



**DETERMINED
TO PLAN
FOR YOUR
HEALTH.**

 **PRESBYTERIAN**
Health Plan, Inc.

phs.org/tricore

2026 Summary of Benefits for Employees and Members of TriCore Reference Laboratories

Take a look at Presbyterian Health Plan for your 2026 health benefits. You will enjoy your current health plan benefits with more value-added services and the most comprehensive provider network in New Mexico.

WELCOME

Welcome to Presbyterian Health Plan. This resource guide provides an overview of your health plan coverage and other helpful information about your health plan benefits.

If you'd like a copy of your complete Summary Plan Description (SPD), you can:

- Sign in to myPRES at www.phs.org/myPRES, and then select MyHealthPlan
- Call our Presbyterian Customer Service Center at **(505) 923-5258** or **1-866-979-6778**
- Email us at info@phs.org

Thank you for letting us be your partner in health.

Sincerely,

Your Presbyterian Health Plan Team

This guide is a brief summary, not a comprehensive description of benefits, limitations and exclusions. For complete information, please refer to your SPD.

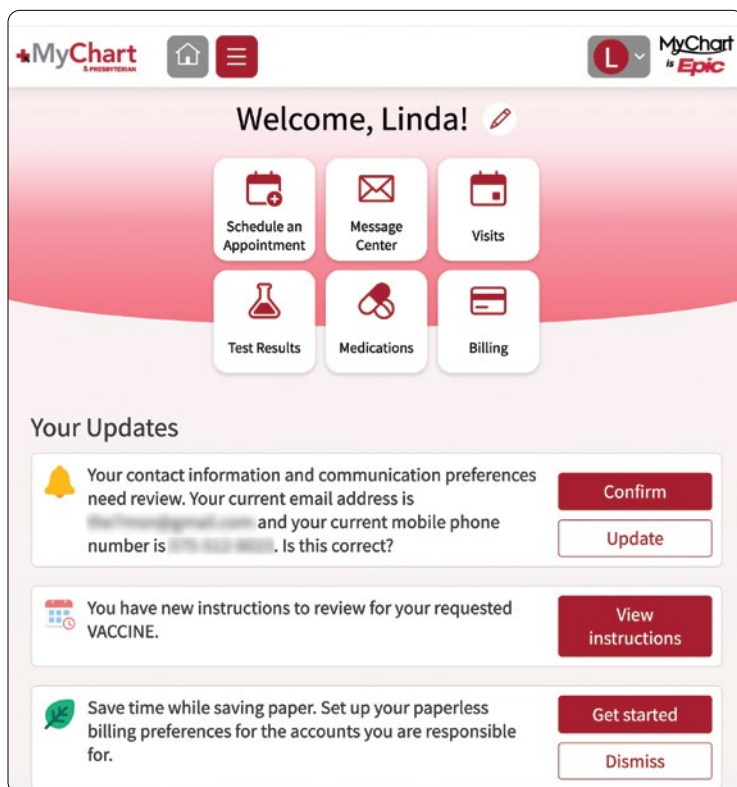
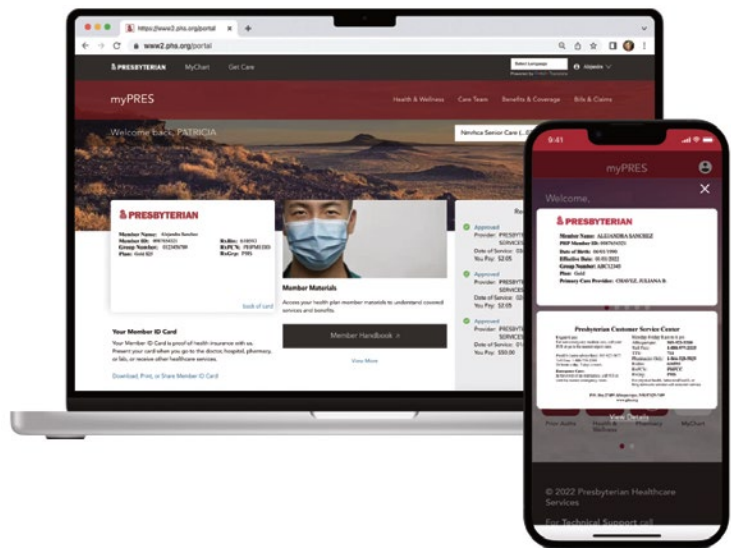


REGISTER FOR myPRES – THE GATEWAY TO YOUR PLAN FEATURES

Get the information you want when you need it. Presbyterian's web-based services offer fast and convenient service any day of the year. **myPRES** provides you with secure, 24-hour access to important, personalized health plan information. With **myPRES** you can:

- Look up benefit information securely, view claims status and track deductibles.
- View or request a replacement member ID card.
- Schedule appointments, including virtual care.

