



## 2023 Individual and Family Plan Renewal Guide

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 **PRESBYTERIAN**  
Health Plan, Inc.



# 2023 Individual and Family Plan Renewal Guide

Thank you for choosing Presbyterian Health Plan for your health care needs.

We encourage you to read the documents in this guide for important information for your Individual and Family Plan.

We are here to help with any questions. You can reach us Monday through Friday from 8 a.m. to 5 p.m. at:

Phone: 505-923-6580

Toll Free: 1-800-621-5993

TTY: 711

Email: [iplan@phs.org](mailto:iplan@phs.org)

## 2023 Presbyterian On and Off Exchange<sup>1</sup> HMO Individual & Family Plans



	Gold 1			Gold 2			Gold 3			Gold 4			Gold+ with TytoHome
Plan Name	Gold 1	Turquoise 3 with EXTRA SAVINGS (SOPA <sup>4</sup> )	Turquoise 4 with EXTRA SAVINGS (SOPA <sup>4</sup> )	Gold 2	Turquoise 3 with EXTRA SAVINGS (SOPA <sup>4</sup> )	Turquoise 4 with EXTRA SAVINGS (SOPA <sup>4</sup> )	Gold 3	Turquoise 3 with EXTRA SAVINGS (SOPA <sup>4</sup> )	Turquoise 4 with EXTRA SAVINGS (SOPA <sup>4</sup> )	Gold 4	Turquoise 3 with EXTRA SAVINGS (SOPA <sup>4</sup> )	Turquoise 4 with EXTRA SAVINGS (SOPA <sup>4</sup> )	Gold+ with TytoHome
Availability	On and Off Exchange	On Exchange	On Exchange	On and Off Exchange	On Exchange	On Exchange	On and Off Exchange	On Exchange	On Exchange	On and Off Exchange	On Exchange	On Exchange	Off Exchange
Service Area Counties	Bernalillo, Sandoval, Valencia, Torrance, and Santa Fe			Bernalillo, Sandoval, Valencia, Torrance, and Santa Fe			All New Mexico Counties			Bernalillo, Sandoval, Valencia, Torrance, and Santa Fe			Bernalillo, Sandoval, Valencia, Torrance, and Santa Fe
Provider Directory Network Name <sup>2</sup>	Individual Select Network			Individual Select Network			Individual and Family or Group HMO/POS Network			Individual Select Network			Individual Select Network
<b>Deductible</b> (Ded) The family deductible is 2x the individual	\$0	\$0	\$1,000	\$3,500	\$0	\$1,000	\$3,500	\$0	\$1,000	\$3,000	\$0	\$1,000	\$1,000
<b>What do I pay for covered benefits?</b>	Copayment - Benefits with a copayment (\$) are <i>not</i> subject to the deductible. Copayment covers office visit only. All other services are subject to deductible and/or coinsurance. Coinsurance - Benefits with a coinsurance (%) are subject to the deductible first, and then you pay the applicable coinsurance (%) amount.												
<b>Preventive Care</b>	No charge for clinical preventive health services such as physical exams, colonoscopies, and routine immunizations.												
Gym/Fitness Center Membership, Vision Basic, and Vision for Children are included with all plans!													
<b>Telehealth</b> Mental Health, Primary Care, Specialist, Urgent Care Visits	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge Plus, TytoHome
<b>Primary Care Provider</b>	\$50	No charge	\$40	\$15	No charge	\$40	\$15	No charge	\$40	\$30	No charge	\$40	\$50
<b>Urgent Care</b>	\$50	No charge	\$40	\$15	No charge	\$40	\$15	No charge	\$40	\$30	No charge	\$40	\$50
<b>Specialist</b>	\$90	\$20	\$90	\$50	\$20	\$90	\$50	\$20	\$90	\$75	\$20	\$90	\$90
<b>Mental Health Visits</b>	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Laboratory</b>	\$20	No charge	\$20	\$20	No charge	\$20	\$20	No charge	\$20	30%	No charge	\$20	\$40
<b>X-Ray</b>	\$100	No charge	\$50	\$50	No charge	\$50	\$50	No charge	\$50	30%	No charge	\$50	\$100
<b>Imaging</b> CT/PET/MRI	30%	\$300	20%	\$300	\$300	20%	\$300	\$300	20%	30%	\$300	20%	20%
<b>Emergency Room</b> Plans with copay (\$) all services are included	\$750	\$100	\$500	20%	\$100	\$500	20% Ded does not apply	\$100	\$500	\$1,000	\$100	\$500	\$1,100
<b>Hospital</b> Inpatient	30%	\$500	20%	20%	\$500	20%	20%	\$500	20%	\$30%	\$500	20%	20%
<b>Chiropractic and Acupuncture</b> Limited to 20 visits each	\$50	No charge	\$40	\$15	No charge	\$40	\$15	No charge	\$40	\$30	No charge	\$40	\$50
<b>Rehabilitation Therapy</b> Physical, Occupational and Speech	\$50	No charge	\$40	\$15	No charge	\$40	\$15	No charge	\$40	\$30	No charge	\$40	\$50
<b>Prescription Drugs (30-day supply)</b>													
<b>Tier 1: Preferred Generic</b>	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Tier 2: Non-Preferred Generic</b>	\$15	\$20	\$10	\$10	\$20	\$10	\$10	\$20	\$10	\$10	\$10	\$10	\$5
<b>Tier 3: Preferred Brand</b>	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
<b>Tier 4: Non-Preferred Drug</b>	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
<b>Tier 5: Specialty Pharmaceuticals</b>	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<b>Out-of-Pocket (OOP) Maximum</b>													
The <b>OOP max</b> includes the deductible, copayments, coinsurance, and prescription drug costs that you pay. The family OOP is 2x the individual out-of-pocket maximum.	\$6,950	\$3,000	\$3,000	\$9,100	\$3,000	\$3,000	\$9,100	\$3,000	\$3,000	\$6,000	\$3,000	\$3,000	\$9,100
The benefit information provided is a brief summary, not a comprehensive description of benefits, limitations, and/or exclusions. For more information, refer to the Subscriber Agreement and Summary of Benefits Coverage which can be found online at <a href="http://www.phs.org/formsanddocuments">www.phs.org/formsanddocuments</a> .													

