



ENROLLMENT KIT

2024 Individual and Family Plans

 **PRESBYTERIAN**
Health Plan, Inc.

2024 Individual and Family Plans

Choose the plan that is New Mexico.

Thank you for your interest in a Presbyterian Individual and Family Plan. Presbyterian Health Plan, Inc. has offered Individual and Family Plans to New Mexicans for more than two decades. Finding affordable and comprehensive health coverage is so important, and we are here to help.

In this Enrollment Kit, you will learn about Individual and Family medical plan options, premiums, provider networks, gym memberships, vision coverage and much more. We are looking forward to being your partner in health.

Table of Contents

Summary of Benefits	2
Gold+ with TytoHome Plan	7
Member Resource Guide	8
Vision Plans	10
HealthEquity Health Savings Account	12
Premium Rates	13
When can I enroll? A Guide to Open and Special Enrollment Periods	15
Enrollment Form	16
Contact Us	back cover

If you have questions or need assistance, please contact our Individual Plan Call Center, Monday through Friday, 8 a.m. to 5 p.m. at 1-866-8MY-PRES (1-866-869-7737), option 4, or visit us online at www.phs.org/iplan.

The benefit information provided is a brief summary, not a comprehensive description of benefits, limitations and/or exclusions. For more information, contact us at 1-866-869-7737 or refer to the Subscriber Agreement and/or Summary of Benefits Coverage, which can be found online at www.phs.org/formsanddocuments.



2024 Presbyterian On and Off Exchange¹ HMO Individual & Family Plans

Plan Name	Clear Cost Gold	Clear Cost Turquoise 3	Clear Cost Gold - Limited Service Area
Availability	On and Off Exchange	On Exchange	On and Off Exchange
Service Area Counties	All New Mexico Counties		Bernalillo, Sandoval, Valencia, Torrance and Santa Fe
Provider Directory Network Name ²	Individual and Family or Group HMO/POS Network		Individual Select HMO Network
Deductible (Ded) The family deductible is 2x the individual	\$3,000	\$500	\$3,000
What do I pay for covered benefits?	Copayment – Benefits with a copayment (\$) are <i>not</i> subject to deductible. Copayment covers Coinsurance – Benefits with a coinsurance (%) are subject to deductible first, and then you pay		
Preventive Care	No charge for clinical preventive health services such as physical exams, colonoscopies, and routine immunizations.		
Telehealth Mental Health, Primary Care, Specialist, Urgent Care Visits	No charge	No charge	No charge
Primary Care Provider	\$20	\$7	\$20
Urgent Care	\$60	\$20	\$60
Specialist	\$60	\$20	\$60
Mental Health Visits	No charge	No charge	No charge
Laboratory	\$60	\$20	\$60
X-Ray	\$60	\$20	\$60
Imaging CT/PET/MRI	\$60	\$20	\$60
Emergency Room Plans with copay (\$) all services are included	Deductible + \$150	Deductible + \$75	Deductible + \$150
Hospital Inpatient	Deductible + \$150	Deductible + \$75	Deductible + \$150
Chiropractic and Acupuncture Limited to 20 visits each	\$20	\$7	\$20
Rehabilitation Therapy Physical, Occupational and Speech	\$20	\$7	\$20
Prescription Drugs (30-day supply)	4-Tier Rx	4-Tier Rx	4-Tier Rx
Coverage under this plan pays for prescription drugs. The plan has a formulary that uses "tiers." The amount you'll pay in cost-sharing will be different for each "tier" of covered prescription drugs.	T1: \$20	T1: \$5	T1: \$20
	T2: \$30	T2: \$10	T2: \$30
	T3: Deductible + \$100	T3: Deductible + \$100	T3: Deductible + \$100
	T4: \$75	T4: \$50	T4: \$75
Out-of-Pocket (OOP) Maximum			
The OOP max includes the deductible, copayments, coinsurance, and prescription drug costs that you pay. The family OOP is 2x the individual out-of-pocket maximum.	\$5,300	\$2,400	\$5,300

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Clear Cost Turquoise 3 - Limited Service Area	Gold Select w/GYM - Limited Service Area	Gold Select w/GYM - Turquoise 3 with EXTRA SAVINGS - Limited Service Area	Gold+ w/TytoHome and GYM - Limited Service Area
On Exchange	On and Off Exchange	On Exchange	Off Exchange
Bernalillo, Sandoval, Valencia, Torrance, and Santa Fe			
Individual Select HMO Network			
\$500	\$2,800	\$300	\$1,000

office visit only. All other services are subject to deductible and/or coinsurance. the applicable coinsurance (%) amount.

No charge for clinical preventive health services such as physical exams, colonoscopies, and routine immunizations.			
No charge	No charge	No charge	No charge Plus, TytoHome
\$7	\$20	\$10	\$50 limited to 3 visits. After 3 visits, subject to Ded + 20%
\$20	\$20	\$10	\$50
\$20	\$50	\$25	\$90
No charge	No charge	No charge	No charge
\$20	\$15	\$10	\$10
\$20	\$45	\$35	\$100
\$20	\$300	\$200	20%
Deductible + \$75	20%	Deductible + \$250	\$750
Deductible + \$75	\$500/day (limit 5 days, not subject to Deductible)	Deductible + \$250	20%
\$7	\$20	\$10	\$50
\$7	\$20	\$10	\$50
4-Tier Rx	5-Tier Rx	5-Tier Rx	5-Tier Rx
T1: \$5	T1: No charge	T1: No charge	T1: No charge
	T2: \$10	T2: \$8	T2: \$5
T2: \$10	T3: \$50	T3: \$30	T3: \$50
T3: Deductible + \$100	T4: \$125	T4: \$100	T4: \$125
T4: \$50	T5: 50%	T5: Deductible + \$200	T5: 50%
\$2,400	\$9,450	\$1,800	\$9,450

