



Enrollment Kit

2025 INDIVIDUAL AND FAMILY PLANS

 **PRESBYTERIAN** Health Plan, Inc.

MPC082428
PBHP-13424026
PHP-364 0725

2025 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. We are determined to be your partner in finding affordable and comprehensive health coverage that fits your lifestyle.

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

Ways to Save	1
Summary of Benefits	2
HealthEquity Health Savings Account	7
Member Resource Guide	8
Vision Plans	10
Premium Rates	12
When can I enroll? A Guide to Open and Special Enrollment Periods	14
Enrollment Form	15
Contact Us	back cover

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.

 **PRESBYTERIAN**
Health Plan, Inc.



**I'M DETERMINED
TO UNDERSTAND
MY OPTIONS.**

FEEL MORE AT EASE WITH HELP FROM PRESBYTERIAN AND BEWELL

Lower your Premium and Out-of-pocket Costs

Did you know when you shop and enroll through BeWell, you may qualify for a subsidy to lower your premium and out-of-pocket costs? With the information you provide, you'll get a personalized quote that will outline if you qualify and what level you may qualify for. The only way to qualify is through New Mexico's Health Insurance Marketplace, BeWell.

Premium Tax Credit

You may be able to use your premium tax credit to lower your monthly health insurance payments, also known as premiums. These are determined by income level and number of household members. If you qualify, you can apply the tax credit towards any metal plan level of coverage (e.g., a bronze, silver, or gold plan). This gives you the freedom to compare all your health insurance options.

Cost-sharing Reductions ("Extra Savings")

Cost-sharing reductions can lower out-of-pocket costs like deductibles, copayments, and coinsurance. Please keep in mind that these extra savings only help you save money when you go to the doctor or access healthcare, not on your monthly premium. Also, you can only use a cost-sharing reduction if you choose a plan from the Silver category level.

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.



