



# A plan for good health.

Thank you for selecting Presbyterian Health Plan as your partner in health. For 113 years, Presbyterian has been caring for New Mexicans and is committed to the people who count on us.

## 2021-2022

### Fitness Memberships

You now have the option to add a gym benefit to your health plan. Members and enrolled dependents (ages 18 and up) have free access to more than 10,000 national, regional and local fitness, recreation and community centers. These facilities include all Defined Fitness locations and the nationwide Prime® Fitness network, including select YMCA locations, Snap Fitness, Curves and more. Discounted rates are also available from Sports & Wellness.

### Expanded Network

Presbyterian Health Plan has an expanded network of providers that includes Optum for County of Bernalillo employees. You can keep your current Optum provider or select from their network of primary care providers and specialists. For assistance in finding network providers, contact our Member Advocate team at (505) 923-2011.

### We're Here For You

Visit [phs.org/bernc0](https://phs.org/bernc0) to learn more about the benefits, transition of care assistance, and resources available to you as our member. The Presbyterian Customer Service Center can also help. This contact information is available on the back of your Member ID card.



(505) 923-5678  
(TTY 711)



7 a.m. to 6 p.m.,  
Monday to Friday  
(except holidays)



[info@phs.org](mailto:info@phs.org)

# Who We Are

- Founded in New Mexico in 1908, Presbyterian Healthcare Services is a locally owned, not-for-profit healthcare system of nine hospitals, a medical group, and a health plan.
- Presbyterian's health system serves one in three New Mexico residents in our clinics, hospitals and as members of our health plan.
- Owned by Presbyterian Healthcare Services, Presbyterian Health Plan, Inc. was formed in 1985 and has more than 600,000 members enrolled in Medicare Advantage, Medicaid, and Commercial/Individual plans.

## Presbyterian By the Numbers

**113 years**  
of serving  
New  
Mexicans



**9** hospitals in  
**8** communities

More than  
**1,100**  
providers in  
Presbyterian  
Medical Group



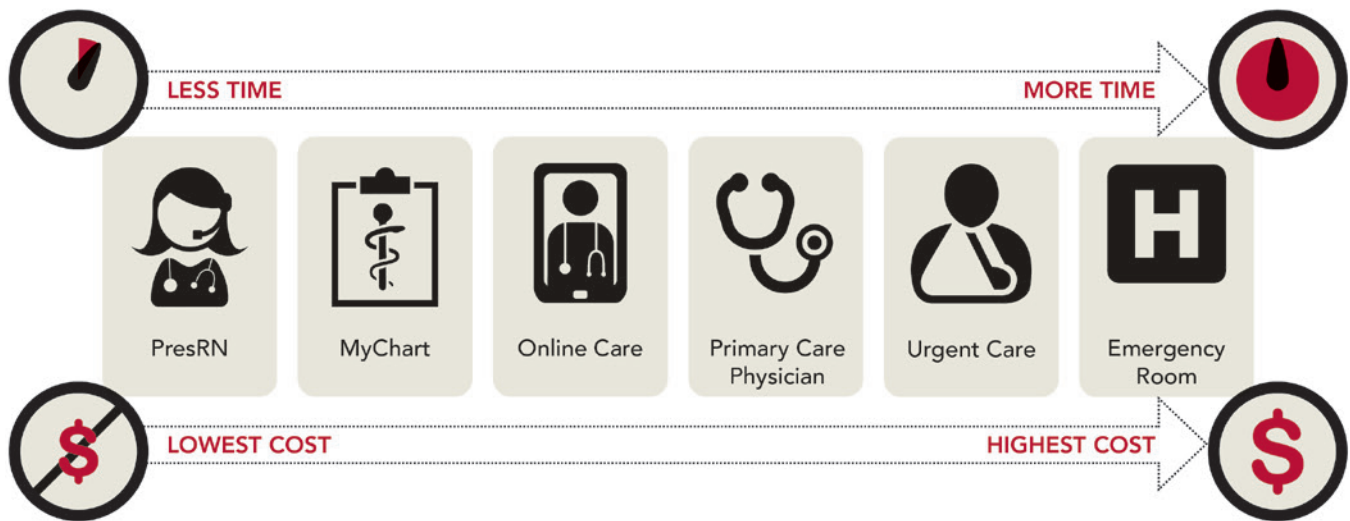
**900,000**  
individual  
customers  
(and counting)

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



More than  
**600,000**  
Presbyterian  
Health Plan  
members

## Convenient Ways to Access Care



**Direct access to medical advice 24 hours a day, 365 days a year.** The PresRN nurse advice line is an easy way to speak with a registered Presbyterian nurse if you're not feeling well and do not know what to do. This service is available at no cost to you 24 hours a day, 7 days a week, including holidays. Our nurses are happy to answer general health questions when you are healthy, too. Call (505) 923-5570 or 1-866-221-9679.

