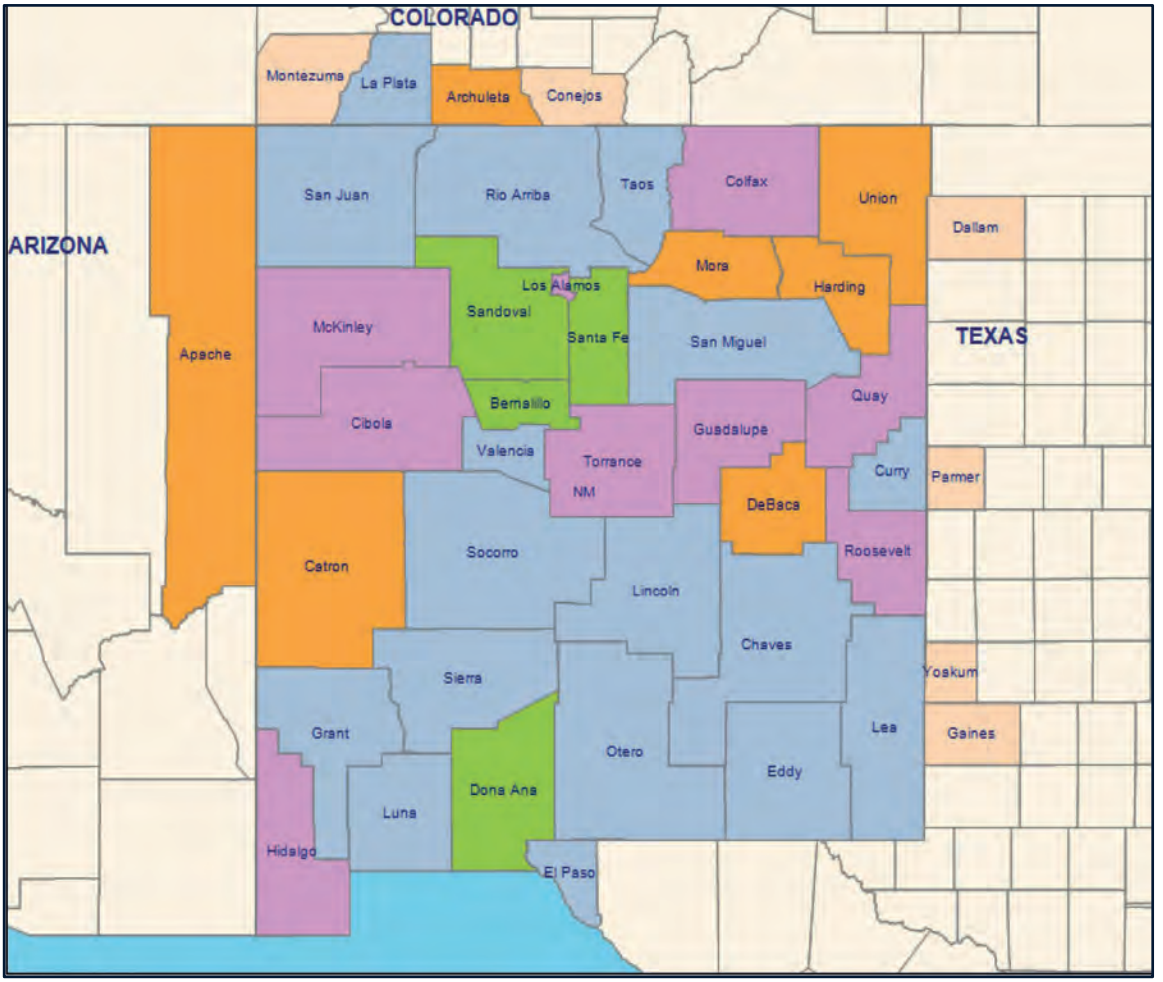
Sign Up For BAM Today!

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

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

BlueCross BlueShield of New Mexico

All PPO Providers



Key

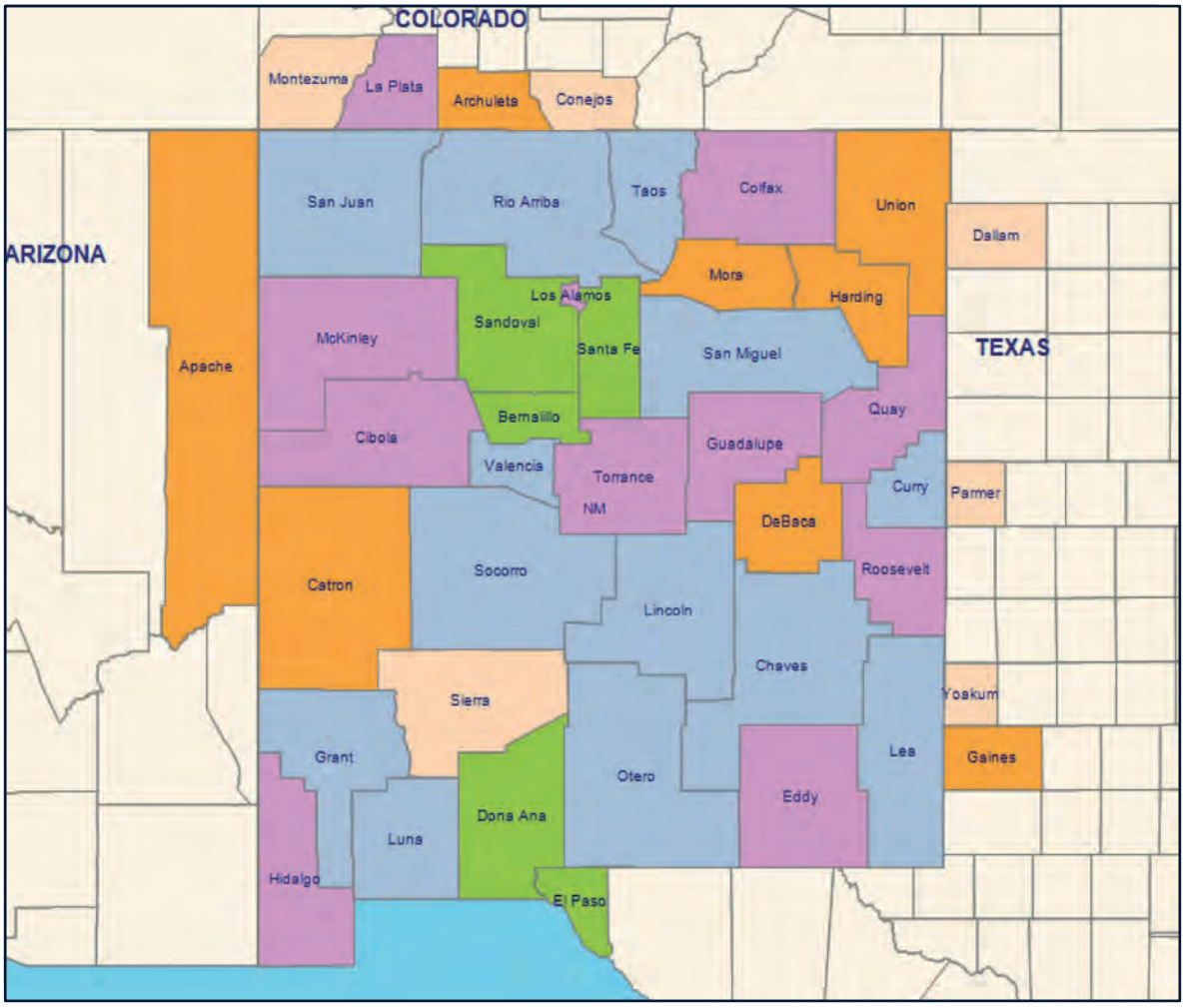
Peach = 0
Orange = 1 - 10
Purple = 11 - 50
Blue = 51 - 200
Green = 200 +

PPO Providers

PCP:	5,581
Urgent Care:	258
Hospital:	59

BlueCross BlueShield of New Mexico

All Blue Preferred EPO Providers



Key

Peach = 0
Orange = 1 - 10
Purple = 11 - 50
Blue = 51 - 200
Green = 200 +

Blue Preferred EPO Providers

PCP:	5,428
Urgent Care:	231
Hospital:	45

Be advised, the EPO Option will be discontinued as of 12/31/2025.

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.

Virtual Visits:

Powered by MDLIVE

Get 24/7 Care, Anywhere

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.

As a member of **Blue Cross and Blue Shield of New Mexico** you have the benefit of virtual visits powered by MDLIVE. **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

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

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus Infections

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 program, 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/bcbsnm
- Text BCBSNM to 635-483
- Download the MDLIVE app today

GET IT ON Google Play

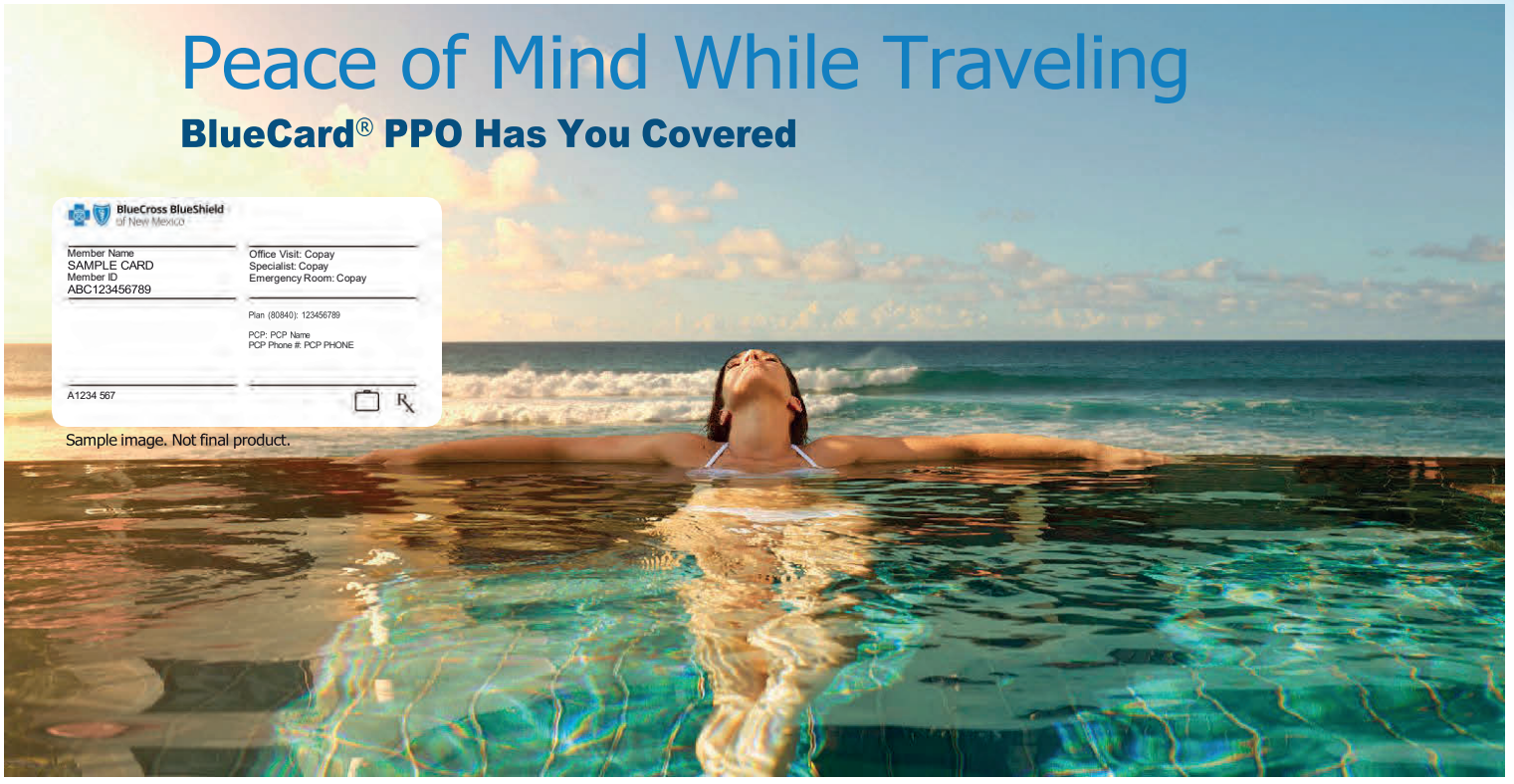
Download on the App Store

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Peace of Mind While Traveling

BlueCard® PPO Has You Covered



Sample image. Not final product.

