A PLAN FOR GOOD HEALTH.

PRESBYTERIAN
Health Plan, Inc.

phs.org/bernco

2026-2027

Thank you for selecting Presbyterian Health Plan as your partner in health. For 118 years, Presbyterian has been caring for New Mexicans and is committed to the people who count on us.

We're Here For You

Visit **phs.org/bernco** to learn more about the benefits, transition of care assistance, and resources available to you as our member. The Presbyterian Customer Service Center can also help. This contact information is available on the back of your Member ID card.

(505) 923-5678
(TTY 711)

8 a.m. to 5 p.m., Monday to Friday (except holidays)

info@phs.org

Expanded Network

Presbyterian Health Plan has an expanded network of providers that includes UNM and Lovelace for County of Bernalillo employees. You can keep your current providers or select from their network of primary care providers and specialists. For assistance in finding network providers, contact our Presbyterian Customer Service Center.

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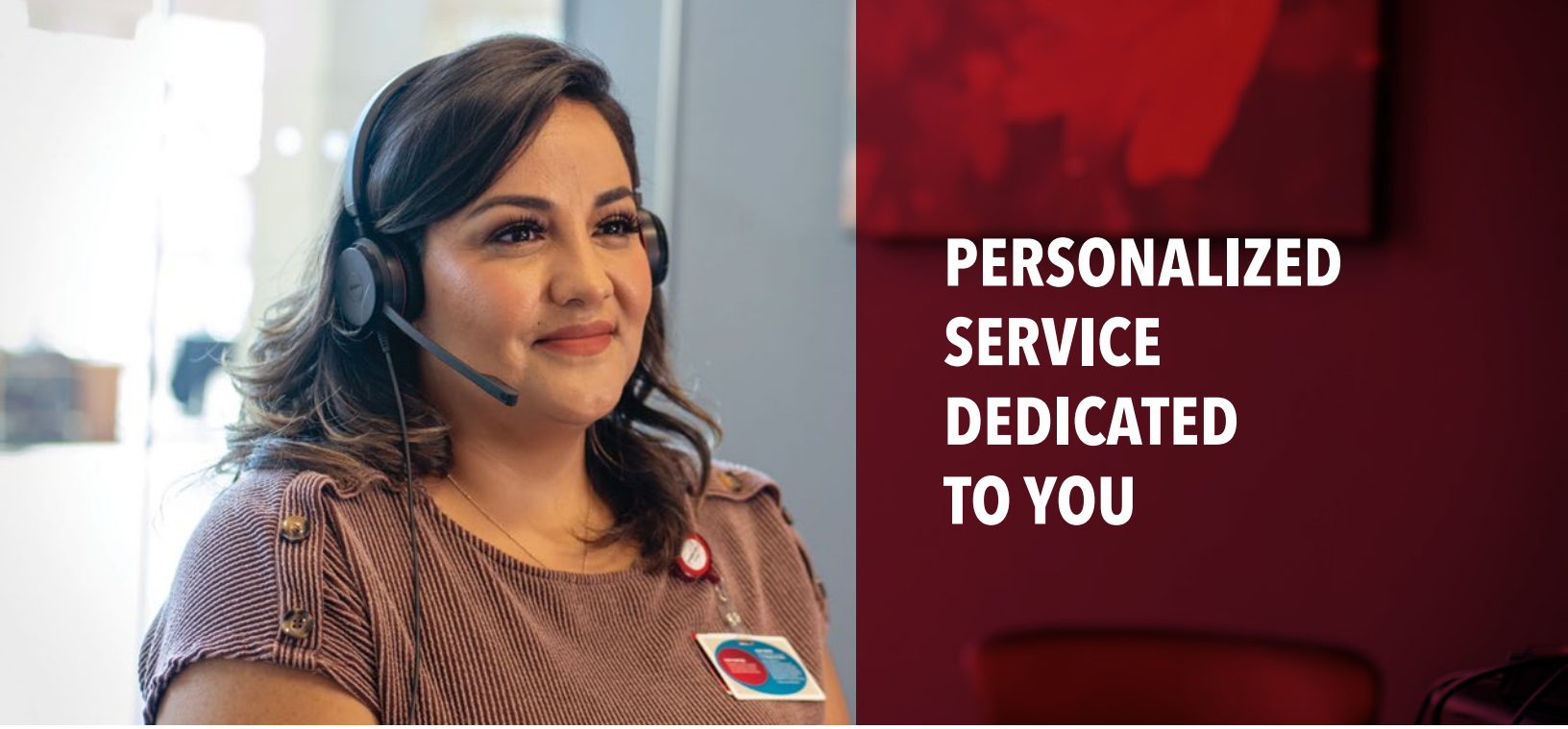