2024 Presbyterian On and Off Exchange¹

HMO Individual & Family Plans

Plan Name	Clear Cost Silver	Clear Cost Turquoise 1	Clear Cost Turquoise 2	Clear Cost Silver - with EXTRA SAVINGS 73%	Clear Cost Silver - Limited Service Area	Clear Cost Turquoise 1 - Limited Service Area
Availability	On and Off Exchange	On Exchange	On Exchange	On Exchange	On and Off Exchange	On Exchange
Service Area Counties	All New Mexico Counties				Bernalillo, Sandoval, Valencia, Torrance and Santa Fe	
Provider Directory Network Name²	Individual and Family or Group HMO/POS Network				Individual Select HMO Network	
Deductible (Ded) The family deductible is 2x the individual	\$5,000	\$0	\$100	\$4,500	\$5,000	\$0
What do I pay for covered benefits?	Copayment – Benefits with a copayment (\$) are <i>not</i> subject to deductible. Copayment covers Coinsurance – Benefits with a coinsurance (%) are subject to deductible first, and then you pay					
Preventive Care	No charge for clinical preventive health services such as physical exams, colonoscopies, and routine immunizations.					
Telehealth Mental Health, Primary Care, Specialist, Urgent Care Visits	No charge	No charge	No charge	No charge	No charge	No charge
Primary Care Provider	\$50	No charge	\$5	\$40	\$50	No charge
Urgent Care	\$100	\$3	\$10	\$90	\$100	\$3
Specialist	\$100	\$3	\$10	\$90	\$100	\$3
Mental Health Visits	No charge	No charge	No charge	No charge	No charge	No charge
Laboratory	\$100	\$3	\$10	\$90	\$100	\$3
X-Ray	\$100	\$3	\$10	\$90	\$100	\$3
Imaging CT/PET/MRI	\$100	\$3	\$10	\$90	\$100	\$3
Emergency Room Plans with copay (\$) all services are included	Ded + \$300	\$30	Ded + \$40	Ded + \$255	Ded + \$300	\$30
Hospital Inpatient	Ded + \$300	\$30	Ded + \$40	Ded + \$255	Ded + \$300	\$30
Chiropractic and Acupuncture Limited to 20 visits each	\$50	No charge	\$5	\$40	\$50	No charge
Rehabilitation Therapy Physical, Occupational and Speech	\$50	No charge	\$5	\$40	\$50	No charge
Prescription Drugs (30-day supply)	4- Tier Rx	4- Tier Rx	4- Tier Rx	4- Tier Rx	4- Tier Rx	4- Tier Rx
Coverage under this plan pays for prescription drugs. The plan has a formulary that uses "tiers." The amount you'll pay in cost-sharing will be different for each "tier" of covered prescription drugs.	T1: \$35	T1: No charge	T1: \$3	T1: \$30	T1: \$35	T1: No charge
	T2: \$50	T2: \$3	T2: \$10	T2: \$45	T2: \$50	T2: \$3
	T3: Ded+\$250	T3: \$15	T3: Ded+\$50	T3: Ded+\$205	T3: Ded+\$250	T3: \$15
	T4: \$100	T4: \$10	T4: \$25	T4: \$95	T4: \$100	T4: \$10
Out-of-Pocket (OOP) Maximum						
The OOP max includes the deductible, copayments, coinsurance, and prescription drug costs that you pay. The family OOP is 2x the individual out-of-pocket maximum.	\$8,950	\$200	\$1,000	\$7,450	\$8,950	\$200

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Clear Cost Turquoise 2 - Limited Service Area	Clear Cost Silver - with EXTRA SAVINGS 73% - Limited Service Area	Silver Qualified HDHP with GYM ³	Silver Select 5000 w/GYM - Limited Service Area	Silver 5000 with GYM	Silver Select 7000 w/GYM - Limited Service Area	Silver Select 7000 w/GYM - Turquoise 1 with EXTRA SAVINGS - Limited Service Area	Silver Select 7000 w/GYM - Turquoise 2 with EXTRA SAVINGS - Limited Service Area	Silver Select 7000 w/GYM - with EXTRA SAVINGS 73% - Limited Service Area
On Exchange	On Exchange	Off Exchange	Off Exchange	Off Exchange	On and Off Exchange	On Exchange	On Exchange	On Exchange
Bernalillo, Sandoval, Valencia, Torrance and Santa Fe		All NM Counties	Bernalillo, Sandoval, Valencia, Torrance, Santa Fe	All NM Counties	Bernalillo, Sandoval, Valencia, Torrance and Santa Fe			
Individual Select HMO Network		Individual and Family or Group HMO/POS Network	Individual Select HMO Network	Individual and Family or Group HMO/POS Network	Individual Select HMO Network			
\$100	\$4,500	\$3,200	\$5,000	\$5,000	\$7,000	\$0	\$150	\$3,350

office visit only. All other services are subject to deductible and/or coinsurance. the applicable coinsurance (%) amount.

