

# 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 28 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	PPO	ENGAGE
10 plan options available	11 plan options available	7 plan options available
Coverage within the PHP HMO network only, except for emergency coverage	Coverage in both the PHP PPO network and outside of the PHP PPO network	Coverage within the Engage network of providers
Over 17,000 providers within NM and surrounding areas	National in-network coverage within the MultiPlan Network	PHP’s most preferred providers
		Available to groups within Bernalillo, Sandoval, Torrance, Valencia and Santa Fe Counties

HMO Benefits	Platinum 1	Platinum 2	Gold 2	Gold 3
A <b>deductible</b> is the amount you pay before the plan pays for benefits with coinsurance (%). The family deductible is 2x the individual deductible.	\$500	\$0	\$750	\$3,500
<b>What do I pay for covered benefits?</b>	<b>Copayment – Benefits with a copayment (\$) are not subject to Coinsurance – Benefits with a coinsurance (%) are subject to</b>			
<b>Preventive Care</b>	You pay \$0. Plan pays 100% for clinical preventive health services			
<b>Primary Care Provider Visit</b>	\$10	\$10	\$40	\$30
<b>Urgent Care</b>	\$10	\$10	\$40	\$30
<b>Telehealth/Video Visit</b>	\$0	\$0	\$0	\$0
<b>Specialist Visit</b>	\$30	\$25	\$90	\$90
<b>Mental Health</b>	\$0	\$0	\$0	\$0
<b>Lab</b>	\$0	\$0	\$0	\$0
<b>X-Ray</b>	\$0	\$0	\$0	\$0
<b>Imaging</b> CT/PET/MRI	\$250	\$100	\$500	\$750
<b>Emergency Room</b> Plans with copay (\$) all services are included	\$250	\$100	\$500	\$500
<b>Ambulance</b> Ground or Air	20% air \$100 ground	20% air \$100 ground	20% air \$250 ground	20% air \$250 ground
<b>Hospital</b> Inpatient or Outpatient	20%	\$250 per day, up to a max of \$750/\$200	20%	20%
<b>Chiropractic and Acupuncture</b> Limited to 20 visits each	\$10	\$10	\$40	\$30
<b>Rehabilitation Therapy</b> Physical, Occupational and Speech	\$10	\$10	\$40	\$30
<b>Prescription Drugs per 30-day supply</b>				
<b>Tier 1: Preferred Generic</b>	\$0	\$0	\$0	\$0
<b>Tier 2: Non-Preferred Generic</b>	\$10	\$5	\$15	\$20
<b>Tier 3: Preferred Brand</b>	\$20	\$10	\$75	\$75
<b>Tier 4: Non-Preferred Brand</b>	\$75	\$50	\$150	\$150
<b>Tier 5: Specialty Pharmaceuticals</b>	20%	\$250	20%	20%
<b>Out-of-Pocket Maximum</b> 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	\$3,000	\$9,100	\$5,500
<b>Wellness and Other Services</b>				
<b>Fitness Center Membership</b>	You and your enrolled dependents (ages 18 and up) will have free			
<b>Vision</b>	Presbyterian Health Plan is pleased to provide you with vision			
<b>Dental</b>	We have partnered with DentalSource Dental Plan, Inc. to offer (Underwritten and administered by			
<b>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 <a href="http://www.phs.org/formsanddocuments">www.phs.org/formsanddocuments</a>.</b>				

\* **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](http://www.healthequity.com) or Medicare Part D creditable plans indicate the prescription drug coverage offered by the employer is at least as good as the of financial penalty.

Bronze 1 is not Medicare Part D creditable

HDHP Gold 4*	HDHP Silver 1*	Silver 3	Silver 4	Silver 8 with TytoHome	Bronze 1
\$3,200	\$3,200	\$2,500	\$4,000	\$4,000	\$9,100

**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.**

such as physical exam, colonoscopy and routine immunizations.