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



myPRES is also home to **MyChart**, a direct communication tool for you and members of your care team. This service is available for members seen by Presbyterian Medical Group (PMG) providers. With MyChart you can:

- View test and lab results
- Request an appointment
- Send messages to your care team
- Review summaries of recent visits
- Pay Presbyterian provider or hospital bills

Create your myPRES and MyChart accounts by visiting [phs.org/myPRES](https://www.phs.org/myPRES). You will need your member ID number, located on your ID card.

VALUABLE MEMBER RESOURCES

Designated Member Service Team



You have access to a highly trained, dedicated customer service team that can help:

- Navigate you to the most cost-effective level of medical care, whether

it's a virtual visit, outpatient options, or urgent or emergency care.

- Find in-network primary care providers (PCPs) and specialists and schedule appointments.
- Answer questions about your benefits and help coordinate benefits for your personalized needs.
- Assist with follow-up care and claims resolution.

Contact us at (505) 923-5258 or 1-866-979-6778 (TTY 711), Monday through Friday from 7 a.m. to 6 p.m.

Assist America



You have the protection of Assist America's global emergency travel assistance services 24 hours a day, 365 days a year. This 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 no-cost Assist America Travel App for your smart device, 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).

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 and other resources such as healthy recipes and sleep guides.

To register or login, visit phs.org/myPRES.

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

Disease Management Programs



As a member, you have access to several comprehensive disease management programs at no additional cost to you.

If you have diabetes, asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), or coronary artery disease (CAD), our licensed nurses will work collaboratively with your healthcare provider to provide you with coaching and self-management tools. To enroll in one or more of these Healthy Solutions programs, call **1-800-841-9705** or email healthysolutions@phs.org.

Our care coordinators also provide support for managing cancer or low back pain/musculoskeletal conditions. To enroll in one or more of the care coordination programs, call **1-866-672-1242** or email phpreferral@phs.org.

VALUABLE MEMBER RESOURCES

Seeking care outside of New Mexico?

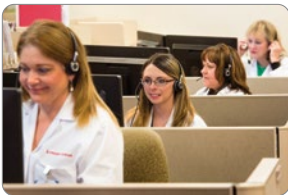


PPO members only receive In-network benefits outside of New Mexico through our partnership with Aetna. Refer to your Summary of

Benefits and Coverage (SBC) to see if your plan qualifies.

View the provider directory at [aetna.com/asa](https://www.aetna.com/asa).

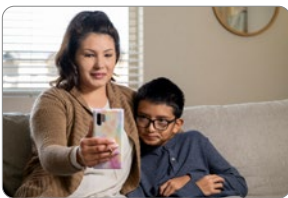
PresRN Nurse Advice Line



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."

Virtual Care



See a provider anytime, day or night. This option offers a way to see a provider for nonemergency medical conditions via secure video through a smartphone, tablet or computer webcam.

For details, visit www.phs.org/virtualpres.

Talkspace



No-cost 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.

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 at no cost.

Go to www.ontobetterhealth.com/php.



KEEP MOVING WITH A NEW FITNESS MEMBERSHIP.



Presbyterian Health Plan members and eligible dependents (age 18 and older) have access to more than 10,000 local and national 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.



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.



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 Fitness, YMCAs, Snap Fitness, Curves® and more. When you use Prime Fitness, your fitness travels with you.

For a list of participating locations, please visit www.defined.com or www.primemember.com. After enrolling with Presbyterian Health Plan, you'll receive detailed instructions on how to get started.