Use BlueCard PPO When You're Away From Home

Through the BlueCard PPO Program, Blue Cross and Blue Shield 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. 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.
2. 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 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.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

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.

Experience a New Kind of Wellness —

Log In to the Well onTarget® Portal

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.*

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**.

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 provides educational behavioral health programs. Members considering further medical treatment should consult with a physician. 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.

*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.

BlueCross BlueShield of New Mexico

New Mexico Public Schools Insurance Authority

Make Your Fitness Program Membership Work for You

The Fitness 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.

Other program perks include:

- **Flexible Gym Network:** A choice of gym networks to fit your budget and preferences.**
- **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.

Options	Digital Only	Base	Core	Power	Elite
Monthly Fee	$10	$19	$29	$39	$129
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 family 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.

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 Discounts on a Variety of Products and Services through Choices by WholeHealth Living:** Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. Wherever you are in your health journey, Choices by WholeHealth Living can support your health goals. You may gain access to this program when you join the Well onTarget Fitness Program.***
- **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.

*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.

***WholeHealth Living Choices is not available in Montana and Oklahoma.

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.

PRESBYTERIAN Health Plan, Inc.

New Mexico Public Schools Insurance Authority

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

Wellness at Work is an online tool for members. It is your personal well-being portal that provides access to a health check assessment, well-being journeys, challenges, healthy habit tracking, tobacco cessation (Powered by EX Program by Truth Initiative) and other resources such as healthy recipes and sleep guides. To participate, visit **www.phs.org** and register or login onto 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

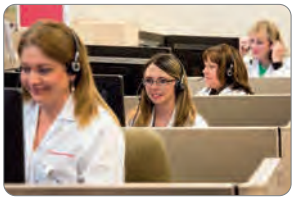
Now you can better evaluate the cost of certain tests and procedures with our new treatment cost estimator. This tool will provide estimates for many of your covered services and help you find more convenient lower cost locations to obtain care. Your provider or Presbyterian's Customer Service Center 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.

Valuable Resources Available to You

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

No-Cost Member Benefits

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 deductible and out-of-pocket amounts.
- Access your personal health assessment and other health education tools.
- View, request, or email replacement member ID cards.

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.

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**.

All these great features are now also available on your mobile device via an app that can be downloaded for Apple and Android devices. Simply search for myPRES in the App Store for Apple or the Google Play Store for Android devices.

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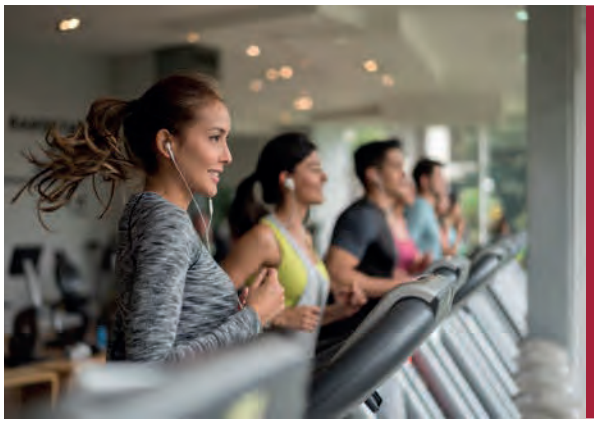
New Mexico Public Schools Insurance Authority

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



Keep moving with a Fitness Pass membership.

The 2025 cost is only $27.50 per eligible member per month. Enrollment is open year-round.

Presbyterian Health plan members and eligible dependents have access to more than 8,500 fitness, recreation, and community centers. For $27.50 a month, members have access to Defined Fitness and Prime Fitness network gyms. That same $27.50 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 $27.50 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 $27.50 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 $27.50 a month allows you a discounted rate on membership options at all five New Mexico Sports & Wellness (NMSW) locations. You pay the monthly $27.50 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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PRESBYTERIAN Health Plan, Inc.

New Mexico Public Schools Insurance Authority

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

Keep moving with a Fitness Pass

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.

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Our Integrated System

- 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 582,000 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

116 years of serving New Mexicans

9 hospitals in **8** communities

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

950,000 individual customers (and counting)

Nearly **14,000** employees – New Mexico's largest private employer

More than **582,000** Presbyterian Health Plan members

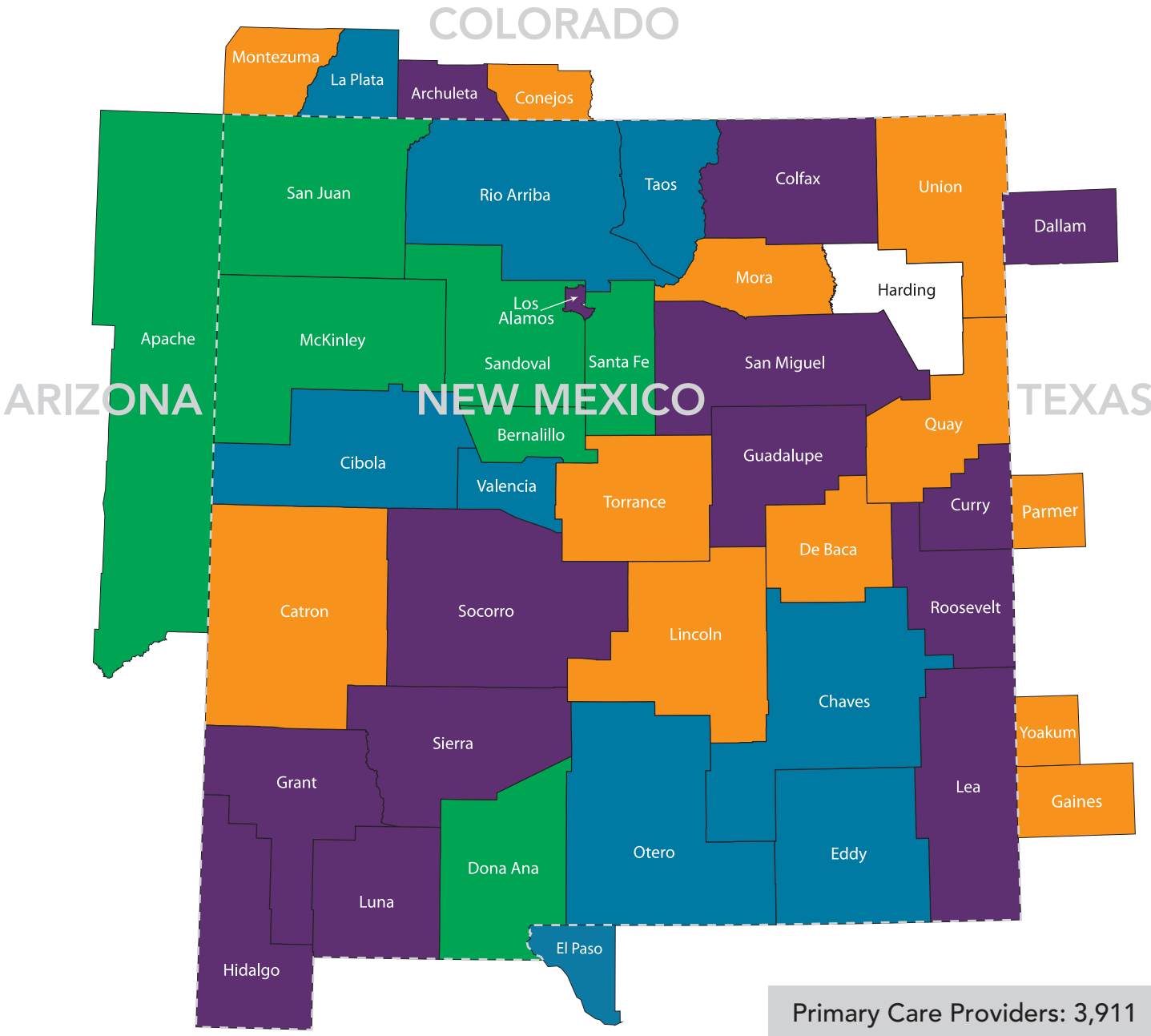
PRESBYTERIAN Health Plan, Inc.

New Mexico Public Schools Insurance Authority

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

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+

Virtual Behavioral Health

Visit phs.org/getcare to schedule an appointment.

PMGGEN-63 0224

Virtual Behavioral Health makes it convenient to get care from wherever you are in New Mexico. We offer secure, private video appointments with a board certified provider to address life problems or discuss medication management.

Virtual Talk Therapy provides an individualized approach to identifying and receiving personalized treatment.

Some of the conditions treated through Virtual Talk Therapy include:

- Abuse
- Adjustment with life transitions
- Anxiety or stress
- Bipolar disorder
- Cognitive disorders
- Depression
- Domestic violence
- Grief or loss
- LGBTQ+
- Marriage, divorce, family, and parenting issues
- Men's or women's issues
- Obsessive-compulsive disorder (OCD)
- Panic attacks
- PTSD
- Trauma

Virtual Medication Management offers an initial consultation, diagnosis, and support in prescribing some medication for behavioral health and psychiatric conditions.

Some of the conditions treated through Virtual Medication Management include:

- Adult personality and behavior disorders
- Anxiety
- Emotional and mood disorders
- Nonpsychotic mental disorders
- Psychiatric conditions
- Stress-related mental disorders

Virtual Behavioral Health cannot be used for:

- Children under the age of 18
- Prescribing controlled substances
- Evaluation and management of severe, uncontrolled conditions (specialists will be involved)
- Serious illness including acute psychosis, or other severe conditions (Emergency Care is recommended)

Presbyterian Virtual Behavioral Health accepts most major insurance. Please check with your health insurer if you have any questions. Virtual Behavioral Health uses Presbyterian Medical Group care team members.

PRESBYTERIAN Health Plan, Inc.

New Mexico Public Schools Insurance Authority

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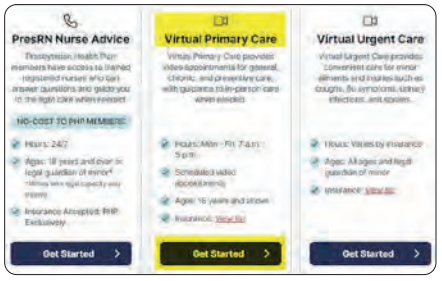
www.phs.org/nmpsia

How to make an appointment for Virtual Primary Care

Schedule an appointment with Virtual Primary Care for general, chronic, or preventative care if you need a PCP or your PCP is not available. This tip sheet walks you through the steps to select and schedule a Virtual Primary Care visit.

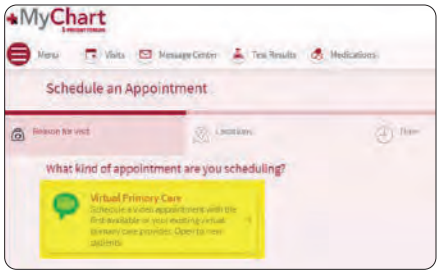
1. Go to **phs.org/getcare**. Under Virtual Primary Care, click **Get Started**.



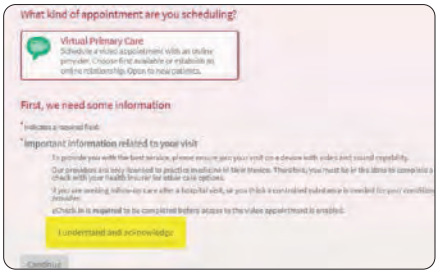
2. Select **Schedule Appointment**.

3. You will need to sign in to your MyChart account. If you do not have a MyChart account, you will need to create one.

4. Select **Virtual Primary Care**.



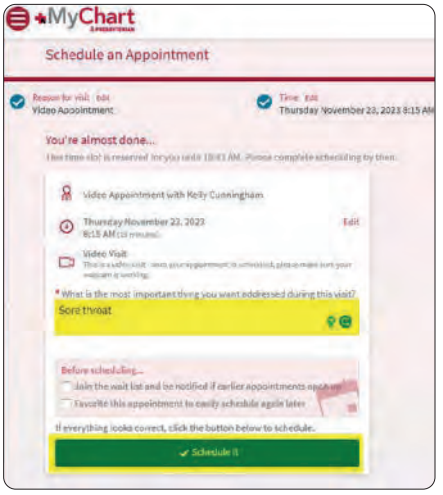
5. At the bottom of the screen, you will be asked to acknowledge information about your visit. Select **I understand and acknowledge**.



