



# 2026 FEDERAL EMPLOYEE RESOURCE GUIDE

Presbyterian Health Plan has a long tradition of providing our members enrolled through the Federal Employee Health Benefit (FEHB) program the high-quality care they need to stay healthy. For more than a century, Presbyterian has been improving the health of New Mexicans and is committed to the patients and members who count on us.

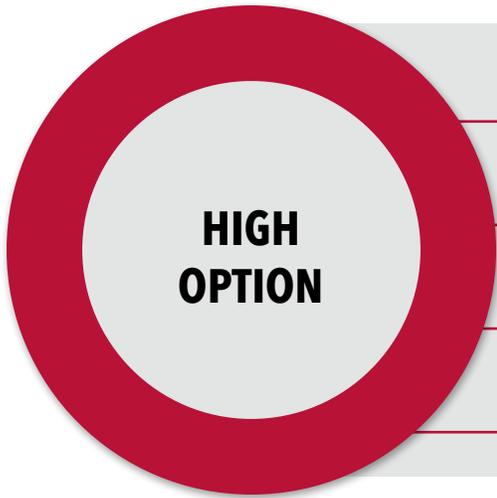
## Enroll Today

Contact your human resources, health benefits, or payroll office for more information. For information on Temporary Continuation of Coverage (TCC) through FEHBP, visit [www.opm.gov](http://www.opm.gov).

If you would like to receive your member materials by mail, contact our **Presbyterian Customer Service Center** at (505) 923-5678 or 1-800-356-2219. You must do this to receive a hard copy of your 2026 Federal Employee Benefits Brochure. You can also download a copy at [www.phs.org/FEHB](http://www.phs.org/FEHB).

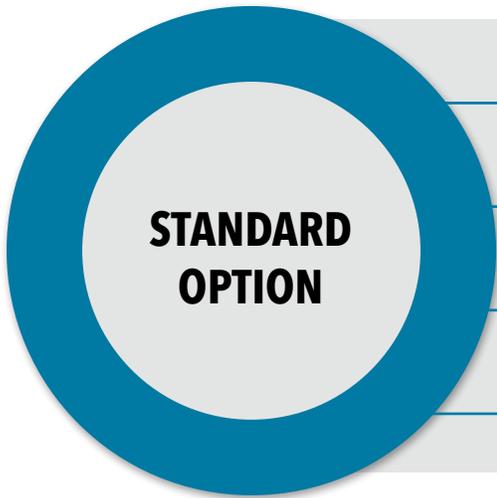
 **PRESBYTERIAN**  
Health Plan, Inc.

# PRESBYTERIAN HEALTH PLAN THREE-PLAN OPTION



- Deductible:** \$0 Single  
\$0 Two-party/Family
- Office Visit Copay:** \$25 Adult  
\$0 Children
- Specialist Copay:** \$50 Adult  
\$20 Children
- Urgent Care Visit:** \$40 Adult/Children

The High Option Plan offers you and your family the highest level of protection and coverage. With the lowest copayments, no deductibles, and discounts for dependents, you can be sure that your care will be affordable and accessible.



- Deductible:** \$500 Single  
\$1,000 Two-party/Family
- Office Visit Copay:** \$30 per visit
- Specialist Copay:** \$50 per visit
- Urgent Care Visit:** \$40 per visit

The Standard Option Plan provides affordable coverage without sacrificing quality care. Most routine services have affordable copayments and out-of-pocket expenses, while more extensive services are covered at practical levels.



- Deductible:** \$2,000 Single  
\$4,000 Two-party/Family
- Office Visit Copay:** \$20 first 4 visits,  
not subject to deductible  
30% coinsurance after 4th  
visit, subject to deductible
- Specialist Copay:** \$50 per visit,  
not subject to deductible
- Urgent Care Visit:** \$40 per visit,  
not subject to deductible

The Wellness Option Plan offers the most value while providing the coverage that you need. Routine services have affordable coverage when used within reason, while more extensive coverage will cost you more than other options.

# WE'LL BE THERE WHEREVER YOU GO.

Presbyterian offers you the value that comes with our integrated system of providers, hospitals, and health plan – all working together to keep you healthy and provide new and innovative service.