PERSONALIZED SERVICE DEDICATED TO YOU

Personalized Webpage for Bernalillo County Employees

Quickly view and print your medical, dental, and vision plan benefit materials and view other helpful resources online at your convenience at **www.phs.org/bernco**.

Personalized Provider Directory

Bernalillo County employees have personalized provider directories where you can find providers who are close to your work or home; find specific providers, PCPs or specialists; narrow your search to match your preferences, such as a male or female provider; and find facilities. Visit **www.phs.org/bernco**.

Fitness Membership

You can add a gym benefit to your health plan. Members and enrolled dependents (ages 18 and up) have free access to more than 10,000 national, regional and local fitness, recreation and community centers. These facilities include all Defined Fitness locations and the nationwide Prime® Fitness network. Discounted rates are also available from New Mexico Sports & Wellness.

Member-only Discounts

Presbyterian partners with BenefitSource to provide member-only discounts for services such as acupuncture, chiropractic, hearing and vision hardware, massage therapy and Meals on Wheels. Visit **benefitsource.org/Presbyterian** for more details.

Centrally Located Customer Service

Our friendly representatives, located in Albuquerque, are standing by to answer your benefit questions Monday through Friday from 8 a.m. to 5 p.m. You can contact our Presbyterian Customer Service Center by calling (505) 923-5678 or 1-800-356-2219 or by sending an e-mail at any time to **info@phs.org**.

WHERE TO GET CARE

Presbyterian Network

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 services. Your plan includes access to Presbyterian hospitals and clinics, including our:

- 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 PRES*Now* 24/7 Urgent and Emergency Care locations

Expanded Network - UNM and Lovelace

We are excited to introduce expanded access to care with both UNM Health System and Lovelace Hospitals.