# 2023 Presbyterian On and Off Exchange<sup>1</sup> HMO Individual & Family Plans



	Silver1	Silver 2				Silver 3				Silver 5	Silver 6
Plan Name	Silver 1 HDHP <sup>3</sup>	Silver 2 HDHP <sup>3</sup>	Turquoise 1 with EXTRA SAVINGS (SOPA <sup>4</sup> )	Turquoise 2 with EXTRA SAVINGS (SOPA <sup>4</sup> )	73% CSR Plan	Silver 3	Turquoise 1 with EXTRA SAVINGS (SOPA <sup>4</sup> )	Turquoise 2 with EXTRA SAVINGS (SOPA <sup>4</sup> )	73% CSR Plan	Silver 5	Silver 6
Availability	Off Exchange	On and Off Exchange	On Exchange	On Exchange	On Exchange	On and Off Exchange	On Exchange	On Exchange	On Exchange	Off Exchange	Off Exchange
Service Area Counties	All New Mexico Counties	All New Mexico Counties				Bernalillo, Sandoval, Valencia, Torrance, and Santa Fe				Bernalillo, Sandoval, Valencia, Torrance, and Santa Fe	All New Mexico Counties
Provider Directory Network Name <sup>2</sup>	Individual and Family or Group HMO/POS Network	Individual and Family or Group HMO/POS Network				Individual Select Network				Individual Select Network	Individual and Family or Group HMO/POS Network
<b>Deductible</b> (Ded) The family deductible is 2x the individual	\$3,200	\$3,200	\$0	\$0	\$3,200	\$0	\$0	\$0	\$0	\$5,000	\$5,000
<b>What do I pay for covered benefits?</b>	Copayment - Benefits with a copayment (\$) are <i>not</i> subject to the deductible. Copayment covers office visit only. All other services are subject to deductible and/or coinsurance. Coinsurance - Benefits with a coinsurance (%) are subject to the deductible first, and then you pay the applicable coinsurance (%) amount.										
<b>Preventive Care</b>	No charge for clinical preventive health services such as physical exams, colonoscopies, and routine immunizations.										
	Gym/Fitness Center Membership, Vision Basic, and Vision for Children are included with all plans!										
<b>Telehealth</b> Mental Health, Primary Care, Specialist, Urgent Care Visits	20%	20%	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Primary Care Provider</b>	20%	20%	No charge	\$5	10%	\$40	No charge	\$5	\$35	\$40	\$40
<b>Urgent Care</b>	20%	20%	No charge	\$5	10%	\$40	No charge	\$5	\$35	\$40	\$40
<b>Specialist</b>	20%	20%	\$5	\$20	10%	\$90	\$5	\$20	\$80	\$90	\$90
<b>Mental Health Visits</b>	20%	20%	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Laboratory</b>	20%	20%	No charge	No charge	10%	\$50	No charge	No charge	\$50	\$50	\$50
<b>X-Ray</b>	20%	20%	No charge	No charge	10%	\$100	No charge	No charge	\$100	\$125	\$125
<b>Imaging</b> CT/PET/MRI	20%	20%	No charge	No charge	10%	30%	No charge	No charge	30%	30%	30%
<b>Emergency Room</b> Plans with copay (\$) all services are included	20%	20%	\$20	\$50	10%	\$1,750	\$20	\$50	\$1,600	\$1,050	\$1,050
<b>Hospital</b> Inpatient	20%	20%	No charge	\$150	10%	30%	No charge	\$150	30%	30%	30%
<b>Chiropractic and Acupuncture</b> Limited to 20 visits each	20%	20%	No charge	\$5	10%	\$40	No charge	\$5	\$35	\$40	\$40
<b>Rehabilitation Therapy</b> Physical, Occupational and Speech	20%	20%	No charge	\$5	10%	\$40	No charge	\$5	\$35	\$40	\$40
<b>Prescription Drugs (30-day supply)</b>											
<b>Tier 1: Preferred Generic</b>	No charge after deductible	No charge after deductible	No charge	No charge	No charge after deductible	No charge	No charge	No charge	No charge	No charge	No charge