6. Identify if you will be using a TytoCare device to aid in your physical exam during your video appointment.

7. You will be presented with a list of providers and available times which you can select from for a Virtual Primary Care appointment. On the right side of the screen, you can also filter your options to best meet your preferences.

8. In a few short words, describe the most important issue you want to address during your visit, then select **Schedule It**.



9. You will receive confirmation showing the details of your video appointment. Before your appointment, you must complete the eCheck-In process. You will receive reminders as your appointment time approaches.

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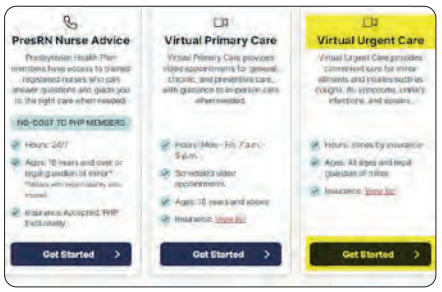
New Mexico Public Schools Insurance Authority

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

How to make an appointment for Virtual Urgent Care

Schedule an appointment with Virtual Urgent Care for minor illnesses and injuries. This tip sheet walks you through the steps to select and schedule a Virtual Urgent Care visit.

1. Go to **www.phs.org/getcare**. Under Virtual Urgent Care, click **Get Started**.

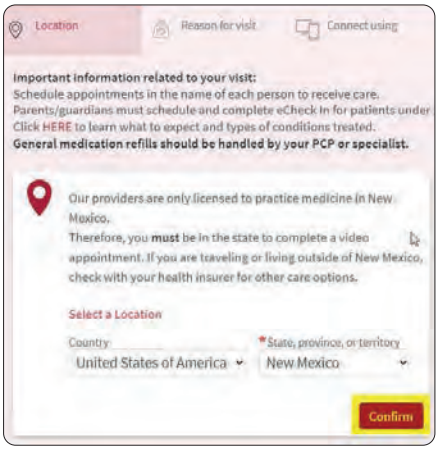


2. Under PMG Virtual Urgent Care, select **Schedule Appointment**.

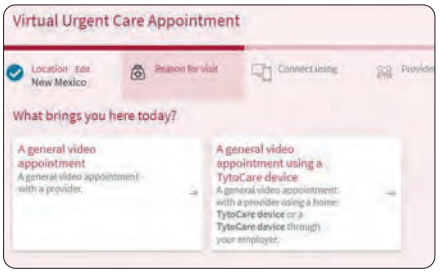
3. If you have a MyChart account, select **Log in and schedule**. If you do not have a MyChart account, you will need to create one by selecting **Get Started**.

4. If you are using your MyChart account, complete the sign in process.

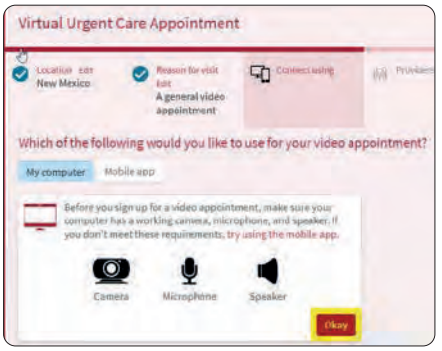
5. You must be in the state of New Mexico to use Virtual Urgent Care. Select **Confirm**.



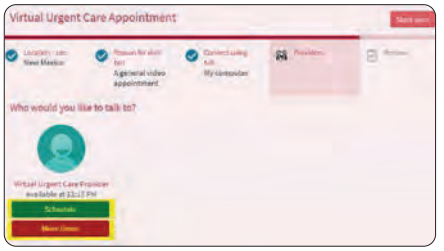
6. Identify if you will be using a TytoCare device to aid in your physical exam during your video appointment. If you don't have a TytoCare device, select general video appointment.



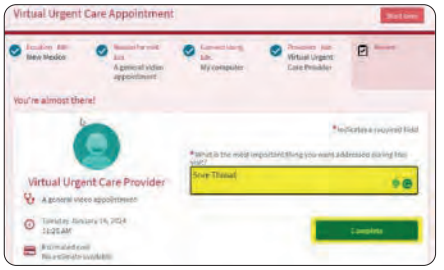
7. Choose if you will be using a computer or mobile device and select **Okay**.



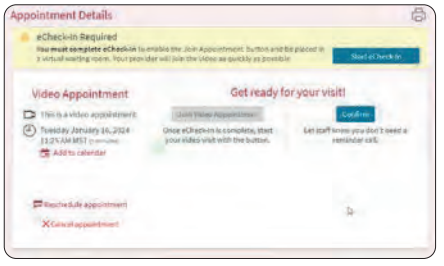
8. You will be presented with the next available appointment time. To select that time, choose **Schedule**. If you want to view other times, select **More times**.



9. In a few short words, describe the most important issue you want addressed during your visit, then select **Complete**.



10. You will receive a confirmation showing the details of your video appointment. Before your appointment, you must complete the eCheck-In process. You will receive reminders as your appointment time approaches.



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New Mexico Public Schools Insurance Authority

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www.phs.org/nmpsia

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 and Presbyterian Health Plan.
The Summary Plan Description supersedes 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. *When accessing a national network of providers.* ***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	40% coinsurance
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)*	Office Visit Copay/Initial Visit	40%
Hospital Admission *(Including routine newborn nursery charges)*	20% coinsurance	40%
Extended Stay - (non-routine) ***Charges for covered Newborn***	20% coinsurance	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) *(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	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 may be required 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 and Presbyterian Health Plan.
The Summary Plan Description supersedes 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. *When accessing a national network of providers.* ***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	
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	
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 copy *(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) *(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 may be required 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 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)*	$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 **EPO Option Ends 12/31/2025**

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 supersedes 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** **(Deductible applies unless specified as "deductible waived")** **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. *When accessing a national network of providers.* ***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	Office Visit Copay
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 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 (Deductible applies unless specified as "deductible waived") 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)*	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) *(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 may be required 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)*	$35 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 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 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
- 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

LANTERN

New Mexico Public Schools Insurance Authority

Formerly Known As Surgery Plus · Same Trusted Team

Lighting Your Path to the Right Surgical Care

What is Lantern?

Lantern can help you get the best care when you need planned, nonemergency surgery. This money-saving benefit is available at no additional cost to you as part ofA your benefits.A

Here's What's Covered

In partnership with NMPSIA, we cover the most expensive costs associated with surgery, so you'll pay less for your procedure when you use your Lantern benefit.A
Your coverage includes:*

- Dedicated support and guidance
- Personalized matching with the best surgeon for your unique needs
- Consults and appointments with your Lantern surgeon
- Anesthesia, procedure and facility (hospital) fees

Let Us Guide You Back to Health

3 Steps to the Best Care

STEP 1

Call a Care Advocate to get started. They'll share more information about your benefits and ask about the care you're looking for.A

STEP 2

Based on your needs, your Care Advocate will match you with a hand-picked list of excellent surgeons.

STEP 3

After you choose a surgeon, your Care Advocate will help set up appointments and guide you through every step of the experience.

Call Us to Learn More at (888) 726-1350

Continúe leyendo para obtener más información.

* Testing, scans, imaging, durable medical equipment, and physical therapy expenses may not be included. However, coverage may be available through your medical plan.

In the event of a medical emergency, call 911 or visit your nearest emergency room.

LANTERN

New Mexico Public Schools Insurance Authority

Formerly Known As Surgery Plus · Same Trusted Team

Frequently Asked Questions

You can be sure you're getting the best surgical care with Lantern. And here's the best part: it's already included as part of your coverage through your employer. Learn how this money-saving benefit can work for you.A

What does Lantern cover?

- Dedicated support and guidance
- Personalized matching with the best surgeon for your unique needs
- Consults and appointments with your Lantern surgeon
- Anesthesia, procedure and facility (hospital) fees

How do I access the benefit?

If you have questions about the benefit, or if you or one of your dependents need surgery, so make us your first call. To learn more, contact your Lantern Care Advocate today at (888) 726-1350.

Does Lantern cost me anything?

You're automatically enrolled in the benefit as part of the medical benefits offered by NMPSIA at no additional cost to you.

Who will help me through this process?

Your benefit includes guided access from a Lantern Care Advocate who will:

- Provide personalized support throughout your surgical journey.
- Educate you on the benefit, with an understanding ofA your surgical need.
- Provide you with the resources to help you make theA best decisions regarding your care, including how to find the best surgeon in our network.A

How do I know if a surgery is covered?

Contact us at (888) 726-1350 to confirm whether your procedure is covered.

How do I find the right surgeon?

With an understanding of your healthcare needs, your Care Advocate will provide a list of the best surgeons in our network so you can choose the one that's right for you.

If I already have a surgeon, how do I know if they are in the Lantern network?

Call your Care Advocate and they will be able to confirm whether your current surgeon is in our network.A

What will my surgery cost?

Many Lantern members pay little-to-nothing out of pocket for their procedure. To maximize your savings, call your Care Advocate as soon as possible to confirm the details of your benefit and what you'll be responsible for covering, if anything.

What happens after my surgery?

Your Care Advocate will follow up and ensure you received the highest quality care and schedule any post-procedure appointments.

What isn't covered by Lantern?

Testing, scans, imaging, durable medical equipment, and physical therapy expenses may not be included. However, coverage may be available through your medical plan.

Call us to learn more at:

(888) 726-1350

In the event of a medical emergency, call 911 or visit your nearest emergency room.

Plan Summary

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

New Mexico Public Schools Insurance Authority

BCBS 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** for more up-to-date, personalized information about your plan.

	Short-Term Medications Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	**Long-Term Medications** Fill at any pharmacy in your plan's network; Cost for up to a 31-90-day supply
Generic Medications Best option to help you save money	**$10** for one 30-day supply	**$22** for one 31-90-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 one 31-90-day supply
Non-Preferred Brand-Name Medications Highest cost option	**70%** for one 30-day supply	**70%** for one 31-90-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*	**$55** for one 30-day supply of specialty generic **$80** for one 30-day supply of specialty preferred brands **$130** for one 30-day supply of specialty non-preferred brands Specialty prescriptions are limited to a 30-day supply at select participating pharmacies in your plan's network.	
Maximum Out-of-Pocket	**$3,000** per individual / **$6,000** per 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 solution for certain eligible specialty medications.** If you are participating in the PrudentRx program, you will have a final out-of-pocket responsibility of $0 for medications on the PrudentRx Program Drug List. If you opt-out of participating in the program, you will be responsible for the full amount of the 30% co-insurance on specialty medications.

22AS-WKL2-NEW_2023_RETAIL90_SM_MOOP-0924

Register today at Caremark.com/StartNow

Oklahoma: Some Oklahoma residents may not be eligible to participate in the Maintenance Choice and/or Exclusive Specialty program. If you have questions about your eligibility, please contact Customer Care at the number on your member ID card.
Specialty pharmacy delivery options are available where allowed by law. In-store pickup 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 the applicable specialty pharmacy and certain services are only accessed by calling the pharmacy directly. Certain specialty medication may not qualify.
Products that quality as preventive services may be available at a lower cost share or no cost share, depending upon your plan, and may change from time to time. Please check your plan benefit materials should you have any questions about your coverage. Certain drug options identified above may be subject to additional prior authorizations or other plan design restrictions. Please consult your plan for further informaiton.
This information is not a substitute for medical advice or treatment. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.
Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to CVS Caremark they are also providing express consent for CVS Caremark to provide prescription services to those members for those prescriptions. Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to the applicable specialty pharmacy, they may also be providing express consent to utilize any affiliated pharmacies to process their prescriptions. Plan Member Rights and Responsibilities can be found at Caremark.com

CVS caremark™

Plan Summary

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

New Mexico Public Schools Insurance Authority

BCBS EPO Plan Ends 12/31/2025

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** for more up-to-date, personalized information about your plan.

	Short-Term Medications Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	**Long-Term Medications** Fill at any pharmacy in your plan's network; Cost for up to a 31-90-day supply
Generic Medications Best option to help you save money	**$10** for one 30-day supply	**$22** for one 31-90-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 one 31-90-day supply
Non-Preferred Brand-Name Medications Highest cost option	**70%** for one 30-day supply	**70%** for one 31-90-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*	**$55** for one 30-day supply of specialty generic **$80** for one 30-day supply of specialty preferred brands **$130** for one 30-day supply of specialty non-preferred brands Specialty prescriptions are limited to a 30-day supply at select participating pharmacies in your plan's network.	
Maximum Out-of-Pocket	**$3,100** per individual / **$6,200** per 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 solution for certain eligible specialty medications.** If you are participating in the PrudentRx program, you will have a final out-of-pocket responsibility of $0 for medications on the PrudentRx Program Drug List. If you opt-out of participating in the program, you will be responsible for the full amount of the 30% co-insurance on specialty medications.