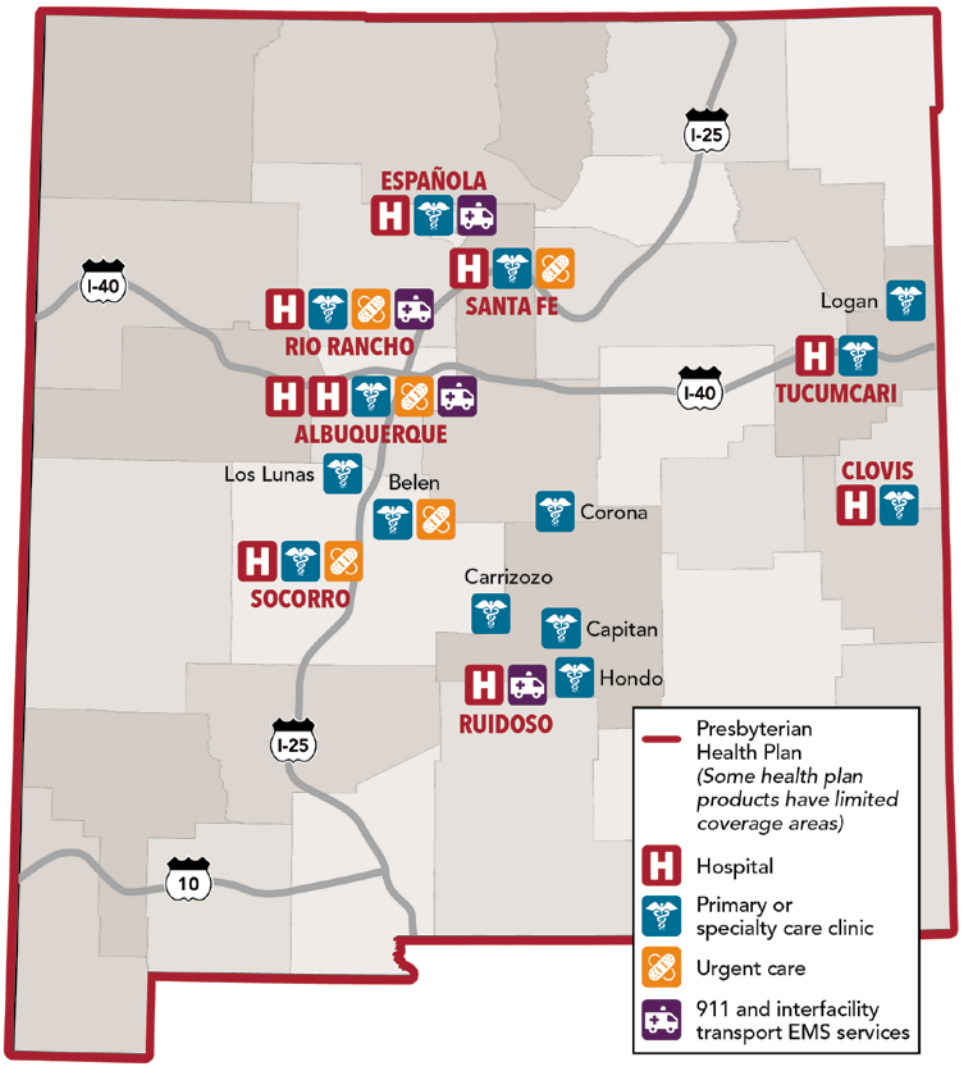
National Coverage

In addition to our robust network, you also receive in-network benefits outside of New Mexico with more than 1.5 million providers through our partnership with the national Aetna network. Specific providers are listed at **www.aetna.com/asa**.

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:

- 3436 Isleta Blvd. SW
  Albuquerque, NM 87105
- 4515 Coors Blvd. NW
  Albuquerque, NM 87120
- 6400 Paseo Del Norte Blvd. NE
  Albuquerque, NM 87113
- 7400 Menaul Blvd. NE
  Albuquerque, NM 87110



VirtualPRES

VirtualPRES 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.

PRESBYTERIAN MEDICAL GROUP

You can schedule a virtual appointment with a Presbyterian Medical Group (PMG) provider or an independent community healthcare provider for urgent or primary care, dermatology, and behavioral health.

CONTRACTED NETWORK PROVIDERS

You can be seen on-demand by a contracted provider for urgent care 24 hours a day, seven days a week, throughout the United States.

Virtual behavioral health is offered by Talkspace for a variety of plan types.

PresRN

PresRN is a hotline that gives you direct local access to medical advice 24 hours a day, seven days a week, including holidays. There is no charge to call our experienced registered nurses (RNs) for answers to your health or wellness questions. Call **(505) 923-5570** or **1-866-221-9679**.

MyCHART

Using our secure, web-based portal, members with a Presbyterian Medical Group provider can send electronic messages to their care team, request prescription renewals, view medical records or test reports, and schedule office or telephone visits.

What if my virtual provider says I need in-person care?

- Your virtual provider will offer recommendations for seeking in-person care if they determine you need to be seen in person.
- If you live in the Albuquerque area and are seeing a virtual PMG urgent care provider, a care team member will connect you with PMG Family Medicine to provide convenient access to an in-person appointment.

To learn more about VirtualPRES, go to **phs.org/virtualpres**

SUMMARY OF BENEFITS

The following are the highlights of the EPO plan administered by Presbyterian Health Plan, Inc. for County of Bernalillo employees statewide. These benefits are effective 07/01/2026 through 06/30/2027. The specific terms of coverage, limitations and exclusions are detailed in Sections 2, 4, and 5 of the Summary Plan Description.

