



## Smart Solutions for Small Groups

 **PRESBYTERIAN**  
Health Plan, Inc.

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 26 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.

### 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.



Health Plan, Inc.

## 2024 Level-Funded Small Group HMO Overview

HMO Benefits	Platinum Elite w/ Gym	Gold Elite w/Gym	Gold Premier w/ Gym	Silver \$3,250 Advantage HDHP w/Gym*	Silver \$3,200 Advantage HDHP w/Gym*	Silver Elite w/ Gym	Silver Premier w/Gym	Silver TytoHome w/Gym	Bronze Elite w/Gym	Bronze TytoHome w/Gym
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.	\$250	\$750	\$3,500	\$3,250	\$3,200	\$3,000	\$4,000	\$4,000	\$9,450	\$9,450
<b>What do I pay for covered benefits?</b>	<b>Copayment – Benefits with a copayment (\$) are not subject to deductible. Copayment covers office visit ONLY. All other services are subject to deductible and or coinsurance.**</b> <b>Coinsurance – Benefits with a coinsurance (%) are subject to deductible first, and then you pay the applicable coinsurance (%) amount.</b>									
<b>Preventive Care</b>	You pay \$0. Plan pays 100% for clinical preventive health services such as physical exam, colonoscopy and routine immunizations.									
<b>Primary Care Provider Visit</b>	\$10	\$40	\$40	20%	\$40 after ded.	\$40	\$40	\$50, \$0 TytoHome	\$50	\$35 for the first 2 visits. All other visits are subject to ded. and coins
<b>Urgent Care</b>	\$10	\$40	\$40	20%	\$40 after ded.	\$40	\$40	\$50, \$0 TytoHome	\$50	0%
<b>Telehealth/Video Visit</b>	\$0	\$0	\$0	0%	\$0 after ded.	\$0	\$0	\$0	\$0	\$0
<b>Specialist Visit</b>	\$30	\$90	\$90	20%	\$50 after ded.	\$90	\$90	\$100, \$0 TytoHome	0%	0%
<b>Mental Health</b> Outpatient Services	\$0	\$0	\$0	0%	\$50 after ded.	\$0	\$0	\$0	\$0	\$0
<b>Lab</b>	\$0	\$0	\$0	20%	\$0 after ded.	\$50	\$50	\$50	0%	0%
<b>X-Ray</b>	\$0	\$0	\$0	20%	\$0 after ded.	\$110	\$100	\$100	0%	0%
<b>Imaging</b> CT/PET/MRI	\$300	\$500	\$750	20%	20% after ded.	\$750	\$500	\$500	0%	0%
<b>Emergency Room</b> Plans with copay (\$) all services are included	\$500	\$500	\$750	20%	\$500 after ded.	\$1,000	\$1,000	\$1,000	0%	0%
<b>Ambulance</b> Ground or Air	20% air \$250 ground	20% air \$250 ground	20% air \$250 ground	20%	20% after ded.	30% air \$250 ground	30% air \$250 ground	20% air \$250 ground	0% air \$250 ground	0% air \$250 ground
<b>Hospital</b> Inpatient or Outpatient	20%	20%	20%	20%	20% after ded.	30%	30%	20%	<b>Inpatient:</b> 50% not subject to ded. <b>Outpatient:</b> 0% after ded.	<b>Inpatient:</b> 50% not subject to ded. <b>Outpatient:</b> 0% after ded.
<b>Chiropractic and Acupuncture</b> Limited to 20 visits each	\$10	\$40	\$40	20%	\$40 after ded.	\$40	\$40	\$50	\$50	\$35
<b>Rehabilitation Therapy</b> Physical, Occupational and Speech	\$10	\$40	\$40	20%	\$40 after ded.	\$40	\$40	\$50	\$50	\$35
<b>Prescription Drugs per 30-day supply</b>										
<b>Tier 1: Preferred Generic</b>	\$0	\$0	\$0	0%	\$0 after ded.	\$0	\$0	\$0	\$0	\$0
<b>Tier 2: Non-Preferred Generic</b>	\$10	\$15	\$20	20%	\$15 after ded.	\$25	\$25	\$25	\$25	\$15
<b>Tier 3: Preferred Brand</b>	\$25	\$75	\$75	20%	\$50 after ded.	\$130	\$130	\$130	0%	0%
<b>Tier 4: Non-Preferred Brand</b>	\$75	\$150	\$150	20%	\$75 after ded.	\$150	\$150	\$150	0%	0%
<b>Tier 5: Specialty Pharmaceuticals</b>	20%	20%	20%	20%	20% after ded.	30%	30%	20%	0%	0%
<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.	\$5,500	\$9,450	\$7,500	\$7,000	\$6,500	\$9,450	\$9,450	\$9,450	\$9,450	\$9,450
<b>Wellness and Other Services</b>										
<b>Fitness Center Membership</b>	You and your enrolled dependents (ages 18 and up) will have free access to more than 10,000 participating fitness centers									
<b>Vision</b>	Presbyterian Health Plan is pleased to provide you with vision coverage options for your entire family. See flyer for details (Administered by Davis Vision.)									
<b>Dental</b>	We have partnered with DentalSource Dental Plan, Inc. to offer dental coverage for you and your family. See the dental flyer for details. (Underwritten and administered by Companion Life Insurance Company.)									
<b>The benefit information provided is a brief summary, not a comprehensive description of benefits, limitations and/or exclusions. For more information, contact the plan at 1-800-356-2219 or refer to the Subscriber Agreement 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 Health Savings Account (HSA). Through our partnership with HealthEquity, you can conveniently open an HSA to pay for your insurance deductible and qualified out-of-pocket medical expenses tax-free. To learn more, visit [www.healthequity.com](http://www.healthequity.com) or call 1-866-346-5800.