**A secure, web-based portal for direct communication to your care team.** MyChart allows members with a Presbyterian Medical Group provider to send electronic messages, communicate with their care team, request prescription renewals and schedule office or telephone visits. Members can also conveniently view their medical records, lab and radiology reports, procedures and test results.

**Online Care options offer you convenience.** See a provider anytime, day or night, for minor illnesses or injuries through MeMD's nationwide network of providers. Online Visits are also available for patients who have visited a Presbyterian facility. Both types of visits are \$0 for all Bernalillo County members. Telehealth appointments (video or telephone) scheduled through a clinic with an established network provider are another alternative to in-person care. Normal cost-sharing will apply.

**Primary care physicians can treat most health problems.** They may be a general/family practice physician, internal medicine physician, gynecologist, physician assistant or nurse practitioner.

**Urgent care** clinics provide care for minor illnesses and injuries that are not an emergency. For added convenience, Presbyterian now offers same-day, scheduled appointments.

**Emergency rooms** are for serious medical emergencies or injuries that require immediate medical attention.

The Presbyterian Mobile Health Center is also available to County of Bernalillo members. Appointments are available for no copay on a scheduled or walk-in basis (as time permits). Call (505) 220-6562.

# Summary of Benefits

The following are the highlights of the EPO plan administered by Presbyterian Health Plan, Inc. for County of Bernalillo employees statewide. These benefits are effective 07/01/2021 through 06/30/2022. The specific terms of coverage, limitations and exclusions are detailed in Sections 2, 4, and 5 of the Summary Plan Description.

BENEFITS	EPO PLAN	
	Benefit Highlights	In-network and out-of-state MP/PHCS Provider Care
	Copayments/Coinsurance vary depending on service; see below	
	Member deductible (Plan Year) Single Family	\$250 \$750
	Out-of-Pocket Maximum (Plan Year) Includes medical and Rx cost-sharing Single Family	\$3,000 \$6,000
	Lifetime maximum	Unlimited (Certain services are subject to Plan Year and/or lifetime maximums or are limited per condition.)
Physician Services	Office visit Primary/Gyn care	\$30 office visit Copayment/Adult <sup>5</sup> \$15 office visit Copayment/Child <sup>5</sup>
	Video visits	\$0 Copayment <sup>5</sup>
	Specialty care	\$60 office visit Copayment/Adult <sup>5</sup> \$50 office visit Copayment/Child <sup>5</sup>
	On-campus student health center	\$30 office visit Copayment/Adult <sup>5</sup> \$15 office visit Copayment/Child <sup>5</sup>
	Preventive services Routine physicals	No Copayment <sup>5</sup>
	Well-child care including vision and hearing screening (through age 26)	No Copayment <sup>5</sup>
	Immunizations	No Copayment <sup>5</sup>
	Adult wellness	No Copayment <sup>5</sup>
	Health education programs	Fees Vary (based on service)
	Women's Preventive Services Contraceptive Methods • Intrauterine Devices (IUD) • Hormone Contraceptive Injections • Inserted Contraceptive Devices • Implanted Contraceptive Devices Breastfeeding support, supplies and counseling (for one year after delivery)	No Copayment <sup>5</sup>
	Laboratory	No Copayment <sup>5</sup>
	X-ray	No Copayment <sup>5</sup>
Allergy testing and treatment	20% Coinsurance	
Allergy injections by a nurse	No Copayment <sup>5</sup>	
Allergy extract preparation	20% Coinsurance	