BENEFITS	EPO PLAN	
	Benefit Highlights	**In-network and out-of-state MP/PHCS Provider Care**
	Copayments/Coinsurance vary depending on service; see below	
	Member deductible (Plan Year) Single Family	 $250 $750
	Out-of-Pocket Maximum (Plan Year) Includes medical and Rx cost-sharing Single Family	 $3,000 $6,000
	Lifetime maximum	Unlimited (Certain services are subject to Plan Year and/or lifetime maximums or are limited per condition.)
Physician Services	Office visit	$30 office visit Copayment/Adult[5]
	Primary/Gyn care	$15 office visit Copayment/Child[5]
	Presbyterian Medical Group (PMG) Virtual Care	Visits billed according to visit type (virtual care, primary care, etc.).
	24/7 On-Demand Virtual Urgent Care	$0 Copayment[5]
	Specialty care	$60 office visit Copayment/Adult[5] $50 office visit Copayment/Child[5]
	On-campus student health center	$30 office visit Copayment/Adult[5] $15 office visit Copayment/Child[5]
	Preventive services	
	Routine physicals	No Copayment[5]
	Well-child care including vision and hearing screening (through age 26)	No Copayment[5]
	Immunizations	No Copayment[5]
	Adult wellness	No Copayment[5]
	Health education programs	Fees Vary (based on service)
	Women's Preventive Services Contraceptive Methods • Intrauterine Devices (IUD) • Hormone Contraceptive Injections • Inserted Contraceptive Devices • Implanted Contraceptive Devices Breastfeeding support, supplies and counseling (for one year after delivery)	No Copayment[5]
	Laboratory	No Copayment[5]
	X-ray	No Copayment[5]
	Allergy testing and treatment	20% Coinsurance
	Allergy injections by a nurse	No Copayment[5]
	Allergy extract preparation	20% Coinsurance

BENEFITS	EPO PLAN	
	Benefit Highlights	**In-network and out-of-state MP/PHCS Provider Care**
Hospital Services	Hospitalization (includes room and board, Inpatient Physician care – Physician visits, surgeon, and anesthesiologist) [3]	$500 Copayment per Admission/Adult [5] $350 Copayment per Admission/Child [5]
	Inpatient rehabilitation services [3]	$500 Copayment per Admission/Adult [5] $350 Copayment per Admission/Child [5]
	Laboratory	No Copayment [5]
	X-ray	No Copayment [5]
	MRI/PET Scans [3] CT Scans [3]	$150 Copayment per test/Adult [5] $100 Copayment per test/Child [5] $125 Copayment per test/Adult [5] $ 75 Copayment per test/Child [5]
	Hospital Observation Services (no Admission)	No Copayment [5]
	Surgery – Outpatient (no Hospital Admission) – Facility claim only	$500 Copayment per visit/Adult $200 Copayment per visit/Child
Maternity Services	Physician/midwife services (delivery, prenatal/postnatal care) Note: Copayment does not include laboratory or x-ray services.	$30 Copayment [5]
	Hospital Admission [3]	$500 Copayment per pregnancy [5]
	Routine nursery care for newborns	No Copayment [5]
Emergency Services	Emergency room visit [2]	$250 Copayment [5]
	Urgent Care center	$50 Copayment per visit/Adult [5] $10 Copayment per visit/Child [5]
	Ambulance [1] Ground transportation Air ambulance	 $ 50 Copayment per trip [5] $100 Copayment per trip [5]
Mental Health	Outpatient services [5] Inpatient services [3] Partial Hospitalization [3] Facility-based intensive Outpatient program	$25 office visit Copayment/Adult [5] $10 office visit Copayment/Child [5] $500 Copayment per Admission/Adult [5] $350 Copayment per Admission/Child [5] $25 office visit Copayment/Adult [5] $10 office visit Copayment/Child [5]
Substance Use Disorders	Outpatient services [3, 5] Acute Inpatient Hospital services [3] Partial Hospitalization [3] Facility-based intensive Outpatient program Residential Treatment Centers	$25 office visit Copayment/Adult [5] $10 office visit Copayment/Child [5] $500 Copayment per Admission/Adult [5] $350 Copayment per Admission/Child [5] $25 office visit Copayment/Adult [5] $10 office visit Copayment/Child [5] $500 Copayment/Adult $350 Copayment/Child