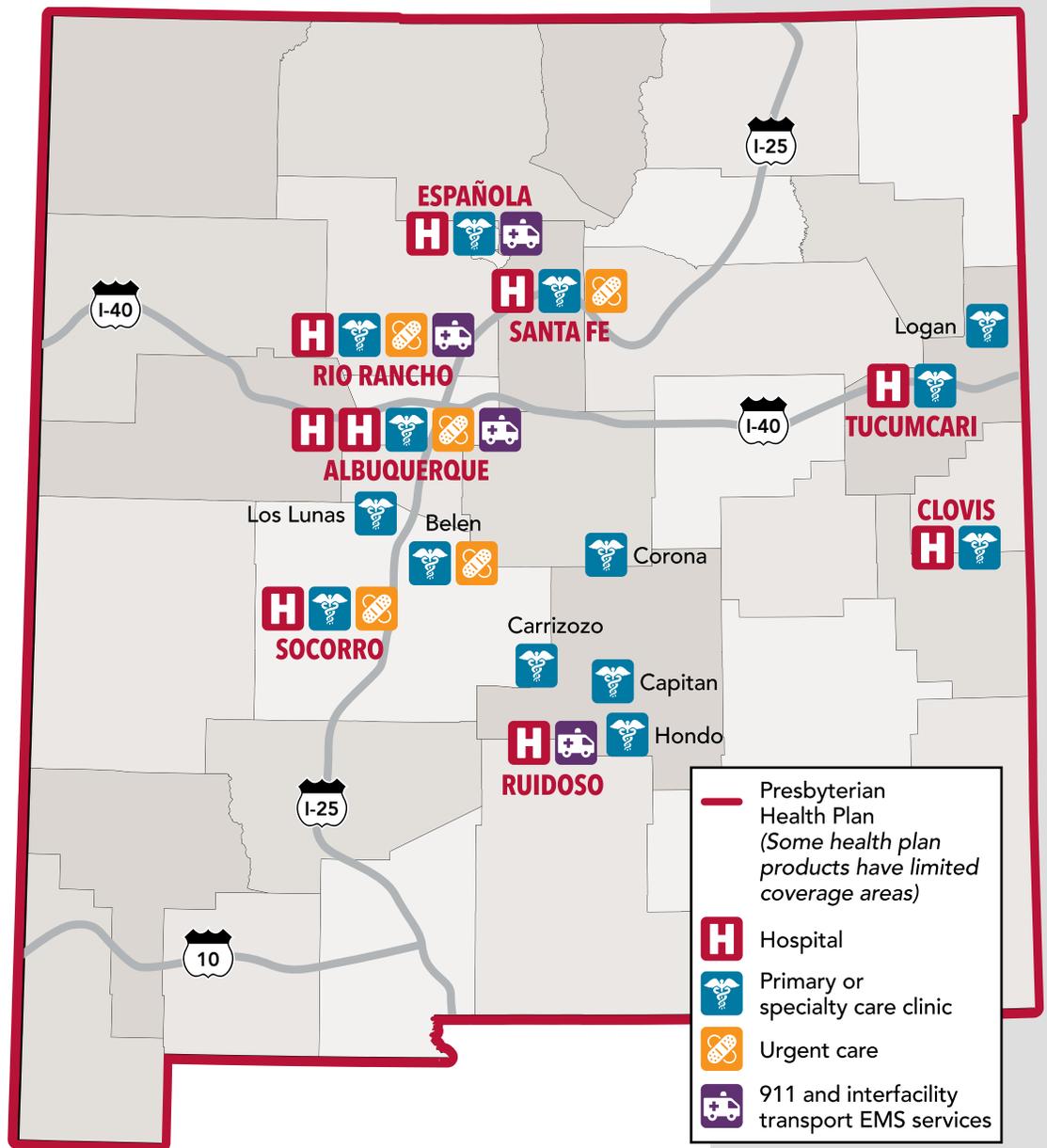
- Nine hospitals in eight communities
- More than 1,200 providers in Presbyterian Medical Group
- 12 urgent care clinics which include two pediatric urgent cares and four PresNOW 24/7 Urgent and Emergency Care locations