BENEFITS	EPO PLAN	
	Benefit Highlights	In-network and out-of-state MP/PHCS Provider Care
<b>Hospital Services</b>	Hospitalization (includes room and board, Inpatient Physician care – Physician visits, surgeon, and anesthesiologist) <sup>3</sup>	\$500 Copayment per Admission/Adult <sup>5</sup> \$350 Copayment per Admission/Child <sup>5</sup>
	Inpatient rehabilitation services <sup>3</sup>	\$500 Copayment per Admission/Adult <sup>5</sup> \$350 Copayment per Admission/Child <sup>5</sup>
	Laboratory	No Copayment <sup>5</sup>
	X-ray	No Copayment <sup>5</sup>
	MRI/PET Scans <sup>3</sup>	\$150 Copayment per test/Adult <sup>5</sup> \$100 Copayment per test/Child <sup>5</sup>
	CT Scans <sup>3</sup>	\$125 Copayment per test/Adult <sup>5</sup> \$ 75 Copayment per test/Child <sup>5</sup>
	Hospital Observation Services (no Admission)	No Copayment <sup>5</sup>
	Surgery – Outpatient (no Hospital Admission) – Facility claim only	\$500 Copayment per visit/Adult \$200 Copayment per visit/Child
<b>Maternity Services</b>	Physician/midwife services (delivery, prenatal/postnatal care) Note: Copayment does not include laboratory or x-ray services.	\$30 Copayment <sup>5</sup>
	Hospital Admission <sup>3</sup>	\$500 Copayment per pregnancy <sup>5</sup>
	Routine nursery care for newborns	No Copayment <sup>5</sup>
<b>Emergency Services</b>	Emergency room visit <sup>2</sup>	\$250 Copayment <sup>5</sup>
	Urgent Care center	\$50 Copayment per visit/Adult <sup>5</sup> \$10 Copayment per visit/Child <sup>5</sup>
	Ambulance <sup>1</sup> Ground transportation Air ambulance	\$ 50 Copayment per trip <sup>5</sup> \$100 Copayment per trip <sup>5</sup>
<b>Mental Health</b>	Outpatient services <sup>5</sup>	\$25 office visit Copayment/Adult <sup>5</sup> \$10 office visit Copayment/Child <sup>5</sup>
	Inpatient services <sup>3</sup> Partial Hospitalization <sup>3</sup>	\$500 Copayment per Admission/Adult <sup>5</sup> \$350 Copayment per Admission/Child <sup>5</sup>
	Facility-based intensive Outpatient program	\$25 office visit Copayment/Adult <sup>5</sup> \$10 office visit Copayment/Child <sup>5</sup>
<b>Substance Use Disorders</b>	Outpatient services <sup>3,5</sup>	\$25 office visit Copayment/Adult <sup>5</sup> \$10 office visit Copayment/Child <sup>5</sup>
	Acute Inpatient Hospital services <sup>3</sup> Partial Hospitalization <sup>3</sup>	\$500 Copayment per Admission/Adult <sup>5</sup> \$350 Copayment per Admission/Child <sup>5</sup>
	Facility-based intensive Outpatient program	\$25 office visit Copayment/Adult <sup>5</sup> \$10 office visit Copayment/Child <sup>5</sup>
	Residential Treatment Centers	\$500 Copayment/Adult \$350 Copayment/Child

BENEFITS	EPO PLAN	
	Benefit Highlights	In-network and out-of-state MP/PHCS Provider Care
<b>Autism Spectrum Disorder (Habilitative)</b>	PCP <sup>3</sup>	\$15 office visit Copayment <sup>5</sup>
	Specialist <sup>3</sup>	\$50 office visit Copayment <sup>5</sup>
	Outpatient Physical Therapy <sup>3</sup>	\$40 office visit Copayment <sup>5</sup> - Child
	Outpatient Speech Therapy <sup>3</sup>	\$40 office visit Copayment <sup>5</sup> - Child
	Applied Behavioral Analysis (ABA)	\$40 office visit Copayment <sup>5</sup>
<b>Other Services</b>	Biofeedback (for specified medical conditions only)	\$30 office visit Copayment/Adult <sup>5</sup> \$15 office visit Copayment/Child <sup>5</sup>
	Cardiac or pulmonary rehabilitation (Up to 24 sessions per plan year) – will not be combined with other rehab therapies	\$50 office visit Copayment/Adult <sup>5</sup> \$40 office visit Copayment/Child <sup>5</sup>
	Chemotherapy and/or radiation therapy	No Copayment <sup>5</sup>
	Chiropractic (Not Combined annual limit of 18 visits) <sup>4</sup> Acupuncture (Not Combined annual limit of 18 visits) <sup>4</sup>	\$50 office visit Copayment/Adult <sup>5</sup> \$50 office visit Copayment/Adult <sup>5</sup>
	Dental services (for specified medical conditions only) Inpatient <sup>3</sup>  Outpatient	\$500 Copayment per Admission/Adult <sup>5</sup> \$350 Copayment per Admission/Child <sup>5</sup>  \$60 office visit Copayment/Adult <sup>5</sup> \$50 office visit Copayment/Child <sup>5</sup>
	Dialysis	20% Coinsurance
	Durable Medical Equipment, orthotics, prosthetics and appliances <sup>3</sup>	20%
	Injectable drugs received in the office <sup>3</sup> If billed in conjunction with an office visit	Included in office visit Copayment based on the location of the services (PCP, Specialist, etc.)
	If provided by a nurse and no office visit is billed	No Copayment <sup>5</sup>
	Home health care <sup>3</sup>	No Copayment <sup>5</sup>
	Hearing Aids (for school-aged children under 18 or 21 years of age if still attending high school) up to 36 months per hearing impaired ear.	20% Coinsurance
	Hospice <sup>3</sup>	\$500 Copayment per Admission/Adult <sup>5</sup> \$350 Copayment per Admission/Child <sup>5</sup> In home: No Copayment <sup>5</sup>
	Infertility related services (only limited services covered)	50% Coinsurance
Physical, occupational and speech therapy (Limited to 24 visits for each service)	\$50 office visit Copayment/Adult <sup>5</sup> \$40 office visit Copayment/Child <sup>5</sup>	