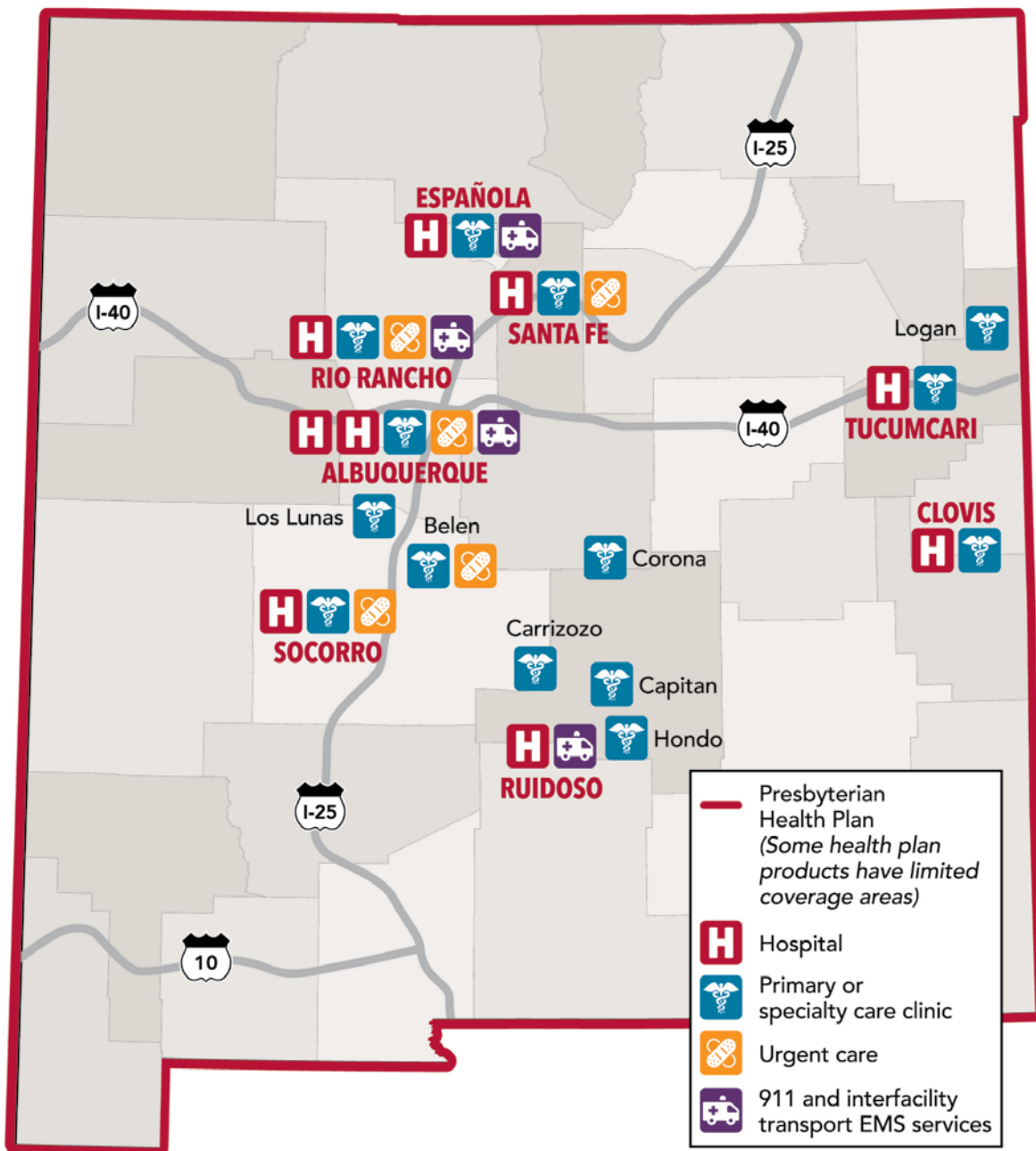
Sports & Wellness is where Albuquerque has gone to find fun, friends and fitness for more than 25 years. Enjoy a special Presbyterian Health Plan member rate and experience five-star service and first-rate amenities at five New Mexico locations. For more information, please visit www.sportsandwellness.com.