No charge for clinical preventive health services such as physical exams, colonoscopies, and routine immunizations.								
No charge	No charge	No charge after Ded	No charge	No charge	No charge	No charge	No charge	No charge
\$5	\$40	20%	\$40	\$40	\$40	No charge	\$5	\$40
\$10	\$90	20%	\$40	\$40	\$40	No charge	\$5	\$40
\$10	\$90	20%	\$90	\$90	\$90	No charge	\$10	\$80
No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
\$10	\$90	20%	\$50	\$50	\$50	No charge	\$10	\$50
\$10	\$90	20%	\$125	\$125	\$120	No charge	\$10	\$110
\$10	\$90	20%	30%	30%	30%	No charge	5%	10%
Ded + \$40	Ded + \$255	20%	\$1,050	\$1,050	\$1,350	\$2	\$40	\$750
Ded + \$40	Ded + \$255	20%	30%	30%	50%	\$2	Ded + \$40	10%
\$5	\$40	20%	\$40	\$40	\$40	No charge	\$5	\$40
\$5	\$40	20%	\$40	\$40	\$40	No charge	\$5	\$40
4- Tier Rx	4- Tier Rx	5- Tier Rx	5- Tier Rx	5- Tier Rx	5- Tier Rx	5- Tier Rx	5- Tier Rx	5- Tier Rx
T1: \$3	T1: \$30	T1: No charge after Ded	T1: No charge	T1: No charge	T1: \$10	T1: No charge	T1: \$5	T1: \$20
		T2: 20%	T2: \$15	T2: \$15	T2: \$20	T2: No charge	T2: \$5	T2: \$20
T2: \$10	T2: \$45	T3: 20%	T3: \$125	T3: \$125	T3: \$140	T3: No charge	T3: \$15	T3: \$120
T3: Ded+\$50	T3: Ded+\$205	T4: 20%	T4: 30%	T4: 30%	T4: 30%	T4: \$2	T4: 5%	T4: 10%
T4: \$25	T4: \$95	T5: 20%	T5: 50%	T5: 50%	T5: 50%	T5: \$5	T5: 5%	T5: 10%
\$1,000	\$7,450	\$7,500	\$9,450	\$9,450	\$9,450	\$50	\$600	\$7,550

2024 Presbyterian On and Off Exchange¹ HMO Individual & Family Plans



Plan Name	Bronze Select 6800 w/GYM - Limited Service Area	Bronze 9450 w/GYM
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 ²	Individual Select HMO Network	Individual and Family or Group HMO/POS Network
Deductible The family deductible is 2x the individual	\$6,800	\$9,450
What do I pay for covered benefits?	Copayment – Benefits with a copayment (\$) are not 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.	
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)	5- Tier Rx	5- Tier Rx
Coverage under this plan pays for prescription drugs. The plan has a formulary that uses "tiers." The amount you'll pay in cost-sharing will be different for each "tier" of covered prescription drugs.	T1: 40%	T1: No charge after Deductible
	T2: 40%	T2: No charge after Deductible
	T3: 40%	T3: No charge after Deductible
	T4: 40%	T4: No charge after Deductible
	T5: 50%	T5: No charge after Deductible
Out-of-Pocket (OOP) Maximum		
The OOP max includes the deductible, copayments, coinsurance, and prescription drug costs that you pay. The family OOP is 2x the individual out-of-pocket maximum.	\$9,450	\$9,450

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Footnotes:

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

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. Visit www.phs.org/directory to create your personalized provider directory.

- The **Individual and Family or Group HMO/POS** is the network for members enrolled in **Clear Cost Gold, Clear Cost Silver, Silver Qualified HDHP, Silver 5000, and Bronze 9450**
- The Individual Select HMO is the network for members enrolled in a Limited Service Area (LSA) plan: **Clear Cost Gold LSA, Gold Select, Gold+ w/ TytoHome, Clear Cost Silver LSA, Silver Select 5000, Silver Select 7000, and Bronze Select 6800**

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.

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.

- 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.
- Use Get Care to schedule appointments, including telehealth visits

All these great features are now also available on your mobile device via an app that can be downloaded for Apple and Android devices. Simply search for myPRES in the App Store for Apple or the Google Play Store for Android devices.

Learn more about Presbyterian's Nondiscrimination Notice and Interpreter Services - <https://www.phs.org/Pages/nondiscrimination.aspx>

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 and search for "PresRN."

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.

Telehealth

Any telehealth service with an in-network provider is \$0, including Primary Care, Specialist, Urgent Care or Behavioral Health visits. To learn more, visit www.phs.org and select "Get Care."

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. To get started, simply download the Clickotine® app in the App Store or Google Play and activate your personalized program by entering the code LNV20C. Find out more at Clickotine.com.

Disclaimer: Value added products and services are not insurance benefits and may be discontinued at any time.

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.

Disclaimer: Value added products and services are not insurance benefits and may be discontinued at any time.

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.



Free Gym/Fitness Center Membership

You and your enrolled dependents (18 and over) can enjoy 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.

***Clear Cost Plan members can access our Fitness Pass Program for only \$22.50 per member per month.**

To enroll in the Fitness Pass program, go to www.phs.org/wellness.

Disclaimer: Value added products and services are not insurance benefits and may be discontinued at any time.

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. **Vision Basic is excluded for Clear Cost Plan members.**

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. **Excluded for Clear Cost Plan members.**

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 to access the program. **Excluded for Clear Cost Plan members.**

Disclaimer: Value added products and services are not insurance benefits and may be discontinued at any time.