BENEFITS	EPO PLAN	
	Benefit Highlights	In-network and out-of-state MP/PHCS Provider Care
Other Services (continued)	Skilled nursing facility (Admission Copayment waived if readmitted within 15 days) <sup>3</sup> Limited to 60 days per plan year	\$500 Copayment per Admission/Adult <sup>5</sup> \$350 Copayment per Admission/Child <sup>5</sup>
	Sleep disorder studies Inpatient <sup>3</sup> Home/Sleep lab (2 nights)	\$500 Copayment per Admission <sup>5</sup> \$50 Copayment per test <sup>5</sup>
	Smoking cessation (including hypnotherapy, acupuncture, related test, and any counseling programs not eligible under preventive)	Applicable Copayment or Coinsurance based on place of service.
Transplants <sup>3</sup> (No Lifetime Maximum)	Coverage for human organ transplants <sup>3</sup> (refer to booklet for details on transplant coverage and call for case management services)	\$500 Copayment per Admission/Adult <sup>5</sup> \$350 Copayment per Admission/Child <sup>5</sup>
Prescription Drugs	Generic Drugs (Tier 1) Preferred brand drugs (Tier 2) Non-preferred drugs (Tier 3) Self-Administered Specialty (Tier 4)	\$10 Copayment (retail) \$20 Copayment (mail order) \$40 Copayment (retail) \$80 Copayment (mail order) \$75 Copayment (retail) \$200 Copayment (mail order) 20% up to a maximum of \$400 per prescription (retail)/ mail order not available

<sup>1</sup> Ambulance copayment is waived if transportation is medically necessary and results in a hospital admission.

<sup>2</sup> The \$200 emergency care is waived if a hospital admission results. Then, the hospital admission copayment applies. Copay is for the ER visit only; other services are subject to deductible and coinsurance.

<sup>3</sup> **Prior authorization** may be required. See Section 2 of the Summary Plan Description for prior authorization requirements.

<sup>4</sup> This benefit includes an annual maximum payment, annual visit limitation, lifetime visit limitation and/or lifetime maximum payment. Refer to Sections 2 and 4 of the Summary Plan Description.

<sup>5</sup> Not subject to the deductible.

# Summary of Benefits

The following are the highlights of the PPO plan administered by Presbyterian Health Plan, Inc. for County of Bernalillo employees statewide. These benefits are effective 07/01/2021 through 06/30/2022. The specific terms of coverage, limitations and exclusions are detailed in Sections 2, 4, and 5 of the Summary Plan Description.