22AS-WKL2-NEW_2023_RETAIL90_SM_MOOP-091824

Register today at Caremark.com/StartNow

Oklahoma: Some Oklahoma residents may not be eligible to participate in the Maintenance Choice and/or Exclusive Specialty program. If you have questions about your eligibility, please contact Customer Care at the number on your member ID card.
Specialty pharmacy delivery options are available where allowed by law. In-store pickup 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 the applicable specialty pharmacy and certain services are only accessed by calling the pharmacy directly. Certain specialty medication may not qualify.
Products that quality as preventive services may be available at a lower cost share or no cost share, depending upon your plan, and may change from time to time. Please check your plan benefit materials should you have any questions about your coverage. Certain drug options identified above may be subject to additional prior authorizations or other plan design restrictions. Please consult your plan for further informaiton.
This information is not a substitute for medical advice or treatment. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.
Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to CVS Caremark they are also providing express consent for CVS Caremark to provide prescription services to those members for those prescriptions. Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to the applicable specialty pharmacy, they may also be providing express consent to utilize any affiliated pharmacies to process their prescriptions. Plan Member Rights and Responsibilities can be found at Caremark.com

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Participating National Network Retail Pharmacies

The network includes all major chains and most independent pharmacies. The following list shows the major chain pharmacies that accept your prescription ID card. In addition to the pharmacies listed below, many independent pharmacies also take part in the prescription program. To find out if a pharmacy not listed here accepts your card, call the pharmacy directly or visit Caremark.com/PharmacyLocator.

A

A & P Pharmacy
Accredo Health Group, Inc.
ACME Pharmacy
Albertson's Pharmacy
Aurora Pharmacy

B

Baker's Pharmacy
Bartell Drugs
Bel Air Pharmacy
Brookshire Brothers Pharmacy

C

CarePlus
Caremark Specialty Pharmacy
Carrs-Gottstein Foods Pharmacy
Cashwise Pharmacy
CenterWell Pharmacy
City Market Pharmacy
Coborn's Pharmacy
Copps Food Center Pharmacy
Coram CVS Specialty Pharmacy
Costco Pharmacy

C

Cub Pharmacy
CVS Pharmacy
CVS Pharmacy in Target stores
CVS Specialty

D

Dillon Pharmacy
Discount Drug Mart
Doc's Pharmacy
Duane Reade

E

Essentia Health

F

Fairview Pharmacy
Food City Pharmacy
Food Lion Pharmacy
Fred Meyer Pharmacy
Fred's Pharmacy
Fresh Market Pharmacy
Fruth Pharmacy
Fry's Food and Drug

G

Gerbes Pharmacy
Giant Eagle Pharmacy
Giant Pharmacy
Group Health Pharmacy

H

Haggen Pharmacy
Hannaford Food & Drug
Harmons Pharmacy
Harps Pharmacy
Harris Teeter Pharmacy
Healthsmart Pharmacy
H-E-B Pharmacy
Hen House Pharmacy
Henry Ford Medical Center Pharmacy
Homeland Pharmacy
Hy-Vee Pharmacy

I

IHC Health Center
Ingles Pharmacy

Caremark.com

CVS Caremark® reserves the right to review and update the Participating National Network Retail Pharmacies List.

National Network Participating Retail Pharmacies (cont.)

J

Jewel-Osco Pharmacy

K

Kessel Pharmacy
King Soopers Pharmacy
Kinney Drugs
Klein's Pharmacy
Klingensmith's Drug Stores
Knight Drugs
Kroger Pharmacy
Kroger Sav-On Pharmacy

L

Longs Drug Store

M

Marianos Pharmacy
Martin's Pharmacy
Maxor Pharmacies
Med-Fast Pharmacy
Medicap Pharmacy
Medicine Shoppe Pharmacy
Meijer Pharmacy
Mercy Pharmacy
Metro Market Pharmacy

N

Navarro Discount Pharmacy
NCS Healthcare Pharmacy
Neighborcare Pharmacy
Nob Hill Pharmacy
North Florida Pharmacy

O

Omnicare Pharmacy
Oncology Pharmacy
Option Care Pharmacy
Osco Pharmacy

P

Pavilions Pharmacy
Pharmerica
Pick N Save Pharmacy
Price Chopper Pharmacy
Price Cutter Pharmacy
Publix Pharmacy

Q

QFC Pharmacy

R

Raley's Drug Center
Ralphs Pharmacy
Randall's Pharmacy
Rite Aid Pharmacy

S

Safeway Pharmacy
Sam's Club Pharmacy
Sav-Mor Pharmacy
Save Mart Pharmacy
Sav-On Pharmacy
Schnucks Pharmacy
Scott's Pharmacy
Shaw's Pharmacy
Shop 'n Save Pharmacy
Shoppers Pharmacy

S

ShopRite Pharmacy
Smith's Pharmacy
St. Johns Pharmacy
Stop & Shop Pharmacy
Super 1 Pharmacy

T

Texas Oncology Pharmacy
Thrifty White Pharmacy
Times Pharmacy
Tom Thumb Pharmacy
Tops Pharmacy

U

United Market Street Pharmacy
United Pharmacy
USA Drug
UW Health Pharmacy Services

V

Vons Pharmacy

W

Walgreens Pharmacy
Walmart
Wegman's Pharmacy
Weis Pharmacy
White Drug

Caremark.com

CVS Caremark® reserves the right to review and update the Participating National Network Retail Pharmacies List.

Welcome to Transform Diabetes Care®

The right kind of support on your terms.

What is Transform Diabetes Care (TDC)?

TDC is a better way to manage your diabetes and overall health — available at no cost to you. The health information you share helps us personalize your health coaching. You'll get help with diet and lifestyle habits, reminders about screenings and more.

What can TDC help me with?

TDC can help you manage your diabetes through:

- **Connected devices:** Monitor and track your diabetes and overall health with smart device(s)
- **Care on your terms:** Get guidance creating healthy lifestyle plans, nutritional support and more
- **Dedicated specialists:** Get remote help from a team of pharmacists, nurses and specialists or head to your nearby CVS Pharmacy®, MinuteClinic® or CVS® HealthHUB™ location

New Mexico Public Schools Insurance Authority

CVS caremark™

TDC can assist you with:

Lifestyle choices and overall health: Get help quitting smoking, track your diet and exercise on the app or find information on conditions like sleep apnea and more.

Your medications: We can help you understand how to take your insulin as well as give you reminders about lab tests that may be affected by your medications.

Preventive screenings: We can remind you about upcoming screenings like foot and eye exams, alert you to tests you need and help you make sense of any lab results.

What do I need to do?

Nothing at the moment.

If you take diabetes medications or are already enrolled in a diabetes program you'll automatically be enrolled in TDC and will receive a welcome package with more details, including a toll-free hotline for your questions.

If I don't fill prescriptions at CVS Pharmacy, can I still participate in TDC?

Yes, you'll still get the benefits of TDC. This includes:

- Glucose and blood pressure monitoring, if available under your plan
- Health coaching from nurses
- Preventive screenings at MinuteClinic
- Help staying on track with your medications

What else should I expect?

Support is ongoing and includes:

- Instructions for downloading the Health Optimizer digital app for enhanced diabetes care with daily, customized support
- Information about ordering and using your new connected devices (if applicable to you)
- Coaching and support calls (when needed) from a nurse to help you stay on track
- Communication with your doctor (only with your permission) to share results

Is my information safe?

Yes, your data is protected.

CVS Health works confidentially with your medical carrier to identify and reach out to individuals who may benefit from this program.

Certified Diabetes Care Nurses do not diagnose or treat conditions. Their role is to connect members to appropriate resources and help identify and close gaps in care.

Testing supplies may be provided at no cost, or a copay, coinsurance or deductible may apply depending on client plan design. 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.

By participating in the Transform Diabetes Care program, you are consenting to share your personal information, including health information, with CVS Caremark to help you manage your health. Information shared with CVS Caremark is protected by Health Insurance Portability and Accountability Act (HIPAA) and may result in a CVS Caremark pharmacist reaching out to you. CVS Caremark may also coordinate with your health care provider.

Certain benefits, connected devices, the mobile app and health coaching included in the Transform Diabetes Care program are available based on satisfaction of program eligibility requirements and your plan provider's plan. This program is solely funded and offered by your plan provider at no cost to you. Benefits, services, prescriptions and devices that are not included in the Transform Diabetes Care program are subject to applicable copayment, coinsurance and deductibles, as well as health benefits and health insurance plan exclusions and limitations. See your plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Program availability is subject to change.

This program is not a substitute for medical care provided by your doctor and is not a replacement for the advice or treatment you may be receiving from your doctor. In the event of a medical emergency, contact 9-1-1.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

BlueCross BlueShield of New Mexico

BlueCare Dental PPO℠

BlueCare Dental PPO offers you and your family access to one of the largest national dental PPO provider networks.[1]

This network includes general and specialty dentists in New Mexico as well as across the country. As a plan member of the BlueCare Dental PPO, you can go to any dentist. However, you'll save money and get more from your benefits when you use an in-network dentist. These in-network dentists have agreed to:

- Accept set fees for covered services
- Not bill you for costs over the negotiated fees (except copayments, coinsurance and deductibles)

If you choose an out-of-network dentist, he or she may have higher fees and charge you for amounts not covered by your insurance. To get the most from your benefits, choose an in-network dentist.

Finding an In-Network Dentist is Easy

For a list of in-network general and specialty dentists, go to **bcbsnm.com** and click on **Find Care** and then on **Find a Dentist** on the left side of the page. You can search for a dentist near your home, school or office.

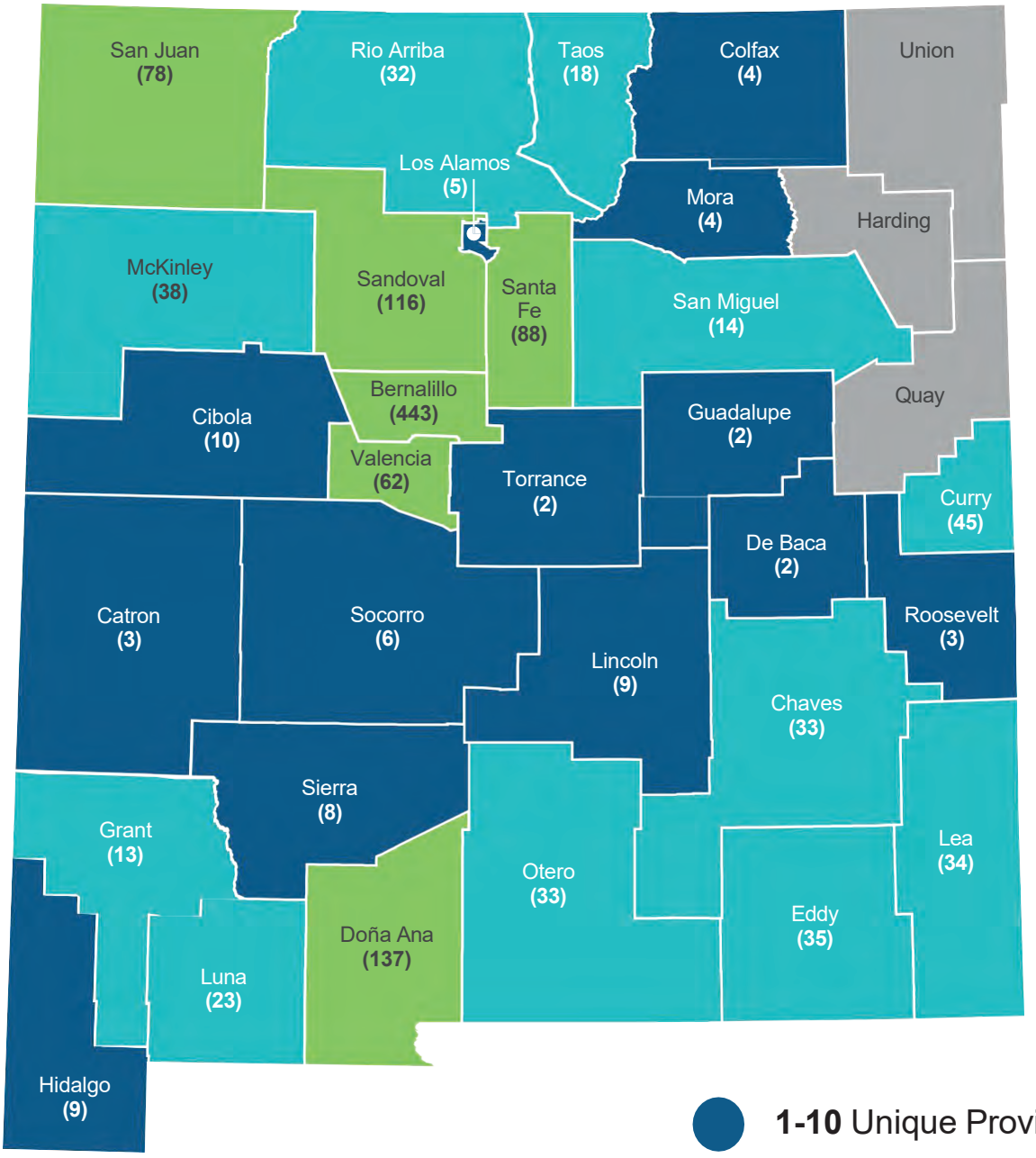
Dedicated Customer Service

After signing up, you will get more detailed information about your dental plan. Look at your plan materials for complete details. Customer Service can answer questions about eligibility, claims, benefits and providers. Just call **877-723-5697** between 8 a.m. and 6 p.m. (CT), Monday through Friday.