**This benefit applies to Small Group and most Individual and Family members. Large employer groups (51 or more employees) and Individual and Family Plan Clear Cost Plan members have the option to purchase this benefit for a minimal additional fee. Some fitness centers may charge a registration or annual fee.*

OUR INTEGRATED SYSTEM

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. Presbyterian offers patients throughout New Mexico access to dedicated primary care providers, as well as highly specialized care, including cancer care, heart and vascular care, and behavioral health.

- 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.





DETERMINED TO PROVIDE MORE ACCESS TO CARE.



We're determined to provide TriCore Reference Laboratory employees with a variety of provider options to ensure timely access to care.

Your provider network with Presbyterian Health Plan includes access to The University of New Mexico (UNM) Hospital and UNM Medical Group providers for a variety of specialties, including, but not limited to:

- ✓ Cardiology
- ✓ Endocrinology, diabetes and metabolism
- ✓ Family medicine
- ✓ General surgery
- ✓ Internal medicine
- ✓ Nephrology
- ✓ Neurology
- ✓ Obstetrics and gynecology
- ✓ Ophthalmology
- ✓ Orthopedic surgery
- ✓ Pediatrics
- ✓ Physical and occupational therapy
- ✓ Podiatry
- ✓ Urology

FIND MORE PROVIDERS AND SPECIALTIES

The online provider directory is the most up-to-date listing of healthcare providers in your network. Visit [p hs.org/tricore](https://phs.org/tricore) for more providers and benefit information or scan the QR code.



SUMMARY OF BENEFITS

The following are the highlights of the PPO plan administered by Presbyterian Health Plan, Inc. for TriCore employees. These benefits are effective 01/01/2026 through 12/31/2026. The specific terms of coverage, limitations and exclusions are detailed in Sections 2, 4 and 5 of the Summary Plan Description.

BENEFITS	PPO PLAN		
		In-network Care	Out-of-network
Benefit Highlights	Member Copayment/Coinsurance	Varies depending on service; see below	
	Plan Year Deductible Individual Family	\$1,250 \$2,500	\$3,000 \$6,000
	Plan Year Out-of-pocket Maximum (When the deductible, medical Copayments and Coinsurance add up to these amounts, the plan will pay 100% of the allowed amount for the remainder of the Plan Year) Individual Family Limit	\$3,000 \$6,000	\$6,000 \$12,000
	Lifetime maximum	Unlimited (Certain services are subject to Plan Year and/or Lifetime Maximums or are limited per condition.)	
	Office visits (<i>other services received during the office visit, such as lab work, or surgery, are subject to Deductible and Coinsurance</i>) Primary care Specialty care	\$25 Copayment ² \$35 Copayment ²	40% Coinsurance 40% Coinsurance
Physician Services	Routine Well Care Routine Physicals Well-child Care including vision and hearing screening (through age 17) Immunizations, and travel immunizations Adult wellness Related Testing (Deductible waived for tests, including routine Pap tests, mammograms, colonoscopies, cholesterol tests, urinalysis, Human Papillomavirus (HPV) screening, etc., and immunizations.)	No Copayment ² No Copayment ² No Copayment ² No Copayment ² No Copayment ²	40% Coinsurance 40% Coinsurance 40% Coinsurance 40% Coinsurance 40% Coinsurance
	Family Planning Birth control injections, insertion/removal of birth control devices (all contraceptives In-network)	No Charge ²	40% Coinsurance
	Surgery in office	20% Coinsurance	40% Coinsurance
	Allergy testing and treatment	20% Coinsurance	40% Coinsurance
	Allergy injections only	No Copayment ²	40% Coinsurance
	Allergy extract preparation	20% Coinsurance	40% Coinsurance