<b>Tier 2: Non-Preferred Generic</b>	20%	20%	No charge	No charge	10%	\$15	No charge	No charge	\$15	\$15	\$15
<b>Tier 3: Preferred Brand</b>	20%	20%	No charge	\$25	10%	\$80	No charge	\$25	\$75	\$125	\$125
<b>Tier 4: Non-Preferred Drug</b>	20%	20%	5%	10%	10%	50%	5%	10%	50%	30%	30%
<b>Tier 5: Specialty Pharmaceuticals</b>	20%	20%	5%	10%	10%	50%	5%	10%	50%	50%	50%
<b>Out-of-Pocket (OOP) Maximum</b>											
The <b>OOP max</b> includes the deductible, copayments, coinsurance, and prescription drug costs that you pay. The family OOP is 2x the individual out-of-pocket maximum.	\$7,050	\$7,050	\$1,000	\$2,000	\$6,950	\$9,100	\$1,000	\$2,000	\$7,250	\$9,100	\$9,100
The benefit information provided is a brief summary, not a comprehensive description of benefits, limitations, and/or exclusions. For more information, refer to the Subscriber Agreement and Summary of Benefits Coverage which can be found online at <a href="http://www.phs.org/formsanddocuments">www.phs.org/formsanddocuments</a> .											

2023 Presbyterian On and Off Exchange<sup>1</sup>  
HMO Individual & Family Plans



Plan Name	Bronze 1	Bronze 2
Availability	On and Off Exchange	On and Off Exchange
Service Area Counties	Bernalillo, Sandoval, Valencia, Torrance, and Santa Fe	All New Mexico Counties
Provider Directory Network Name <sup>2</sup>	Individual Select Network	Individual and Family or Group HMO/POS Network
Deductible (Ded) The family deductible is 2x the individual	\$6,800	\$9,100
What do I pay for covered benefits?	Copayment - Benefits with a copayment (\$) are <i>not</i> subject to the deductible. Copayment covers office visit only. All other services are subject to deductible and/or coinsurance. Coinsurance - Benefits with a coinsurance (%) are subject to the deductible first, and then you pay the applicable coinsurance (%) amount.	
Preventive Care	No charge for clinical preventive health services such as physical exams, colonoscopies, and routine immunizations.	
Gym/Fitness Center Membership, Vision Basic, and Vision for Children are included with all plans!		
Telehealth Mental Health, Primary Care, Specialist, Urgent Care Visits	No charge	No charge
Primary Care Provider	\$35	No charge after deductible
Urgent Care	\$35	No charge after deductible
Specialist	40%	No charge after deductible
Mental Health Visits	No charge	No charge
Laboratory	40%	No charge after deductible
X-Ray	40%	No charge after deductible
Imaging CT/PET/MRI	40%	No charge after deductible
Emergency Room Plans with copay (\$) all services are included	40%	No charge after deductible
Hospital Inpatient	50% Not subject to deductible	No charge after deductible
Chiropractic and Acupuncture Limited to 20 visits each	\$35	No charge after deductible
Rehabilitation Therapy Physical, Occupational and Speech	\$35	No charge after deductible
Prescription Drugs (30-day supply)		
Tier 1: Preferred Generic	40%	No charge after deductible
Tier 2: Non-Preferred Generic	40%	No charge after deductible
Tier 3: Preferred Brand	40%	No charge after deductible
Tier 4: Non-Preferred Drug	40%	No charge after deductible
Tier 5: Specialty Pharmaceuticals	50%	No charge after deductible
Out-of-Pocket (OOP) Maximum		
The <b>OOP max</b> includes the deductible, copayments, coinsurance, and prescription drug costs that you pay. The family OOP is 2x the individual out-of-pocket maximum.	\$9,100	\$9,100