No Charge After Deductible	20%	\$40	\$30	\$50, \$0 TytoHome	\$40
No Charge After Deductible	20%	\$40	\$30	\$50, \$0 TytoHome	\$40
No Charge After Deductible	No Charge After Deductible	\$0	\$0	\$0	\$0
No Charge After Deductible	20%	\$90	\$90	\$100, \$0 TytoHome	No Charge After Deductible
No Charge After Deductible	No Charge After Deductible	\$0	\$0	\$0	\$0
No Charge After Deductible	20%	\$50	\$50	\$50	No Charge After Deductible
No Charge After Deductible	20%	\$110	\$100	\$100	No Charge After Deductible
No Charge After Deductible	20%	\$750	\$500	\$500	No Charge After Deductible
No Charge After Deductible	20%	\$1,000	\$1,000	\$1,000	No Charge After Deductible
No Charge After Deductible	20%	30% air \$250 ground	30% air \$250 ground	20% air \$250 ground	No Charge After Deductible
No Charge After Deductible	20%	30%	30%	20%	50% Not Subject to Deductible
No Charge After Deductible	20%	\$40	\$30	\$50	\$40
No Charge After Deductible	20%	\$40	\$30	\$50	\$40

No Charge After Deductible	No Charge After Deductible	\$0	\$0	\$0	\$0
No Charge After Deductible	20%	\$25	\$25	\$25	\$25
No Charge After Deductible	20%	\$130	\$130	\$130	No Charge After Deductible
No Charge After Deductible	20%	\$150	\$150	\$150	No Charge After Deductible
No Charge After Deductible	20%	30%	30%	20%	No Charge After Deductible

\$3,200	\$7,000	\$9,100	\$9,100	\$9,100	\$9,100
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access to more than 10,000 participating fitness centers.

coverage options for your entire family. See flyer for details. (Administered by Davis Vision.)

dental coverage for you and your family. See the dental flyer for details.

Companion Life Insurance Company)

**exclusions. For more information, contact the plan at 1-800-356-2219 or refer to the Subscriber Agreement**

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

Medicare drug benefit. The beneficiary may stay in that plan and choose not to enroll in the Medicare Drug Plan without risk

PPO Benefits	Platinum 1	Platinum 2	Gold 1	Gold 2
A <b>deductible</b> is the amount you pay before the plan pays for benefits with coinsurance (%). The family deductible is 2x individual deductible. (in/out-of-network)	\$500/\$1,000	\$0/\$500	\$1,200/\$2,400	\$750/\$1,500
<b>Coinsurance</b> (in/out-of-network)	20% / 50%	20% / 50%	20% / 50%	20%/50%
<b>What do I pay for covered benefits?</b>	<b>Copayment-Benefits with a copayment (\$) are not subject to deductible. Coinsurance-Benefits with a coinsurance (%) are subject to deductible first.</b>			
<b>The following benefits are what you pay (in-network only).</b>				
<b>Preventive Care</b>	You pay \$0. Plan pays 100% for Clinical Preventive Health Services			
<b>Primary Care Provider Visit</b>	\$10	\$10	\$30	\$40
<b>Urgent Care</b>	\$10	\$10	\$30	\$40
<b>Telehealth/Video Visit</b>	\$0	\$0	\$0	\$0
<b>Specialist Visit</b>	\$30	\$25	\$90	\$90
<b>Mental Health</b>	\$0	\$0	\$0	\$0
<b>Lab</b>	\$0	\$0	\$0	\$0
<b>X-Ray</b>	\$0	\$0	\$0	\$0
<b>Imaging CT/PET/MRI</b>	\$250	\$100	\$500	\$500
<b>Emergency Room</b> Plans with copay (\$) all services are included	\$250	\$100	\$500	\$500
<b>Ambulance (air)</b>	20%	20%	20%	20%
<b>Ambulance (ground)</b>	\$100	\$100	\$250	\$250
<b>Hospital</b> Inpatient and Outpatient	20%	\$250 per day, \$750 max/\$200	20%	20%
<b>Chiropractic and Acupuncture</b> Limited to 20 visits each	\$10	\$10	\$30	\$40
<b>Rehabilitation Therapy</b> Physical, Occupational and Speech	\$10	\$10	\$30	\$40
<b>Prescription Drugs per 30-day supply</b>				
<b>Tier 1: Preferred Generic</b>	\$0	\$0	\$0	\$0
<b>Tier 2: Non-Preferred Generic</b>	\$10	\$5	\$20	\$15
<b>Tier 3: Preferred Brand</b>	\$20	\$10	\$50	\$75
<b>Tier 4: Non-Preferred Brand</b>	\$75	\$50	\$125	\$150
<b>Tier 5: Specialty Pharmaceuticals</b>	20%	\$250	20%	20%
<b>Out-of-Pocket Maximum</b> includes the deductible, copayments, coinsurance, and prescription drug costs that you pay. (in/out-of-network)				
The family out-of-pocket maximum is 2x the individual out-of-pocket maximum. (in/out-of-network)	\$3,200/\$6,400	\$3,000 / \$6,000	\$9,100/\$18,200	\$9,100/\$18,200
<b>Other Services</b>				
<b>Fitness Center Membership</b>	You and your enrolled dependents (ages 18 and up) will have free access to			
<b>Vision</b>	Presbyterian Health Plan is pleased to provide you with vision coverage options			
<b>Dental</b>	We have partnered with DentalSource Dental Plan, Inc. to offer dental coverage (Underwritten and administered by Companion Life Insurance Company)			

