



ENROLLMENT KIT

2021 Small Group Plans



Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

SMALL GROUP PLANS

Give better health a better chance with **PRESBYTERIAN**

New for 2021!

EXPANDED PROVIDER NETWORK



Our HMO and PPO provider networks have grown to ensure you get the care you need more easily. Presbyterian Health Plan's and Presbyterian Insurance Company's new partnership with Optum now gives you access to more than 200 primary care and specialty providers in Albuquerque.

NEW LOWER COST PLAN CHOICES



Gold 1 and Silver 6 HMO plans offer you a substantial discount in premiums while offering the added value included with our other Small Group plans. These plans will use the new Engage Network within the Central New Mexico area to lower the total cost of care.

ONLINE ENROLLMENT TOOLS **Coming soon!**



To help make enrolling new groups and renewing existing groups easier for our groups and producers, Presbyterian Health Plan will offer an Online Enrollment Tool for all Small Group customers, allowing you to complete the enrollment process on your schedule. Look for more information about this innovative tool as it becomes available.

Enjoy these \$0 benefits available with all small group plans!

\$0 GYM/FITNESS MEMBERSHIPS



Free access to more than 10,000 national and local recreation centers, including all Defined Fitness locations, select YMCA locations, Snap Fitness, Chuze, Curves, and more. Discounts available at Sports & Wellness.

\$0 COPAY FOR PREFERRED GENERIC DRUGS



100% coverage for more than 98% of formulary medications.

\$0 VIDEO VISITS



No-cost access to licensed healthcare providers for minor ailments from the comfort of your home, any time, day or night. (Costs may apply for High Deductible Health Plan members.)

To receive a full schedule of benefits, limitations, or exclusions, contact your health insurance broker or call us directly at (505) 923-5807.

 **PRESBYTERIAN**

Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.



Health Plan, Inc.

2021 Small Group HMO Overview

HMO Benefits	Platinum 1	Platinum 2	Gold 1**	Gold 3
A deductible is the amount you pay before the plan pays for benefits with coinsurance (%). The family deductible is 2x the individual deductible.	\$100	\$0	\$1,200	\$3,000
What do I pay for covered benefits?	Copayment – Benefits with a copayment (\$) are <i>not</i> subject to Coinsurance – Benefits with a coinsurance (%) are subject to			
Preventive Care	You pay \$0. Plan pays 100% for clinical preventive health services			
Primary Care Provider Visit	\$10	\$10	\$30	\$30
Urgent Care	\$10	\$10	\$30	\$30
Video Visit	\$0	\$0	\$0	\$0
Specialist Visit	\$30	\$25	\$90	\$90
Mental Health Outpatient Services	\$10	\$10	\$30	\$30
Lab	\$0	\$0	\$0	\$0
X-Ray	\$0	\$0	\$0	\$0
Imaging CT/PET/MRI	\$100	\$100	\$300	\$300
Emergency Room Plans with copay (\$) all services are included	\$100	\$100	\$500	\$500
Ambulance (air)	20%	20%	20%	20%
Ambulance (ground)	\$100	\$100	\$250	\$250
Hospital Inpatient and Outpatient	20%	\$250 per day, up to a max of \$750	20%	20%
Chiropractic and Acupuncture Limited to 20 visits each	\$10	\$10	\$30	\$30
Rehabilitation Therapy Physical, Occupational and Speech	\$10	\$10	\$30	\$30
Prescription Drugs per 30-day supply				
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Non-Preferred Generic	\$5	\$5	\$15	\$15
Tier 3: Preferred Brand	\$20	\$10	\$50	\$50
Tier 4: Non-Preferred Drug	\$75	\$50	\$125	\$125
Tier 5: Specialty Pharmaceuticals	20%	\$250	20%	20%
Out-of-Pocket Maximum includes the deductible, copayments, coinsurance, and prescription drug costs that you pay				
The family out-of-pocket maximum is 2x the individual out-of-pocket maximum.	\$3,200	\$2,750	\$8,550	\$5,500
Wellness and Other Services				
Fitness Center Membership	You and your enrolled dependents (ages 18 and up) will have free access			
Vision	We have partnered with Davis Vision to provide vision coverage for you			
Dental	We have partnered with DentalSource Dental Plan, Inc. to offer dental (Underwritten and administered by Companion Life Insurance Company)			
The benefit information provided is a brief summary, not a comprehensive description of benefits, limitations and/or and/or Summary of Benefits Coverage, which can be found online at www.phs.org/formsanddocuments .				