BENEFITS	PPO PLAN		
		In-network Care	Out-of-network
Outpatient Diagnostic Testing	MRI or PET Scans ¹	20% Coinsurance per test	40% Coinsurance
	CT Scans ¹	20% Coinsurance per test	40% Coinsurance
	Other laboratory and X-ray	No Copayment Outpatient ²	40% Coinsurance
	Home/Sleep study	20% Coinsurance per study	40% Coinsurance
Hospital Services	Hospitalization ¹ (includes room and board, Inpatient provider care – provider visits, surgeon, anesthesiologist, laboratory and X-ray)	20% Coinsurance	40% Coinsurance
	Inpatient rehabilitation services	20% Coinsurance	40% Coinsurance
	Observation stay	20% Coinsurance	40% Coinsurance
Surgical Services	Inpatient Surgery ¹	20% Coinsurance	40% Coinsurance
	Outpatient Surgery ¹	20% Coinsurance	40% Coinsurance
	Office Surgery	20% Coinsurance	40% Coinsurance
Maternity Services	Physician/midwife services (delivery, prenatal/postnatal care)	No Copayment ²	40% Coinsurance
	Hospital Admission ¹ (including routine nursery care for newborns)	20% Coinsurance	40% Coinsurance
	Extended stay (non-routine) for covered newborn	20% Coinsurance	40% Coinsurance
Urgent and Emergency Services	Urgent Care center	\$40 Copayment ²	\$40 Copayment
	Emergency Room visit	\$250 Copayment/visit ²	
	Ambulance – emergency	20% Coinsurance	
	Air transport Inter-facility transport	20% Coinsurance No Copayment ²	
Mental Health	Outpatient services	\$25 Copayment per visit ²	40% Coinsurance
	Inpatient services ¹	20% Coinsurance	40% Coinsurance
	Partial Hospitalization ¹	20% Coinsurance	40% Coinsurance
	Facility based intensive Outpatient program	\$25 Copayment per visit ²	40% Coinsurance
Substance Use Disorders	Outpatient services	\$25 Copayment per visit ²	40% Coinsurance
	Inpatient services ¹	20% Coinsurance	40% Coinsurance
	Partial hospitalization ¹	20% Coinsurance	40% Coinsurance
	Facility based intensive Outpatient program	\$25 Copayment per visit ²	40% Coinsurance
	Residential Treatment Centers ¹	20% Coinsurance	40% Coinsurance

BENEFITS	PPO PLAN		
		In-network Care	Out-of-network
Other Services	Acupuncture (not combined, annual limit of 20 visits)	20% Coinsurance	40% Coinsurance
	Chiropractic (not combined, annual limit of 20 visits)	20% Coinsurance	40% Coinsurance
	Biofeedback (for specified medical conditions only)	20% Coinsurance	40% Coinsurance
	Cardiac or pulmonary rehabilitation	20% Coinsurance – Up to 20 sessions per contract year for Pulmonary and 36 for Cardiac. Will not be combined with other rehabilitation therapies.	40% Coinsurance
	Chemotherapy and/or radiation therapy	20% Coinsurance	40% Coinsurance
	Dialysis	20% Coinsurance	40% Coinsurance
	Durable Medical Equipment, Orthotics, Prosthetics and appliances ¹	20% Coinsurance	40% Coinsurance
	Hearing Aids School-aged children (every 36 months per “hearing impaired ear”)	20% Coinsurance	40% Coinsurance
	Home health nursing care	20% Coinsurance	40% Coinsurance
	Hospice ¹	20% Coinsurance	40% Coinsurance
	Physical, occupational and speech therapy ¹ <i>Coverage is limited to 24 visits per service</i>	20% Coinsurance	40% Coinsurance
	Skilled Nursing facility ¹ <i>(max 30 days per Plan Year)</i>	20% Coinsurance	40% Coinsurance

BENEFITS	PPO PLAN		
		In-network Care	Out-of-network
Transplants	Coverage for human organ transplants ¹ (refer to booklet for details on transplant coverage and call for case management services)	20% Coinsurance	Not Covered
Autism Spectrum Disorder (Habilitative)	Treatment through or provided by:		
	PCP	\$25 Copayment per visit ²	40% Coinsurance
	Specialist	\$35 Copayment per visit ²	40% Coinsurance
	Outpatient Physical Therapy	20% Coinsurance per visit	40% Coinsurance
	Outpatient Occupational Therapy	20% Coinsurance per visit	40% Coinsurance
	Outpatient Speech Therapy	20% Coinsurance per visit	40% Coinsurance
	Applied Behavioral Analysis (ABA) ¹	\$25 Copayment per visit ²	40% Coinsurance
Prescription Drugs	Generic Drugs (Tier 1)	\$7 Copayment ² (retail) \$14 Copayment ² (mail order)	\$7 Copayment ² (retail)/ mail order not available
	Preferred brand drugs (Tier 2)	\$50 Copayment ² (retail) \$100 Copayment ² (mail order)	\$50 Copayment ² (retail)/ mail order not available
	Non-preferred drugs (Tier 3)	\$75 Copayment ² (retail) \$150 Copayment ² (mail order)	\$75 Copayment ² (retail)/ mail order not available
	Self-Administered Specialty (Tier 4)	20% up to a maximum of \$400 per prescription ² (retail)/ mail order not available	Not Covered