**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](http://www.phs.org/formsanddocuments).**

\* **High Deductible Health Plans (HDHP)** - Qualified high deductible health plans can be used with a member-owned, portable Health Savings qualified out-of-pocket medical expenses tax-free. To learn more, visit [www.healthequity.com](http://www.healthequity.com) or call 1-866-346-5800.

Medicare Part D creditable plans indicate the prescription drug coverage offered by the employer is at least as good as the Medicare drug

Bronze 1 is not Medicare Part D creditable

Gold 3	HDHP Gold 4*	HDHP Silver 1*	Silver 3	Silver 4	Silver 8 with TytoHome	Bronze 1
\$3,500/\$7,000	\$3,200/\$6,400	\$3,200/\$6,400	\$2,500/\$5,000	\$4,000/\$8,000	\$4,000/\$8,000	\$9,100/\$18,200
20%/50%	0%/0%	20% / 50%	30% / 50%	30% / 50%	20% / 50%	0% / 0%

**Copayment covers office visit ONLY. All other services are subject to deductible and/or coinsurance, and then you pay the applicable coinsurance (%) amount.**

**The following benefits are what you pay (in-network only).**

such as physical exam, colonoscopy, and routine immunizations.

\$30	No Charge After Deductible	20%	\$40	\$30	\$50, \$0 TytoHome	\$40
\$30	No Charge After Deductible	20%	\$40	\$30	\$50, \$0 TytoHome	\$40
\$0	No Charge After Deductible	No Charge After Deductible	\$0	\$0	\$0	\$0
\$90	No Charge After Deductible	20%	\$90	\$90	\$100, \$0 TytoHome	No Charge After Deductible
\$0	No Charge After Deductible	No Charge After Deductible	\$0	\$0	\$0	\$0
\$0	No Charge After Deductible	20%	\$50	\$50	\$50	No Charge After Deductible
\$0	No Charge After Deductible	20%	\$110	\$100	\$100	No Charge After Deductible
\$750	No Charge After Deductible	20%	\$750	\$500	\$500	No Charge After Deductible
\$500	No Charge After Deductible	20%	\$1,000	\$1,000	\$1,000	No Charge After Deductible
20%	No Charge After Deductible	20%	30%	30%	20%	No Charge After Deductible
\$250	No Charge After Deductible	20%	\$250	\$250	\$250	No Charge After Deductible
20%	No Charge After Deductible	20%	30%	30%	20%	50% Not Subject to Deductible/0%
\$30	No Charge After Deductible	20%	\$40	\$30	\$50	\$40
\$30	No Charge After Deductible	20%	\$40	\$30	\$50	\$40

\$0	No Charge After Deductible	No Charge After Deductible	\$0	\$0	\$0	\$0
\$20	No Charge After Deductible	20%	\$25	\$25	\$25	\$25
\$75	No Charge After Deductible	20%	\$130	\$130	\$130	No Charge After Deductible
\$150	No Charge After Deductible	20%	\$150	\$150	\$150	No Charge After Deductible
20%	No Charge After Deductible	20%	30%	30%	20%	No Charge After Deductible

\$5,500/\$11,000	\$3,200/\$6,400	\$7,000 / \$14,000	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200
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more than 10,000 participating fitness centers.

for your entire family. See flyer for details. (Administered by Davis Vision.)

for you and your family. See the dental flyer for details.