## GROWING STATEWIDE NETWORK

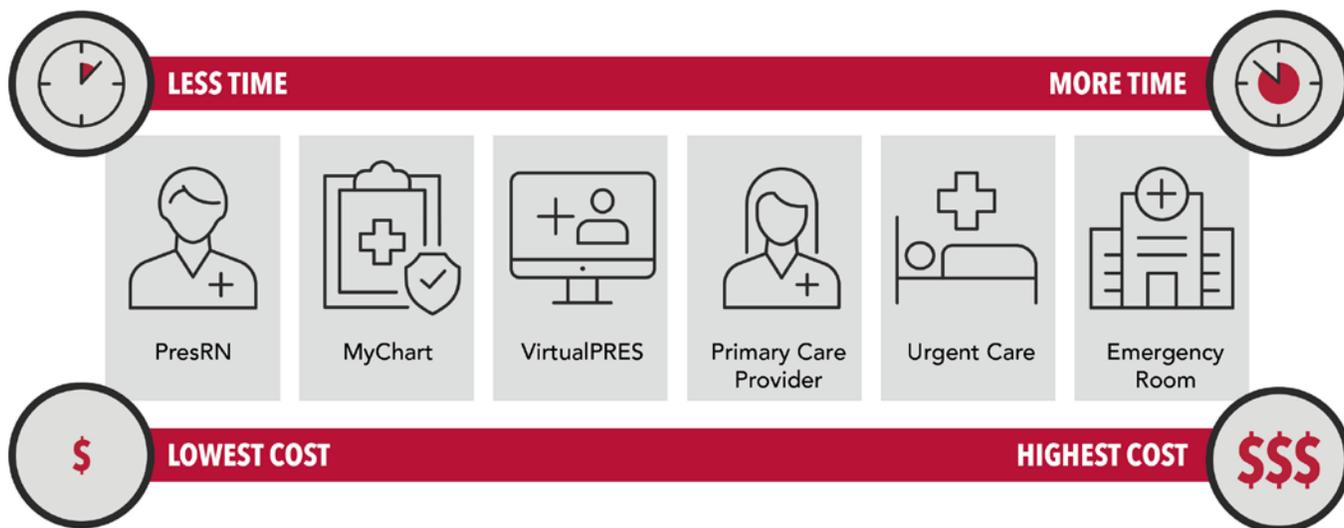
As a Presbyterian Health Plan member, you have access to more than 24,000 providers statewide and into Colorado and Texas. Members also have in-network access to all Optum Care New Mexico locations and providers. To find the most current list of providers and create your very own Provider Directory based on criteria you choose, visit [phs.org/directory](https://phs.org/directory).

## ASSIST AMERICA TRAVEL PROTECTION

This unique program immediately connects you 24/7 to providers, hospitals, pharmacies and other travel assistance programs if you experience emergencies while traveling more than 100 miles from your home.



# CONVENIENT WAYS TO ACCESS CARE



**Direct access to medical advice 24 hours a day, 365 days a year.** The PresRN nurse advice line is an easy way to speak with a registered Presbyterian nurse if you're not feeling well and do not know what to do. This service is available at no cost to you 24 hours a day, 7 days a week, including holidays. Our nurses are happy to answer general health questions when you are healthy, too. Call (505) 923-5570 or 1-888-730-2300.

**A secure, web-based portal for direct communication to your care team.** MyChart allows members with a Presbyterian Medical Group provider to send electronic messages and communicate with their care team, request prescription renewals and schedule office or telephone visits. Members can also conveniently view their medical records, lab and radiology reports, procedures and test results.

**See a provider anytime day or night with VirtualPRES.** This is a convenient and no-cost way to get care for a variety of healthcare needs. You can discuss your symptoms with a provider over video and receive a treatment plan, including prescriptions, when appropriate. Virtual urgent care visits are \$0 for all FEHB members. For details, visit [pchs.org/virtualpres](https://pchs.org/virtualpres).

**Primary care providers can treat most health problems.** They may be a general/family practice physician, internal medicine physician, gynecologist, physician assistant or nurse practitioner. To find a primary care provider, please visit our provider directory at [pchs.org/directory](https://pchs.org/directory).

**Urgent care** clinics provide care for minor illness and injuries that are not an emergency. For added convenience, Presbyterian now offers same-day, scheduled appointments.

**Emergency rooms** are for serious medical emergencies or injuries that require immediate medical attention.

## 24/7 URGENT AND EMERGENCY CARE IN ALBUQUERQUE

Four PRESNow 24/7 locations provide full-service, high-quality care and appropriate billing for the level of care you use. No appointments required. Locations are available at Paseo/San Pedro, Menaul/Pennsylvania, Coors/Western Trail and Isleta/Rio Bravo.