BENEFITS	PPO PLAN		
	In-network Care	Out-of-network	
<b>Benefit Highlights</b>	Member Copayment/Coinsurance	Varies depending on service; see below	
	Plan Year Deductible Individual Family	\$1,000 \$2,000	\$1,500 \$3,000
	Plan Year Out-of-pocket Maximum (When the deductible, medical Copayments and Coinsurance add up to these amounts, the plan will pay 100% of the allowed amount for the remainder of the Plan Year) Individual Family Limit	\$5,000 \$10,000	\$10,000 \$20,000
	Lifetime maximum	Unlimited (Certain services are subject to Plan Year and/or Lifetime Maximums or are limited per condition.)	
	Office visits ( <i>other services received during the office visit, such as lab work, or surgery, are subject to Deductible and Coinsurance</i> ) Primary care Specialty care	\$30 Copayment <sup>2</sup> \$60 Copayment <sup>2</sup>	50% Coinsurance 50% Coinsurance
<b>Physician Services</b>	Routine Well Care Routine Physicals Well-child Care including vision and hearing screening (through age 17) Immunizations, and travel immunizations Adult wellness Related Testing (Deductible waived for tests, including routine Pap tests, mammograms, colonoscopies, cholesterol tests, urinalysis, Human Papillomavirus (HPV) screening, etc., and immunizations.)	No Copayment <sup>2</sup> No Copayment <sup>2</sup> No Copayment <sup>2</sup> No Copayment <sup>2</sup> No Copayment <sup>2</sup>	50% Coinsurance 50% Coinsurance 50% Coinsurance 50% Coinsurance 50% Coinsurance
	Family Planning Birth control injections, insertion/removal of birth control devices (All contraceptives In-Network)	No Charge <sup>2</sup>	50% Coinsurance
	Surgery in office	Included in office visit Copayment	50% Coinsurance
	Therapeutic Injections	Office visit Copayment	50% Coinsurance
	Allergy testing and treatment	20% Coinsurance	50% Coinsurance
	Allergy injections only	Included in Office visit Copayment (waived if nursing visit only)	50% Coinsurance
	Allergy extract preparation	20% Coinsurance	50% Coinsurance



BENEFITS	PPO PLAN		
		In-network Care	Out-of-network
Outpatient Diagnostic Testing	MRI or PET Scans <sup>1</sup>	\$200 Copayment per test <sup>2</sup>	50% Coinsurance
	CT Scans <sup>1</sup>	\$125 Copayment per test <sup>2</sup>	50% Coinsurance
	Other laboratory and x-ray	No Copayment Outpatient <sup>2</sup>	50% Coinsurance
	Home/Sleep study	\$50 Copayment per study <sup>2</sup>	50% Coinsurance
Hospital Services	Hospitalization <sup>1</sup> (includes room and board, Inpatient physician care – physician visits, surgeon, anesthesiologist, laboratory and x-ray)	20% Coinsurance	50% Coinsurance
	Inpatient rehabilitation services	20% Coinsurance	50% Coinsurance
	Observation stay	No Copayment <sup>2</sup>	50% Coinsurance
Surgical Services	Inpatient Surgery <sup>1</sup>	Covered as part of hospitalization	50% Coinsurance
	Outpatient Surgery <sup>1</sup>	20% Coinsurance	50% Coinsurance
	Office Surgery	Included in office visit Copayment	50% Coinsurance
Maternity Services	Physician/midwife services (delivery, prenatal/postnatal care)	\$30 Copayment <sup>2</sup>	50% Coinsurance
	Hospital Admission <sup>1</sup> (Including routine nursery care for newborns)	20% Coinsurance	50% Coinsurance
	Extended stay (non-routine) for covered newborn	20% Coinsurance	50% Coinsurance
	Home Birth	<b>Not Covered</b>	<b>Not Covered</b>
Urgent and Emergency Services	Urgent Care center	\$75 Copayment <sup>2</sup>	\$75 Copayment
	Emergency Room visit	\$300 Copayment/visit <sup>2</sup>	
	Ambulance – emergency	\$50 Copayment per trip <sup>2</sup>	
	Air transport	\$100 Copayment per trip <sup>2</sup>	
	Inter-facility transport	No Copayment <sup>2</sup>	
Mental Health	Outpatient services <sup>5</sup>	\$30 Copayment per visit <sup>2</sup>	50% Coinsurance
	Inpatient services <sup>3</sup>	20% Coinsurance	50% Coinsurance
	Partial Hospitalization <sup>3</sup>	20% Coinsurance	50% Coinsurance
	Facility based intensive Outpatient program	20% Coinsurance	50% Coinsurance
Substance Use Disorders	Outpatient services	\$30 Copayment per visit <sup>2</sup>	50% Coinsurance
	Inpatient services <sup>1</sup>	20% Coinsurance	50% Coinsurance
	Partial hospitalization <sup>1</sup>	20% Coinsurance	50% Coinsurance
	Facility based intensive Outpatient program	20% Coinsurance	50% Coinsurance
	Residential Treatment Centers <sup>1</sup>	20% Coinsurance	50% Coinsurance