* **High Deductible Health Plans (HDHP)** - Qualified high deductible health plans can be used with a member-owned, portable your insurance deductible and qualified out-of-pocket medical expenses tax-free. To learn more, visit www.healthequity.com or

** This product is offered only in the five-county area and uses the Engage Network.

All plans are Medicare Part D creditable.

HDHP Gold 4*	HDHP Silver 1*	Silver 4	Silver 6**	Bronze 1	Bronze 3
\$3,200	\$3,200	\$5,000	\$7,000	\$8,550	\$8,550

deductible. Copayment covers office visit ONLY. All other services are subject to deductible and/or coinsurance. deductible first, and then you pay the applicable coinsurance (%) amount.

such as physical exam, colonoscopy, and routine immunizations.

0%	20%	\$30	\$40	\$40	0%
0%	20%	\$30	\$40	\$40	0%
\$40 until deductible is met, then 0%	\$40 until deductible is met, then 0%	\$0	\$0	\$0	\$0
0%	20%	\$90	\$120	0%	0%
0%	20%	\$30	\$40	\$40	0%
0%	20%	\$50	\$50	0%	0%
0%	20%	\$100	\$100	0%	0%
0%	20%	\$500	\$500	0%	0%
0%	20%	\$1,000	30%	0%	0%
0%	20%	30%	30%	0%	0%
0%	20%	\$250	\$250	0%	0%
0%	20%	30%	30%	0%	0%
0%	20%	\$30	\$40	\$40	0%
0%	20%	\$30	\$40	\$40	0%

0%	0%	\$0	\$0	\$0	0%
0%	20%	\$15	\$15	\$25	0%
0%	20%	\$130	30%	0%	0%
0%	20%	\$150	30%	0%	0%
0%	20%	30%	30%	0%	0%

\$3,200	\$7,000	\$8,550	\$8,550	\$8,550	\$8,550
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to more than 10,000 participating fitness centers.

and your family. Members 18 and under will be enrolled in the Vision for Children plan. *(Administered by Davis Vision)*

coverage for you and your family. See the dental flyer for details.

exclusions. For more information, contact the plan at 1-800-356-2219 or refer to the Subscriber Agreement

Health Savings Account (HSA). Through our partnership with HealthEquity, you can conveniently open an HSA to pay for call 1-866-346-5800.



Insurance Company, Inc.

