

Smart Solutions for Small Groups



To help provide your business with more savings and flexibility, we offer level-funded healthcare coverage for employer groups with 4 to 50 enrolled subscribers. Level-funded products provide a cost-effective option for generally healthy employer groups and offer several coverage options.

Presbyterian Health Plan’s level-funded plans offer:

- **Choices** – An assortment of plans with a range of monthly premium amounts
- **Flexibility** – Small groups can select up to three plan options for enrollment
- **Savings** – Rebate opportunities if total group spend is less than claims funding during the plan year (up to 1% of the total surplus, payable at the end of the contract term)
- **Extras** – Additional ancillary products including gym, vision and dental products

Product Designs

Choose from 22 level-funded plan options, including traditional HMO and PPO products as well as cost-efficient Engage products for groups within the Central New Mexico area. All plans include comprehensive medical and pharmacy coverage options, including high deductible health plans (HDHPs), across New Mexico’s premier healthcare delivery network. Plan types are structured as follows:

HMO
8 plan options available
Coverage within the PHP HMO network only, except for emergency coverage
Over 17,000 providers within NM and surrounding areas

PPO
9 plan options available
Coverage in both the PHP PPO network and outside of the PHP PPO network
National in-network coverage within the MultiPlan Network

ENGAGE
5 plan options available
Coverage within the Engage network of providers
PHP’s most preferred providers
Available to groups within Bernalillo, Sandoval, Torrance, Valencia and Santa Fe Counties

HMO Benefits	Platinum 1 LF	Platinum 2 LF	Gold 3 LF	HDHP Gold 4 LF*	HDHP Silver 1 LF*	Silver 3 LF	Silver 4 LF	Bronze 1 LF	
A deductible is the amount you pay before the plan pays for benefits with coinsurance (%). The family deductible is 2x the individual deductible.	\$500	\$0	\$3,200	\$3,200	\$3,200	\$2,500	\$5,000	\$8,700	
What do I pay for covered benefits?	Copayment – Benefits with a copayment (\$) are not subject to Coinsurance – Benefits with a coinsurance (%) are subject to				deductible. Copayment covers office visit ONLY. All other services are subject to deductible and/or coinsurance. deductible first, and then you pay the applicable coinsurance (%) amount.				
Preventive Care	You pay \$0. Plan pays 100% for clinical preventive health services				such as physical exam, colonoscopy, and routine immunizations.				
Primary Care Provider Visit	\$10	\$10	\$30	0%	20%	\$40	\$30	\$40	
Urgent Care	\$10	\$10	\$30	0%	20%	\$40	\$30	\$40	
Video Visit	\$0	\$0	\$0	0%	0%	\$0	\$0	\$0	
Specialist Visit	\$30	\$25	\$90	0%	20%	\$90	\$90	0%	
Mental Health Outpatient Services	\$0	\$0	\$0	0%	20%	\$0	\$0	\$0	
Lab	\$0	\$0	\$0	0%	20%	\$50	\$50	0%	
X-Ray	\$0	\$0	\$0	0%	20%	\$100	\$100	0%	
Imaging CT/PET/MRI	\$250	\$100	\$300	0%	20%	\$750	\$500	0%	
Emergency Room Plans with copay (\$) all services are included	\$250	\$100	\$500	0%	20%	\$1,000	\$1,000	0%	
Ambulance Ground or Air	20% air, \$100 ground	20% air, \$100 ground	20% air, \$250 ground	0%	20%	30% air, \$250 ground	30% air, \$250 ground	0%	
Hospital Inpatient or Outpatient	20%	\$250 per day, up to a max of \$750	20%	0%	20%	30%	30%	50% Not Subject to Deductible/0%	
Chiropractic and Acupuncture Limited to 20 visits each	\$10	\$10	\$30	0%	20%	\$40	\$30	\$40	
Rehabilitation Therapy Physical, Occupational and Speech	\$10	\$10	\$30	0%	20%	\$40	\$30	\$40	
Prescription Drugs per 30-day supply									
Tier 1: Preferred Generic	\$0	\$0	\$0	0%	0%	\$0	\$0	\$0	
Tier 2: Non-Preferred Generic	\$10	\$5	\$15	0%	20%	\$15	\$15	\$25	
Tier 3: Preferred Brand	\$20	\$10	\$60	0%	20%	\$130	\$130	0%	
Tier 4: Non-Preferred Drug	\$75	\$50	\$150	0%	20%	\$150	\$150	0%	
Tier 5: Specialty Pharmaceuticals	20%	\$250	20%	0%	20%	30%	30%	0%	
Out-of-Pocket Maximum includes the deductible, copayments, coinsurance, and prescription drug costs that you pay									
The family out-of-pocket maximum is 2x the individual out-of-pocket maximum.	\$3,200	\$2,750	\$5,500	\$3,200	\$7,000	\$8,700	\$8,700	\$8,700	
Wellness and Other Services									
Fitness Center Membership	You and your enrolled dependents (ages 18 and up) will have no cost				access to more than 10,000 participating fitness centers.				
Vision	Presbyterian Health Plan is pleased to provide you with vision coverage				options for your entire family. See flyer for details. (Administered by Davis Vision.)				
Dental	We have partnered with DentalSource Dental Plan, Inc. to offer dental (Underwritten and administered by Companion Life Insurance Company)				coverage for you and your family. See the dental flyer for details.				
The benefit information provided is a brief summary, not a comprehensive description of benefits, limitations and/or and/or Summary of Benefits Coverage, which can be found online at www.phs.org/formsanddocuments.				exclusions. For more information, contact the plan at 1-800-356-2219 or refer to the Subscriber Agreement					