Clear Cost Plans	Presbyterian Clear Cost Gold	Presbyterian Clear Cost Turquoise 3	Presbyterian Clear Cost Gold with Limited Service Area	Presbyterian Clear Cost Turquoise 3 with Limited Service Area	Presbyterian Clear Cost Silver	Presbyterian Clear Cost Turquoise 1	Presbyterian Clear Cost Turquoise 2	Presbyterian Clear Cost Silver with EXTRA SAVINGS 73%	Presbyterian Clear Cost Silver with Limited Service Area	Presbyterian Clear Cost Turquoise 1 with Limited Service Area	Presbyterian Clear Cost Turquoise 2 with Limited Service Area	Presbyterian Clear Cost Silver with EXTRA SAVINGS 73% with Limited Service Area
Availability	On and Off Exchange	On Exchange	On and Off Exchange	On Exchange	On and Off Exchange	On Exchange	On Exchange	On Exchange	On and Off Exchange	On Exchange	On Exchange	On Exchange
Service Area Counties	All New Mexico Counties		Bernalillo, Sandoval, Valencia, Torrance, and Santa Fe		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		Individual and Family or Group HMO/POS Network				Individual Select HMO Network			
What do I pay for covered benefits?	Copayment – Benefits with a copayment (\$) are <i>not</i> subject to deductible. The copayment covers office visits 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. Copayment with Deductible – Benefits with a Copayment with Ded are subject to the copayment and deductible per visit. After the deductible has been met, the benefit will only be subject to the copayment.											
Deductible (Ded) The family deductible is 2x the individual	\$3,000	\$500	\$3,000	\$500	\$4,800	\$0	\$90	\$4,500	\$4,800	\$0	\$90	\$4,500
Preventive Care	There is no charge for clinical preventive health services such as physical exams, colonoscopies, and routine immunizations.											
Virtual Care - 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
Primary Care Provider	\$20	\$7	\$20	\$7	\$50	No charge	\$5	\$40	\$50	No charge	\$5	\$40
Urgent Care	\$60	\$20	\$60	\$20	\$100	\$3	\$10	\$90	\$100	\$3	\$10	\$90
Specialist	\$60	\$20	\$60	\$20	\$100	\$3	\$10	\$90	\$100	\$3	\$10	\$90
Mental Health 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
Laboratory	\$60	\$20	\$60	\$20	\$100	\$3	\$10	\$90	\$100	\$3	\$10	\$90
X-Ray	\$60	\$20	\$60	\$20	\$100	\$3	\$10	\$90	\$100	\$3	\$10	\$90
Imaging CT/PET/MRI	\$60	\$20	\$60	\$20	\$100	\$3	\$10	\$90	\$100	\$3	\$10	\$90
Emergency Room Benefit includes all services per visit	\$150 with Ded	\$75 with Ded	\$150 with Ded	\$75 with Ded	\$300 with Ded	\$30	\$40 with Ded	\$255 with Ded	\$300 with Ded	\$30	\$40 with Ded	\$255 with Ded
Hospital Inpatient	\$150 with Ded	\$75 with Ded	\$150 with Ded	\$75 with Ded	\$300 with Ded	\$30	\$40 with Ded	\$255 with Ded	\$300 with Ded	\$30	\$40 with Ded	\$255 with Ded
Chiropractic and Acupuncture Limited to 20 visits each	\$20	\$7	\$20	\$7	\$50	No charge	\$5	\$40	\$50	No charge	\$5	\$40
Rehabilitation Therapy Physical, Occupational and Speech	\$20	\$7	\$20	\$7	\$50	No charge	\$5	\$40	\$50	No charge	\$5	\$40
Prescription Drugs (30-day supply)												
Tier 1 – Generic	\$20	\$5	\$20	\$5	\$35	No charge	\$3	\$30	\$35	No charge	\$3	\$30
Tier 2 – Preferred Brand	\$30	\$10	\$30	\$10	\$50	\$3	\$10	\$45	\$50	\$3	\$10	\$45
Tier 3 – Non-Preferred	\$100 with Ded	\$100 with Ded	\$100 with Ded	\$100 with Ded	\$250 with Ded	\$15	\$50 with Ded	\$205 with Ded	\$250 with Ded	\$15	\$50 with Ded	\$205 with Ded
Tier 4 – Preferred Specialty	\$75	\$50	\$75	\$50	\$100	\$10	\$25	\$96	\$100	\$10	\$25	\$96
Tier 5 – Non-Preferred Specialty	\$190	\$125	\$190	\$125	\$250	\$25	\$65	\$240	\$250	\$25	\$65	\$240
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	\$2,400	\$8,400	\$200	\$900	\$6,800	\$8,400	\$200	\$900	\$6,800

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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/HSA 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 www.bewellnm.com.

Learn more about Presbyterian's Nondiscrimination Notice and Interpreter Services at www.phs.org/nondiscrimination.