# 2026 FEHB SUMMARY OF BENEFITS

FEHB BENEFIT		HIGH OPTION	STANDARD OPTION	WELLNESS OPTION
Deductible	<b>Annual Member Deductible (calendar year)</b>			
	Single	\$0	\$500	\$2,000
	Two-party	\$0	\$1,000	\$4,000
	Family	\$0	\$1,000	\$4,000
Out-of-Pocket Maximum	<b>Annual Out-of-Pocket Maximum</b>			
	Single	\$6,350		\$8,150
	Two-Party	\$12,700		\$16,300
	Family	\$12,700		\$16,300
Physician Services	<b>Non-Specialist</b>	\$25 Adult/\$0 Children office visit copay	\$30 office visit copay	\$20 office visit copay first four visits, then 30% coinsurance <sup>4</sup>
	<b>Specialist</b>	\$50 Adult/\$20 Children office visit copay	\$50 office visit copay	\$50 office visit copay
	<b>Surgery in Office</b>	Included in office visit copay	Included in office visit copay	30% coinsurance <sup>4</sup>
	Injectable drugs administered in provider's office	50% coinsurance, up to \$500 maximum per prescription		
	Self-injectable drugs (specialty pharmaceuticals)	50% coinsurance, up to \$500 maximum per prescription		
Preventive Care Services <sup>1</sup>	<ul style="list-style-type: none"> <li>• Routine physical</li> <li>• Annual women's exam</li> <li>• Annual men's exam including PSA</li> <li>• Related laboratory tests including X-rays (includes routine pap tests, cholesterol tests, urinalysis, mammogram, colonoscopy, etc.)</li> <li>• Well-child care including vision and hearing screenings (through age 21)</li> <li>• Immunizations</li> <li>• Health education and counseling (including smoking/tobacco cessation education)</li> <li>• Medications used to treat specific conditions</li> <li>• Family planning</li> </ul>	Plan pays 100%	Plan pays 100%	Plan pays 100%
Outpatient Diagnostic Testing	Advanced Radiology <sup>2</sup> (i.e., PET, MRI, CT scans)	\$150 copay per test	\$100 per test	30% coinsurance <sup>4</sup>
	Other Laboratory	\$25 per visit	\$25 per visit	\$25 first 2 visits then 30% coinsurance <sup>4</sup> \$0 first 2 visits maternity ultrasound then 30% coinsurance <sup>4</sup>
	Other X-rays	\$50/visit \$0/visit for maternity ultrasounds	\$50/visit \$0/visit for maternity ultrasounds	\$50 first 2 visits then 30% coinsurance <sup>4</sup>

FEHB BENEFIT		HIGH OPTION	STANDARD OPTION	WELLNESS OPTION
Hospital Services	Inpatient Hospitalization <sup>2</sup> • Includes room and board, inpatient provider care – provider visits, surgeon, anesthesiologist, laboratory tests and X-rays	\$175 copay per day, up to \$875 maximum	30% coinsurance <sup>4</sup> , \$2,000 maximum	30% coinsurance <sup>4</sup>
	Inpatient Rehabilitation Services <sup>2</sup>	\$175 copay per day, up to \$875 maximum	30% coinsurance <sup>4</sup> , \$2,000 maximum	30% coinsurance <sup>4</sup>
	Observation Stay <sup>2</sup>	\$175 copay per day, up to \$875 maximum	30% coinsurance <sup>4</sup> , \$2,000 maximum	30% coinsurance <sup>4</sup>
Surgical Services	Inpatient Surgery <sup>2</sup>	Included in Inpatient Hospital copay	30% coinsurance <sup>4</sup> , \$2,000 maximum	30% coinsurance <sup>4</sup>
	Outpatient Surgery <sup>2</sup>	\$300 copay	30% coinsurance <sup>4</sup> , \$2,000 maximum	30% coinsurance <sup>4</sup>
	Office Surgery	Included in office visit copay	Included in office visit copay	30% coinsurance <sup>4</sup>
Urgent Care Services	Urgent Care Facility	\$40 copay		
Telephonic Services	Virtual Care	\$0 copay		
Emergency Services	Emergency Room/ Emergency observation treatment • Includes hospital and physician charges	\$200 copay	\$250 copay, no deductible	\$300 copay first 2 visits, then 30% coinsurance <sup>4</sup>
Ambulance	Ground Transport	\$50 copay		30% coinsurance <sup>4</sup>
	Air Transport	\$100 copay		30% coinsurance <sup>4</sup>
Maternity Services	Provider/Midwife Services - Prenatal	\$25 copay up to a maximum of \$150 per pregnancy	\$30 copay up to a maximum of \$300 per pregnancy	\$0
	Hospital Admission • Includes room and board, inpatient provider care, provider visits, surgeon, anesthesiologist, laboratory tests and X-rays	\$175 copay/day per admission, up to a maximum of \$875	30% coinsurance <sup>4</sup> , \$2,000 maximum	0% coinsurance <sup>4</sup>
	Aftercare following delivery	Included in Inpatient Hospital copay	30% coinsurance <sup>4</sup> , \$2,000 maximum	0% coinsurance <sup>4</sup>