The benefit information provided is a brief summary, not a comprehensive description of benefits, limitations, and/or exclusions.  
For more information, refer to the Subscriber Agreement and Summary of Benefits Coverage which can be found online at [www.phs.org/formsanddocuments](http://www.phs.org/formsanddocuments).

Footnotes:

- On exchange plans are offered through beWellnm. To see if you qualify for extra savings, visit [www.bewellnm.com](http://www.bewellnm.com) or call 1-833-862-3935.
- The provider directory is online at [www.phs.org/directory](http://www.phs.org/directory). Select the provider directory network name applicable to your plan.
- Silver 1 and Silver 2 plans are Qualified High Deductible Health Plans (HDHP) 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, [www.healthequity.com](http://www.healthequity.com).
- State Out of Pocket Assistance (SOPA) Plans or Turquoise Plans offer lower out-of-pocket costs and are only available on beWellnm.com

# Presbyterian Vision Plans for Individual and Family Plan



Presbyterian Health Plan is pleased to provide you with vision coverage options for your entire family. Vision for Children and Vision Basic are included with your medical plan.

## Plan Features

### Large and diverse network

- Greater number of providers and retailers
- Ability to purchase eyewear online from retailers including Glasses.com™, 1-800 Contacts®, Befitting and Visionworks®
- Out-of-network reimbursement

### Benefits that are easy to use and understand

- Members can check benefits, eligibility, search for eye care professionals and track frame status through a convenient mobile app and online through the Davis Vision member portal.

Find an eye care professional at [davisvision.com/presbyterian](https://davisvision.com/presbyterian), then schedule your eye exam today!

Vision Plans are underwritten by Presbyterian Health Plan, Inc. and administered by Davis Vision together with the Davis Vision provider network.

Summary of Benefits		
Vision for Children and Vision Basic plans are included at no additional cost.		
In-network benefits	Vision for Children (included for children up to age 19)	Vision Basic (included for all members age 19+)
<b>Frequencies</b>		
Eye exam	12 months	12 months
Spectacle lenses	12 months	N/A
Frame	12 months	N/A
Contact lens evaluation, fitting and follow-up care	12 months	N/A
<b>Copayments</b>		
Eye exam	\$0	\$0
Spectacle lenses	\$0	SV \$45 / BF \$65 / TF \$95 / CA \$120
Contact lens evaluation, fitting and follow-up care	\$0	N/A
<b>Coverage</b>		
Frame allowance (retail):	Up to \$100, plus 20% discount on any overages	35% off provider's U&C (usual and customary)
<b>Davis Vision frame collection** (in lieu of allowance):</b>		
Fashion Level	\$0 Copay	N/A
Designer Level	\$15 Copay	N/A
Premier Level	\$40 Copay	N/A
Contact lenses: materials allowance	Up to \$100, plus 15% discount on any overages	15% off provider's U&C (usual and customary)
<b>Laser Benefit</b>		
One-time/lifetime allowance	N/A	N/A
<b>Eyeglass Benefit – Spectacle Lenses</b>		
Digital single vision (intermediate)	\$30	\$30
Scratch-resistant coating	Covered	\$15
Polycarbonate lenses (child/adult)	Covered	\$35
Standard anti-reflective (AR) coating	\$40	\$45
Standard progressive lenses	\$65	\$65
<b>Out-of-Network Reimbursements</b>		
Eye exam	\$55	\$55
Frame	\$50	N/A
Single vision lenses	\$40	N/A
Bifocal/progressive lenses	\$60	N/A
Progressive lenses	N/A	N/A
The benefit information provided is a brief summary, not a comprehensive description of all benefits, limitations and or exclusions. For more information, call 1-800-999-5431 or refer to the policy at <a href="https://davisvision.com/presbyterian">davisvision.com/presbyterian</a> .		