2021 Small Group PPO Overview

PPO Benefits	Platinum 1		Platinum 2		Gold 1		Gold 3	
	In	Out	In	Out	In	Out	In	Out
A deductible is the amount you pay before the plan pays for benefits with coinsurance (%). The family deductible is 2x individual deductible.	\$100	\$200	\$0	\$500	\$1,200	\$2,400	\$3,000	\$6,000
What do I pay for covered benefits?	Copayment-Benefits with a copayment (\$) are not subject to deductible. Copayment Coinsurance-Benefits with a coinsurance (%) are subject to deductible first, and then							
Preventive Care	You pay \$0 (in-network only). Plan pays 100% for Clinical Preventive Health Services							
Primary Care Provider Visit	\$10	50%	\$10	50%	\$30	50%	\$30	50%
Urgent Care	\$10	\$10	\$10	\$10	\$30	\$30	\$30	\$30
Video Visit	\$0	50%	\$0	50%	\$0	50%	\$0	50%
Specialist Visit	\$30	50%	\$25	50%	\$90	50%	\$90	50%
Mental Health Outpatient Services	\$10	50%	\$10	50%	\$30	50%	\$30	50%
Lab	\$0	50%	\$0	50%	\$0	50%	\$0	50%
X-Ray	\$0	50%	\$0	50%	\$0	50%	\$0	50%
Imaging CT/PET/MRI	\$100	50%	\$100	50%	\$300	50%	\$300	50%
Emergency Room Plans with copay (\$) all services are included	\$100	\$100	\$100	\$100	\$500	\$500	\$500	\$500
Ambulance (air)	20%	20%	20%	20%	20%	20%	20%	20%
Ambulance (ground)	\$100	\$100	\$100	\$100	\$250	\$250	\$250	\$250
Hospital Inpatient and Outpatient	20%	50%	\$250 per day, \$750 max	50%	20%	50%	20%	50%
Chiropractic and Acupuncture Limited to 20 visits each	\$10	50%	\$10	50%	\$30	50%	\$30	50%
Rehabilitation Therapy Physical, Occupational and Speech	\$10	50%	\$10	50%	\$30	50%	\$30	50%
Prescription Drugs per 30-day supply								
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Non-Preferred Generic	\$5	\$5	\$5	\$5	\$15	\$15	\$15	\$15
Tier 3: Preferred Brand	\$20	\$20	\$10	\$10	\$50	\$50	\$50	\$50
Tier 4: Non-Preferred Drug	\$75	\$75	\$50	\$50	\$125	\$125	\$125	\$125
Tier 5: Specialty Pharmaceuticals	20%	Not covered	\$250	Not covered	20%	Not covered	20%	Not covered
Out-of-Pocket Maximum includes the deductible, copayments, coinsurance, and prescription drug costs that you pay								
The family out-of-pocket maximum is 2x the individual out-of-pocket maximum.	\$3,200	\$6,400	\$2,750	\$7,500	\$8,550	\$17,100	\$5,500	\$11,000
Other Services								
Fitness Center Membership	You and your enrolled dependents (ages 18 and up) will have free access to more than							
Vision	We have partnered with Davis Vision to provide vision coverage for you and your family.							
Dental	We have partnered with DentalSource Dental Plan, Inc. to offer dental coverage (Underwritten and administered by Companion Life Insurance Company)							
The benefit information provided is a brief summary, not a comprehensive description of benefits, limitations and/or exclusions. Coverage, which can be found online at www.phs.org/formsanddocuments .								

* **High Deductible Health Plans (HDHP)** - Qualified high deductible health plans can be used with a member-owned, portable Health Savings qualified out-of-pocket medical expenses tax-free. To learn more, visit www.healthequity.com or call 1-866-346-5800.

All plans are Medicare Part D creditable.

HDHP Gold 4*		HDHP Silver 1*		Silver 4		Bronze 1		Bronze 3	
In	Out	In	Out	In	Out	In	Out	In	Out
\$3,200	\$6,400	\$3,200	\$6,400	\$5,000	\$10,000	\$8,550	\$17,100	\$8,550	\$17,100

covers office visit ONLY. All other services are subject to deductible and or coinsurance. you pay the applicable coinsurance (%) amount.

such as physical exam, colonoscopy, and routine immunizations.

0%	0%	20%	50%	\$30	50%	\$40	0%	0%	0%
0%	0%	20%	20%	\$30	\$30	\$40	\$40	0%	0%
\$40 until deductible is met, then 0%	0%	\$40 until deductible is met, then 0%	50%	\$0	50%	\$0	0%	\$0	0%
0%	0%	20%	50%	\$90	50%	0%	0%	0%	0%
0%	0%	20%	50%	\$30	50%	\$40	0%	0%	0%
0%	0%	20%	50%	\$50	50%	0%	0%	0%	0%
0%	0%	20%	50%	\$100	50%	0%	0%	0%	0%
0%	0%	20%	50%	\$500	50%	0%	0%	0%	0%
0%	0%	20%	20%	\$1,000	\$1,000	0%	0%	0%	0%
0%	0%	20%	20%	30%	30%	0%	0%	0%	0%
0%	0%	20%	20%	\$250	\$250	0%	0%	0%	0%
0%	0%	20%	50%	30%	50%	0%	0%	0%	0%
0%	0%	20%	50%	\$30	50%	\$40	0%	0%	0%
0%	0%	20%	50%	\$30	50%	\$40	0%	0%	0%