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).

Excluded for Clear Cost Plan members.

Disclaimer: Value added products and services are not insurance benefits and may be discontinued at any time.

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. **Excluded for Clear Cost Plan members.**

Any discounts cannot be counted toward the hearing aid benefit cost sharing under the plan and is intended to be used if an insured requires hearing aid services within the three (3) years of utilizing the hearing aid benefit.

Disclaimer: Value added products and services are not insurance benefits and may be discontinued at any time.

HealthEquity Health Savings Account (HSA)

When you enroll on the Silver Qualified HDHP plan you can save money with these tax-advantaged accounts. Through our partnership with HealthEquity, you can open a Health Savings Account (HSA) at no additional cost. Call 1-866-346-5800 or visit www.healthequity.com.

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. **Excluded for Clear Cost Plan members.**

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Presbyterian Vision Plans for Individual and Family Plans



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

- 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, then schedule your eye exam today!

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+)
Frequencies		
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
Copayments		
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
Coverage		
Frame allowance (retail):	Up to \$100, plus 20% discount on any overages	35% off provider's U&C (usual and customary)
Davis Vision frame collection** (in lieu of allowance):		
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)
Laser Benefit		
One-time/lifetime allowance	N/A	N/A
Eyeglass Benefit – Spectacle Lenses		
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
Out-of-Network Reimbursements		
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
<p>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 davisvision.com/presbyterian.</p>		

*Adult Vision Basic is excluded for Clear Cost Plan members.

Health Savings Account

An Health Savings Account (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 paycheck, and your HSA can grow tax-free too.

- No 'use-it-or-lose-it,' keep your HSA forever
- Create a healthcare emergency safety net
- Invest¹ your HSA tax-free, like a 401(k)



Annual tax saving potential²

\$1,660	\$830
Family plan	Individual plan

2024 IRS Contribution Limits

\$8,300 Family plan	\$4,150 Individual plan
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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



Enrollment period

Nov 1, 2023 - Dec 15, 2023

866-869-7737
www.phs.org/iplan
www.phs.org/iplan

HSA-qualified health plan options

Individual:

Silver Qualified HDHP Plan w/ GYM (Off Exchange Only)



See how much you can save
HealthEquity.com/Presbyterian

¹Investments 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. | ²Estimated 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.

**2024 Individual & Family Plan
Monthly Rate Sheet**

Area: Bernalillo, Tarrant, Sandoval, Santa Fe, and Valencia counties

The monthly premium is based on age, zip code, and the number of family members covered under the plan.