# Gold+ with TytoHome Plan

This year, Presbyterian Health Plan is offering a Gold+ Plan with a Tyto Home Medical Exam kit (value of \$299). This device allows you to go beyond video visits and provides clinicians with clinical-level, real-time remote exam data to deliver top-quality diagnoses and treatment with maximum convenience.

## TytoHome comes with:

- ✓ Exam camera and thermometer
- ✓ Stethoscope adaptor for heart, lung, and abdominal sounds
- ✓ Tongue depressor for throat images
- ✓ Otoscope adaptor for ear exams



## Not only is TytoCare convenient, it offers a more comprehensive medical exam than a typical virtual visit.

The enhanced health data collected elevates the patient and provider experience which can improve patient outcomes.

Clinical Data	With TytoCare	With Virtual Alone
Heart Rate	✓	
Heart Sounds	✓	
Lung Sounds	✓	
Bowel Sounds	✓	
Abdominal Sounds	✓	
Throat Visual	✓	
Ear Visual	✓	
Skin Visual	✓	
Patient Affect	✓	✓

## Receive a diagnosis and treatment plan for common conditions like:

- Allergies
- Asthma
- Sore throat
- Insect bites
- Dermatitis
- Minor burns
- Colds and congestion
- Ear infection
- Rashes
- Sinus pain or issues
- Fever
- Flu/COVID-19
- Eye injuries/ pink eye
- Abscesses

## Go beyond video



Unlimited access to trusted clinicians



Skip the waiting room—comprehensive guided exams anytime, anywhere



Your clinician sees clinical-quality exam data in real time



Fast prescriptions sent directly to your local pharmacy

\* TytoCare requires a smartphone or tablet with the last two iOS versions or Android OS version 6 or above and a stable Wif-Fi internet connection.

# Individual and Family Plans

## Member Resource Guide



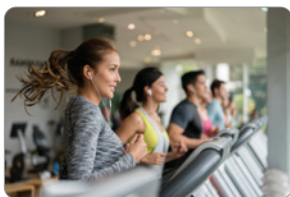
### Provider Directory

Create a personalized provider directory for providers who are close to work or home, find specific providers (including primary and specialty care providers), narrow the search to match preferences (such as a male or female provider), and find facilities and pharmacies.

- The **"Individual and Family or Group HMO/POS"** network name is for residents of any New Mexico county enrolled on **Gold 3, Silver 1, Silver 2, Silver 6, or Bronze 2 plans.**
- The **"Individual Select HMO"** network name is for residents of Bernalillo, Sandoval, Valencia, Torrance, and Santa Fe counties enrolled on **Gold 1, Gold 2, Gold 4, Gold+ with TytoHome, Silver 3, Silver 5, or Bronze 1 plans.**

Visit [www.phs.org/directory](http://www.phs.org/directory) to create your personalized provider directory.

### Gym/Fitness Center Membership



You and your 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 in Albuquerque, Rio Rancho and Farmington, 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 and Wellness. For a list of participating locations, visit [www.phs.org/gymmembership](http://www.phs.org/gymmembership).

### Telehealth



Any telehealth service (video, telephone or online visit) with an in-network provider is \$0, including Primary Care, Specialist, Urgent Care or Behavioral Health visits. To learn more, visit [www.phs.org](http://www.phs.org) and select "Get Care."

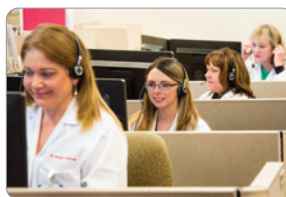
### Vision



Presbyterian Health Plan is pleased to provide you with vision coverage options for your entire family. Choose the level of benefits that's right for you. Vision for Children and Vision Basic are included with

your medical plan. For more information, call 1-800-999-5431.