2025

Limited Service Area Plans	Gold Select \$2800 w/GYM with Limited Service Area	Gold Select \$2800 w/GYM Turquoise 3 with EXTRA SAVINGS with Limited Service Area	Gold Select \$1000 w/GYM with Limited Service Area	Silver Select \$5000 w/GYM with Limited Service Area	Silver Select \$7000 w/GYM with Limited Service Area	Silver Select \$7000 w/GYM Turquoise 1 with EXTRA SAVINGS with Limited Service Area	Silver Select \$7000 w/GYM Turquoise 2 with EXTRA SAVINGS with Limited Service Area	Silver Select \$7000 w/GYM with EXTRA SAVINGS 73% with Limited Service Area	Bronze Select \$6800 w/GYM with Limited Service Area
Availability	On and Off Exchange	On Exchange	Off Exchange	Off Exchange	On and Off Exchange	On Exchange	On Exchange	On Exchange	On and Off Exchange
Service Area Counties	Bernalillo, Sandoval, Valencia, Torrance, and Santa Fe								
Provider Directory Network Name ²	Individual Select HMO Network								
What do I pay for covered benefits?	Copayment – Benefits with a copayment (\$) are <i>not</i> subject to deductible. The copayment covers office visits 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. Copayment with Deductible – Benefits with a Copayment with Ded are subject to the copayment and deductible per visit. After the deductible has been met, the benefit will only be subject to the copayment.								
Deductible (Ded) The family deductible is 2x the individual	\$2,800	\$500	\$1,000	\$5,000	\$7,000	\$0	\$150	\$3,350	\$6,800
Preventive Care	There is no charge for clinical preventive health services such as physical exams, colonoscopies, and routine immunizations.								
Virtual Care - 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
Primary Care Provider	\$20	\$10	\$50 limited to 3 visits; After 3 visits subject to Ded + 20%	\$40	\$40	No charge	\$5	\$40	\$35
Urgent Care	\$20	\$10	\$50	\$40	\$40	No charge	\$5	\$40	\$35
Specialist	\$50	\$30	\$90	\$90	\$90	No charge	\$10	\$80	40%
Mental Health Visits	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Laboratory	\$15	\$25	\$10	\$50	\$50	No charge	\$10	\$50	40%
X-Ray	\$45	\$40	\$100	\$125	\$120	No charge	\$10	\$110	40%
Imaging CT/PET/MRI	\$300	\$210	20%	30%	30%	No charge	5%	10%	40%
Emergency Room Benefit includes all services per visit	20%	10%	\$750	\$1,050	\$1,100	\$2	\$40	\$750	40%
Hospital Inpatient	\$500/day (limit 5 days, not subject to Ded)	\$250 with Ded	20%	30%	50%	\$2	\$40 with Ded	10%	50% Not subect to Ded
Chiropractic and Acupuncture Limited to 20 visits each	\$20	\$10	\$50	\$40	\$40	No charge	\$5	\$40	\$35
Rehabilitation Therapy Physical, Occupational and Speech	\$20	\$10	\$50	\$40	\$40	No charge	\$5	\$40	\$35
Prescription Drugs (30-day supply)									
Tier 1 – Preferred Generic	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	40%
Tier 2 – Non-Preferred Generic	\$10	\$10	\$5	\$15	\$20	No charge	\$5	\$20	40%
Tier 3 – Preferred Brand	\$20	\$40	\$50	\$125	\$140	No charge	\$15	\$120	40%
Tier 4 – Non-Preferred	50%	10%	50%	50%	30%	\$2	5%	10%	40%
Tier 5 – Specialty	50%	10%	50%	50%	50%	\$5	5%	10%	50%
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.	\$9,200	\$1,600	\$9,200	\$9,200	\$9,200	\$50	\$800	\$7,350	\$9,200

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3. Presbyterian Silver Qualified HDHP/HSA 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 www.bewellnm.com.

Learn more about Presbyterian's Nondiscrimination Notice and Interpreter Services at www.phs.org/nondiscrimination.

2025

Statewide Plans	Silver Qualified HDHP/HSA w/GYM ³	Silver \$5000 w/GYM	Bronze \$9200 w/GYM
Availability	Off Exchange	Off Exchange	On and Off Exchange
Service Area Counties	All New Mexico Counties		
Provider Directory Network Name ²	Individual and Family or Group HMO/POS Network		
What do I pay for covered benefits?	Copayment – Benefits with a copayment (\$) are not subject to the deductible. The copayment covers office visits 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. Copayment with Deductible –Benefits with a Copayment with Ded are subject to the copayment and deductible per visit. After the deductible has been met, the benefit will only be subject to the copayment.		
Deductible (Ded) The family deductible is 2x the individual	\$3,200	\$5,000	\$9,200
Preventive Care	There is no charge for clinical preventive health services such as physical exams, colonoscopies, and routine immunizations.		
Virtual Care - Mental Health, Primary Care, Specialist, Urgent Care Visits	No charge after Ded	No charge	No charge
Primary Care Provider	20%	\$40	No charge after Ded
Urgent Care	20%	\$40	No charge after Ded
Specialist	20%	\$90	No charge after Ded
Mental Health Visits	No charge	No charge	No charge after Ded
Laboratory	20%	\$50	No charge after Ded
X-Ray	20%	\$125	No charge after Ded
Imaging CT/PET/MRI	20%	30%	No charge after Ded
Emergency Room Benefit includes all services per visit	20%	\$1,050	No charge after Ded
Hospital Inpatient	20%	30%	No charge after Ded
Chiropractic and Acupuncture Limited to 20 visits each	20%	\$40	No charge after Ded
Rehabilitation Therapy Physical, Occupational and Speech	20%	\$40	No charge after Ded
Prescription Drugs (30-day supply)			
Tier 1 – Preferred Generic	No charge after Ded	No charge	No charge after Ded
Tier 2 – Non-Preferred Generic	20%	\$15	No charge after Ded
Tier 3 – Preferred Brand	20%	\$125	No charge after Ded
Tier 4 – Non-Preferred	20%	50%	No charge after Ded
Tier 5 – Specialty	20%	50%	No charge after Ded
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.	\$7,500	\$9,200	\$9,200