¹ Prior authorization may be required

² Not subject to deductible

Primary care providers (PCP) include, but are not limited to, general practitioners, family practice physicians, internists, pediatricians and obstetricians/gynecologists (if applicable). A list of providers who serve as In-network PCPs may be found in the PHP Provider Directory at phs.org/tricore.

SUMMARY OF BENEFITS

The following are the highlights of the HDHP plan administered by Presbyterian Health Plan, Inc. for TriCore employees. These benefits are effective 01/01/2026 through 12/31/2026. The specific terms of coverage, limitations and exclusions are detailed in Sections 2, 4 and 5 of the Summary Plan Description.

BENEFITS	HDHP PLAN		
		In-network Care	Out-of-network
Benefit Highlights	Member Coinsurance	Varies depending on service; see below	
	Plan Year Deductible Individual Family	\$3,400 \$6,800	\$5,000 \$10,000
	Plan Year Out-of-pocket Maximum (When the deductible, medical Copayments and Coinsurance add up to these amounts, the plan will pay 100% of the allowed amount for the remainder of the Plan Year) Individual Family Limit	\$5,000 \$10,000	\$6,350 \$12,700
	Lifetime maximum	Unlimited (Certain services are subject to Plan Year and/or Lifetime Maximums or are limited per condition.)	
	Office visits (<i>other services received during the office visit, such as lab work, or surgery, are subject to Deductible and Coinsurance</i>) Primary care Specialty care	30% Coinsurance 30% Coinsurance	50% Coinsurance 50% Coinsurance
Physician Services	Routine Well Care Routine Physicals Well-child Care including vision and hearing screening (through age 17) Immunizations, and travel immunizations Adult wellness Related Testing (Deductible waived for tests, including routine Pap tests, mammograms, colonoscopies, cholesterol tests, urinalysis, Human Papillomavirus (HPV) screening, etc., and immunizations.)	No Copayment ² No Copayment ² No Copayment ² No Copayment ² No Copayment ²	50% Coinsurance 50% Coinsurance 50% Coinsurance 50% Coinsurance 50% Coinsurance
	Family Planning Birth control injections, insertion/removal of birth control devices (all contraceptives In-network)	No Copayment ²	50% Coinsurance
	Surgery in office	30% Coinsurance	50% Coinsurance
	Allergy testing and treatment	30% Coinsurance	50% Coinsurance
	Allergy injections only	0% Coinsurance	50% Coinsurance
	Allergy extract preparation	30% Coinsurance	50% Coinsurance

BENEFITS	HDHP PLAN		
		In-network Care	Out-of-network
Outpatient Diagnostic Testing	MRI or PET Scans ¹	30% Coinsurance per test	50% Coinsurance
	CT Scans ¹	30% Coinsurance per test	50% Coinsurance
	Other laboratory and X-ray	30% Coinsurance per test	50% Coinsurance
	Home/Sleep study	30% Coinsurance per study	50% Coinsurance
Hospital Services	Hospitalization ¹ (includes room and board, Inpatient provider care – provider visits, surgeon, anesthesiologist, laboratory and X-ray)	30% Coinsurance	50% Coinsurance
	Inpatient rehabilitation services	30% Coinsurance	50% Coinsurance
	Observation stay	30% Coinsurance	50% Coinsurance
Surgical Services	Inpatient Surgery ¹	30% Coinsurance	50% Coinsurance
	Outpatient Surgery ¹	30% Coinsurance	50% Coinsurance
	Office Surgery	30% Coinsurance	50% Coinsurance
Maternity Services	Physician/midwife services (delivery, prenatal/postnatal care)	30% Coinsurance	50% Coinsurance
	Hospital Admission ¹ (including routine nursery care for newborns)	30% Coinsurance	50% Coinsurance
	Extended stay (non-routine) for covered newborn	30% Coinsurance	50% Coinsurance
Urgent and Emergency Services	Urgent Care center	30% Coinsurance	
	Emergency Room visit	30% Coinsurance	
	Ambulance – emergency	30% Coinsurance	
	Air transport Inter-facility transport	30% Coinsurance 0% Coinsurance	
Mental Health	Outpatient services	30% Coinsurance	50% Coinsurance
	Inpatient services ¹	30% Coinsurance	50% Coinsurance
	Partial Hospitalization ¹	30% Coinsurance	50% Coinsurance
	Facility based intensive Outpatient program	30% Coinsurance	50% Coinsurance
Substance Use Disorders	Outpatient services	30% Coinsurance	50% Coinsurance
	Inpatient services ¹	30% Coinsurance	50% Coinsurance
	Partial hospitalization ¹	30% Coinsurance	50% Coinsurance
	Facility based intensive Outpatient program	30% Coinsurance	50% Coinsurance
	Residential Treatment Centers ¹	30% Coinsurance	50% Coinsurance