\*\* Except Silver \$3,200 Advantage HDHP w/gym



Insurance Company, Inc.

## 2024 Level-Funded Small Group PPO Overview

PPO Benefits	Platinum Elite w/Gym	Gold Elite w/Gym	Gold Premier w/Gym	Silver \$3,250 Advantage HDHP w/Gym*	Silver \$3,200 Advantage HDHP w/Gym*	Silver Elite w/ Gym	Silver Premier w/Gym	Silver TytoHome w/Gym	Bronze Elite w/Gym
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 \$250 / \$500	In/Out \$750 / \$1,500	In/Out \$3,500 / \$7,000	In/Out \$3,250 / \$6,500	In/Out \$3,200 / \$6,400	In/Out \$3,000 / \$6,000	In/Out \$4,000 / \$8,000	In/Out \$4,000 / \$8,000	In/Out \$9,450 / \$18,900
<b>Coinsurance</b>	20% / 50%	20% / 50%	20% / 50%	20% / 50%	20% / 50%	30% / 50%	30% / 50%	20% / 50%	0% / 0%
<b>What do I pay for covered benefits?</b>	<b>Copayment – Benefits with a copayment (\$) are not subject to deductible. Copayment covers office visit ONLY. All other services are subject to deductible and or coinsurance.**</b> <b>Coinsurance – Benefits with a coinsurance (%) are subject to deductible first, and then you pay the applicable coinsurance (%) amount.</b>								
<b>Preventive Care</b>	You pay \$0 (in-network only). Plan pays 100% for Clinical Preventive Health Services such as physical exam, colonoscopy, and routine immunizations.								
<b>Primary Care Provider Visit</b>	\$10	\$40	\$40	20%	\$40 after ded.	\$40	\$40	\$50, \$0 TytoHome	\$50
<b>Urgent Care</b>	\$10	\$40	\$40	20%	\$40 after ded.	\$40	\$40	\$50, \$0 TytoHome	\$50
<b>Telehealth/Video Visit</b>	\$0	\$0	\$0	0%	\$0 after ded.	\$0	\$0	\$0	\$0
<b>Specialist Visit</b>	\$30	\$90	\$90	20%	\$50 after ded.	\$90	\$90	\$100, \$0 TytoHome	0%
<b>Mental Health</b> Outpatient Services	\$0	\$0	\$0	0%	\$50 after ded.	\$0	\$0	\$0	\$0
<b>Lab</b>	\$0	\$0	\$0	20%	\$0 after ded.	\$50	\$50	\$50	0%
<b>X-Ray</b>	\$0	\$0	\$0	20%	\$0 after ded.	\$110	\$100	\$100	0%
<b>Imaging</b> CT/PET/MRI	\$300	\$500	\$750	20%	20% after ded.	\$750	\$500	\$500	0%
<b>Emergency Room</b> Plans with copay (\$) all services are included	\$500	\$500	\$750	20%	\$500 after ded.	\$1,000	\$1,000	\$1,000	0%
<b>Ambulance</b> Ground or Air	20% air \$250 ground	20% air \$250 ground	20% air \$250 ground	20%	20% after ded.	30% air \$250 ground	30% air \$250 ground	20% air \$250 ground	0% air \$250 ground