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Footnotes:
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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/HSA 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 www.bewellnm.com.

Health Savings Account

A 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

2025 IRS Contribution Limits*

\$8,550

Family plan

\$4,300

Individual plan

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



**See how much
you can save**

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

*2025 IRS Contribution Limits: <https://www.irs.gov/pub/irs-drop/rp-24-25.pdf>

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. Copyright © 2024 HealthEquity, Inc. All rights reserved. Presbyterian_HSA_1Pager_Custom_08_2024

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



Common qualified medical expenses:

- Pain relievers
- Doctor visits
- Dental cleanings
- Sleep aids (OTC)
- Eyeglasses/contacts
- Cold/cough medicine
- Chiropractic care
- Insulin testing supplies



Enrollment period

Nov 1 - Dec 15, 2024

866.869.7737 option 4

www.phs.org/iplan

HSA-qualified health plan options

Individual:

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

MEMBER RESOURCE GUIDE



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.

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.

HealthEquity Health Savings Account (HSA)

When you enroll on the **Silver Qualified HDHP/HSA Plan w/Gym** 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.

Mail-Order Pharmacy Service

Provided by Costco Pharmacy, 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. Please register at <https://rx.costco.com>. If you already have a Costco Pharmacy account, there is no need to re-register.

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.

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. Please use your primary personal email address when registering to ensure you receive important information and notifications.

- 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

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."

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/HSA, Silver 5000, and Bronze 9200**
- The **Individual Select HMO** is the network for members enrolled in a Limited Service Area (LSA) plan: **Gold Select 2800 LSA, Gold Select 1000 LSA, Silver Select 5000 LSA, Silver Select 7000 LSA, Bronze Select 6800 LSA**

Virtual Care

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



Value added products and services

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).

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 \$27.50 per member per month. To enroll in the Fitness Pass program, go to www.phs.org/wellness.*

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.

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.

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.

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.

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.**

Wellness at Work

Wellness at Work is an online tool for members. It is your personal well-being portal that provides access to a health check assessment, well-being journeys, challenges, healthy habit tracking, tobacco cessation (Powered by EX Program by Truth Initiative) and other resources such as healthy recipes and sleep guides. To participate, visit www.phs.org and register or login onto myPRES.



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, Warby Parker 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.
- Davis Vision's new Estimator tool for members: <https://versanthealth.com/estimator>

Find an eye care professional at davisvision.com/presbyterian, then schedule your eye exam today!

 **PRESBYTERIAN**
Health Plan, Inc.

Summary of Benefits			
Vision for Children and Vision Basic plans are included at no additional cost.			
In-network benefits	Vision for Children - Clear Cost Members (included for children up to age 19)	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	N/A	\$55	\$55
Frame	N/A	\$50	N/A
Single vision lenses	N/A	\$40	N/A
Bifocal/progressive lenses	N/A	\$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 davisvision.com/presbyterian .			

*Vision Basic is excluded for Clear Cost Plan members.