0%	0%	0%	0%	\$0	\$0	\$0	\$0	0%	0%
0%	0%	20%	20%	\$15	\$15	\$25	\$25	0%	0%
0%	0%	20%	20%	\$130	\$130	0%	0%	0%	0%
0%	0%	20%	20%	\$150	\$150	0%	0%	0%	0%
0%	Not covered	20%	Not covered	30%	Not covered	0%	Not covered	0%	Not covered

\$3,200	\$6,400	\$7,000	\$14,000	\$8,550	\$17,100	\$8,550	\$17,100	\$8,550	\$17,100
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10,000 participating fitness centers.

Members 18 and under will be enrolled in the Vision for Children plan. *(Administered by Davis Vision)*

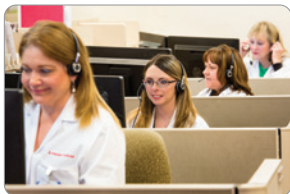
for you and your family. See the dental flyer for details.

For more information, contact the plan at 1-800-356-2219 or refer to the Subscriber Agreement and/or Summary of Benefits

Account (HSA). Through our partnership with HealthEquity, you can conveniently open an HSA to pay for your insurance deductible and

Member Resources

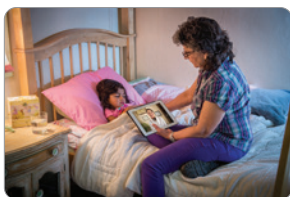
PresRN Nurse Advice Line



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."

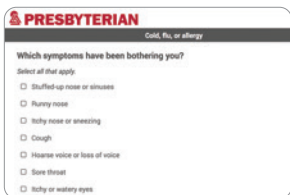
\$0 Video Visits



See a provider anytime, day or night. This option offers a new way to see a medical provider for non-emergency medical conditions via secure

video through a smartphone, tablet or computer webcam. Visits are \$0. (Costs may apply for High Deductible Health Plan members). For details, visit www.phs.org/videovisits.

Online Visits



With Online Visits patients who have previously visited a Presbyterian facility can save a trip to a provider's office. Through our online

system, Presbyterian Medical Group providers diagnose, treat and prescribe medications. Online Visits are available 24/7. For details, visit www.phs.org/onlinevisits.

PresNow

PRESNow

24/7

Urgent and
Emergency Care

Albuquerque residents have a new choice for medical care, all under one roof. Patients don't have to guess if it's an emergency because

medical staff decides the level of care needed. Both Urgent and Emergency Care are open 24 hours a day. Visit PRESNow247.org to learn more.

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.

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

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.

Seeking care in New Mexico?



We know how important it is to find the care that you and your family need. We contract with over 17,000 providers statewide, including more

than 950 Presbyterian Medical Group providers. Create a personalized in-network provider directory online at www.phs.org/directory.

Fitness/Gym Membership



You and your 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 in Albuquerque, Rio Rancho, Farmington and Santa Fe, as well as the nationwide Prime® Fitness network which includes select YMCA locations, Snap Fitness,

Chuze, Curves and more. Discounted rates are also available from Sports and Wellness. For a list of participating locations, visit www.phs.org and search for "gym."

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 three 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.

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.

On to Better Health



This interactive software offers an alternative to traditional mental health and substance abuse care

by providing access to tools and resources that are easy to use, confidential and available 24/7. Go to www.ontobetterhealth.com/php.

Clickotine



Clickotine®

Clickotine is an innovative program that uses clinically driven app technology to help you create and stick to a quit

plan and overcome nicotine cravings. Go to www.clktx.com/join and enter Client ID code: LNV20C

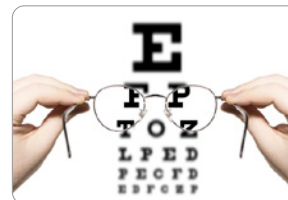
Assist America



You have the protection of Assist America's global emergency travel assistance services 24 hours a day, 365 days a year. This unique

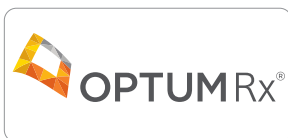
program immediately connects you to services when experiencing a medical emergency while traveling 100 miles or more away from a permanent residence or in another country. First, download the *free* Assist America Mobile App, then log in with reference number 01-AA-PXI-10071. For questions, contact Assist America's Operations Center at 1-800-872-1414 (or +1-609-986-1234 outside of the USA).