Age	Clear Cost Gold	Clear Cost Gold Limited Service Area	Gold Select Limited Service Area	Gold+ w/ TytoHome Limited Service Area	Clear Cost Silver	Clear Cost Silver Limited Service Area	Silver Qualified HDHP	Silver Select 5000 Limited Service Area	Silver 5000	Silver Select 7000 Limited Service Area	Bronze Select 6800 Limited Service Area	Bronze 9450
0-14	\$299.19	\$244.09	\$228.88	\$233.42	\$362.30	\$294.11	\$258.21	\$196.37	\$238.91	\$261.54	\$188.27	\$221.99
15	\$325.79	\$265.79	\$249.22	\$254.17	\$394.50	\$320.25	\$281.16	\$213.83	\$260.15	\$284.79	\$205.01	\$241.72
16	\$335.96	\$274.08	\$257.00	\$262.10	\$406.82	\$330.24	\$289.94	\$220.50	\$268.27	\$293.68	\$211.40	\$249.26
17	\$346.13	\$282.38	\$264.78	\$270.03	\$419.13	\$340.24	\$298.72	\$227.18	\$276.39	\$302.56	\$217.80	\$256.81
18	\$357.08	\$291.31	\$273.16	\$278.58	\$432.39	\$351.00	\$308.17	\$234.36	\$285.14	\$312.14	\$224.69	\$264.93
19	\$368.03	\$300.25	\$281.53	\$287.12	\$445.65	\$361.77	\$317.62	\$241.55	\$293.88	\$321.71	\$231.58	\$273.06
20	\$379.37	\$309.50	\$290.21	\$295.97	\$459.39	\$372.92	\$327.41	\$249.00	\$302.94	\$331.62	\$238.72	\$281.47
21-24	\$391.10	\$319.07	\$299.19	\$305.12	\$473.59	\$384.45	\$337.53	\$256.70	\$312.31	\$341.88	\$246.10	\$290.18
25	\$392.67	\$320.35	\$300.38	\$306.34	\$475.49	\$385.99	\$338.88	\$257.72	\$313.56	\$343.25	\$247.09	\$291.34
26	\$400.49	\$326.73	\$306.37	\$312.44	\$484.96	\$393.68	\$345.63	\$262.86	\$319.80	\$350.09	\$252.01	\$297.14
27	\$409.88	\$334.39	\$313.55	\$319.77	\$496.33	\$402.91	\$353.73	\$269.02	\$327.30	\$358.29	\$257.92	\$304.11
28	\$425.13	\$346.83	\$325.22	\$331.67	\$514.80	\$417.90	\$366.90	\$279.03	\$339.48	\$371.62	\$267.52	\$315.43
29	\$437.65	\$357.04	\$334.79	\$341.43	\$529.95	\$430.20	\$377.70	\$287.24	\$349.47	\$382.56	\$275.39	\$324.71
30	\$443.90	\$362.15	\$339.58	\$346.31	\$537.53	\$436.35	\$383.10	\$291.35	\$354.47	\$388.03	\$279.33	\$329.35
31	\$453.29	\$369.81	\$346.76	\$353.64	\$548.90	\$445.58	\$391.20	\$297.51	\$361.96	\$396.24	\$285.24	\$336.32
32	\$462.68	\$377.46	\$353.94	\$360.96	\$560.26	\$454.81	\$399.30	\$303.67	\$369.46	\$404.44	\$291.14	\$343.28
33	\$468.54	\$382.25	\$358.42	\$365.54	\$567.37	\$460.57	\$404.36	\$307.52	\$374.14	\$409.57	\$294.83	\$347.64
34	\$474.80	\$387.36	\$363.21	\$370.42	\$574.94	\$466.72	\$409.76	\$311.63	\$379.14	\$415.04	\$298.77	\$352.28
35	\$477.93	\$389.91	\$365.61	\$372.86	\$578.73	\$469.80	\$412.46	\$313.68	\$381.64	\$417.78	\$300.74	\$354.60
36	\$481.06	\$392.46	\$368.00	\$375.30	\$582.52	\$472.88	\$415.16	\$315.74	\$384.14	\$420.51	\$302.71	\$356.92
37	\$484.19	\$395.01	\$370.39	\$377.74	\$586.31	\$475.95	\$417.86	\$317.79	\$386.64	\$423.25	\$304.68	\$359.24
38	\$487.32	\$397.57	\$372.79	\$380.18	\$590.10	\$479.03	\$420.56	\$319.84	\$389.13	\$425.98	\$306.65	\$361.56
39	\$493.57	\$402.67	\$377.57	\$385.06	\$597.68	\$485.18	\$425.97	\$323.95	\$394.13	\$431.45	\$310.58	\$366.21
40	\$499.83	\$407.78	\$382.36	\$389.95	\$605.25	\$491.33	\$431.37	\$328.06	\$399.13	\$436.92	\$314.52	\$370.85
41	\$509.22	\$415.43	\$389.54	\$397.27	\$616.62	\$500.56	\$439.47	\$334.22	\$406.62	\$445.13	\$320.43	\$377.81
42	\$518.21	\$422.77	\$396.42	\$404.29	\$627.51	\$509.40	\$447.23	\$340.12	\$413.81	\$452.99	\$326.09	\$384.49
43	\$530.73	\$432.98	\$406.00	\$414.05	\$642.67	\$521.70	\$458.03	\$348.34	\$423.80	\$463.93	\$333.96	\$393.77
44	\$546.37	\$445.75	\$417.96	\$426.26	\$661.61	\$537.08	\$471.53	\$358.61	\$436.29	\$477.61	\$343.81	\$405.38
45	\$564.75	\$460.74	\$432.02	\$440.60	\$683.87	\$555.15	\$487.40	\$370.67	\$450.97	\$493.68	\$355.38	\$419.02
46	\$586.66	\$478.61	\$448.78	\$457.68	\$710.39	\$576.68	\$506.30	\$385.05	\$468.46	\$512.82	\$369.16	\$435.27
47	\$611.30	\$498.71	\$467.63	\$476.91	\$740.23	\$600.90	\$527.56	\$401.22	\$488.14	\$534.36	\$384.66	\$453.55
48	\$639.45	\$521.69	\$489.17	\$498.87	\$774.33	\$628.58	\$551.86	\$419.70	\$510.62	\$558.97	\$402.38	\$474.44
49	\$667.22	\$544.34	\$510.41	\$520.54	\$807.95	\$655.87	\$575.83	\$437.93	\$532.80	\$583.25	\$419.86	\$495.05
50	\$698.51	\$569.87	\$534.35	\$544.95	\$845.84	\$686.63	\$602.83	\$458.46	\$557.78	\$610.60	\$439.54	\$518.26
51	\$729.41	\$595.07	\$557.98	\$569.05	\$883.25	\$717.00	\$629.50	\$478.74	\$582.45	\$637.61	\$458.99	\$541.19
52	\$763.43	\$622.83	\$584.01	\$595.60	\$924.46	\$750.45	\$658.86	\$501.07	\$609.62	\$667.35	\$480.40	\$566.43
53	\$797.85	\$650.91	\$610.34	\$622.45	\$966.13	\$784.28	\$688.57	\$523.66	\$637.11	\$697.44	\$502.05	\$591.97
54	\$835.01	\$681.22	\$638.76	\$651.44	\$1,011.13	\$820.80	\$720.63	\$548.05	\$666.77	\$729.91	\$525.43	\$619.53
55	\$872.16	\$711.53	\$667.19	\$680.42	\$1,056.12	\$857.33	\$752.70	\$572.43	\$696.44	\$762.39	\$548.81	\$647.10
56	\$912.44	\$744.40	\$698.00	\$711.85	\$1,104.90	\$896.93	\$787.46	\$598.87	\$728.61	\$797.61	\$574.16	\$676.99
57	\$953.12	\$777.58	\$729.12	\$743.58	\$1,154.15	\$936.91	\$822.57	\$625.57	\$761.09	\$833.16	\$599.76	\$707.17
58	\$996.53	\$813.00	\$762.33	\$777.45	\$1,206.72	\$979.58	\$860.03	\$654.06	\$795.76	\$871.11	\$627.08	\$739.38
59	\$1,018.04	\$830.55	\$778.78	\$794.23	\$1,232.77	\$1,000.73	\$878.60	\$668.18	\$812.93	\$889.91	\$640.61	\$755.34
60	\$1,061.46	\$865.97	\$811.99	\$828.10	\$1,285.34	\$1,043.40	\$916.06	\$696.68	\$847.60	\$927.86	\$667.93	\$787.55
61	\$1,099.00	\$896.60	\$840.71	\$857.39	\$1,330.80	\$1,080.31	\$948.47	\$721.32	\$877.58	\$960.68	\$691.55	\$815.40
62	\$1,123.64	\$916.70	\$859.56	\$876.62	\$1,360.64	\$1,104.53	\$969.73	\$737.49	\$897.26	\$982.22	\$707.06	\$833.69
63	\$1,154.54	\$941.91	\$883.20	\$900.72	\$1,398.05	\$1,134.90	\$996.39	\$757.77	\$921.93	\$1,009.23	\$726.50	\$856.61
64+	\$1,173.30	\$957.21	\$897.56	\$915.36	\$1,420.77	\$1,153.35	\$1,012.59	\$770.09	\$936.92	\$1,025.64	\$738.30	\$870.54