2025 Individual & Family Plan

Monthly Rate Sheet

Area: Bernalillo, Torrance, 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	Gold Select 2800 with Limited Service Area	Gold Select 1000 with Limited Service Area	Clear Cost Gold with Limited Service Area	Clear Cost Gold	Silver Select 5000 with Limited Service Area	Silver Select 5000	Silver Qualified HDHP/HSA	Silver Select 7000 with Limited Service Area	Clear Cost Silver with Limited Service Area	Clear Cost Silver	Bronze Select 6800 with Limited Service Area	Bronze Select 9200
0-14	\$259.96	\$264.49	\$280.50	\$336.72	\$224.92	\$268.67	\$289.37	\$307.14	\$346.62	\$417.43	\$212.69	\$252.62
15	\$283.07	\$288.00	\$305.44	\$366.65	\$244.91	\$292.55	\$315.09	\$334.45	\$377.43	\$454.54	\$231.60	\$275.07
16	\$291.90	\$296.99	\$314.97	\$378.10	\$252.56	\$301.68	\$324.93	\$344.88	\$389.21	\$468.72	\$238.83	\$283.66
17	\$300.74	\$305.98	\$324.50	\$389.54	\$260.20	\$310.81	\$334.76	\$355.32	\$400.99	\$482.91	\$246.06	\$292.24
18	\$310.25	\$315.66	\$334.77	\$401.87	\$268.43	\$320.64	\$345.35	\$366.57	\$413.68	\$498.19	\$253.84	\$301.49
19	\$319.77	\$325.34	\$345.04	\$414.19	\$276.66	\$330.48	\$355.95	\$377.81	\$426.37	\$513.47	\$261.63	\$310.74
20	\$329.62	\$335.36	\$355.67	\$426.96	\$285.19	\$340.66	\$366.91	\$389.45	\$439.51	\$529.29	\$269.69	\$320.31
21	\$339.81	\$345.73	\$366.67	\$440.16	\$294.01	\$351.20	\$378.26	\$401.50	\$453.10	\$545.66	\$278.03	\$330.22
22	\$339.81	\$345.73	\$366.67	\$440.16	\$294.01	\$351.20	\$378.26	\$401.50	\$453.10	\$545.66	\$278.03	\$330.22
23	\$339.81	\$345.73	\$366.67	\$440.16	\$294.01	\$351.20	\$378.26	\$401.50	\$453.10	\$545.66	\$278.03	\$330.22
24	\$339.81	\$345.73	\$366.67	\$440.16	\$294.01	\$351.20	\$378.26	\$401.50	\$453.10	\$545.66	\$278.03	\$330.22
25	\$341.17	\$347.12	\$368.14	\$441.92	\$295.19	\$352.60	\$379.78	\$403.10	\$454.91	\$547.84	\$279.14	\$331.54
26	\$347.97	\$354.03	\$375.47	\$450.73	\$301.07	\$359.63	\$387.34	\$411.13	\$463.98	\$558.76	\$284.70	\$338.14
27	\$356.13	\$362.33	\$384.27	\$461.29	\$308.12	\$368.06	\$396.42	\$420.77	\$474.85	\$571.85	\$291.38	\$346.07
28	\$369.38	\$375.81	\$398.57	\$478.46	\$319.59	\$381.75	\$411.17	\$436.43	\$492.52	\$593.13	\$302.22	\$358.95
29	\$380.25	\$386.88	\$410.31	\$492.54	\$329.00	\$392.99	\$423.28	\$449.27	\$507.02	\$610.60	\$311.12	\$369.51
30	\$385.69	\$392.41	\$416.17	\$499.58	\$333.70	\$398.61	\$429.33	\$455.70	\$514.27	\$619.33	\$315.56	\$374.80
31	\$393.84	\$400.71	\$424.97	\$510.15	\$340.76	\$407.04	\$438.41	\$465.33	\$525.14	\$632.42	\$322.24	\$382.72
32	\$402.00	\$409.00	\$433.77	\$520.71	\$347.82	\$415.47	\$447.48	\$474.97	\$536.02	\$645.52	\$328.91	\$390.65
33	\$407.10	\$414.19	\$439.27	\$527.31	\$352.23	\$420.74	\$453.16	\$480.99	\$542.82	\$653.70	\$333.08	\$395.60
34	\$412.53	\$419.72	\$445.14	\$534.36	\$356.93	\$426.35	\$459.21	\$487.42	\$550.07	\$662.43	\$337.53	\$400.88
35	\$415.25	\$422.49	\$448.07	\$537.88	\$359.28	\$429.16	\$462.24	\$490.63	\$553.69	\$666.80	\$339.75	\$403.53
36	\$417.97	\$425.25	\$451.01	\$541.40	\$361.63	\$431.97	\$465.26	\$493.84	\$557.31	\$671.16	\$341.98	\$406.17
37	\$420.69	\$428.02	\$453.94	\$544.92	\$363.99	\$434.78	\$468.29	\$497.05	\$560.94	\$675.53	\$344.20	\$408.81