* **High Deductible Health Plans (HDHP)** - Qualified high deductible health plans can be used with a member-owned, portable your insurance deductible and qualified out-of-pocket medical expenses tax-free. To learn more, visit www.healthequity.com or

Health Savings Account (HSA). Through our partnership with HealthEquity, you can conveniently open an HSA to pay for call 1-866-346-5800.

PPO Benefits	Platinum 1 LF		Platinum 2 LF		Gold 1 LF		Gold 3 LF		HDHP Gold 4 LF*		HDHP Silver 1 LF*		Silver 3 LF		Silver 4 LF		Bronze 1 LF		
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	
A deductible is the amount you pay before the plan pays for benefits with coinsurance (%). The family deductible is 2x individual deductible.	\$500	\$1,000	\$0	\$500	\$1,200	\$2,400	\$3,200	\$6,000	\$3,200	\$6,400	\$3,200	\$6,400	\$2,500	\$5,000	\$5,000	\$10,000	\$8,700	\$17,400	
What do I pay for covered benefits?	Copayment-Benefits with a copayment (\$) are not subject to deductible. Copayment Coinsurance-Benefits with a coinsurance (%) are subject to deductible first, and then									covers office visit ONLY. All other services are subject to deductible and/or coinsurance. you pay the applicable coinsurance (%) amount.									
Preventive Care	You pay \$0 (in-network only). Plan pays 100% for Clinical Preventive Health Services such as physical exam, colonoscopy, and routine immunizations.																		
Primary Care Provider Visit	\$10	50%	\$10	50%	\$30	50%	\$30	50%	0%	0%	20%	50%	\$40	50%	\$30	50%	\$40	0%	
Urgent Care	\$10	\$10	\$10	\$10	\$30	\$30	\$30	\$30	0%	0%	20%	20%	\$40	\$40	\$30	\$30	\$40	\$40	
Video Visit	\$0	50%	\$0	50%	\$0	50%	\$0	50%	0%	0%	0%	50%	\$0	50%	\$0	50%	\$0	0%	
Specialist Visit	\$30	50%	\$25	50%	\$90	50%	\$90	50%	0%	0%	20%	50%	\$90	50%	\$90	50%	\$0	0%	
Mental Health Outpatient Services	\$0	50%	\$0	50%	\$0	50%	\$0	50%	0%	0%	0%	50%	\$0	50%	\$0	50%	\$0	0%	
Lab	\$0	50%	\$0	50%	\$0	50%	\$0	50%	0%	0%	20%	50%	\$50	50%	\$50	50%	\$0	0%	
X-Ray	\$0	50%	\$0	50%	\$0	50%	\$0	50%	0%	0%	20%	50%	\$100	50%	\$100	50%	\$0	0%	
Imaging CT/PET/MRI	\$250	50%	\$100	50%	\$300	50%	\$300	50%	0%	0%	20%	50%	\$750	50%	\$500	50%	\$0	0%	
Emergency Room Plans with copay (\$) all services are included	\$250	\$250	\$100	\$100	\$500	\$500	\$500	\$500	0%	0%	20%	20%	\$1,000	\$1,000	\$1,000	\$1,000	\$0	0%	
Ambulance (air)	20%	20%	20%	20%	20%	20%	20%	20%	0%	0%	20%	20%	30%	30%	30%	30%	\$0	0%	
Ambulance (ground)	\$100	\$100	\$100	\$100	\$250	\$250	\$250	\$250	0%	0%	20%	20%	\$250	\$250	\$250	\$250	\$0	0%	
Hospital Inpatient and Outpatient	20%	50%	\$250 per day, \$750 max	50%	20%	50%	20%	50%	0%	0%	20%	50%	30%	50%	30%	50%	50% Not Subject to Deductible/0%	0%	