BlueCare Dental PPO℠

New Mexico Network

Unique Providers by County



1-10 Unique Providers

11-50 Unique Providers

50+ Unique Providers

Total Unique Providers: 1,309

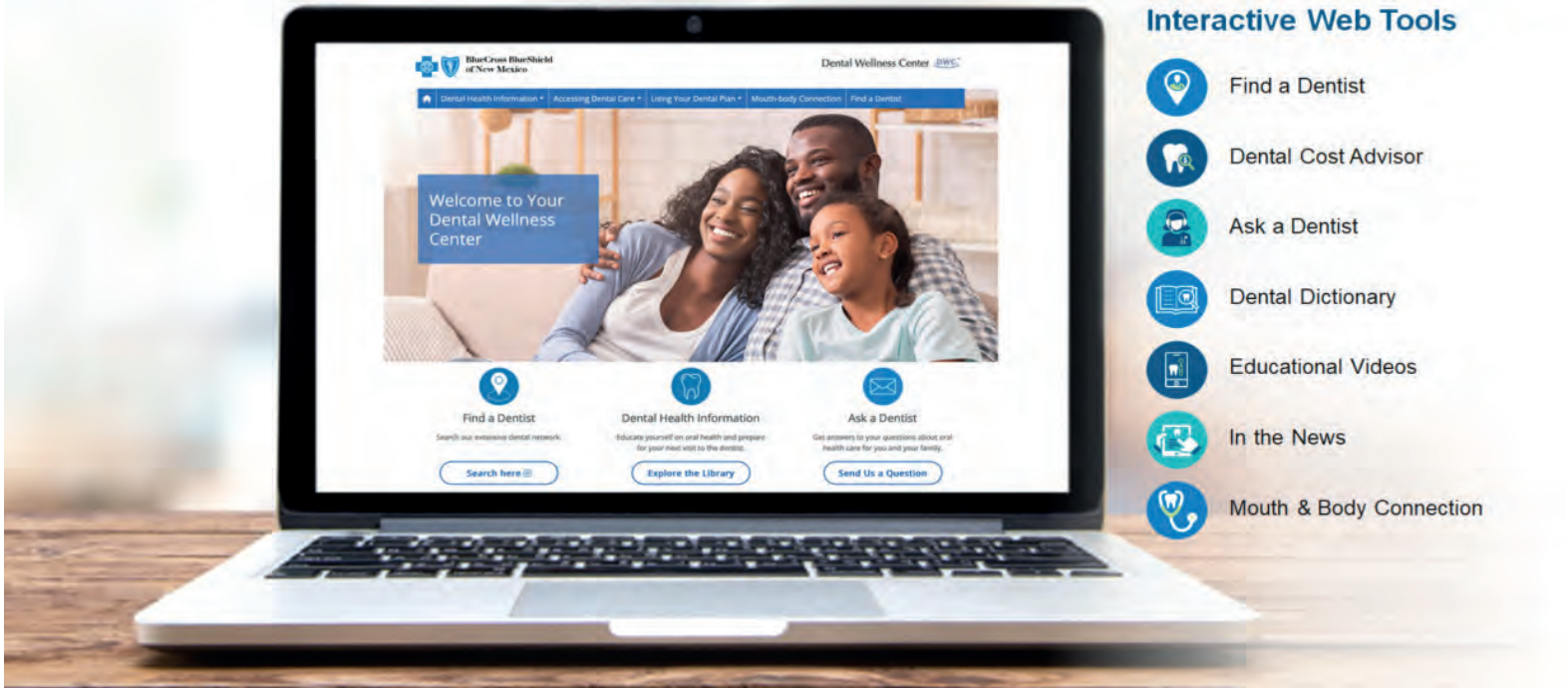
BlueCross BlueShield of New Mexico

Source: Network360® Analytics Suite (January 2025).

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association1

Dental Wellness Center®

BlueCross BlueShield of New Mexico



Interactive Web Tools

- Find a Dentist
- Dental Cost Advisor
- Ask a Dentist
- Dental Dictionary
- Educational Videos
- In the News
- Mouth & Body Connection

BlueCare Dental Connection℠

As an enhanced service, Blue Cross and Blue Shield of New Mexico offers BlueCare Dental Connection. This service provides educational information and other resources to help you make choices about your dental care — at no extra cost.

To help you learn about good oral health, BlueCare Dental Connection offers:

- Educational mailings
- 24-hour online access to the Dental Wellness Center®, which offers educational articles and special tools

To access the Dental Wellness Center:

log in to Blue Access for Members℠ at **bcbsnm.com** and select the **My Health tab** on the dashboard, then click on **Wellness** and scroll to the **Dental Wellness Center**.

The Dental Wellness Center allows you to:

- Ask dental questions through **Ask a Dentist**
- Locate an in-network dentist using **Find a Dentist**
- Research dental fees with the **Dental Cost Advisor**
- Search the **Dental Dictionary** for common terms
- View **Educational Videos** on dental topics

Text BCBSNMAPP to 33633 to download the app

1. Network360® Analytics Suite (03/2024).

The Dental Wellness Center, Dental Cost Advisor, Ask a Dentist, Dental Dictionary and Treatment and Procedure are provided by DNoA, a separate company that acts as the administrator of BCBSNM dental plans.

478115.0824

BlueCross BlueShield of New Mexico

BlueCare Dental Enhanced Benefit℠

Enhanced Dental Benefits for Special Health Conditions

Do you have heart disease or diabetes? Or are you pregnant? If so, you should know that poor dental health can negatively affect these conditions. Evidence also shows that unmanaged diabetes can worsen existing gum disease.

BlueCare Dental℠ offers additional dental benefits that can keep you healthier and reduce your overall health care costs by lowering the chance of more serious complications.

What Does the Enhanced Benefit Program Provide?

If you have heart disease, diabetes or are pregnant, the Enhanced Benefit program offers an additional one of the following after your regular benefits have been used:

- Routine cleaning
- Periodontal maintenance cleaning
- Periodontal scaling and root planing

Please call the number on the back of your dental ID card and ask the representative for the Chronic Condition Verification form.

BlueCare Dental Connection℠

The Enhanced Benefit program works with BlueCare Dental Connection, which provides:

- Member education about the link between gum disease and other health issues, such as diabetes and heart disease
- 24/7 use of the online Dental Wellness Center®, with facts and tools to help you learn about dental care*

To access the Dental Wellness Center, members can log in to Blue Access for Members℠ at **bcbsnm.com** and select the **My Health** tab on the dashboard, then click on **Wellness** and scroll to the **Dental Wellness Center**.

Healthy Mouth. Healthy Body.

*The Dental Wellness Center is an online resource offered by Go2Dental. Go2Dental is an independent company contracted with Dental Network of America, LLC, the administrator of BCBSNM dental products.

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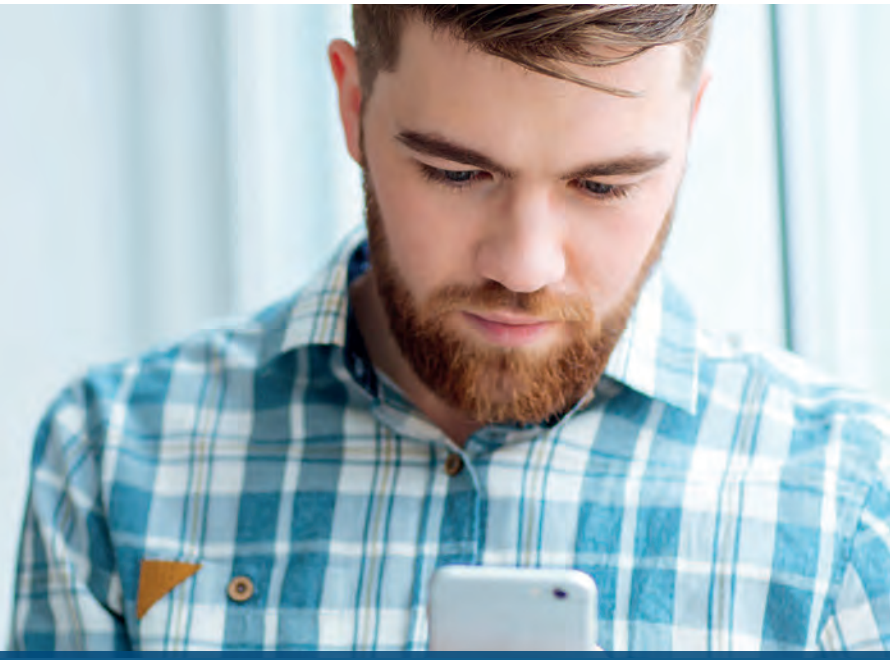
BlueCross BlueShield of New Mexico

VIRTUAL DENTAL VISITS 24/7

Powered by TELEDENTISTRY.com Your Dentist, Anytime Anywhere®



Virtual visits are part of the BlueCare Dental PPO℠ Network

At Blue Cross and Blue Shield of New Mexico (BCBSNM), we know how important access to dental care is to you and your family. Now if an urgent dental issue occurs after hours or when your own dentist is unavailable, you can schedule a virtual dental visit, powered by Teledentistry.com.

Virtual dental visits are an option with your current BlueCare Dental PPO℠ plan. You and your covered dependents can use these visits when you:

- Have an urgent dental issue and can't see your dentist
- Need access to a dentist after business hours
- Want to consult a dentist without leaving home, or while traveling

What can a virtual dentist do for you?

- Address tooth pain due to things like cavities, gum disease, impacted wisdom teeth
- Assess trauma, such as a chipped tooth
- Prescribe appropriate medications*

How does it work?

Simply call 1-866-256-2054 and provide some required information. You will be connected to a dentist via video conference within 10-15 minutes and the average consult only takes 3-5 minutes!**

Is it covered?

Yes, the virtual visit will be paid the same as if you were visiting your dentist office for the same service. If you need follow-up care and don't have a regular dentist, Teledentistry.com can help you find a dentist. If you follow up with your regular dentist, they can send them a report regarding the virtual visit.

Call 1-866-256-2054 to connect with a dentist for your virtual visit.

*No opioids or narcotics

**Average times from Teledentistry.com

Virtual visits may not be available on all plans.