BENEFITS	PPO PLAN		
		In-network Care	Out-of-network
Other Services	Acupuncture (Not combined, annual limit of 18 visits)	\$50 Copayment per visit <sup>2</sup>	50% Coinsurance
	Chiropractic (Not combined, annual limit of 18 visits)	\$60 Copayment per visit <sup>2</sup>	50% Coinsurance
	Biofeedback (for specified medical conditions only)	\$30 Copayment per visit <sup>2</sup>	50% Coinsurance
	Cardiac or pulmonary rehabilitation	\$75 Copayment per session <sup>2</sup> – Up to 24 sessions per contract year. Will not be combined with other rehabilitation therapies	50% Coinsurance
	Chemotherapy and/or radiation therapy	Copayment <sup>2</sup> or Coinsurance based on service	50% Coinsurance
	Dental services (for specified medical conditions only)	Copayment <sup>2</sup> or Coinsurance based on service	50% Coinsurance
	Dialysis	20% Coinsurance	50% Coinsurance
	Durable Medical Equipment, Orthotics, Prosthetics and appliances <sup>1</sup>	50% Coinsurance	50% Coinsurance
	Hearing Aids School-aged children (Every 36 months per "hearing impaired ear")	20% Coinsurance	50% Coinsurance
	Home health nursing care	20% Coinsurance	50% Coinsurance
	Hospice <sup>1</sup>	Inpatient - 20% Coinsurance In home - No Copayment <sup>2</sup>	50% Coinsurance
	Infertility related services ( <i>only limited services covered</i> )	50% Coinsurance	Not Covered
	Physical, occupational and speech therapy <sup>1</sup> <i>Coverage is limited to 24 visits per service</i>	\$75 Copayment <sup>2</sup>	50% Coinsurance
	Skilled Nursing facility <sup>1</sup> <i>(max 30 days per Plan Year)</i>	20% Coinsurance	50% Coinsurance
	Smoking cessation (including acupuncture, related test, and any counseling programs not eligible under preventive)	Applicable Copayment <sup>2</sup> or Coinsurance based on place of service	Not Covered

BENEFITS	PPO PLAN		
		In-network Care	Out-of-network
<b>Transplants</b>	Coverage for human organ transplants <sup>1</sup> (refer to booklet for details on transplant coverage and call for case management services)	20% Coinsurance	Not Covered
<b>Autism Spectrum Disorder (Habilitative)</b>	Treatment through or provided by: PCP Specialist Outpatient Physical Therapy Outpatient Occupational Therapy Outpatient Speech Therapy Applied Behavioral Analysis (ABA) <sup>1</sup>	\$20 Copayment per visit <sup>1</sup> \$30 Copayment per visit <sup>1</sup> \$30 Copayment per visit <sup>1</sup> \$30 Copayment per visit <sup>1</sup> \$30 Copayment per visit <sup>1</sup> \$20 Copayment per visit <sup>1</sup>	50% Coinsurance 50% Coinsurance 50% Coinsurance 50% Coinsurance 50% Coinsurance 50% Coinsurance
<b>Prescription Drugs</b>	Generic Drugs (Tier 1)  Preferred brand drugs (Tier 2)  Non-preferred drugs (Tier 3)  Self-Administered Specialty (Tier 4)	\$10 Copayment (retail) \$20 Copayment (mail order)  \$40 Copayment (retail) \$80 Copayment (mail order)  \$75 Copayment (retail) \$200 Copayment (mail order)  20% up to a maximum of \$400 per prescription (retail)/ mail order not available	

<sup>1</sup> Prior authorization may be required

<sup>2</sup> Not subject to deductible

Primary Care Physicians include but are not limited to General Practitioners, Family Practice Physicians, Internists, Pediatricians and Obstetricians/Gynecologists (if applicable). A list of Practitioners who serve as In-network Primary Care Physicians may be found in the PHP Provider Directory at [www.phs.org/directory](http://www.phs.org/directory).

# Wherever you go, we'll be there.

Presbyterian offers you the value that comes with our integrated system of physicians, hospitals, and health plan – all working together to keep you healthy and provide new and innovative service.

- Nine hospitals in eight communities
- More than 30 primary care clinics throughout the state
- Eight urgent care clinics, including a pediatric urgent care

## Growing Statewide Network

As a Presbyterian Health Plan member, you have access to more than 17,000 providers in more than 500 locations statewide and into Colorado and Texas. To find the most current list of providers and create your very own Provider Directory based on criteria you choose, visit [phs.org/directory](http://phs.org/directory).