FEHB BENEFIT		HIGH OPTION	STANDARD OPTION	WELLNESS OPTION
Behavioral/Mental Health/Substance Abuse Services	Outpatient Services	\$25 Adult/\$0 Children office visit copay	\$30 Adult/Children office visit copay	\$20 Adult/Children office visit copay first 4 visits, then 30% coinsurance <sup>4</sup>
	Inpatient Services <sup>2</sup> Partial Hospitalization <sup>2</sup>	\$175 copay/day per admission, up to a maximum of \$875	30% coinsurance <sup>4</sup> , \$2,000 maximum	30% coinsurance <sup>4</sup>
	Intensive Outpatient Treatment Residential Treatment Center • 60 consecutive days equals one admission, confinement or episode of care. One copay will apply per 60 days or episode of care.	\$300 copay per episode of care	30% coinsurance <sup>4</sup>	30% coinsurance <sup>4</sup>
Other Services	Allergy Testing and Treatment	\$50 Adult/\$20 Children office visit copay	\$50 copay/visit	\$50 copay/visit 30% coinsurance <sup>4</sup>
	Allergy Injections only	Plan pays 100%	Plan pays 100%	30% coinsurance <sup>4</sup>
	Acupuncture	\$30 adult office visit copay/ 30 visits a year \$20 children/ 20 visits a year	\$30 office visit copay/ 30 visits a year	\$30 office visit copay/ 30 visits a year, no deductible
	Chiropractic	\$30 adult office visit copay/ 30 visits a year \$20 children/ 20 visits a year	\$30 office visit copay/ 30 visits a year	\$30 office visit copay/ 30 visits a year, no deductible
	Autism Spectrum Disorders <sup>2</sup> • Diagnosis and treatment of autism spectrum disorder for members 19 years of age or younger (or under 22 years of age if still enrolled in high school)	Copay based on place of service		
	Applied Behavioral Analysis (ABA)	\$0 copay		30% coinsurance <sup>4</sup>
	Cardiac Rehabilitation <sup>2</sup>	\$50 Adult/\$20 Children copay	\$50 copay per session	\$50 copay/visit 30% coinsurance <sup>4</sup>
	Pulmonary Rehabilitation <sup>2</sup>	\$50 Adult/\$20 Children copay	\$50 copay per session	30% coinsurance <sup>4</sup>
	Chemotherapy and/or Radiation Therapy  • Medical Drugs administered as part of Chemotherapy and/or Radiation Therapy are not included in the copayment	\$50 Adult/\$20 Children copay	\$50 copay per session	30% coinsurance <sup>4</sup>
		Medical Drugs – 50% of charges up to a maximum of \$500 per prescription		

FEHB BENEFIT		HIGH OPTION	STANDARD OPTION	WELLNESS OPTION
Other Services	Dialysis	\$50 Adult/\$20 Children copay	\$50 copay per session	30% coinsurance <sup>4</sup>
	<ul style="list-style-type: none"> <li>Medical Drugs administered as part of Dialysis are not included in the copayment</li> </ul>	Medical Drugs – 50% of charges up to a maximum of \$500 per prescription		
	Hearing Aids	30% coinsurance	30% coinsurance <sup>4</sup>	30% coinsurance <sup>4</sup>
	<ul style="list-style-type: none"> <li>For children under age 18 or 21 years of age if still attending high school</li> </ul>	Coverage up to \$2,200 every 36 months per hearing impaired ear.		
	Physical, Occupational, and Speech Therapy <sup>3</sup>	\$25 Adult/\$0 Children copay	\$30 Adult/Children copay	\$20 Adult/Children office visit copay first 60 visits, then 30% coinsurance <sup>4</sup>
Skilled Nursing Facility <sup>3</sup>	\$100 copay/day per admission, up to a maximum of \$500	30% coinsurance <sup>4</sup>	30% coinsurance <sup>4</sup>	
<ul style="list-style-type: none"> <li>Coverage limited to 60 days per calendar year</li> <li>Includes room and board, provider visits, surgeon, anesthesiologist, laboratory tests and X-rays</li> </ul>				
Durable Medical Equipment		30% coinsurance	50% coinsurance <sup>4</sup>	30% coinsurance <sup>4</sup>
Prescription Drugs – Retail	Tier 1 - Generic Drugs	\$10 copay per 30 day supply		
	Tier 2 - Preferred Drugs	\$100 copay per 30 day supply		
	Tier 3 - Non-Preferred Drugs	\$125 copay per 30 day supply		
	Tier 4 - Specialty Drugs	50% of charges up to a maximum of \$500 per Rx		
	Tier 5 - Preventive Medications-for complete list, please visit <a href="http://www.phs.org/fehb">www.phs.org/fehb</a>	\$0 copay per 30 day supply		
Prescription Drugs – Mail-Order	Tier 1 - Generic Drugs	\$20 copay per 90 day supply		
	Tier 2 - Preferred Drugs	\$140 copay per 90 day supply		
	Tier 3 - Non-Preferred Drugs	\$200 copay per 90 day supply		
	Tier 4 - Specialty Drugs	Not Available		
	Tier 5 - Preventive Medications-for complete list, please visit <a href="http://www.phs.org/fehb">www.phs.org/fehb</a>	\$0 copay per 90 day supply		