BENEFITS	HDHP PLAN		
		In-network Care	Out-of-network
Other Services	Acupuncture (not combined, annual limit of 20 visits)	30% Coinsurance	50% Coinsurance
	Chiropractic (not combined, annual limit of 20 visits)	30% Coinsurance	50% Coinsurance
	Biofeedback (for specified medical conditions only)	30% Coinsurance	50% Coinsurance
	Cardiac or pulmonary rehabilitation	30% Coinsurance – Up to 20 sessions per contract year for Pulmonary and 36 for Cardiac. Will not be combined with other rehabilitation therapies.	50% Coinsurance
	Chemotherapy and/or radiation therapy	30% Coinsurance	50% Coinsurance
	Dialysis	30% Coinsurance	50% Coinsurance
	Durable Medical Equipment, Orthotics, Prosthetics and appliances ¹	30% Coinsurance	50% Coinsurance
	Hearing Aids School-aged children (every 36 months per “hearing impaired ear”)	30% Coinsurance	50% Coinsurance
	Home health	30% Coinsurance	50% Coinsurance
	Hospice ¹	30% Coinsurance	50% Coinsurance
	Physical, occupational and speech therapy ¹ <i>Coverage is limited to 24 visits per service</i>	30% Coinsurance	50% Coinsurance
	Skilled Nursing facility ¹ <i>(max 30 days per Plan Year)</i>	30% Coinsurance	50% Coinsurance

BENEFITS	HDHP		
		In-network Care	Out-of-network
Transplants	Coverage for human organ transplants ¹ (refer to booklet for details on transplant coverage and call for case management services)	30% Coinsurance	Not Covered
Autism Spectrum Disorder (Habilitative)	Treatment through or provided by:		
	PCP	30% Coinsurance per visit	50% Coinsurance
	Specialist	30% Coinsurance per visit	50% Coinsurance
	Outpatient Physical Therapy	30% Coinsurance per visit	50% Coinsurance
	Outpatient Occupational Therapy	30% Coinsurance per visit	50% Coinsurance
	Outpatient Speech Therapy	30% Coinsurance per visit	50% Coinsurance
Applied Behavioral Analysis (ABA) ¹	30% Coinsurance per visit	50% Coinsurance	
Prescription Drugs	Generic Drugs (Tier 1)	30% Coinsurance (retail) 30% Coinsurance (mail order)	30% Coinsurance (retail) Not Covered (mail order)
	Preferred brand drugs (Tier 2)	30% Coinsurance (retail) 30% Coinsurance (mail order)	30% Coinsurance (retail) Not Covered (mail order)
	Non-preferred drugs (Tier 3)	30% Coinsurance (retail) 30% Coinsurance (mail order)	30% Coinsurance (retail) Not Covered (mail order)
	Self-Administered Specialty (Tier 4)	30% Coinsurance (retail)/ mail order not available	Not Covered

¹ Prior authorization may be required

² Not subject to deductible

Primary care providers (PCP) include, but are not limited to, general practitioners, family practice physicians, internists, pediatricians and obstetricians/gynecologists (if applicable). A list of providers who serve as In-network PCPs may be found in the PHP Provider Directory at [phs.org/tricore](https://www.phs.org/tricore).

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 yánit'i'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 éí 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>.