## National Coverage

In addition to our robust network, you also receive in-network benefits outside of New Mexico with nearly 900,000 providers through our partnership with the national MultiPlan/PHCS network. Specific providers are listed at [multiplan.com/presbyterian](http://multiplan.com/presbyterian).



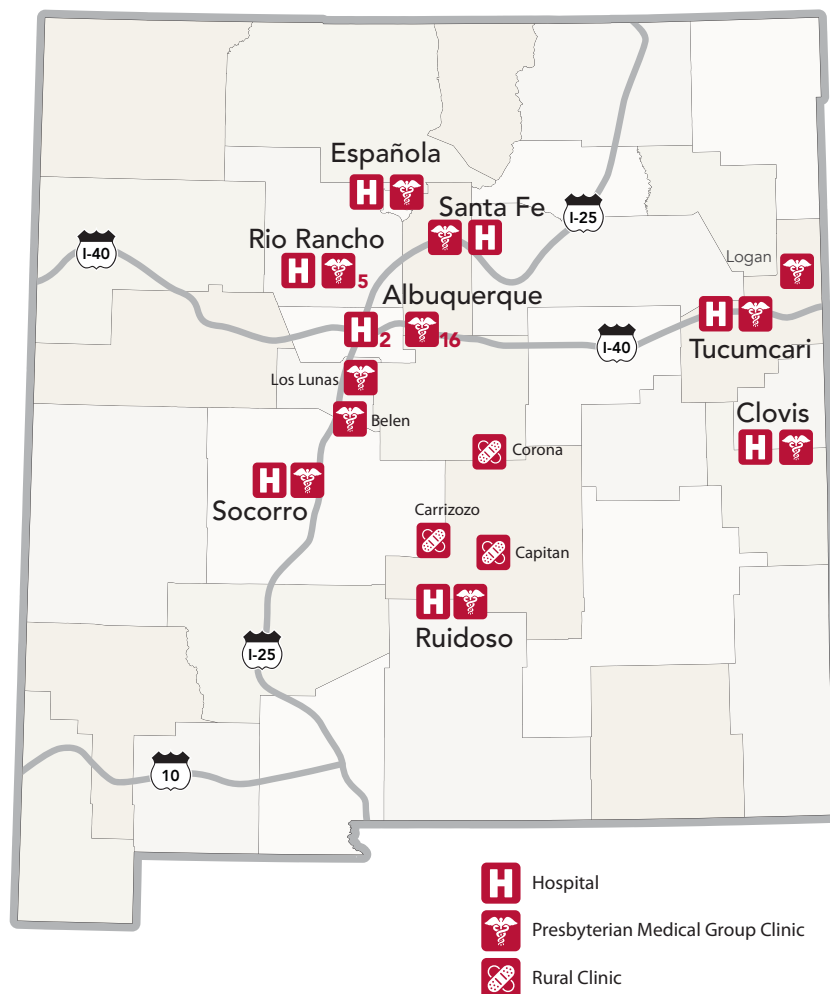
**PRESNow**

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**24/7**  
Urgent and  
Emergency Care

## PRESNow 24/7 Urgent and Emergency Care Under One Roof in Albuquerque and Santa Fe

Residents in Albuquerque and Santa Fe don't have to guess if a condition is an emergency because a medical team decides the level of care needed. Both urgent and emergency care are open 24 hours a day at two PRESNow locations in Albuquerque's Northeast Heights and the Westside. In Santa Fe, the Presbyterian Santa Fe Medical Center at 4801 Beckner Rd. on Santa Fe's south side now offers both options all day, every day.



# Membership has its benefits

## Convenient Web-based Services

With myPRES, Presbyterian's online self-service feature, you can get fast and convenient service around the clock, any day of the year. With myPRES, you can:

- Look up benefit information securely
- View claims status
- Request replacement ID cards