485990.0821

BlueCare Dental℠

PPO Plan Options

New Mexico Public Schools Insurance Authority

BlueCross BlueShield of New Mexico

BlueCross BlueShield PPO Dental Benefits	Low Plan		High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Benefit Maximum (In and out of network benefit maximum amounts cannot be combined)	$1,500		$1,500	$1,000
Calendar Year Deductible	$50 Individual $150 Family		$50 Individual $150 Family	
Benefit Category	**In-network You Pay**	**Out-of-Network *You Pay**	**In-network You Pay**	**Out-of-Network *You Pay**
No Deductible Applies **CLASS 1 Preventive Services** Exams (2 per calendar year) Prophylaxis/routine cleanings (2 per calendar year) X-rays: Full-Mouth/ Panoramic (once per 5 years) Bitewing x-rays (twice per calendar year) Sealants (up to age 16) Fluoride applications Space Maintainers Periodontal Maintenance (2 per calendar year) Palliative Emergency Treatment	No Charge	75% of Allowed Amount	No Charge	0% of Allowed Amount
Deductible Applies **CLASS 2 Basic Services** Amalgam & Composite Fillings Simple Extractions Scaling & Root Planning Full Mouth Debridement Non-Surgical Periodontal Services Repairs to Crowns, Onlays, Inlays, Dentures and Bridges Endodontic (root canal) Deep Sedation/General Anesthesia	20%	75% of Allowed Amount	20%	45% of Allowed Amount
Deductible Applies Oral Surgery including Surgical Extractions Surgical Periodontics	100% Not Covered		20%	45% of Allowed Amount
Deductible Applies **CLASS 3 Major Services** Bridges & Dentures Implants & implant related services Crowns, Inlays, Onlays	100% Not Covered		50%	65% of Allowed Amount
No Deductible Applies **Orthodontic Services** Orthodontic Treatment	100% Not Covered		50%	50% of Allowed Amount
Coverage for: Adults (Employee/Spouse) Dependent Children (up to age 26) Orthodontic Lifetime Maximum Benefit per Participant (In and out-of-network lifetime maximums cannot be combined)			$1,500	$500

* 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-Contracting Providers have not entered into a contract with BCBSNM to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses. You will be financially responsible for balance billed amounts or amounts that exceed the non-participating provider's reimbursement.

Additional Features:

Enhanced Dental Benefit

If you have heart disease, pre-diabetes, diabetes or are pregnant, the Enhanced Benefit program offers an additional one of the following after your regular benefits have been used:

- Routine cleaning
- Periodontal maintenance cleaning
- Periodontal scaling and root planning

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**

DeltaDentalNM.com

New Mexico Public Schools Insurance Authority

DELTA DENTAL®

New Mexico Public Schools Insurance Authority

More options, lower costs:

Smile more with Delta Dental of New Mexico

Delta Dental offers two provider networks to help cover your smile while keeping costs as low as possible. The **Delta Dental PPO™ Network** provides maximum cost savings, while the **Delta Dental Premier® Network**—which is the largest network in New Mexico—provides a safety net for additional access when you need it.

The Power of Two Networks

Delta Dental PPO

- More than 113,000 providers nationwide
- Average savings of 34% on submitted fee
- No Balance Billing* and no paperwork to file

Delta Dental Premier

- More than 152,000 providers nationwide
- Average savings of 20% on submitted fee
- No Balance Billing* and no paperwork to file

Out-of-Network

- May need to file your own claims
- May be subject to Balance Billing*
- No discounts

*What is Balance Billing?

Our network dentists agree to accept Maximums on what they charge for each service. An out-of-network dentist has not agreed to those Maximums. When you visit a Delta Dental network dentist, you won't have to pay the difference between what the dentist charges and what Delta Dental will pay, *aka Balance Billing.*

Save when you see a network dentist*

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

Network		Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out-of-Network Dentist
Crown Repair	Submitted fee	$1,300	$1,300	$1,300
	Maximum allowed fee	$835	$1,068	$630
	Coverage level	50%	50%	35%
	Amount Delta Dental pays	$417	$534	$221
	AMOUNT YOU PAY	**$417**	**$534**	**$1,080**

Set by Delta Dental

Best Deal!

Balance Billing*

Disclaimer: The table depicted above is for illustrative purposes only, and does not reflect an actual claim.

2024-013-DDNM-MKT

ACTIVE DENTAL PROVIDERS

Contracted with Delta Dental of New Mexico by NM County

979

ACTIVE
Dental Providers
Licensed in NM*

890

ACTIVE
Dental Providers Licensed in NM
that participate in the Delta Dental Network*

THAT'S

91%

of **ACTIVE** dental providers licensed in New Mexico that participate in the Delta Dental Network*

The map above shows the percentage of **Licensed NM Dental Providers** by NM county that participate in the Delta Dental Network.

*Based on Delta Dental Plan of New Mexico internal data (August 2024)

New Mexico Public Schools Insurance Authority

DELTA DENTAL®

2024-142-DDNM-MKT

Finding a Network Dentist

In New Mexico, over 90% of all practicing Dental Providers are in our network, so it's very likely your dentist is in the Delta Dental network.[1]

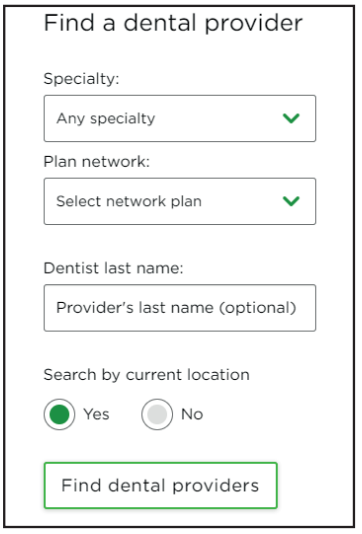
On the Web

It's easy to find a Delta Dental dentist near you with our provider search tool:

1.) Go to: DeltaDentalNM.com/tools/find-a-dental-provider

2.) Choose a specialty and your plan network from the drop-down menus

3.) In the Search By Current Location question, choose **Yes** or **No**



- **Yes** - The tool will use the location data from your web browser to give you a list of nearby dentsits
- **No** - You'll need to enter the zip code to search within to get a list of nearby dental providers

4.) Click **Find Dental Providers** to see a list of nearby dental providers meeting your search criteria

Automated Phone System

You can also find a dentist through our automated phone system by calling **(877) 395-9420** following the prompts to find a dentist. Delta Dental dentists can be searched by zip code, specialty, and plan type.

Understanding the Delta Dental Networks

Delta Dental PPO™ provides the lowest out-of-pocket costs. That's because PPO dentists agree to accept lower reimbursements for services.

Delta Dental Premier® provides a wider selection of dentists while keeping out-of-pocket costs affordable.

You may visit any network dentist, but you will save the most money by visiting a PPO dentist.

Out-of-network dentist | Premier dentist | PPO dentist

Don't know which network your dental plan uses?

For dentist search purposes, your plan type is your network. You can usually find your plan name on your Delta Dental ID card or by digning in to the member portal. If you need help, feel free to contact Delta Dental of New Mexico's customer service team at **(505) 855-7111** or via email at **CustomerService@DeltaDentalNM.com**.

DELTA DENTAL®

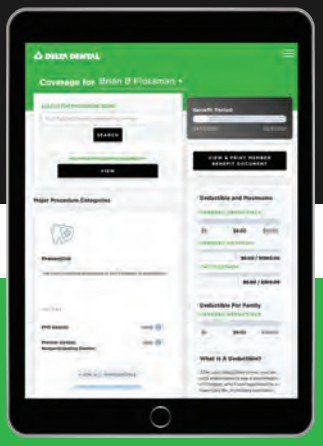
DeltaDentalNM.com

1. Based on 2024 Delta Dental of New Mexico internal data.

2024-122-DDNM-MKT

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.

DeltaDentalNM.com

New Mexico Public Schools Insurance Authority

FLI-6592 v1

PA 1/21

2024-016-DDNM-MKT

Delta Dental of Arkansas, Indiana, Kentucky, Michigan, New Mexico, North Carolina, Ohio, and Tennessee

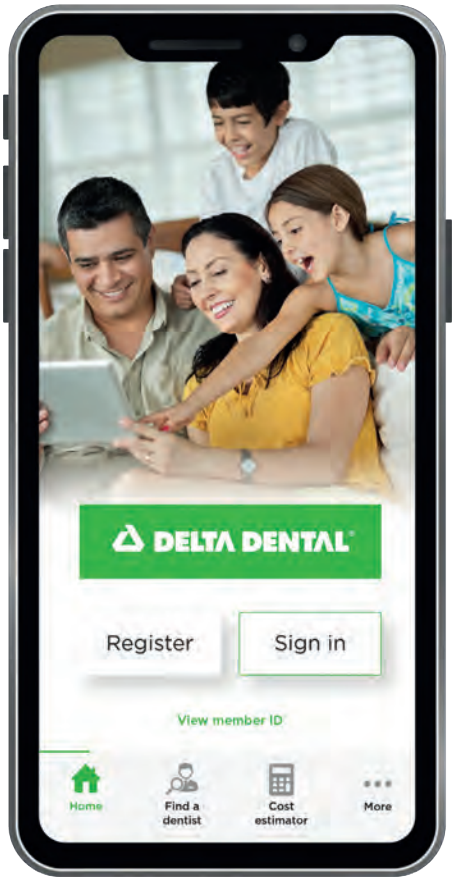
DELTA DENTAL

New Mexico Public Schools Insurance Authority

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

Delta Dental Mobile App features

Sign in to access the full range of tools and resources

Mobile ID card

No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access, including Apple Passbook and Google Wallet.

Find a dentist

It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs. Save your family's preferred dentists to your account for easy access.

Dental Care Cost Estimator

Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area, now with the option to select your dentist for tailored cost estimates.

Save your preferred dentist for quick access

Save your favorite dentists using the Delta Dental Mobile App for quick access to contact information making it easy to schedule your routine cleaning.

Secure access to your benefits

You must sign in each time you access the secure portion of the mobile app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed by clicking the lock icon on the main menu.

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact your Delta Dental company. "Delta Dental" refers to the national network of 39 independent Delta Dental companies that provide dental benefits and is a registered trademark of Delta Dental Plans Association.

DeltaDentalNM.com

2024-017-DDNM-MKT

New Mexico Public Schools Insurance Authority

DELTA DENTAL®

Delta Dental of New Mexico Plan Options

New Mexico Public School Insurance Authority (NMPSIA)

Delta Dental PPO Plus Premier™	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.

PLAN FOR A HEALTHY SMILE

Get a pre-treatment estimate!

Don't get left wondering how much your dental treatment is going to cost as **NOT ALL SERVICES are covered based on plan design!**

STEP-BY-STEP

The pre-treatment estimate process

1. You request a pre-treatment estimate from your dentist prior to getting any work done.
2. Your dentist sends Delta Dental of New Mexico a proposed treatment plan and x-rays, if necessary.
3. We review the treatment plan against your benefits to determine covered services and estimated costs.
4. We send you and your dentist a copy of the pre-treatment estimate.[1]
5. You and your dentist discuss any questions you may have about the treatment and determine whether to proceed with the treatment plan.

Q: What is a treatment plan?

A: A treatment plan is a list of proposed services that your dentist recommends at your dental visit, in what time frame, and how much the services will cost after insurance.

Q: What is a pre-treatment estimate?

A: A pre-treatment estimate is an estimate of dental benefits from Delta Dental of NM that can help a member budget for dental procedures & decide how to proceed with treatment prior to dental services being performed.

Remember – there is NO GUARANTEE that the balance of your charges will be covered by the Delta Dental Plan. If you have any questions regarding your benefits you may contact **Customer Service at (877) 395-9420**

[1] A pre-treatment estimate is not a guarantee of Delta Dental's final payment. When the treatment is complete and a claim is received for payment, Delta Dental will calculate its payment based on your current eligibility, amount remaining in your annual maximum and any deductible requirements or dual coverage. Please review your Evidence of Coverage, Summary of Benefits or Group Dental Insurance Contract for specific details about your plan.

100 Sun Avenue, Ste. 400 - Albuquerque, NM 87109 - Customer Service (877) 395-9420

DELTA DENTAL®

New Mexico Public Schools Insurance Authority

www.DeltaDentalNM.com

2024-124-DDNM-MKT

DELTA DENTAL®

New Mexico Public Schools Insurance Authority

Delta Dental Virtual Visits

delivered by TeleDentistry.com

Covering You 24/7

Dental emergencies don't always happen between the hours of eight to five. That's why Delta Dental of New Mexico members have access to 24/7 dental care whenever and wherever they are.[1,2,3]

Use Delta Dental Virtual Visits delivered by TeleDentistry.com when your dentist is not available and you're:

- having an after-hour dental issue.
- traveling and need dental assistance.
- facing a dental emergency but don't have a regular dentist to call.

Delta Dental Virtual Visits are considered covered in-network services.[1,2] In addition to your consult, a TeleDentistry.com dentist can write a prescription,[3] and refer an in-network dentist if you don't have one.

Learn more at DeltaDentalNM.com/Virtual-Visits

[1] Delta Dental Virtual Visits are only available to Delta Dental of New Mexico members whose plans include coverage for oral exams.
[2] This service supplements your current plan coverage and should be used after business hours, holidays and weekends, or when your regular dentist is unavailable. A virtual visit delivered by TeleDentistry.com is counted as a problem-focused examination (D0140) under your plan and does not count as one of your regular preventive oral exams.
[3] The TeleDentistry.com dentist cannot prescribe controlled substances or write international prescriptions. E-prescriptions are not available internationally.