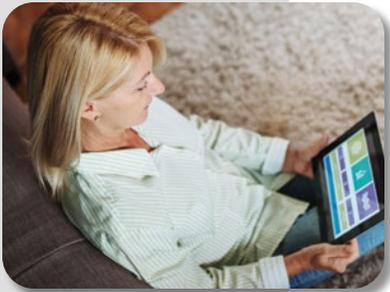
- The Patient Protection and Affordable Care Act (also known as Health Care Reform) requires health plans to cover specific Preventive Care Services, including Women’s Preventive Care Services, at no cost to the member when the services are provided by a Tier I or Tier II Participating Provider.  
The Patient Protection and Affordable Care Act (also known as Health Care Reform) requires health plans to cover specific Preventive Care Services, including Women’s Preventive Care Services, at no cost to the member when the services are provided by an In-Network Participating Provider. Although these services are covered at no charge, the provider may charge a copayment for other services provided during the office visit. Additionally, some covered Family Planning services, including male vasectomies, continue to require member cost-sharing. If you have questions regarding the Preventive Care Services that are covered under this plan, including Family Planning Services, or your cost for these services, please refer to your Summary Plan Description or contact Presbyterian Health Plan at the phone number listed on the back of your ID card.
- Pre-Admission Review and/or Prior Authorization may be required. Your In-network Provider must obtain this Prior Authorization before providing these services to you.
- This benefit includes an annual visit limitation. See your Summary Plan Description for more information.
- Subject to deductible.

# SUPPORTING YOUR WELLNESS JOURNEY



## MEMBER-ONLY DISCOUNTS WITH BENEFITSOURCE

Discounts for services such as acupuncture, chiropractic, hearing and vision hardware, massage therapy and more. Visit [benefitsource.org/Presbyterian](http://benefitsource.org/Presbyterian) for more information.



## INNOVATIVE DIGITAL CARE OPTIONS

- 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. To access the program, go to <http://www.talkspace.com/php>.
- **Computerized Cognitive Behavioral Therapy** is 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. Please visit [www.ontobetterhealth.com/php](http://www.ontobetterhealth.com/php).



## EMPLOYEE ASSISTANCE PROGRAM

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.

# Better well-being in 2026 on a **better well-being platform**



WELLNESS AT WORK

**Join Wellness at Work – a well-being platform  
with more wellness, just for you!**

**How you thrive matters. That's why we've redesigned Wellness at Work  
to make wellness and well-being programs work better for you.**

- Access Wellness at Work on your phone or computer.
- Find more ways to earn and redeem Wellness Rewards points.
- Personalize it to match your interests and goals.
- Create your own challenges to connect with friends.
- Explore more – nutrition, financial fitness, movement, mental health, environmental, social connection and much more!



**Access using your myPRES account,  
or by visiting [www.solutionsbiz.com](http://www.solutionsbiz.com)**



# Accessing Wellness at Work

1. Log in to your myPRES account on [phs.org](https://phs.org), or by visiting [www.solutionsbiz.com](https://www.solutionsbiz.com).

If you don't have an account, you can create one by following the instructions provided by your benefits department.

## FIRST TIME LOGIN

2. You will be directed to an enrollment page. Please fill in the information and continue.
3. Accept the privacy terms.
4. Complete the profile information.

**IMPORTANT NOTE: The password is only a one-time password. You will not need it to get to Wellness at Work. It is only to get through the initial enrollment. You do not need to remember it for future access.**

5. Click "Take Me There" to access Wellness at Work.
6. Complete your Health Check and start earning points.

1. Login page with fields for User ID (joe) and Password (\*\*\*\*\*), and a SIGN IN button.
2. 'Sign Up For Better Health' page with fields for My first name, My last name, My date of birth, My country/region, and I live in.
3. 'Agreements' page with checkboxes for 'I have read and agree to the Wellness Program Member Privacy Policy' and 'I have read and agree to the Wellness Program Membership Agreement'.
4. 'Finish Setting Up Your Account' page with fields for My email address, My email address confirmation, My password, and My password confirmation.
5. 'You're All Set!' page with a green checkmark and a 'Take Me There' button.



If you need assistance, please contact the IT Service Desk at (505) 923-6825 or (866) 640-7205, or email [wellnessatwork@phs.org](mailto:wellnessatwork@phs.org)



# KEEP MOVING WITH A FITNESS PASS MEMBERSHIP.

The 2026 cost is only \$29.50  
per eligible member per month.  
Enrollment is open year-round.