**2024 Individual & Family Plan
Monthly Rate Sheet**
Area: All Other New Mexico counties



The monthly premium is based on age, zip code, and the number of family members covered under the plan.

Age	Clear Cost Gold	Clear Cost Silver	Silver Qualified HDHP	Silver 5000	Bronze 9450
0-14	\$418.87	\$507.22	\$361.50	\$334.48	\$310.78
15	\$456.11	\$552.31	\$393.63	\$364.21	\$338.41
16	\$470.34	\$569.55	\$405.92	\$375.58	\$348.97
17	\$484.58	\$586.78	\$418.20	\$386.95	\$359.53
18	\$499.91	\$605.35	\$431.43	\$399.19	\$370.91
19	\$515.24	\$623.91	\$444.66	\$411.43	\$382.28
20	\$531.12	\$643.14	\$458.37	\$424.11	\$394.06
21-24	\$547.55	\$663.03	\$472.54	\$437.23	\$406.25
25	\$549.74	\$665.68	\$474.44	\$438.98	\$407.88
26	\$560.69	\$678.95	\$483.89	\$447.72	\$416.00
27	\$573.83	\$694.86	\$495.23	\$458.22	\$425.75
28	\$595.18	\$720.72	\$513.66	\$475.27	\$441.60
29	\$612.70	\$741.93	\$528.78	\$489.26	\$454.60
30	\$621.46	\$752.54	\$536.34	\$496.26	\$461.10
31	\$634.60	\$768.46	\$547.68	\$506.75	\$470.85
32	\$647.75	\$784.37	\$559.02	\$517.24	\$480.60
33	\$655.96	\$794.31	\$566.11	\$523.80	\$486.69
34	\$664.72	\$804.92	\$573.67	\$530.80	\$493.19
35	\$669.10	\$810.23	\$577.45	\$534.29	\$496.44
36	\$673.48	\$815.53	\$581.23	\$537.79	\$499.69
37	\$677.86	\$820.83	\$585.01	\$541.29	\$502.94
38	\$682.24	\$826.14	\$588.79	\$544.79	\$506.19
39	\$691.00	\$836.75	\$596.35	\$551.78	\$512.69
40	\$699.76	\$847.36	\$603.91	\$558.78	\$519.19
41	\$712.90	\$863.27	\$615.25	\$569.27	\$528.94
42	\$725.50	\$878.52	\$626.12	\$579.33	\$538.28
43	\$743.02	\$899.74	\$641.24	\$593.32	\$551.28
44	\$764.92	\$926.26	\$660.15	\$610.81	\$567.53
45	\$790.66	\$957.42	\$682.35	\$631.36	\$586.63
46	\$821.32	\$994.55	\$708.82	\$655.84	\$609.38
47	\$855.81	\$1,036.32	\$738.59	\$683.39	\$634.97
48	\$895.24	\$1,084.06	\$772.61	\$714.87	\$664.22
49	\$934.11	\$1,131.13	\$806.16	\$745.91	\$693.07
50	\$977.92	\$1,184.18	\$843.97	\$780.89	\$725.57
51	\$1,021.17	\$1,236.56	\$881.30	\$815.43	\$757.66
52	\$1,068.81	\$1,294.24	\$922.41	\$853.47	\$793.00
53	\$1,116.99	\$1,352.59	\$963.99	\$891.95	\$828.75
54	\$1,169.01	\$1,415.58	\$1,008.88	\$933.48	\$867.35
55	\$1,221.03	\$1,478.56	\$1,053.78	\$975.02	\$905.94
56	\$1,277.42	\$1,546.86	\$1,102.45	\$1,020.06	\$947.78
57	\$1,334.37	\$1,615.81	\$1,151.59	\$1,065.53	\$990.03
58	\$1,395.15	\$1,689.41	\$1,204.04	\$1,114.06	\$1,035.13
59	\$1,425.26	\$1,725.87	\$1,230.03	\$1,138.11	\$1,057.47
60	\$1,486.04	\$1,799.47	\$1,282.49	\$1,186.64	\$1,102.57
61	\$1,538.60	\$1,863.12	\$1,327.85	\$1,228.61	\$1,141.57
62	\$1,573.10	\$1,904.89	\$1,357.62	\$1,256.16	\$1,167.16
63	\$1,616.35	\$1,957.27	\$1,394.95	\$1,290.70	\$1,199.25
64+	\$1,642.64	\$1,989.09	\$1,417.62	\$1,311.69	\$1,218.75

Individual and Family Plans

When can I enroll?