BENEFITS	EPO PLAN	
	Benefit Highlights	**In-network and out-of-state MP/PHCS Provider Care**
Autism Spectrum Disorder (Habilitative)	PCP [3] Specialist [3] Outpatient Physical Therapy [3] Outpatient Speech Therapy [3] Applied Behavioral Analysis (ABA)	$15 office visit Copayment [5] $50 office visit Copayment [5] $40 office visit Copayment [5]- Child $40 office visit Copayment [5]- Child $40 office visit Copayment [5]
Other Services	Biofeedback (for specified medical conditions only)	$30 office visit Copayment/Adult [5] $15 office visit Copayment/Child [5]
	Cardiac or pulmonary rehabilitation (Up to 24 sessions per plan year) – will not be combined with other rehab therapies	$30 office visit Copayment/Adult [5] $15 office visit Copayment/Child [5]
	Chemotherapy and/or radiation therapy	No Copayment [5]
	Chiropractic (Not Combined annual limit of 18 visits) [4] Acupuncture (Not Combined annual limit of 18 visits) [4]	$50 office visit Copayment/Adult [5] $50 office visit Copayment/Adult [5]
	Dental services (for specified medical conditions only) Inpatient [3] Outpatient	 $500 Copayment per Admission/Adult [5] $350 Copayment per Admission/Child [5] $60 office visit Copayment/Adult [5] $50 office visit Copayment/Child [5]
	Dialysis	20% Coinsurance
	Durable Medical Equipment, orthotics, prosthetics and appliances [3]	20%
	Injectable drugs received in the office [3] If billed in conjunction with an office visit If provided by a nurse and no office visit is billed	 Included in office visit Copayment based on the location of the services (PCP, Specialist, etc.) No Copayment [5]
	Home health care [3]	No Copayment [5]
	Hearing Aids (for school-aged children under 18 or 21 years of age if still attending high school) up to 36 months per hearing impaired ear.	20% Coinsurance
	Hospice [3]	$500 Copayment per Admission/Adult [5] $350 Copayment per Admission/Child [5] In home: No Copayment [5]
	Infertility related services (only limited services covered)	50% Coinsurance
	Physical, occupational and speech therapy (Limited to 24 visits for each service)	$50 office visit Copayment/Adult [5] $40 office visit Copayment/Child [5]

BENEFITS	EPO PLAN	
	Benefit Highlights	**In-network and out-of-state MP/PHCS Provider Care**
Other Services (continued)	Skilled nursing facility (Admission Copayment waived if readmitted within 15 days)[3] Limited to 60 days per plan year	$500 Copayment per Admission/Adult[5] $350 Copayment per Admission/Child[5]
	Sleep disorder studies Inpatient[3] Home/Sleep lab (2 nights)	 $500 Copayment per Admission[5] $50 Copayment per test[5]
	Smoking cessation (including hypnotherapy, acupuncture, related test, and any counseling programs not eligible under preventive)	Applicable Copayment or Coinsurance based on place of service.
Transplants[3] *(No Lifetime Maximum)*	Coverage for human organ transplants[3] (refer to booklet for details on transplant coverage and call for case management services)	$500 Copayment per Admission/Adult[5] $350 Copayment per Admission/Child[5]
Prescription Drugs	Generic Drugs (Tier 1)	$10 Copayment (retail) $20 Copayment (mail order)
	Preferred brand drugs (Tier 2)	$40 Copayment (retail) $80 Copayment (mail order)
	Non-preferred drugs (Tier 3)	$75 Copayment (retail) $200 Copayment (mail order)
	Self-Administered Specialty (Tier 4)	20% up to a maximum of $400 per prescription (retail)/ mail order not available

[1] Ambulance copayment is waived if transportation is medically necessary and results in a hospital admission.