38	\$423.41	\$430.79	\$456.87	\$548.44	\$366.34	\$437.59	\$471.32	\$500.26	\$564.56	\$679.89	\$346.43	\$411.45
39	\$428.85	\$436.32	\$462.74	\$555.48	\$371.04	\$443.21	\$477.37	\$506.69	\$571.81	\$688.62	\$350.87	\$416.74
40	\$434.28	\$441.85	\$468.61	\$562.53	\$375.75	\$448.83	\$483.42	\$513.11	\$579.06	\$697.36	\$355.32	\$422.02
41	\$442.44	\$450.15	\$477.41	\$573.09	\$382.80	\$457.26	\$492.50	\$522.75	\$589.94	\$710.45	\$362.00	\$429.94
42	\$450.25	\$458.10	\$485.84	\$583.21	\$389.75	\$465.34	\$501.20	\$531.98	\$600.36	\$723.00	\$368.39	\$437.54
43	\$461.13	\$469.16	\$497.57	\$597.30	\$398.97	\$476.58	\$513.30	\$544.83	\$614.86	\$740.46	\$377.29	\$448.11
44	\$474.72	\$482.99	\$512.24	\$614.91	\$410.73	\$490.62	\$528.43	\$560.89	\$632.98	\$762.29	\$388.41	\$461.31
45	\$490.69	\$499.24	\$529.47	\$635.59	\$424.55	\$507.13	\$546.21	\$579.76	\$654.28	\$787.94	\$401.48	\$476.84
46	\$509.72	\$518.60	\$550.01	\$660.24	\$441.02	\$526.80	\$567.39	\$602.24	\$679.65	\$818.49	\$417.05	\$495.33
47	\$531.13	\$540.38	\$573.11	\$687.97	\$459.54	\$548.92	\$591.22	\$627.54	\$708.20	\$852.87	\$434.56	\$516.13
48	\$555.60	\$565.28	\$599.51	\$719.66	\$480.71	\$574.21	\$618.46	\$656.45	\$740.82	\$892.16	\$454.58	\$539.91
49	\$579.72	\$589.82	\$625.54	\$750.92	\$501.58	\$599.14	\$645.32	\$684.95	\$772.99	\$930.90	\$474.32	\$563.35
50	\$606.91	\$617.48	\$654.87	\$786.13	\$525.10	\$627.24	\$675.58	\$717.07	\$809.24	\$974.55	\$496.56	\$589.77
51	\$633.75	\$644.80	\$683.84	\$820.90	\$548.33	\$654.98	\$705.46	\$748.79	\$845.03	\$1,017.66	\$518.53	\$615.86
52	\$663.32	\$674.87	\$715.74	\$859.20	\$573.91	\$685.54	\$738.37	\$783.72	\$884.45	\$1,065.13	\$542.71	\$644.59
53	\$693.22	\$705.30	\$748.01	\$897.93	\$599.78	\$716.44	\$771.66	\$819.05	\$924.33	\$1,113.15	\$567.18	\$673.65
54	\$725.50	\$738.14	\$782.84	\$939.74	\$627.71	\$749.81	\$807.59	\$857.19	\$967.37	\$1,164.99	\$593.59	\$705.02
55	\$757.79	\$770.99	\$817.68	\$981.56	\$655.65	\$783.17	\$843.53	\$895.34	\$1,010.42	\$1,216.83	\$620.01	\$736.39
56	\$792.79	\$806.60	\$855.44	\$1,026.90	\$685.93	\$819.35	\$882.49	\$936.69	\$1,057.09	\$1,273.03	\$648.64	\$770.40
57	\$828.13	\$842.56	\$893.58	\$1,072.67	\$716.51	\$855.87	\$921.83	\$978.45	\$1,104.21	\$1,329.78	\$677.54	\$804.74
58	\$865.85	\$880.93	\$934.28	\$1,121.53	\$749.14	\$894.85	\$963.81	\$1,023.01	\$1,154.50	\$1,390.35	\$708.42	\$841.40
59	\$884.54	\$899.95	\$954.45	\$1,145.74	\$765.31	\$914.17	\$984.62	\$1,045.09	\$1,179.42	\$1,420.36	\$723.71	\$859.56
60	\$922.26	\$938.32	\$995.15	\$1,194.60	\$797.95	\$953.15	\$1,026.60	\$1,089.66	\$1,229.72	\$1,480.93	\$754.57	\$896.21
61	\$954.88	\$971.51	\$1,030.35	\$1,236.85	\$826.17	\$986.87	\$1,062.92	\$1,128.20	\$1,273.22	\$1,533.31	\$781.26	\$927.91
62	\$976.29	\$993.30	\$1,053.45	\$1,264.58	\$844.69	\$1,008.99	\$1,086.75	\$1,153.50	\$1,301.76	\$1,567.69	\$798.78	\$948.72
63	\$1,003.13	\$1,020.61	\$1,082.41	\$1,299.36	\$867.92	\$1,036.74	\$1,116.63	\$1,185.22	\$1,337.56	\$1,610.79	\$820.75	\$974.80
64+	\$1,019.43	\$1,037.19	\$1,100.01	\$1,320.48	\$882.03	\$1,053.59	\$1,134.78	\$1,204.49	\$1,359.30	\$1,636.98	\$834.09	\$990.65