**For more information, contact the plan at 1-800-356-2219 or refer to the Subscriber Agreement and/or Summary of Benefits**

Account (HSA). Through our partnership with HealthEquity, you can conveniently open an HSA to pay for your insurance deductible and benefit. The beneficiary may stay in that plan and choose not to enroll in the Medicare Drug Plan without risk of financial penalty.

Engage Benefits	Platinum 3	Gold 1	Gold 5
A <b>deductible</b> is the amount you pay before the plan pays for benefits with coinsurance (%). The family deductible is 2x the individual deductible.	\$500	\$1,200	\$3,500
<b>What do I pay for covered benefits?</b>	<b>Copayment – Benefits with a copayment (\$) are not subject to Coinsurance – Benefits with a coinsurance (%) are subject to</b>		
<b>Preventive Care</b>	You pay \$0. Plan pays 100% for clinical preventive health services		
<b>Primary Care Provider Visit</b>	\$10	\$30	\$40
<b>Urgent Care</b>	\$10	\$30	\$40
<b>Telehealth/Video Visit</b>	\$0	\$0	\$0
<b>Specialist Visit</b>	\$30	\$90	\$90
<b>Mental Health</b>	\$0	\$0	\$0
<b>Lab</b>	\$0	\$0	\$0
<b>X-Ray</b>	\$0	\$0	\$0
<b>Imaging CT/PET/MRI</b>	\$250	\$500	\$500
<b>Emergency Room</b> Plans with copay (\$) all services are included	\$250	\$500	\$500
<b>Ambulance</b> Ground or Air	20% air, \$100 ground	20% air, \$250 ground	20% air, \$250 ground
<b>Hospital</b> Inpatient or Outpatient	20%	20%	20%
<b>Chiropractic and Acupuncture</b> Limited to 20 visits each	\$10	\$30	\$35
<b>Rehabilitation Therapy</b> Physical, Occupational and Speech	\$10	\$30	\$40
<b>Prescription Drugs per 30-day supply</b>			
<b>Tier 1: Preferred Generic</b>	\$0	\$0	\$0
<b>Tier 2: Non-Preferred Generic</b>	\$10	\$20	\$20
<b>Tier 3: Preferred Brand</b>	\$20	\$50	\$50
<b>Tier 4: Non-Preferred Brand</b>	\$75	\$125	\$125
<b>Tier 5: Specialty Pharmaceuticals</b>	20%	20%	20%
<b>Out-of-Pocket Maximum</b> 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	\$9,100	\$9,100
<b>Wellness and Other Services</b>			
<b>Fitness Center Membership</b>	You and your enrolled dependents (ages 18 and up) will have free access		
<b>Vision</b>	Presbyterian Health Plan is pleased to provide you with vision coverage		
<b>Dental</b>	We have partnered with DentalSource Dental Plan, Inc. to offer dental (Underwritten and administered by Companion Life Insurance Company)		

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Silver 5	Silver 6	Silver 7	Silver 9 with TytoHome
\$4,000	\$7,000	\$0	\$4,000

**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.**

such as physical exam, colonoscopy and routine immunizations.

\$35	\$40	\$35	\$50, \$0 TytoHome
\$35	\$40	\$35	\$50, \$0 TytoHome
\$0	\$0	\$0	\$0
\$90	\$90	\$90	\$100, \$0 TytoHome
\$0	\$0	\$0	\$0
\$50	\$50	\$50	\$50
\$100	\$100	\$100	\$100
\$750	\$500	30%	\$500
\$750	30%	\$1,000	\$1,000
30% air, \$250 ground	30% air, \$250 ground	30%	20% air, \$250 ground
30%	30%	\$1,200 per day, \$2,400 max	20%
\$35	\$40	\$35	\$50
\$35	\$40	\$35	\$50

\$0	\$0	\$0	\$0
\$25	\$15	\$25	\$25
\$130	30%	\$100	\$130
\$150	30%	\$150	\$150
30%	30%	30%	20%

\$9,100	\$9,100	\$9,100	\$9,100
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to more than 10,000 participating fitness centers.

options for your entire family. See flyer for details. (Administered by Davis Vision.)

coverage for you and your family. See the dental flyer for details.

**exclusions. For more information, contact the plan at 1-800-356-2219 or refer to the Subscriber Agreement**

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](http://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. For information on 1095 Reporting, visit [www.irs.gov](http://www.irs.gov).
- 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](http://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](http://www.benefitsource.org).