Vision Coverage



Presbyterian provides you with vision coverage options for the entire family. Vision Basic and Vision for Children are included with your medical plan.

Mail-Order Pharmacy Service



Provided by OptumRx®, 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. To register, call OptumRx at 1-866-528-5829 or visit www.optumrx.com.

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.

Value-Added Program



Members are automatically enrolled in the BenefitSource Value-Added program, which provides supplemental

vision and hearing programs, complementary and alternative medicine, wellness and assisted living services. For more information, contact BenefitSource at 1-888-862-8659 or visit www.benefitsource.org/presbyterian.

Dental Coverage



Presbyterian and BenefitSource have also partnered to offer you two PPO dental coverage options, each offering

you lower out-of-pocket costs when obtaining dental care within the network. You are also covered when obtaining dental care from non-participating providers. For more information, contact BenefitSource at 1-888-862-8659 or visit www.benefitsource.org.

Seeking care outside of New Mexico?



PPO members receive in-network benefits outside of New Mexico with nearly 900,000 providers through our partnership with the

PHCS/MultiPlan National Network. Refer to your Summary of Benefits and Coverage (SBC) to see if your plan qualifies. If your plan does qualify, visit www.multiplan.com/presbyterian to search for providers in the national network. For PPO members only.

HealthEquity



Through our partnership with HealthEquity, employers can elect to offer a qualified High Deductible Health Plan (HDHP) with a Health

Savings Account (HSA) at no additional cost. HealthEquity also offers Health Reimbursement Account (HRA) and Flexible Spending Account (FSA) options to members at a reduced cost. Call 1-866-346-5800 or visit www.healthequity.com.

Local 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 Customer Service Center by phone at (505) 923-5678 or toll-free 1-800-356-2219 (TTY 711), or send an email to info@phs.org.

UNLOCK THE POWER

of a HEALTH SAVINGS ACCOUNT (HSA)



HSAs CAN HELP YOU SAVE MONEY

An HSA is one of the most tax-advantaged ways for you to save money for qualified medical expenses:

- HSA-qualified health plans typically cost less than traditional plans.
- Money put into your HSA through payroll deductions is tax free.¹
- HSA balances earn tax-free interest and any potential gains from investments are not taxed.
- Spending HSA dollars on qualified medical expenses is tax free.

Because HSAs are so tax-advantaged, the IRS limits the amount you can put in your HSA each year.

HSA contribution limits

Tax year	Individual	Family
2020	\$3,550	\$7,100
2021	\$3,600	\$7,200

After age 55, an additional \$1,000 can be contributed annually.

HSA funds remain yours to grow

Not only are HSAs a great way to save for future and unexpected medical expenses, HSAs are also a great way to save for retirement:

- Your HSA balance rolls over every year. It is yours to keep even if you change plans or leave your employer.
- You own your HSA and any balance you have is yours to keep.
- Once your account balance reaches a certain threshold, your HSA funds can be invested² in mutual funds or other investments.
- After age 65, you can use your HSA funds much like a 401(k) and withdraw funds for any purpose, while just paying income tax on the withdrawn amount.

HealthEquity®

15 West Scenic Pointe Drive
Draper, UT 84020 | www.HealthEquity.com

It's your account, it's your money!

Start saving today! HSAs are free and included only with the Presbyterian HDHP, Gold 4 or Silver 1 plan. Download the free HealthEquity mobile app for easy access to your account whenever you are on-the-go. Learn more about HSAs at:

HealthEquity.com/Presbyterian

¹ HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

² Investments available to HSA holders are subject to risk, including the possible loss of the principal invested and may not be eligible for federal depository insurance by the FDIC or NCUA or guaranteed by HealthEquity, Inc.. HealthEquity, Inc. does not provide financial advice. HSA holders making investments should review the applicable fund's prospectus. Investment options and thresholds may vary and are subject to change. Consult your advisor or the IRS with any questions regarding investments or on filing your tax return.