2025 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.

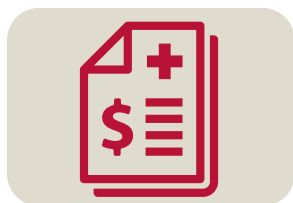
Age	Clear Cost Gold	Silver 5000	Silver Qualified HDHP/HSA	Clear Cost Silver	Bronze 9200
0-14	\$471.41	\$376.13	\$405.12	\$584.40	\$353.66
15	\$513.32	\$409.57	\$441.13	\$636.35	\$385.10
16	\$529.34	\$422.35	\$454.90	\$656.21	\$397.12
17	\$545.36	\$435.13	\$468.67	\$676.07	\$409.14
18	\$562.61	\$448.90	\$483.50	\$697.46	\$422.08
19	\$579.87	\$462.67	\$498.32	\$718.85	\$435.03
20	\$597.74	\$476.93	\$513.68	\$741.01	\$448.44
21	\$616.23	\$491.68	\$529.57	\$763.93	\$462.31
22	\$616.23	\$491.68	\$529.57	\$763.93	\$462.31
23	\$616.23	\$491.68	\$529.57	\$763.93	\$462.31
24	\$616.23	\$491.68	\$529.57	\$763.93	\$462.31
25	\$618.69	\$493.64	\$531.69	\$766.98	\$464.15
26	\$631.02	\$503.48	\$542.28	\$782.26	\$473.40
27	\$645.80	\$515.28	\$554.99	\$800.59	\$484.50
28	\$669.84	\$534.45	\$575.64	\$830.39	\$502.53
29	\$689.56	\$550.19	\$592.59	\$854.83	\$517.32
30	\$699.42	\$558.05	\$601.06	\$867.06	\$524.72
31	\$714.21	\$569.85	\$613.77	\$885.39	\$535.81
32	\$729.00	\$581.65	\$626.48	\$903.72	\$546.91
33	\$738.24	\$589.03	\$634.42	\$915.18	\$553.84
34	\$748.10	\$596.90	\$642.90	\$927.41	\$561.24
35	\$753.03	\$600.83	\$647.13	\$933.52	\$564.94
36	\$757.96	\$604.76	\$651.37	\$939.63	\$568.64
37	\$762.89	\$608.70	\$655.60	\$945.74	\$572.33
38	\$767.82	\$612.63	\$659.84	\$951.85	\$576.03
39	\$777.68	\$620.50	\$668.31	\$964.07	\$583.43
40	\$787.54	\$628.36	\$676.79	\$976.30	\$590.83
41	\$802.33	\$640.16	\$689.50	\$994.63	\$601.92
42	\$816.50	\$651.47	\$701.68	\$1,012.20	\$612.55
43	\$836.22	\$667.21	\$718.62	\$1,036.65	\$627.35
44	\$860.87	\$686.87	\$739.81	\$1,067.21	\$645.84
45	\$889.83	\$709.98	\$764.70	\$1,103.11	\$667.57
46	\$924.34	\$737.52	\$794.35	\$1,145.89	\$693.46
47	\$963.16	\$768.49	\$827.71	\$1,194.02	\$722.58
48	\$1,007.53	\$803.89	\$865.84	\$1,249.02	\$755.87
49	\$1,051.28	\$838.80	\$903.44	\$1,303.26	\$788.69
50	\$1,100.58	\$878.14	\$945.81	\$1,364.37	\$825.68
51	\$1,149.26	\$916.98	\$987.64	\$1,424.72	\$862.20
52	\$1,202.87	\$959.75	\$1,033.72	\$1,491.18	\$902.42
53	\$1,257.10	\$1,003.02	\$1,080.32	\$1,558.41	\$943.10
54	\$1,315.64	\$1,049.73	\$1,130.63	\$1,630.98	\$987.02
55	\$1,374.18	\$1,096.44	\$1,180.94	\$1,703.56	\$1,030.94
56	\$1,437.66	\$1,147.08	\$1,235.48	\$1,782.24	\$1,078.56