### 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](http://www.phs.org) and search for "PresRN."

### Employee Assistance Program (EAP)



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 six complimentary assistance visits per issue. Services are short-term, confidential counseling sessions conducted by local licensed providers. To schedule an appointment with an EAP counselor, please call 1-866-254-3555 or (505) 254-3555.

## Talkspace



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](http://www.talkspace.com/php) to access the program.

## On to Better Health



This interactive software offers an alternative to traditional mental health and substance use care by providing access to tools and resources that are

easy to use, confidential and available 24/7. Go to [www.ontobetterhealth.com/php](http://www.ontobetterhealth.com/php).

## Clickotine



Clickotine®

Clickotine is an innovative program that uses clinically-driven app technology to help you create and stick to a quit plan and overcome nicotine cravings. Go to [www.clktx.com/join](http://www.clktx.com/join) and enter Client ID code: 731C73

## 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).

## TruHearing



With copayments as low as \$699 per aid, this benefit makes addressing hearing loss more affordable. Call TruHearing to learn more and schedule an appointment at

1-833-731-4167 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m.

## HealthEquity Health Savings Account (HSA)

Save money with these tax-advantaged accounts.

Through our partnership with HealthEquity, you can elect a qualified High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) at no additional cost. Call 1-866-346-5800 or visit [www.healthequity.com](http://www.healthequity.com).

## 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](http://www.phs.org/myPRES).

- Look up benefit information securely, view a claim's status, and track deductibles.
- Estimate out-of-pocket costs for common medical treatments and procedures with a Treatment Cost Estimator.
- View or request a replacement member ID card.

## 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](http://www.phs.org/mychart).

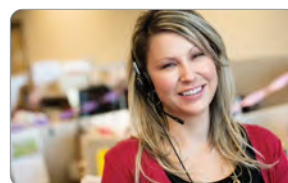
## Wellness at Work

This online tool helps you create personalized health improvement plans and features a powerful Personal Health Assessment (PHA) tool to help identify personal health risks and provide recommendations for improving those risks. To participate, register or login to myPRES at [www.phs.org/mypres](http://www.phs.org/mypres).

## Mail-Order Pharmacy Service

Provided by OptumRx®, our mail-order pharmacy benefit allows you to order up to a 90-day supply of maintenance prescriptions (as prescribed by a physician) and have them conveniently delivered to a specified address. To register, call OptumRx at 1-866-528-5829 or visit [www.optumrx.com](http://www.optumrx.com).

## Local customer service



Our friendly representatives, located in Albuquerque, are standing by to answer your benefit questions Monday through Friday from 7 a.m. to 6 p.m. Contact our

Presbyterian Customer Service Center by phone at (505) 923-7528 or toll-free 1-855-923-7528 (TTY 711) or send an email to [info@phs.org](mailto:info@phs.org).

# Health Savings Account

An HSA lets you put money away for future healthcare costs while saving on taxes. How? HSAs are never taxed at a federal income tax level when used for qualified medical expenses. Contributions can come straight out of your pay-check, and your HSA can grow tax-free too.

- ✓ No 'use-it-or-lose-it,' keep your HSA forever
- ✓ Create a healthcare emergency safety net
- ✓ Invest<sup>1</sup> your HSA tax-free, like a 401(k)



## Annual tax saving potential<sup>2</sup>

**\$1,550** | **\$770**

Family plan

Individual plan

### 2023 IRS Contribution Limits

**\$7,750**

Family plan

**\$3,850**

Individual plan

Members 55+ can contribute an extra \$1,000

## Common qualified medical expenses:

- Pain relievers
- Doctor visits
- Dental cleaning
- Sleep aids
- Eyeglasses/contacts
- Cold/cough medicine
- Chiropractic care
- Insulin testing supplies



**See how much  
you can save**

[HealthEquity.com/  
Presbyterian](https://HealthEquity.com/Presbyterian)



## Enrollment period

November 11, 2022 - January 15, 2023

1-855-923-7528

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## HSA-qualified health plan options

**Silver 1**  
(Off Exchange)

**Silver 2**  
(On and Off Exchange)

<sup>1</sup>Investments made available to HSA members are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. | <sup>2</sup>Estimated savings are based on an assumed combined federal and state income tax rate of 20%. Actual savings will depend on your taxable income and tax status. | HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions.

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Presbyterian\_OE\_HSA\_1-pager\_Individual\_and\_Family\_Plan\_Jul\_2022



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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).

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