Chiropractic and Acupuncture Limited to 20 visits each	\$10	50%	\$10	50%	\$30	50%	\$30	50%	0%	0%	20%	50%	\$40	50%	\$30	50%	\$40	0%	
Rehabilitation Therapy Physical, Occupational and Speech	\$10	50%	\$10	50%	\$30	50%	\$30	50%	0%	0%	20%	50%	\$40	50%	\$30	50%	\$40	0%	
Prescription Drugs per 30-day supply																			
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0%	0%	0%	0%	\$0	\$0	\$0	\$0	\$0	\$0	0%
Tier 2: Non-Preferred Generic	\$10	\$10	\$5	\$5	\$15	\$15	\$15	\$15	0%	0%	20%	20%	\$15	\$15	\$15	\$15	\$25	\$25	
Tier 3: Preferred Brand	\$20	\$20	\$10	\$10	\$50	\$50	\$60	\$60	0%	0%	20%	20%	\$130	\$130	\$130	\$130	\$0	\$0	
Tier 4: Non-Preferred Drug	\$75	\$75	\$50	\$50	\$125	\$125	\$150	\$150	0%	0%	20%	20%	\$150	\$150	\$150	\$150	\$0	\$0	
Tier 5: Specialty Pharmaceuticals	20%	Not covered	\$250	Not covered	20%	Not covered	20%	Not covered	0%	Not covered	20%	Not covered	30%	Not covered	30%	Not covered	0%	Not covered	
Out-of-Pocket Maximum includes the deductible, copayments, coinsurance, and prescription drug costs that you pay																			
The family out-of-pocket maximum is 2x the individual out-of-pocket maximum.	\$3,200	\$6,400	\$2,750	\$7,500	\$8,700	\$17,400	\$5,500	\$11,000	\$3,200	\$6,400	\$7,000	\$14,000	\$8,700	\$17,400	\$8,700	\$17,400	\$8,700	\$17,400	
Other Services																			
Fitness Center Membership	You and your enrolled dependents (ages 18 and up) will have no cost access to more than									10,000 participating fitness centers.									
Vision	Presbyterian Health Plan is pleased to provide you with vision coverage options for your									entire family. See flyer for details. (Administered by Davis Vision.)									
Dental	We have partnered with DentalSource Dental Plan, Inc. to offer dental coverage (Underwritten and administered by Companion Life Insurance Company)									for you and your family. See the dental flyer for details.									
The benefit information provided is a brief summary, not a comprehensive description of benefits, limitations and/or exclusions. Coverage, which can be found online at www.phs.org/formsanddocuments .										For more information, contact the plan at 1-800-356-2219 or refer to the Subscriber Agreement and/or Summary of Benefits									

* **High Deductible Health Plans (HDHP)** - Qualified high deductible health plans can be used with a member-owned, portable Health Savings Account (HSA). Through our partnership with HealthEquity, you can conveniently open an HSA to pay for your insurance deductible and qualified out-of-pocket medical expenses tax-free. To learn more, visit www.healthequity.com or call 1-866-346-5800.