57	\$1,501.74	\$1,198.22	\$1,290.56	\$1,861.69	\$1,126.64
58	\$1,570.14	\$1,252.79	\$1,349.34	\$1,946.48	\$1,177.95
59	\$1,604.04	\$1,279.84	\$1,378.46	\$1,988.50	\$1,203.38
60	\$1,672.44	\$1,334.41	\$1,437.25	\$2,073.30	\$1,254.70
61	\$1,731.59	\$1,381.61	\$1,488.08	\$2,146.63	\$1,299.08
62	\$1,770.42	\$1,412.59	\$1,521.45	\$2,194.76	\$1,328.20
63	\$1,819.10	\$1,451.43	\$1,563.28	\$2,255.11	\$1,364.73
64+	\$1,848.68	\$1,475.03	\$1,588.70	\$2,291.78	\$1,386.92

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 a.m. to 5 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) 923-5888		By Mail: Presbyterian Health Plan, Inc. P.O. Box 27489 Albuquerque, NM 87125-7489	
STEP 1: Complete Primary Applicant (over age 18) or Parent/Guardian Information			
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: List all dependents that need coverage.				
Name First Name, MI, Last Name	Relation Spouse/Child	Gender Male/Female	Date of Birth mm/dd/yyyy	SSN 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: Select 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 with Limited Service Area	<input type="checkbox"/> Clear Cost Silver with Limited Service Area	<input type="checkbox"/> Bronze Select 6800 w/GYM with Limited Service Area
<input type="checkbox"/> Gold Select 1000 w/GYM with Limited Service Area	<input type="checkbox"/> Silver Select 5000 w/GYM with Limited Service Area	
<input type="checkbox"/> Gold Select 2800 w/GYM with Limited Service Area	<input type="checkbox"/> Silver Select 7000 w/GYM with 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	<input type="checkbox"/> Clear Cost Silver	<input type="checkbox"/> Bronze 9200 w/GYM
	<input type="checkbox"/> Silver Qualified HDHP/HSA w/GYM	
	<input type="checkbox"/> Silver 5000 w/GYM	

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

STEP 5: Health Savings Account (HSA)

Silver Qualified HDHP/HSA w/GYM is a Qualified High Deductible Health Plan (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/HSA 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 phs.org/Pages/privacy-security. 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.

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
Agency Name	National Producer Number (NPN)



P.O. Box 27489
Albuquerque, NM 87125-7489
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