[2] The $250 emergency care is waived if a hospital admission results. Then, the hospital admission copayment applies. Copay is for the ER visit only; other services are subject to deductible and coinsurance.

[3] Prior authorization may be required. See Section 2 of the Summary Plan Description for prior authorization requirements.

[4] This benefit includes an annual maximum payment, annual visit limitation, lifetime visit limitation and/or lifetime maximum payment. Refer to Sections 2 and 4 of the Summary Plan Description.

[5] Not subject to the deductible.

SUMMARY OF BENEFITS

The following are the highlights of the PPO plan administered by Presbyterian Health Plan, Inc. for County of Bernalillo employees statewide. These benefits are effective 07/01/2026 through 06/30/2027. 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	 $1,000 $2,000	 $1,500 $3,000
	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	 $10,000 $20,000
	Lifetime maximum	Unlimited **(Certain services are subject to Plan Year and/or Lifetime Maximums or are limited per condition.)**	
Physician Services	Office visits ***(other services received during the office visit, such as lab work, or surgery, are subject to Deductible and Coinsurance)*** Primary care Specialty care	 $30 Copayment [2] $60 Copayment [2]	 50% Coinsurance 50% Coinsurance
	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 Charge [2]	50% Coinsurance
	Surgery in office	Included in office visit Copayment	50% Coinsurance
	Therapeutic Injections	Office visit Copayment	50% Coinsurance
	Allergy testing and treatment	20% Coinsurance	50% Coinsurance
	Allergy injections only	Included in Office visit Copayment (waived if nursing visit only)	50% Coinsurance
	Allergy extract preparation	20% Coinsurance	50% Coinsurance

BENEFITS	PPO PLAN		
		In-network Care	Out-of-network
Outpatient Diagnostic Testing	MRI or PET Scans [1]	$200 Copayment per test [2]	50% Coinsurance
	CT Scans [1]	$125 Copayment per test [2]	50% Coinsurance
	Other laboratory and x-ray	No Copayment Outpatient [2]	50% Coinsurance
	Home/Sleep study	$50 Copayment per study [2]	50% Coinsurance
Hospital Services	Hospitalization [1] (includes room and board, Inpatient physician care – physician visits, surgeon, anesthesiologist, laboratory and x-ray)	20% Coinsurance	50% Coinsurance
	Inpatient rehabilitation services	20% Coinsurance	50% Coinsurance
	Observation stay	No Copayment [2]	50% Coinsurance
Surgical Services	Inpatient Surgery [1]	Covered as part of hospitalization	50% Coinsurance
	Outpatient Surgery [1]	20% Coinsurance	50% Coinsurance
	Office Surgery	Included in office visit Copayment	50% Coinsurance
Maternity Services	Physician/midwife services (delivery, prenatal/postnatal care)	$30 Copayment [2]	50% Coinsurance
	Hospital Admission [1] (Including routine nursery care for newborns)	20% Coinsurance	50% Coinsurance
	Extended stay (non-routine) for covered newborn	20% Coinsurance	50% Coinsurance
	Home Birth	Not Covered	Not Covered
Urgent and Emergency Services	Urgent Care center	$75 Copayment [2]	$75 Copayment
	Emergency Room visit[4]	$300 Copayment/visit [2]	
	Ambulance – emergency[3]	$50 Copayment per trip [2]	
	Air transport	$100 Copayment per trip [2]	
	Inter-facility transport	No Copayment [2]	
Mental Health	Outpatient services [5]	$30 Copayment per visit [2]	50% Coinsurance
	Inpatient services [3]	20% Coinsurance	50% Coinsurance
	Partial Hospitalization [3]	20% Coinsurance	50% Coinsurance
	Facility based intensive Outpatient program	20% Coinsurance	50% Coinsurance
Substance Use Disorders	Outpatient services	$30 Copayment per visit [2]	50% Coinsurance
	Inpatient services [1]	20% Coinsurance	50% Coinsurance
	Partial hospitalization [1]	20% Coinsurance	50% Coinsurance
	Facility based intensive Outpatient program	20% Coinsurance	50% Coinsurance
	Residential Treatment Centers [1]	20% Coinsurance	50% Coinsurance