Delta Dental Plan of New Mexico, Inc. dba Delta Dental of New Mexico.

2023-002-DDNM-MKT

How Do Delta Dental Virtual Visits Work?

Sign into the Delta Dental Virtual Visits patient portal or call 866.302.0905.

Fill out your e-documents.

Take photos of the problem area if necessary.

Begin your dental consultation.

New Mexico Public Schools Insurance Authority

United Concordia dental℠

NMPSIA's Trusted Dental Plan for Over 25 Years

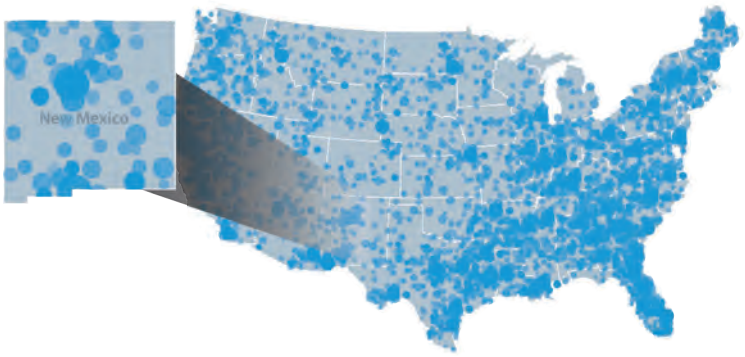
At United Concordia Dental we care about your smile. And we're proud to provide you with dental insurance to support total health. We make it easy—and affordable—to visit the dentist. Plus, you get extra coverage for gum disease care if you have certain medical conditions. Most plans cover:

- Routine Care including checkups, cleanings and X-rays.
- Basic Procedures like fillings and pulled teeth.
- Major Services such as crowns, bridges and dentures.

Choose from 3,500+ 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.



*in some cases

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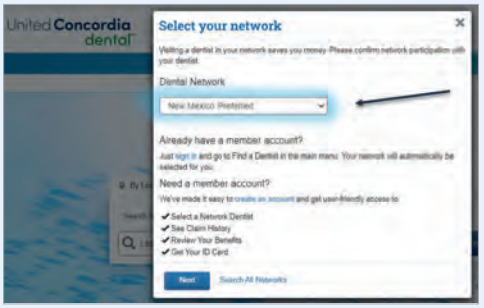
To find an in-network dentist:

- Visit **UnitedConcordia.com**.
- Click on **Find a Dentist**.



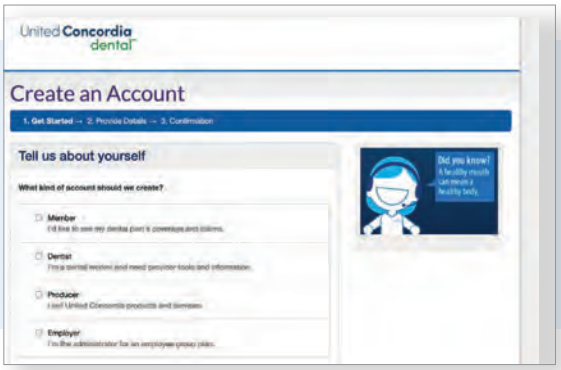
Visit NMPSIA Clients' Corner at unitedconcordia.com/NMPSIA for up to date info on your plan.

New Mexico Public Schools Insurance Authority

United Concordia dental℠

Create a *MyDentalBenefits* 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 *MyDentalBenefits* 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 services to care for gum disease. Learn how to check your eligibility and sign up.

Teledentistry

Take advantage of virtual visits from anywhere. Get a consult* right away for minor dental problems. Explore how teledentistry works.

Know your costs before you go

Avoid surprise bills by looking up estimated treatment prices. It's easy to check your coverage and get an idea of costs. Check out how to search pricing.

Visit NMPSIA Clients' Corner at unitedconcordia.com/NMPSIA for up to date info on your plan.
You can also call us at 1-888-898-0370.

*Teledentistry services are covered under CDT D0140, the dental procedure code for limited oral evaluations.

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New Mexico Public Schools Insurance Authority

United Concordia dental℠

PLAN BENEFITS — HIGH OPTION

Benefit Category	New Mexico Preferred		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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New Mexico Public Schools Insurance Authority

United Concordia dental℠

PLAN BENEFITS — LOW OPTION

Benefit Category	New Mexico Preferred		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.

MX4070536 • 9/24

DavisVision®

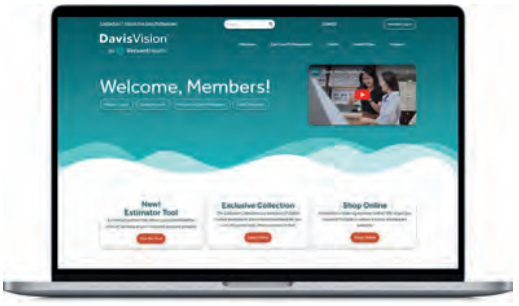
Vision care plan for New Mexico Public Schools Insurance Authority

Delivering the Wonders of Sight through Healthy Eyes and Vision

Online Member Portal

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.

davisvision.com/members



Find In-Network Providers

Enter your ZIP code and radius (miles) or choose state, county, and city. You can also search by provider or business name. Scroll to see results in a list or on a map.

davisvision.com/locator

Order Eyewear Online

Can't make it to a store? Shop with convenience while using your member benefit online through these in-network online retailers.

davisvision.com/shop-online

GLASSES.COM

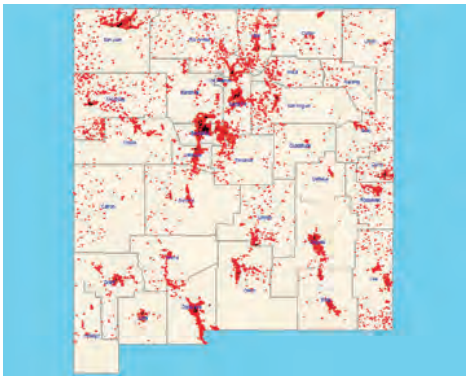
Visionworks

befitting

An Expansive Network

Our network features hundreds of providers across New Mexico. Use the locator website or our mobile app to find providers near you.

davisvision.com/app



New Mexico Public Schools Insurance Authority

DavisVision™

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 3066 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, after Copay. *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, after Copay. (See below for additional lens options and coatings.)
Frame	12 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:** $150 allowance, plus 20% discount[1] on the overage to go toward any frame from provider. **OR, Visionworks Frame Allowance:** $200 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 Disposable: Two boxes/multi-packs* 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

Additional Savings!
Retinal Imaging.....$39

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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Frequently Asked Questions

How can I contact Member Services?
Call 1.800.999.5431 for automated help 24/7. (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 injury; 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.*

Benefits administered by Davis Vision, Inc.
Underwritten by Metropolitan Life Insurance Company, New York, NY

New Mexico Public Schools Insurance Authority

MONTHLY CONTRIBUTIONS EFFECTIVE OCTOBER 1, 2025

NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY

For additional reference year rates visit: https://nmpsia.com/premiums.html

THE STANDARD: 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**

THE STANDARD: 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**

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

Person's Age	Rate per $1,000
24 & under	**$0.06**
25 - 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 *Employer contributes premium (see reverse side)*	**Single**	**Two-Party**	**Family**
Blue Cross Blue Shield New Mexico – High Option	**$1,115.98**	**$2,122.32**	**$2,834.62**
Blue Cross Blue Shield New Mexico – Low Option	**$773.72**	**$1,471.50**	**$1,965.48**
Blue Cross Blue Shield New Mexico – Exclusive Provider Organization (EPO) Option*	**$1,004.34**	**$1,910.06**	**$2,551.10**
EPO PLAN OPTION ENDING 12/31/2025			
Presbyterian – High Option	**$902.44**	**$1,894.98**	**$2,526.84**
Presbyterian – Low Option	**$625.78**	**$1,313.90**	**$1,751.98**
Blue Cross Blue Shield Dental - High Option	**$28.86**	**$54.92**	**$86.28**
Blue Cross Blue Shield Dental - Low Option	**$14.46**	**$27.50**	**$43.14**
Delta Dental – High Option	**$29.18**	**$55.54**	**$87.26**
Delta Dental – Low Option	**$14.62**	**$27.82**	**$43.64**
United Concordia Dental – High Option	**$32.78**	**$62.38**	**$98.02**
United Concordia Dental – Low Option	**$16.42**	**$31.24**	**$49.04**
Davis Vision Plan	**$6.46**	**$10.80**	**$14.56**

** 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).*

9.95% increase on High, Low and EPO medical options
4% increase with varying Plan schedule on Basic and Comprehensive Dental

CONTRIBUTIONS EFFECTIVE OCTOBER 1, 2025 *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)**	**$223.20**	**$334.78**	**$446.38**
BCBS	Single (district/employer contribution)	$892.78	$781.20	$669.60
High Option	**Two-Party (employee deduction)**	**$424.46**	**$636.70**	**$848.92**
	Two-Party (district/employer contribution)	$1,697.86	$1,485.62	$1,273.40
	Family (employee deduction)	**$566.92**	**$850.38**	**$1,133.84**
	Family (district/employer contribution	$2,267.70	$1,984.24	$1,700.78
BCBS	**Single (employee deduction)**	**$154.74**	**$232.12**	**$309.48**
Low Option	Single (district/employer contribution)	$618.98	$541.60	$464.24
	Two-Party (employee deduction)	**$294.30**	**$441.44**	**$588.60**
	Two-Party (district/employer contribution)	$1,177.20	$1,030.06	$882.90
	Family (employee deduction)	**$393.10**	**$589.64**	**$786.18**
	Family (district/employer contribution	$1,572.38	$1,375.84	$1,179.30
BCBS	**Single (employee deduction)**	**$200.86**	**$301.30**	**$401.74**
EPO Option	Single (district/employer contribution)	$803.48	$703.04	$602.60
***EPO PLAN ENDING 12/31/2025**	**Two-Party (employee deduction)**	**$382.00**	**$573.02**	**$764.02**
	Two-Party (district/employer contribution)	$1,528.06	$1,337.04	$1,146.04
	Family (employee deduction)	**$510.22**	**$765.32**	**$1,020.44**
	Family (district/employer contribution	$2,040.88	$1,785.78	$1,530.66
Presbyterian	**Single (employee deduction)**	**$180.48**	**$270.72**	**$360.98**
High Option	Single (district/employer contribution)	$721.96	$631.72	$541.46
	Two-Party (employee deduction)	**$379.00**	**$568.48**	**$757.98**
	Two-Party (district/employer contribution)	$1,515.98	$1,326.50	$1,137.00
	Family (employee deduction)	**$505.36**	**$758.04**	**$1,010.74**
	Family (district/employer contribution	$2,021.48	$1,768.80	$1,516.10
Presbyterian	**Single (employee deduction)**	**$125.16**	**$187.72**	**$250.30**
Low Option	Single (district/employer contribution)	$500.62	$438.06	$375.48
	Two-Party (employee deduction)	**$262.78**	**$394.16**	**$525.56**
	Two-Party (district/employer contribution)	$1,051.12	$919.74	$788.34
	Family (employee deduction)	**$350.40**	**$525.58**	**$700.78**
	Family (district/employer contribution	$1,401.58	$1,226.40	$1,051.20
DENTAL	**Single (employee deduction)**	**$5.76**	**$8.66**	**$11.54**
BCBS Dental	Single (district/employer contribution)	$23.10	$20.20	$17.32
High Option	**Two-Party (employee deduction)**	**$10.98**	**$16.48**	**$21.96**
	Two-Party (district/employer contribution)	$43.94	$38.44	$32.96
	Family (employee deduction)	**$17.26**	**$25.88**	**$34.50**
	Family (district/employer contribution	$69.02	$60.40	$51.78
Low Option	**Single (employee deduction)**	**$2.88**	**$4.34**	**$5.78**
	Single (district/employer contribution)	$11.58	$10.12	$8.68
	Two-Party (employee deduction)	**$5.50**	**$8.24**	**$11.00**
	Two-Party (district/employer contribution)	$22.00	$19.26	$16.50
	Family (employee deduction)	**$8.62**	**$12.94**	**$17.26**
	Family (district/employer contribution	$34.52	$30.20	$25.88
Delta Dental	**Single (employee deduction)**	**$5.84**	**$8.74**	**$11.66**
High Option	Single (district/employer contribution)	$23.34	$20.44	$17.52
	Two-Party (employee deduction)	**$11.10**	**$16.66**	**$22.20**
	Two-Party (district/employer contribution)	$44.44	$38.88	$33.34
	Family (employee deduction)	**$17.44**	**$26.18**	**$34.90**
	Family (district/employer contribution	$69.82	$61.08	$52.36
Low Option	**Single (employee deduction)**	**$2.92**	**$4.38**	**$5.84**
	Single (district/employer contribution)	$11.70	$10.24	$8.78
	Two-Party (employee deduction)	**$5.56**	**$8.34**	**$11.12**
	Two-Party (district/employer contribution)	$22.26	$19.48	$16.70
	Family (employee deduction)	**$8.72**	**$13.08**	**$17.46**
	Family (district/employer contribution	$34.92	$30.56	$26.18
United Concordia	**Single (employee deduction)**	**$6.56**	**$9.82**	**$13.10**
High Option	Single (district/employer contribution)	$26.22	$22.96	$19.68
	Two-Party (employee deduction)	**$12.48**	**$18.70**	**$24.94**
	Two-Party (district/employer contribution)	$49.90	$43.68	$37.44
	Family (employee deduction)	**$19.60**	**$29.40**	**$39.20**
	Family (district/employer contribution	$78.42	$68.62	$58.82
Low Option	**Single (employee deduction)**	**$3.28**	**$4.92**	**$6.56**
	Single (district/employer contribution)	$13.14	$11.50	$9.86
	Two-Party (employee deduction)	**$6.24**	**$9.36**	**$12.50**
	Two-Party (district/employer contribution)	$25.00	$21.88	$18.74
	Family (employee deduction)	**$9.80**	**$14.70**	**$19.62**
	Family (district/employer contribution	$39.24	$34.34	$29.42
VISION	**Single (employee deduction)**	**$1.28**	**$1.94**	**$2.58**
Davis Vision	Single (district/employer contribution)	$5.18	$4.52	$3.88
	Two-Party (employee deduction)	**$2.16**	**$3.24**	**$4.32**
	Two-Party (district/employer contribution)	$8.64	$7.56	$6.48
	Family (employee deduction)	**$2.90**	**$4.36**	**$5.82**
	Family (district/employer contribution	$11.66	$10.20	$8.74