<b>Hospital</b> Inpatient and Outpatient	20%	20%	20%	20%	20% after ded.	30%	30%	20%	<b>Inpatient:</b> 50% not subject to ded. <b>Outpatient:</b> 0% after ded.
<b>Chiropractic and Acupuncture</b> Limited to 20 visits each	\$10	\$40	\$40	20%	\$40 after ded.	\$40	\$40	\$50	\$50
<b>Rehabilitation Therapy</b> Physical, Occupational and Speech	\$10	\$40	\$40	20%	\$40 after ded.	\$40	\$40	\$50	\$50
<b>Prescription Drugs per 30-day supply</b>									
<b>Tier 1: Preferred Generic</b>	\$0	\$0	\$0	0%	\$0 after ded.	\$0	\$0	\$0	\$0
<b>Tier 2: Non-Preferred Generic</b>	\$10	\$15	\$20	20%	\$15 after ded.	\$25	\$25	\$25	\$25
<b>Tier 3: Preferred Brand</b>	\$25	\$75	\$75	20%	\$50 after ded.	\$130	\$130	\$130	0%
<b>Tier 4: Non-Preferred Brand</b>	\$75	\$150	\$150	20%	\$75 after ded.	\$150	\$150	\$150	0%
<b>Tier 5: Specialty Pharmaceuticals</b>	20%	20%	20%	20%	20% after ded.	30%	30%	20%	0%
<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.	\$5,500 / \$11,000	\$9,450 / \$18,900	\$7,500 / \$15,000	\$7,000 / \$14,000	\$6,500 / \$12,800	\$9,450 / \$18,900	\$9,450 / \$18,900	\$9,450 / \$18,900	\$9,450 / \$18,900
<b>Wellness and Other Services</b>									
<b>Fitness Center Membership</b>	You and your enrolled dependents (ages 18 and up) will have free access to more than 10,000 participating fitness centers								
<b>Vision</b>	Presbyterian Health Plan is pleased to provide you with vision coverage options for your entire family. See flyer for details. (Administered by Davis Vision.)								
<b>Dental</b>	We have partnered with DentalSource Dental Plan, Inc. to offer dental coverage for you and your family. See the dental flyer for details. (Underwritten and administered by Companion Life Insurance Company.)								
<b>The benefit information provided is a brief summary, not a comprehensive description of benefits, limitations and/or exclusions. For more information, contact the plan at 1-800-356-2219 or refer to the Subscriber Agreement 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 Health Savings Account (HSA). Through our partnership with HealthEquity, you can conveniently open an HSA to pay for your insurance deductible and qualified out-of-pocket medical expenses tax-free. To learn more, visit [www.healthequity.com](http://www.healthequity.com) or call 1-866-346-5800.