As a Presbyterian Health Plan member, you and your dependents have access to more than 10,000 fitness, recreation and community centers, including:

- Defined Fitness locations in Albuquerque, Rio Rancho, Farmington and Santa Fe
- Prime Fitness network (nationwide)
- A discount on Sports & Wellness gym fees



[www.defined.com](http://www.defined.com)

Defined Fitness is one of New Mexico's premier health clubs, offering a wide variety of group exercise classes, supervised child care and state-of-the-art strength training and cardiovascular equipment. All locations feature an aquatic complex with an indoor pool, hot tub, dry sauna and steam room.



[www.primemember.com](http://www.primemember.com)

The Prime Fitness network provides group exercise classes and amenities such as pools, sport courts, tracks and more. You can visit participating locations nationwide as often as you like, including select CHUZE, YMCAs, Snap Fitness, Curves® and more. When you use Prime Fitness, your fitness travels with you.



[www.sportsandwellness.com](http://www.sportsandwellness.com)

Sports & Wellness is where Albuquerque has gone to find fun, friends and fitness for 25+ years. Enjoy a special Presbyterian Health Plan member rate and experience five-star service and first-rate amenities at five New Mexico locations.

## Fitness Pass program enrollment is easy. How to start:

For quick access and to learn more about Fitness Pass, go to [www.phs.org/mypres](http://www.phs.org/mypres).

- All enrolled health plan members aged 18 and older are eligible to enroll.
- Once enrolled, Presbyterian will automatically debit your account or credit card each month.
- Your enrollment no longer needs to be renewed each year. It automatically renews every December for the following year.

# DISCOUNT VISION BENEFITS FOR HIGH OPTION MEMBERS

In-Network Benefits	Discount Plan Design <sup>1</sup>
<b>Frequency – once every:</b>	<b>Discount program plus eye exam</b>
Eye examination inclusive of dilation (when professionally indicated)	12 Months
<b>Copayments</b>	
Eye examination	\$0
<b>Eyeglass benefit - frame<sup>2</sup></b>	<b>Member price</b>
Frames (retail price)	35% off provider's usual & customary (U&C)
<b>Eyeglass benefit - spectacle lenses (uncoated plastic)<sup>2</sup></b>	
Single	\$45
Bifocal	\$65
Trifocal	\$95
Lenticular	\$120
<b>Eyeglass benefit - lens options (add to lens prices above)<sup>2</sup></b>	
Digital single vision (Intermediate)	\$30
Tinting of plastic lenses (solid / gradient)	\$15
Scratch-resistant coating	\$15
Polycarbonate lenses	\$35
Ultraviolet coating	\$15
Blue light filtering	\$15
Anti-reflective (AR) coating (standard)	\$45
Anti-reflective (AR) coating (premium/ultra)	20% off provider's U&C
Progressive lenses (standard) (add on to bifocal lens)	\$65
Progressive lenses (premium/ultra) (add on to bifocal lens)	20% off provider's U&C
High-index lenses (1.67 / 1.74)	\$65
Polarized lenses	\$75
Plastic photochromic lenses	\$75
<b>Contact lens benefit (in lieu of eyeglasses)</b>	
Contact lens evaluation, fitting and follow-up care	15% off provider's U&C
Contact lenses	15% off provider's U&C
<b>Value-added features</b>	
Non-prescription sunglasses	20% off provider's U&C
Other ancillary products/solutions	20% off provider's U&C
Additional pairs	30% off provider's U&C for complete pairs on same transaction; otherwise 20% off provider's U&C
Retinal imaging	\$39
<b>Out-of-network reimbursement schedule</b>	
Eye examination	Up to \$50

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

## BenefitSource Dental and Vision Plan options for Federal employees Enrolled on Presbyterian Health Plan Federal Employee Benefit Program



**Visit our website, [benefitsource.org](http://benefitsource.org), for a complete plan description, updated provider directory, and enrollment forms.**

**Sandia Plan:** This is the most economical dental plan option. Members obtain dental services from Participating Sandia Plan network dental offices and pay the guaranteed low, pre-set fees for almost all types of dental work at the point of service. Out of pocket savings are 20% to 60% for most basic and major dental procedures. There are no deductibles, no claim forms, no prior authorization requirements, pre-existing conditions are covered, no annual benefit maximums, and no benefit waiting period for dental services. Look for Sandia Plan providers on the website.