Effective: January 1, 2022

**2022 Small Group
Level-Funded Engage Overview**

IMPORTANT: Our Engage plans utilize a unique network of providers within the Central New Mexico service area. We strongly recommend that you review the network of providers before selecting an Engage plan. To create a directory of providers, please visit www.phs.org/directory and select Engage in the Plan/Network dropdown menu.

Engage Benefits	Gold 1 LF	Gold 5 LF	Silver 5 LF	Silver 6 LF	Silver 7 LF
A deductible is the amount you pay before the plan pays for benefits with coinsurance (%). The family deductible is 2x the individual deductible.	\$1,200	\$3,500	\$4,000	\$7,000	\$0
What do I pay for covered benefits?	Copayment – Benefits with a copayment (\$) are <i>not</i> subject to Coinsurance – Benefits with a coinsurance (%) are subject to		deductible. Copayment covers office visit ONLY . All other services are subject to deductible and/or coinsurance. deductible first, and then you pay the applicable coinsurance (%) amount.		
Preventive Care	You pay \$0. Plan pays 100% for clinical preventive health services		such as physical exam, colonoscopy, and routine immunizations.		
Primary Care Provider Visit	\$30	\$40	\$35	\$40	\$35
Urgent Care	\$30	\$35	\$35	\$40	\$35
Video Visit	\$0	\$0	\$0	\$0	\$0
Specialist Visit	\$90	\$90	\$90	\$90	\$90
Mental Health Outpatient Services	\$0	\$0	\$0	\$0	\$0
Lab	\$0	\$0	\$50	\$50	\$50
X-Ray	\$0	\$0	\$100	\$100	\$100
Imaging CT/PET/MRI	\$300	\$500	\$500	\$500	30%
Emergency Room Plans with copay (\$) all services are included	\$500	\$500	\$750	30%	\$1,000
Ambulance Ground or Air	20% air, \$250 ground	20% air, \$250 ground	30% air, \$250 ground	30% air, \$250 ground	30%
Hospital Inpatient or Outpatient	20%	20%	30%	30%	\$1,200 per day, 2 day max/ \$1,000 Facility + \$1,000 Professional
Chiropractic and Acupuncture Limited to 20 visits each	\$30	\$35	\$35	\$40	\$35
Rehabilitation Therapy Physical, Occupational and Speech	\$30	\$40	\$35	\$40	\$35
Prescription Drugs per 30-day supply					
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0
Tier 2: Non-Preferred Generic	\$15	\$15	\$15	\$15	\$15
Tier 3: Preferred Brand	\$50	\$50	\$130	30%	\$75
Tier 4: Non-Preferred Drug	\$125	\$125	\$150	30%	\$150
Tier 5: Specialty Pharmaceuticals	20%	20%	30%	30%	30%
Out-of-Pocket Maximum includes the deductible, copayments, coinsurance, and prescription drug costs that you pay					
The family out-of-pocket maximum is 2x the individual out-of-pocket maximum.	\$8,700	\$8,700	\$8,700	\$8,700	\$8,700
Wellness and Other Services					
Fitness Center Membership	You and your enrolled dependents (ages 18 and up) will have no cost		access to more than 10,000 participating fitness centers.		
Vision	Presbyterian Health Plan is pleased to provide you with vision coverage		options for your entire family. See flyer for details. (Administered by Davis Vision.)		
Dental	We have partnered with DentalSource Dental Plan, Inc. to offer dental (Underwritten and administered by Companion Life Insurance Company)		coverage for you and your family. See the dental flyer for details.		