BENEFITS	PPO PLAN		
		In-network Care	Out-of-network
Other Services	Acupuncture (Not combined, annual limit of 18 visits) Chiropractic (Not combined, annual limit of 18 visits)	$50 Copayment per visit [2] $60 Copayment per visit [2]	50% Coinsurance 50% Coinsurance
	Biofeedback (for specified medical conditions only)	$30 Copayment per visit [2]	50% Coinsurance
	Cardiac or pulmonary rehabilitation	$30 Copayment per session [2] – Up to 24 sessions per contract year. Will not be combined with other rehabilitation therapies	50% Coinsurance
	Chemotherapy and/or radiation therapy	Copayment [2] or Coinsurance based on service	50% Coinsurance
	Dental services (for specified medical conditions only)	Copayment [2] or Coinsurance based on service	50% Coinsurance
	Dialysis	20% Coinsurance	50% Coinsurance
	Durable Medical Equipment, Orthotics, Prosthetics and appliances [1]	50% Coinsurance	50% Coinsurance
	Hearing Aids School-aged children (Every 36 months per "hearing impaired ear")	20% Coinsurance	50% Coinsurance
	Home health nursing care	20% Coinsurance	50% Coinsurance
	Hospice [1]	Inpatient - 20% Coinsurance In home - No Copayment [2]	50% Coinsurance
	Infertility related services ***(only limited services covered)***	50% Coinsurance	Not Covered
	Physical, occupational and speech therapy [1] ***Coverage is limited to 24 visits per service***	$75 Copayment [2]	50% Coinsurance
	Skilled Nursing facility [1] ***(max 30 days per Plan Year)***	20% Coinsurance	50% Coinsurance
	Smoking cessation (including acupuncture, related test, and any counseling programs not eligible under preventive)	Applicable Copayment [2] or Coinsurance based on place of service	Not Covered

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	$20 Copayment per visit [1]	50% Coinsurance
	Specialist	$30 Copayment per visit [1]	50% Coinsurance
	Outpatient Physical Therapy	$30 Copayment per visit [1]	50% Coinsurance
	Outpatient Occupational Therapy	$30 Copayment per visit [1]	50% Coinsurance
	Outpatient Speech Therapy	$30 Copayment per visit [1]	50% Coinsurance
	Applied Behavioral Analysis (ABA) [1]	$20 Copayment per visit [1]	50% Coinsurance
Prescription Drugs	Generic Drugs (Tier 1)	$10 Copayment (retail) $20 Copayment (mail order)	
	Preferred brand drugs (Tier 2)	$40 Copayment (retail) $80 Copayment (mail order)	
	Non-preferred drugs (Tier 3)	$75 Copayment (retail) $200 Copayment (mail order)	
	Self-Administered Specialty (Tier 4)	20% up to a maximum of $400 per prescription (retail)/ mail order not available	

[1] Prior authorization may be required

[2] Not subject to deductible

[3] Ambulance copayment is waived if transportation is medically necessary and results in a hospital admission.

[4] The $300 emergency care is waived if a hospital admission results. Then, the hospital admission copayment applies. Copay is for the ER visit only; other services are subject to deductible and coinsurance.

Primary Care Physicians include but are not limited to General Practitioners, Family Practice Physicians, Internists, Pediatricians and Obstetricians/Gynecologists (if applicable). A list of Practitioners who serve as In-network Primary Care Physicians may be found in the PHP Provider Directory at **www.phs.org/directory**.