Employee: Monthly \$9.00  
Annual \$104.00

Employee + one: Monthly \$4.80  
Annual \$174.00

Employee + family: Monthly \$21.00  
Annual \$243.00

**PPO Dental Plan:** This is a traditional dental indemnity dental plan with the freedom of choice to see any licensed dentist. When using participating PPO plan dental offices, there are lower out-of-pocket costs and no balance billing from the dental office. There is no waiting period for preventive and basic dental services and a 6-month waiting period (from date of enrollment) for major services. The major services waiting period is waived when converting from another group dental plan. Class I (diagnostic/preventive services), no deductible, 100% coverage in-network and 80% coverage out-of-network; Class II (basic services), \$50 annual deductible per person, 80% coverage in-network and 60% out-of-network; Class III (major services), 6 month waiting period, \$50 annual deductible, 50% coverage in-network and 40% out-of-network; Class IV (orthodontic) 24 month waiting period (from enrollment date) up to age 19 lifetime maximum \$1,000, covered 50% in and out of network. Look for PPO Plan providers on the website.

Employee: Monthly \$32.20

Employee + one: Monthly \$61.98

Employee + family: \$108.96

**Vision Plan:** A vision (materials only benefit) plan is available at the [benefitsource.org](http://benefitsource.org). Glasses or contacts are covered.

Contact us: (505) 237 1501 888 862 8659 [benefitsource.org](http://benefitsource.org)

1804 Juan Tabo NE, Suite A, Albuquerque, NM 87112



# ENJOY BETTER HEARING AND COMPREHENSIVE CARE

Good hearing is important to your overall health. That’s why we cover a routine annual hearing exam for no copay.



**TruHearing** Select

## 2026 HEARING AID COVERAGE

Your plan covers up to two hearing aids per year (one per ear per year).

TruHearing Advanced	TruHearing Premium	Routine Exam
32 Channels   11 Styles	48 Channels   14 Styles	TruHearing Network Provider
\$699 copay/aid	\$999 copay/aid	\$0 exam copay

## YOUR COMPREHENSIVE HEARING BENEFIT INCLUDES:

### State-of-the-Art Technology

- Enjoy natural, lifelike sound in virtually all listening situations.
- Hear speech clearly, even in noisy environments.
- Stream audio and phone calls directly to your ears from most smartphones.

### Personalized Care

- Guidance and assistance from a TruHearing consultant.
- Local, professional care from an accredited provider in your area.
- A hearing exam plus one year of follow-up visits for fitting and adjustments.

### Help Along Your Way

- A worry-free purchase with a 60-day trial and three-year warranty.
- 80 free batteries per aid included with non-rechargeable models.
- Guides to help you adapt to your new hearing aids at [TruHearing.com/Presbyterian](https://TruHearing.com/Presbyterian).



**Call TruHearing to learn more and schedule an appointment.**

**1-866-202-0110 | TTY 711 | 8 a.m. - 8 p.m., Monday - Friday**

# 2026 RATES

Type of Enrollment	Enrollment Code	Premium Rate			
		Biweekly		Monthly	
		Government Share	Your Share	Government Share	Your Share
High Option Self Only	P21	\$324.76	\$261.77	\$703.65	\$567.17
High Option Self Plus One	P23	\$711.17	\$620.31	\$1,540.87	\$1,344.00
High Option Self and Family	P22	\$778.03	\$600.31	\$1,685.73	\$1,300.67
Standard Option Self Only	PS4	\$324.76	\$171.11	\$703.65	\$370.74
Standard Option Self Plus One	PS6	\$711.17	\$414.51	\$1,540.87	\$898.10
Standard Option Self and Family	PS5	\$778.03	\$387.26	\$1,685.73	\$839.07
Wellness Option Self Only	PS1	\$324.76	\$112.38	\$703.65	\$243.49
Wellness Option Self Plus One	PS3	\$711.17	\$281.19	\$1,540.87	\$609.24
Wellness Option Self and Family	PS2	\$770.47	\$256.82	\$1,669.35	\$546.45

## 2026 Rate Information for Presbyterian Health Plan

To compare your FEHB health plan options, please go to [www.opm.gov/fehcompare](http://www.opm.gov/fehcompare).

To review premium rates for all FEHB health plan options, please go to [www.opm.gov/FEHBpremiums](http://www.opm.gov/FEHBpremiums) or [www.opm.gov/Tribalpremium](http://www.opm.gov/Tribalpremium).

Premiums for Tribal employees are shown under the Monthly Premium Rate column. The amount shown under employee contribution is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Officer for exact rates.

Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY: 711) o hable con su proveedor.

SHOOH: Diné bee yánítłi'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'j' ahoot'i'ígíí éi t'áá jik'eh hóló. Kohji' 1-855-592-7737 (TTY: 711) hodílnih doodago nika'análwo'í bich'j' hanidziih.

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