The benefit information provided is a brief summary, not a comprehensive description of benefits, limitations and/or and/or Summary of Benefits Coverage, which can be found online at www.phs.org/formsanddocuments. exclusions. For more information, contact the plan at 1-800-356-2219 or refer to the Subscriber Agreement

* **High Deductible Health Plans (HDHP)** - Qualified high deductible health plans can be used with a member-owned, portable your insurance deductible and qualified out-of-pocket medical expenses tax-free. To learn more, visit www.healthequity.com or

Health Savings Account (HSA). Through our partnership with HealthEquity, you can conveniently open an HSA to pay for call 1-866-346-5800.

How Level-Funded Plans Work

Groups enrolled in a small group level-funded plan are quoted a monthly premium that is valid through the life of the annual contract. Premiums include allocations for claims funding, stop-loss coverage and administrative fees.

Claims Funding Premiums – Cover the cost of accrued claims by the group during the current rating period. If a surplus remains at the end of the contract period (claims paid are less than claims funding), Presbyterian Health Plan will rebate 1% of the total surplus to the group following reconciliation. Groups are not responsible for accrued costs in excess of the claims funding (claims paid are more than claims funding).

Stop-Loss Coverage – Provides additional protection against high-cost claimants and costs in excess of claims funding in general. Stop-loss coverage is required on all level-funded contracts and must be purchased through Presbyterian Health Plan.

Administrative Fees – Cover all health plan services provided by Presbyterian Health Plan, including but not limited to enrollment administration, claims processing services, case management and account management services.

Level-Funded Plans Have Additional Federal and State Reporting Requirements:

- Patient-Centered Outcomes Research Institute (PCORI) – PCORI fees are calculated based on the average number of plan participants in a given year, and the fee is paid once per year. For information on PCORI fees, visit www.irs.gov.
- 6055 and 6056 IRS Reporting (Forms 1094 C and 1095 C, parts I, II & III) – These documents must be filed annually to the Internal Revenue Service and provided to plan participants once per year.
- New Mexico Vaccines for Children Purchasing Act (VPA) – VPA fees are calculated based on the number of dependents age 18 and under enrolled on the plan on December 31. Presbyterian can assist with reporting of enrolled individuals to the New Mexico Department of Health annually, and employer groups will be billed directly on a quarterly basis for all dependents subject to the fee.

What Do Level-Funded Plans Include?

Gym Program – Members and enrolled dependents (ages 18 and up) have no cost access to thousands of national, regional and local fitness, recreation and community centers. These facilities include all Defined Fitness locations in Albuquerque, Rio Rancho, Farmington and Santa Fe, as well as the nationwide Prime® Fitness network which includes select YMCA locations, Snap Fitness, Chuze, Curves and more. Discounted rates are also available from Sports & Wellness.

EAP Services – This program provides confidential support for complex personal challenges. Learning how to cope with stress at work and at home can improve overall well-being. Members and families living in the same household can get up to three complimentary assistance visits per situation. Services are short-term, confidential counseling sessions conducted by local licensed providers.

Estimate Your Cost of Care – Now members can better evaluate the cost of certain tests and procedures with our new Treatment Cost Estimator. This tool will provide estimates for many covered services and help find more convenient, lower-cost locations to obtain care.

\$0 Video Visits – This option offers members a new way to see a medical provider for non-emergency medical conditions via secure video through a smartphone, tablet or computer webcam. Visits are \$0. (Costs may apply for High Deductible Health Plan members). For details, visit www.phs.org/videovisits.

Vision Products – Presbyterian provides vision coverage options for the entire family for an additional monthly premium.

Dental Products – Presbyterian and BenefitSource have partnered to offer two PPO dental coverage options, each offering lower out-of-pocket costs when obtaining dental care within the network. Members are also covered when obtaining dental care from non-participating providers. For more information, contact BenefitSource at 1-888-862-8659 or visit www.benefitsource.org.