Off Exchange Open Enrollment is November 1 through December 15. Applications must be received by December 15 to be effective January 1.

On Exchange Open Enrollment is November 1 through January 15. Applications must be received by December 31 to be effective January 1.

Special Enrollment is available year-round. You must enroll within 60 days of a qualifying life event to be eligible for coverage. Supporting documents will be required at the time of application. Some examples of qualifying life events include:



Loss of health coverage (Important: Voluntarily ending coverage doesn't qualify you for a Special Enrollment Period)

- Losing existing health coverage, including job-based, individual, and student plans
- Losing eligibility for Medicare, Medicaid, or CHIP (Children's Health Insurance Program)
- Turning 26 and losing coverage through a parent's plan



Changes in household

- Getting married
- Having a baby or adopting a child



Changes in residence (Note: You must prove you had qualifying health coverage for one or more days in the 60 days before your move, unless you are moving from a foreign country or U.S. territory)

- Moving to a different ZIP code or county that changes your rating area
- A student moving to or from the place he or she attends school
- A seasonal worker moving to or from the place he or she both lives and works
- Moving to or from a shelter or other transitional housing



Other qualifying events

- Changes in your income that affect the coverage you qualify for (loss of subsidy)
- Gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder
- Leaving incarceration (jail or prison)
- AmeriCorps members starting or ending their service
- Gaining access to an Individual Coverage Health Reimbursement Arrangement (ICHRA)

This is a brief summary of qualifying events. For more information, please contact us or visit www.bewellnm.com to learn more.

Apply online or download a printable application at www.phs.org/iplan. If you have questions or need assistance, please contact our Individual Plan Call Center Monday through Friday, 8:00 a.m. to 5:00 p.m. at 1-866-8MY-PRES (1-866-869-7737).

 **PRESBYTERIAN**
Health Plan, Inc.

Individual and Family Plans Enrollment Form

Get help with this form by contacting us at 1-866-869-7737 (TTY: 711) Monday through Friday from 8 a.m. to 5 p.m. or apply faster online at www.phs.org/iplan.

Important: This is an Off Exchange enrollment form, this means you will not get any financial help lowering your monthly premium or out-of-pocket costs like deductibles, copayments, and coinsurance. To see the Presbyterian On Exchange plans and to see if you qualify for these savings, visit www.bewellnm.com or call 1-833-862-3935.

Return Information			
By Fax: (505) 923-8252		By Mail: Presbyterian Health Plan, Inc. P.O. Box 27489 Albuquerque, NM 87125-7489	
STEP 1: Tell us about yourself.			
We will need one adult in the family to be the contact person for your application.			
First Name, Middle Initial, Last name and Suffix			
Physical Address (required – P.O. Boxes are not allowed)			Apartment or Suite Number
City	State	ZIP Code	County
Mailing Address (if different from physical address)			Apartment or Suite Number
City	State	ZIP Code	County
Primary Phone	Secondary Phone	Do you want plan information by email? <input type="checkbox"/> Yes <input type="checkbox"/> No Email:	
Social Security Number (required)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)
Ethnicity: (Optional)		Race: (Optional)	
1. Do you need health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No, I am completing this form to enroll a dependent onto a child-only plan. Go to Step 2			

STEP 2: Now, tell us who else needs coverage.				
Name	Relation	Gender	Date of Birth	SSN
First Name, MI, Last Name	Spouse/Child	Male/Female	mm/dd/yyyy	required
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
If you have more dependents to include, make a copy of this page and attach.				

STEP 3: Effective Date Selection

- Open Enrollment** is November 1 through December 15. Coverage will be effective January 1.
 - Special Enrollment** is available year-round.
Please select: Next available Other month _____ within 60 days of this application
- You must enroll within 60 days of a qualifying life event to be eligible for coverage (i.e. loss of coverage, relocation with proof of prior coverage, marriage or gaining a dependent). Proof of a qualifying life event is required. The submission deadline is the last day of the month, coverage will begin on the first of the month following submission of your application.

STEP 4: Tell us what plan you would like to choose.
Choose one plan:

Plan options for residents of Bernalillo, Sandoval, Valencia, Tarrant and Santa Fe Counties with the "Individual Select HMO" Network

Gold	Silver	Bronze
<input type="checkbox"/> Clear Cost Gold Plan – Limited Service Area <input type="checkbox"/> Gold Select w/GYM – Limited Service Area <input type="checkbox"/> Gold+ w/TytoHome and GYM – Limited Service Area	<input type="checkbox"/> Clear Cost Silver Plan – Limited Service Area <input type="checkbox"/> Silver Select 5000 w/GYM - Limited Service Area <input type="checkbox"/> Silver Select 7000 w/GYM - Limited Service Area	<input type="checkbox"/> Bronze Select 6800 w/GYM - Limited Service Area

Plan options for residents of any New Mexico County with the "Individual and Family or Group HMO/POS" Network

Gold	Silver	Bronze
<input type="checkbox"/> Clear Cost Gold Plan	<input type="checkbox"/> Clear Cost Silver Plan <input type="checkbox"/> Silver Qualified HDHP plan w/ GYM <input type="checkbox"/> Silver 5000 w/GYM	<input type="checkbox"/> Bronze 9450 w/GYM

View the network and provider directory online at www.phs.org/directory.