\*\* Except Silver \$3,200 Advantage HDHP w/gym

**2024 Level-Funded Small Group Engage Overview**

Engage Benefits	Platinum Engage w/Gym - Limited Network	Gold Engage \$1,500 w/Gym - Limited Network	Gold Engage \$3,500 w/Gym - Limited Network	Silver Engage \$4,000 w/Gym - Limited Network	Silver Engage \$7,000 w/ Gym - Limited Network	Silver Engage \$0 w/Gym - Limited Network	Silver Engage TytoHome w/Gym - Limited Network
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	\$1,500	\$3,500	\$4,000	\$7,000	\$0	\$4,000
<b>What do I pay for covered benefits?</b>	<b>Copayment – Benefits with a copayment (\$) are not subject to deductible. Copayment covers office visit ONLY. All other services are subject to deductible and/or coinsurance. Coinsurance – Benefits with a coinsurance (%) are subject to deductible first, and then you pay the applicable coinsurance (%) amount.</b>						
<b>Preventive Care</b>	You pay \$0. Plan pays 100% for clinical preventive health services such as physical exam, colonoscopy and routine immunizations.						
<b>Primary Care Provider Visit</b>	\$10	\$40	\$40	\$40	\$40	\$35	\$50, \$0 TytoHome
<b>Urgent Care</b>	\$10	\$40	\$40	\$40	\$40	\$35	\$50, \$0 TytoHome
<b>Telehealth/Video Visit</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist Visit</b>	\$30	\$90	\$90	\$90	\$90	\$90	\$100, \$0 TytoHome
<b>Mental Health</b> Outpatient Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Lab</b>	\$0	\$0	\$0	\$50	\$50	\$50	\$50
<b>X-Ray</b>	\$0	\$0	\$0	\$100	\$100	\$100	\$100
<b>Imaging</b> CT/PET/MRI	\$250	\$500	\$500	\$750	\$500	30%	\$500
<b>Emergency Room</b> Plans with copay (\$) all services are included	\$250	\$500	\$500	\$750	30%	\$1,000	\$1,000
<b>Ambulance</b> Ground or Air	20% air, \$250 ground	20% air, \$250 ground	20% air, \$250 ground	30% air, \$250 ground	30% air, \$250 ground	30% air, \$250 ground	20% air, \$250 ground
<b>Hospital</b> Inpatient or Outpatient	20%	20%	20%	30%	30%	<b>Inpatient:</b> \$1,200 per day, 2 day max <b>Outpatient:</b> \$1,000	20%
<b>Chiropractic and Acupuncture</b> Limited to 20 visits each	\$10	\$40	\$40	\$40	\$40	\$35	\$50
<b>Rehabilitation Therapy</b> Physical, Occupational and Speech	\$10	\$40	\$40	\$40	\$40	\$35	\$50
<b>Prescription Drugs per 30-day supply</b>							
<b>Tier 1: Preferred Generic</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Tier 2: Non-Preferred Generic</b>	\$10	\$20	\$15	\$25	\$15	\$25	\$25
<b>Tier 3: Preferred Brand</b>	\$20	\$50	\$50	\$130	\$125	\$150	\$130
<b>Tier 4: Non-Preferred Brand</b>	\$75	\$125	\$125	\$150	30%	\$200	\$150
<b>Tier 5: Specialty Pharmaceuticals</b>	20%	20%	20%	30%	30%	30%	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	\$9,450	\$9,450	\$9,450	\$9,450	\$9,450	\$9,450
<b>Wellness and Other Services</b>							
<b>Fitness Center Membership</b>	You and your enrolled dependents (ages 18 and up) will have free access to more than 10,000 participating fitness centers						
<b>Vision</b>	Presbyterian Health Plan is pleased to provide you with vision coverage options for your entire family. See flyer for details. (Administered by Davis Vision.)						
<b>Dental</b>	We have partnered with DentalSource Dental Plan, Inc. to offer dental coverage for you and your family. See the dental flyer for details. (Underwritten and administered by Companion Life Insurance Company.)						
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HMO	PPO	ENGAGE
10 plan options available	9 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

## 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.

## 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).

Learn more information about Presbyterian's Nondiscrimination Notice at <https://www.phs.org/nondiscrimination>.