Albuquerque Public Schools
Plan Highlights – 2025

Administered by:
BlueCross BlueShield of New Mexico

Lists copayments, deductible, member coinsurance percentage amounts, out-of-pocket limits, and provides a brief description of Albuquerque Public Schools Medical Plan benefits.

EPO Plan Benefits There is no lifetime maximum benefit. However, certain services have maximum annual limits. See below.	**Member's Share of Covered Charges** **Nationwide EPO Provider[1]**
Annual Deductible[1] Deductible does not apply to services with copays or "No Charge."	$1,000/Individual $2,000/Two-Person $2,500/Family
Annual Out-of-Pocket Limit Includes deductible, coinsurance, and copayments; NOT prescription drugs, penalty amounts, or noncovered charges.[2]	$5,000/Individual $10,000/Two-Person $12,500/Family
Coinsurance	20%
Primary Care Physician (PCP) Office Visit/Exam and initial office visit to diagnose pregnancy; Telehealth/Telemedicine	$30 copay/visit
Virtual Visit – (MDLIVE providers)	No Charge
COVID-19 Testing and Treatment	Based on Place of Treatment and Type of Service
Maternity (initial office visit, pre-natal, post-natal, and OB delivery charges) See next page for hospital benefits.	$60 copay/visit
Mental Health and Chemical Dependency (MH/CD) (outpatient/office); Telehealth/Telemedicine	No Charge
Virtual Visit (MH/CD) – (MDLIVE providers)	No Charge
Specialist Office Visit and initial office visit to diagnose pregnancy; Telehealth/Telemedicine	$60 copay/visit
Office Surgery (including casts, splints, and dressings)	Office Visit (OV) Copay
Allergy office visits, Testing, Treatment Allergy Extract prep, Allergy Serum, and Allergy Injections	$60 copay/visit $10 copay/visit
Therapeutic Injection (billed without an office visit)	No Charge
Preventive Services Routine Adult Physicals and Gynecological Exams, Well-Child Care; Routine Vision or Hearing Screenings, Related Testing (includes routine Pap tests, cholesterol tests, urinalysis, etc.), Colonoscopies, Immunizations; Smoking/Tobacco Cessation Counseling	No Charge (deductible waived)
Acupuncture, Chiropractic, Massage Therapy, and Rolfing (max. **25 visits**/year; all services combined)	$30 copay/visit
Ambulance Services Ground and Emergency Air Transport[4] (must be medically necessary)	20%[4]
Autism Spectrum Disorders Applied Behavioral Analysis[4] Occupational, Physical, and Speech Therapy	No Charge
Biofeedback (for specified services only)	$60 copay/visit
Cardiac and Pulmonary Rehabilitation	$0 copay/visit
Dental/Facial Accident, Oral Surgery, and TMJ/CMJ Services[4]	20%
Diabetic Supplies	No Charge
Emergency Room Treatment	$450 copay
Hearing Aids, Ear Molds, Fitting and Dispensing (for dependents under age 21 only) **Office Visit**	No Charge up to $2,200 / 36 months $60 copay/visit
Home Health Care/Home I.V. Services (Non-EPO Provider Level maximum: **120 visits**/year)	$60 copay/visit
Hospice Services (Bereavement/3 sessions. Respite care (**5 consecutive days** for each **60 days** of hospice; no more than two respite stays allowed.)[4,5]	20%

* A Primary Care Provider (PCP) is a physician or other professional provider in one of the following categories of practice: Family or General Practice, Internal Medicine, Pediatrics, Obstetrics and Gynecology, and Gynecology Only. A "PPP" is a Primary Preferred Provider in the EPO Provider network.

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Infertility (testing services to identify medical diagnosis)	Based on place of service
Lab, X-Ray, and Other Basic Diagnostic Tests	$30 copay/day
MRI, CT Scans, PET Scans	
Free-standing Imaging Center	$120 copay/day[4]
Hospital	20%[4]
Inpatient Hospital/Facility Services	
Room and Board, and Covered Ancillaries for: Medical/Surgical, Inpatient Rehabilitation, and Maternity-Related and Delivery	20%[5]
Mental Health/Chemical Dependency (including Partial Hospitalization); Residential Treatment Center (RTC) – Mental Health/Chemical Dependency (MH/CD)	No Charge[5]
Maternity Services	
Routine Nursery/Pediatrician Care for Covered Newborns - Facility	No Charge (all charges covered under Mother's claims)[5]
Extended Newborn Stay	20%[5]
Outpatient Facility/Surgeon/Physician (including Surgical procedures related to pregnancy and family planning)	20%
Prescription Drugs, Enteral Nutritional Products, Special Medical Foods, Smoking/Tobacco Cessation	For details, see the Express Scripts Summary of Benefits or call Express Scripts at 1-866-563-9297
Short-Term Rehabilitation Occupational, Physical, and Speech Therapy; Outpatient/Office Rehabilitation (max. **60 visits** per condition/year – combined for in and out of network providers)	$30 copay/visit up to $480 annual maximum
Skilled Nursing Facility (max. **60 days** per year – combined for in and out of network providers)[5]	20%
Sleep Studies (Inpatient and Sleep Lab)[4,5]	20%
Supplies, Durable Medical Equipment, Prosthetics, Orthotics[4] (preauthorization may be required)	20%[6] (deductible waived)
Therapy: Chemotherapy, Dialysis, and Radiation	20%
Transplant Services (Must be received at a facility that contracts with BCBSNM or with the national BCBS transplant network[4,5].)	
Cornea, Kidney, Bone Marrow	Based on place of treatment and type of service[4,5]
Heart, Heart-Lung, Liver, Lung, and Pancreas-Kidney	20%[4,5]
Urgent Care Facility	$75 copay/visit

Footnotes:

[1] The deductible must be met before benefit payments are made for services with coinsurance.

[2] After a member reaches the applicable out-of-pocket limit, the APS plan pays 100 percent of most of that member's covered EPO Provider charges.

[3] Initial treatment of a medical emergency or urgent care visit is paid at the EPO Provider level. Follow-up treatment and treatment that is not for an emergency or urgent care that is provided by a Non-EPO provider, will not be covered.

[4] Certain services are not covered if preauthorization is not obtained from BCBSNM. See a Member's Benefit Booklet for a list of services requiring preauthorization.

[5] Preauthorization is required for inpatient admissions. See a Member's Benefit Booklet for details.

[6] Rental benefits for medical equipment and other items will not exceed the purchase price of a new unit.

[7] EPO: Exclusive Provider Organization provides in-network ONLY coverage with Nationwide coverage.

IMPORTANT: Deductible amounts and coinsurance percentages are applied to BCBSNM's covered charges, which may be less than the provider's billed charges. EPO providers will not charge you the difference between the covered charge and the billed charge for covered services.

Note: The APS medical plan is a self-funded plan. BCBSNM provides administrative claims payment only and does not assume any financial risk or obligation with respect to claims, except as may be specified in the Administrative Services Agreement.

This is a summary only – please refer to the Summary of Benefits and Coverage (SBC) document and Benefit Booklet for more details.