STEP 5: Health Savings Account (HSA)

Silver Qualified HDHP plan w/GYM is a Qualified High Deductible Health Plans (HDHP) that can be used with a member-owned, portable Health Savings Account (HSA). Through our partnership with Health Equity, you can open an HSA to pay for your insurance deductible and qualified out-of-pocket expenses tax-free. To learn more, visit www.healthequity.com or call 1-866-346-5800.

- Yes**, I am enrolling on the Silver Qualified HDHP w/GYM plan and want to open an HSA account with Health Equity.

STEP 6: Tell us how you will pay your monthly premiums.

If you do not select a payment option, you will get a bill each month.

Please select one of the following options to make prepayments:

- Credit/Debit Card Automatic Bank Draft Bill Me

Credit/Debit Card

- MasterCard Visa Discover

Card Account Number _____ - _____ - _____ - _____

Name on Card _____ Card Expiration Date ___/___ CSV _____

Card Billing Address (address where you receive your card statements)

Street Address _____

City _____ State _____ Zip _____

Automatic Bank Draft

- Checking Account Savings Account

Name of Bank _____

Account Number _____ Routing Number _____

Name of Account Holder _____

STEP 7: Terms and Conditions

I understand this is not an on exchange plan. This means you won't get any financial help lowering your monthly premium or out-of-pocket costs (like deductibles, copayments, and coinsurance) if you enroll in this plan. To see if you qualify for these savings and to enroll in an on exchange plan, visit www.bewellnm.com or call 1-833-862-3935.

Presbyterian Health Plan, Inc. (PHP) insurance is prepaid health coverage. This means you pay your premium payment for coverage prior to the month of coverage. If you do not select a payment option, you will get a bill each month.

I hereby authorize and request PHP to initiate withdrawal entries from the account(s) and the financial institution(s) indicated above for the monthly premium payments required by the Subscriber Agreement. These withdrawals are for premium payments for the enrolled individuals listed on this application. This authorization is to remain in effect until PHP and/or the financial institution(s) named above are notified in writing.

I understand applicants enrolled for coverage shall be provided a ten-day period from the effective date of coverage to examine and return the contract and have the premium refunded. If medical services were received during the ten-day period, and the member returns the contract to receive a refund of the premium paid, he or she must pay for such services. I understand covered benefits, services, utilization management procedures, exclusions, and limitations are subject to the provisions of the Subscriber Agreement and/or Summary of Benefits Coverage. These documents may be found at www.phs.org/formsanddocuments or you may contact Presbyterian Customer Service Center by phone at (505) 923-7528 or toll-free at 1-855-923-7528, Monday through Friday from 7 a.m. to 6 p.m. TTY users please call 711.

(continued on next page)

STEP 7: Terms and Conditions (continued)

I understand this policy does not include pediatric dental services as required under the federal Patient Protection and Affordable Care Act. This coverage is available in the insurance market and can be purchased as a stand-alone product. Please contact your agent or the New Mexico Health Insurance Exchange (BeWellnm) at 1-833-862-3935 or www.bewellnm.com if you wish to purchase pediatric dental coverage or a stand-alone dental insurance product.

I hereby authorize to the extent permitted by applicable law, the use or release of my protected health information (PHI) by any person or entity, without limitation including practitioners, providers, and insurance companies to PHP or its designees for any permitted purpose. Purposes include, but are not limited to, evaluating my application for insurance, quality assurance, utilization review, processing of claims, financial audits, or other purposes related to the treatment, payment, or healthcare operations activities of PHP. This consent shall not permit the use or disclosure of PHI when authorization is required by law. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. Notices of Privacy Practices can be found online at www.phs.org/Pages/privacy-security.aspx. This authorization shall be valid for two years from this date and you have the right to revoke this authorization at any time by sending written notice to Presbyterian.

I understand that if I am enrolling on the Gold+ w/TytoHome and GYM - Limited Service Area plan, TytoCare™ will share aggregated data on usage of the devices. The data will be de-identified before it is shared and will later be compared against claims data. I understand and agree to this data sharing. Receiving this device will not affect my coverage with Presbyterian. By submitting this form, I agree to receive product messages from TytoCare via your email and phone number. Message and data rates may apply. View the TytoCare™ [terms of service](#) and [privacy policy](#).

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FORM FOR PAYMENT OF A LOSS OF BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. PRESBYTERIAN HEALTH PLAN, INC. MAY TERMINATE A MEMBER FOR ANY TYPE OF FRAUDULENT ACTIVITY.

I understand that I am entitled to a copy of this signed form upon request. I acknowledge that I have read and understand this form in its entirety.

Signature of Applicant or Legal Guardian

Today's Date*

x _____

*Application will expire 60 days from the date of your signature.

Agents and Brokers Information

First Name, Middle Name, Last Name and Suffix

Phone Number

Organization Name

National Producer Number (NPN)

 **PRESBYTERIAN** Health Plan, Inc.

P.O. Box 27489
Albuquerque, NM 87125-7489
www.phs.org

Sales Consultants: 1-866-8MY-PRES (1-866-869-7737)
Customer Service: (505) 923-7528
1-855-923-7528
TTY/TDD: 711

Presbyterian exists to ensure all of the patients, members and communities we serve can achieve their best health.

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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).

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

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