## Choose Where to Receive Care

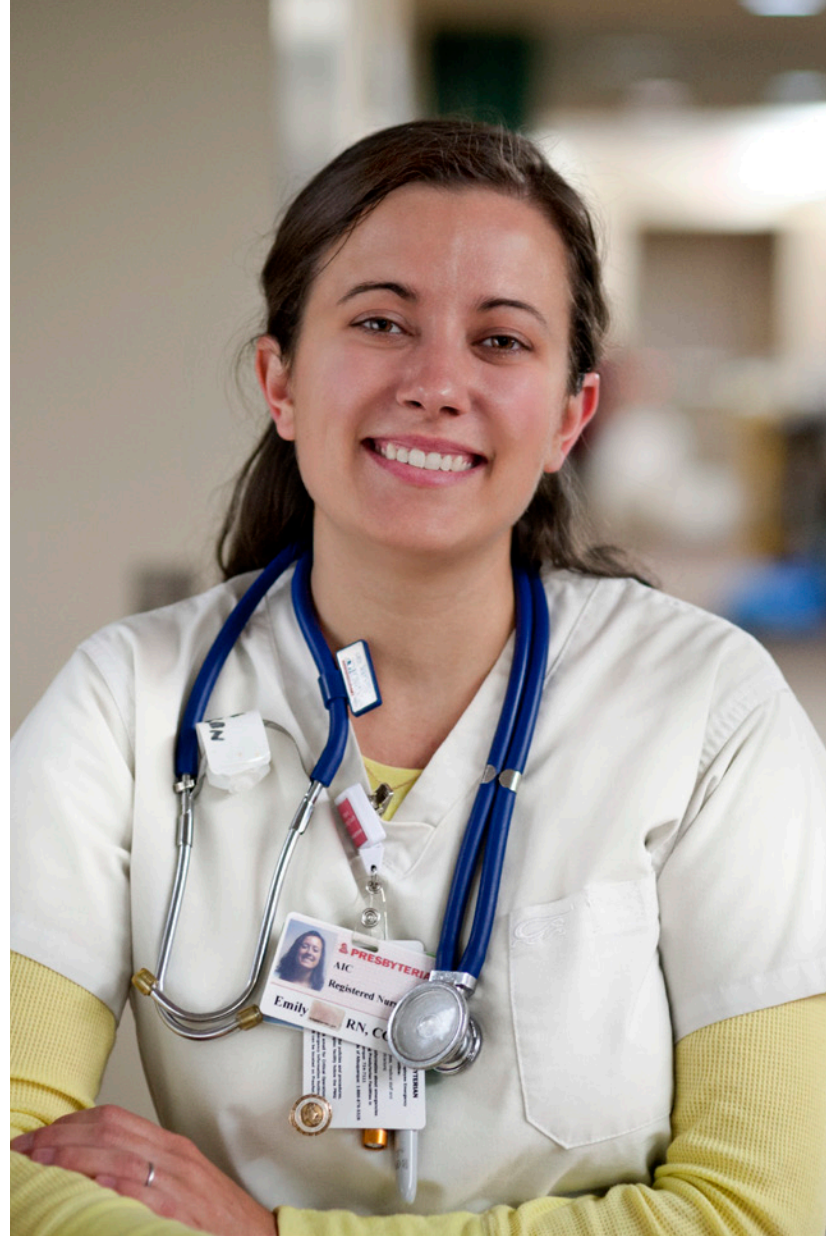
Many common tests and treatments performed in a hospital can just as easily be provided at more convenient and lower-cost locations. That's why we have added many convenient, lower-cost care facilities to our network. You will also have the option to get an estimate before you get the care you need by using a treatment cost estimator coming soon. Ask your provider to refer you to non-hospital locations for certain care needs or call the Presbyterian Customer Service Center at (505) 923-5678 for guidance.

## Electronic Health Record

Presbyterian's advanced, comprehensive electronic health record system brings together all of your Presbyterian-based medical information, enhancing communication across our healthcare system. Members who have a Presbyterian Medical Group provider can access their electronic health record when they activate a MyChart account. MyChart is a secure patient portal that allows you to receive test results, send messages to your care team, request prescription renewals, view summaries of previous visits, view immunization records, and request an appointment.

## Member-only Discounts

Presbyterian partners with BenefitSource to provide member-only discounts for services such as acupuncture, chiropractic, hearing and vision hardware, massage therapy and Meals on Wheels. Visit [benefitsource.org/Presbyterian](https://www.phs.org/benefitsource.org/Presbyterian) for more details.



Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. If you need language assistance, services are available at no cost. Call (505) 923-5420, 1-855-592-7737 (TTY: 711).

ATENCIÓN: Si usted prefiere hablar en español, están a su disposición servicios gratuitos de ayuda lingüística. Llame al (505) 923-5420, 1-855-592-7737 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yánítti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiiik'eh, éí ná hóló, koji' hódíílnih (505) 923-5420, 1-855-592-7737 (TTY: 711).

For more information, visit <https://www.phs.org/pages/nondiscrimination.aspx>.