CONTRIBUTIONS EFFECTIVE OCTOBER 1, 2025 *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**	**$223.20**	**$111.60**	**$334.78**	**$167.39**	**$446.38**	**$223.19**
BCBS		Employer	$892.78	$446.39	$781.20	$390.60	$669.60	$334.80
High Option	**Two-Party**	**Employee share**	**$424.46**	**$212.23**	**$636.70**	**$318.35**	**$848.92**	**$424.46**
		Employer	$1,697.86	$848.93	$1,485.62	$742.81	$1,273.40	$636.70
	Family	**Employee share**	**$566.92**	**$283.46**	**$850.38**	**$425.19**	**$1,133.84**	**$566.92**
		Employer	$2,267.70	$1,133.85	$1,984.24	$992.12	$1,700.78	$850.39
BCBS	**Single**	**Employee share**	**$154.74**	**$77.37**	**$232.12**	**$116.06**	**$309.48**	**$154.74**
Low Option		Employer	$618.98	$309.49	$541.60	$270.80	$464.24	$232.12
	Two-Party	**Employee share**	**$294.30**	**$147.15**	**$441.44**	**$220.72**	**$588.60**	**$294.30**
		Employer	$1,177.20	$588.60	$1,030.06	$515.03	$882.90	$441.45
	Family	**Employee share**	**$393.10**	**$196.55**	**$589.64**	**$294.82**	**$786.18**	**$393.09**
		Employer	$1,572.38	$786.19	$1,375.84	$687.92	$1,179.30	$589.65
BCBS	**Single**	**Employee share**	**$200.86**	**$100.43**	**$301.30**	**$150.65**	**$401.74**	**$200.87**
EPO Option		Employer	$803.48	$401.74	$703.04	$351.52	$602.60	$301.30
*EPO PLAN ENDING 12/31/2025	**Two-Party**	**Employee share**	**$382.00**	**$191.00**	**$573.02**	**$286.51**	**$764.02**	**$382.01**
		Employer	$1,528.06	$764.03	$1,337.04	$668.52	$1,146.04	$573.02
	Family	**Employee share**	**$510.22**	**$255.11**	**$765.32**	**$382.66**	**$1,020.44**	**$510.22**
		Employer	$2,040.88	$1,020.44	$1,785.78	$892.89	$1,530.66	$765.33
Presbyterian	**Single**	**Employee share**	**$180.48**	**$90.24**	**$270.72**	**$135.36**	**$360.98**	**$180.49**
High Option		Employer	$721.96	$360.98	$631.72	$315.86	$541.46	$270.73
	Two-Party	**Employee share**	**$379.00**	**$189.50**	**$568.48**	**$284.24**	**$757.98**	**$378.99**
		Employer	$1,515.98	$757.99	$1,326.50	$663.25	$1,137.00	$568.50
	Family	**Employee share**	**$505.36**	**$252.68**	**$758.04**	**$379.02**	**$1,010.74**	**$505.37**
		Employer	$2,021.48	$1,010.74	$1,768.80	$884.40	$1,516.10	$758.05
Presbyterian	**Single**	**Employee share**	**$125.16**	**$62.58**	**$187.72**	**$93.86**	**$250.30**	**$125.15**
Low Option		Employer	$500.62	$250.31	$438.06	$219.03	$375.48	$187.74
	Two-Party	**Employee share**	**$262.78**	**$131.39**	**$394.16**	**$197.08**	**$525.56**	**$262.78**
		Employer	$1,051.12	$525.56	$919.74	$459.87	$788.34	$394.17
	Family	**Employee share**	**$350.40**	**$175.20**	**$525.58**	**$262.79**	**$700.78**	**$350.39**
		Employer	$1,401.58	$700.79	$1,226.40	$613.20	$1,051.20	$525.60
DENTAL	**Single**	**Employee share**	**$5.76**	**$2.88**	**$8.66**	**$4.33**	**$11.54**	**$5.77**
BCBS Dental		Employer	$23.10	$11.55	$20.20	$10.10	$17.32	$8.66
High Option	**Two-Party**	**Employee share**	**$10.98**	**$5.49**	**$16.48**	**$8.24**	**$21.96**	**$10.98**
		Employer	$43.94	$21.97	$38.44	$19.22	$32.96	$16.48
	Family	**Employee share**	**$17.26**	**$8.63**	**$25.88**	**$12.94**	**$34.50**	**$17.25**
		Employer	$69.02	$34.51	$60.40	$30.20	$51.78	$25.89
BCBS Dental	**Single**	**Employee share**	**$2.88**	**$1.44**	**$4.34**	**$2.17**	**$5.78**	**$2.89**
Low Option		Employer	$11.58	$5.79	$10.12	$5.06	$8.68	$4.34
	Two-Party	**Employee share**	**$5.50**	**$2.75**	**$8.24**	**$4.12**	**$11.00**	**$5.50**
		Employer	$22.00	$11.00	$19.26	$9.63	$16.50	$8.25
	Family	**Employee share**	**$8.62**	**$4.31**	**$12.94**	**$6.47**	**$17.26**	**$8.63**
		Employer	$34.52	$17.26	$30.20	$15.10	$25.88	$12.94
Delta Dental	**Single**	**Employee share**	**$5.84**	**$2.92**	**$8.74**	**$4.37**	**$11.66**	**$5.83**
High Option		Employer	$23.34	$11.67	$20.44	$10.22	$17.52	$8.76
	Two-Party	**Employee share**	**$11.10**	**$5.55**	**$16.66**	**$8.33**	**$22.20**	**$11.10**
		Employer	$44.44	$22.22	$38.88	$19.44	$33.34	$16.67
	Family	**Employee share**	**$17.44**	**$8.72**	**$26.18**	**$13.09**	**$34.90**	**$17.45**
		Employer	$69.82	$34.91	$61.08	$30.54	$52.36	$26.18
Delta Dental	**Single**	**Employee share**	**$2.92**	**$1.46**	**$4.38**	**$2.19**	**$5.84**	**$2.92**
Low Option		Employer	$11.70	$5.85	$10.24	$5.12	$8.78	$4.39
	Two-Party	**Employee share**	**$5.56**	**$2.78**	**$8.34**	**$4.17**	**$11.12**	**$5.56**
		Employer	$22.26	$11.13	$19.48	$9.74	$16.70	$8.35
	Family	**Employee share**	**$8.72**	**$4.36**	**$13.08**	**$6.54**	**$17.46**	**$8.73**
		Employer	$34.92	$17.46	$30.56	$15.28	$26.18	$13.09
United Concordia	**Single**	**Employee share**	**$6.56**	**$3.28**	**$9.82**	**$4.91**	**$13.10**	**$6.55**
High Option		Employer	$26.22	$13.11	$22.96	$11.48	$19.68	$9.84
	Two-Party	**Employee share**	**$12.48**	**$6.24**	**$18.70**	**$9.35**	**$24.94**	**$12.47**
		Employer	$49.90	$24.95	$43.68	$21.84	$37.44	$18.72
	Family	**Employee share**	**$19.60**	**$9.80**	**$29.40**	**$14.70**	**$39.20**	**$19.60**
		Employer	$78.42	$39.21	$68.62	$34.31	$58.82	$29.41
United Concordia	**Single**	**Employee share**	**$3.28**	**$1.64**	**$4.92**	**$2.46**	**$6.56**	**$3.28**
Low Option		Employer	$13.14	$6.57	$11.50	$5.75	$9.86	$4.93
	Two-Party	**Employee share**	**$6.24**	**$3.12**	**$9.36**	**$4.68**	**$12.50**	**$6.25**
		Employer	$25.00	$12.50	$21.88	$10.94	$18.74	$9.37
	Family	**Employee share**	**$9.80**	**$4.90**	**$14.70**	**$7.35**	**$19.62**	**$9.81**
		Employer	$39.24	$19.62	$34.34	$17.17	$29.42	$14.71
VISION	**Single**	**Employee share**	**$1.28**	**$0.64**	**$1.94**	**$0.97**	**$2.58**	**$1.29**
Davis Vision		Employer	$5.18	$2.59	$4.52	$2.26	$3.88	$1.94
	Two-Party	**Employee share**	**$2.16**	**$1.08**	**$3.24**	**$1.62**	**$4.32**	**$2.16**
		Employer	$8.64	$4.32	$7.56	$3.78	$6.48	$3.24
	Family	**Employee share**	**$2.90**	**$1.45**	**$4.36**	**$2.18**	**$5.82**	**$2.91**
		Employer	$11.66	$5.83	$10.20	$5.10	$8.74	$4.37

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 2024

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.

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.

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.

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 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 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 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 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:

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

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** (Ends 12/31/2025)

"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, or Blue Cross Blue Shield of New Mexico Preferred EPO 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, or Blue Cross Blue Shield of New Mexico Preferred EPO 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, or Blue Cross Blue Shield of New Mexico Preferred EPO 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, or Blue Cross Blue Shield of New Mexico Preferred EPO 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 2024) is intended to serve as your Medicare Notice of Creditable Coverage, as required by law.

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, 2024. 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)	Health Insurance Premium Payment (HIPP) Program Website: 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: 1-800-967-4660
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://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	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: 711 Email: masspremassistance@accenture.com
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: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx 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	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	
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: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services 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://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs 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, 2024, 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 EPO Option Ends 12/31/2025	High – N05501 Low – N05502 EPO – 213895	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)			
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			
MUSCULOSKELETAL SURGERY AND PAIN MANAGEMENT SERVICES			
LANTERN Formerly Surgery Plus	n/a	1-888-726-1350	https://lanterncare.com/for-members/surgery/
PRESCRIPTION DRUGS			
CVS caremark	Rx BIN 04336	1-877-787-0652	https://www.caremark.com/
DENTAL			
BlueCare Dental	High – 319225 Low – 319228	1-877-723-5697	https://www.bcbsnm.com/nmpsia/benefits/dental
DELTA DENTAL	High – 8565 Low – 8564	1-877-395-9420	https://www.deltadentalnm.com/member/nmpsia-members/
United Concordia dental	812022 (refer to ID card for subgroup #)	1-888-898-0370	https://www.unitedconcordia.com/home
VISION			
DavisVision	3066	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