DentalSource Dental Plan, Inc. High Option Benefit Summary



Dental Plan 530-2017	You Pay:	
	In-Network	Out-of-Network
Class I: (Diagnostic/Preventive) • Oral Examinations • Cleanings • Fluoride Treatment • Space Maintainers • Sealants • Palliative Emergency Treatment • Dental X-rays	0%	0% (MAC)*
Class II: (Basic) • Oral Surgery • Extractions • Restorations (Composite white and silver fillings) • Anesthesia (in conjunction with oral surgery)	20%*	20% (MAC)*
Class III: (Major)** • Crowns • Bridges • Dentures • Inlays • Other prosthetic services • Endodontic Services • Periodontal Services • Implants	50%*	50% (MAC)*
Covered Expenses Maximum Allowable Charge (MAC) *Percentage of coverage is based on pre-negotiated fees. **Class III (Major) services are subject to a six-month waiting period from the effective date of coverage. Members must be covered under the plan for six consecutive months in order to be eligible for Class III (Major) services. Maximum Benefit per contract year for all Class I, II and III expenses..... \$1,500 Per Person Deductible applicable to Class II and III covered expenses \$50 Per Person Deductible is based on contract year with a maximum of three (3) deductibles per family (\$150)		
2020 Monthly Premium		
Employee	\$32.73	
Employee + Spouse	\$73.05	
Employee + Child(ren)	\$67.22	
Employee + Family	\$99.88	
Limitations and Exclusions		
<ul style="list-style-type: none">• Treatment for cosmetic purposes other than medically necessary procedures are not covered benefits.• Education, counseling, or training including supplies for nutrition, dental hygiene, or harmful habits are not covered benefits.• Major services have a five-year replacement period.• Please refer to your certificate of coverage for a complete list of limitations and exclusions.		

The above provides only a brief description of your dental plan. Please refer to the policy for complete details including limitations and exclusions. For more information, please contact DentalSource toll free at 1-888-862-8659.

Please visit our website at www.dentalsourcenm.com for a current list of PPO providers in your area.

1804 Juan Tabo NE, Suite A, Albuquerque, NM 87112
 Phone: (505) 237-1501 or 888-862-8659
 Fax: (505) 237-8344

DentalSource Dental Plan, Inc. Standard Option Benefit Summary



Dental Plan 530-2017	You Pay:	
	In-Network	Out-of-Network
Class I: (Diagnostic/Preventive) • Oral Examinations • Cleanings • Fluoride Treatment • Space Maintainers • Sealants • Palliative Emergency Treatment • Dental X-rays	0%	10% (MAC)*
Class II: (Basic) • Oral Surgery • Extractions • Restorations (Fillings) • Anesthesia (in conjunction with oral surgery)	20%*	40% (MAC)*
Class III: (Major)** • Crowns • Bridges • Dentures • Inlays • Other prosthetic services • Endodontic Services • Periodontal Services	50%*	60% (MAC)*
Covered Expenses Maximum Allowable Charge (MAC) *Percentage of coverage is based on pre-negotiated fees. **Class III (Major) services are subject to a six-month waiting period from the effective date of coverage. Members must be covered under the plan for six consecutive months in order to be eligible for Class III (Major) services. Maximum Benefit per contract year for all Class I, II and III expenses..... \$1,200 Per Person Deductible applicable to Class II and III covered expenses \$50 Per Person Deductible is based on contract year with a maximum of three (3) deductibles per family (\$150)		
2020 Monthly Premium		
Employee	\$26.18	
Employee + Spouse	\$56.44	
Employee + Child(ren)	\$54.59	
Employee + Family	\$82.90	
Limitations and Exclusions		
<ul style="list-style-type: none">• Treatment for cosmetic purposes other than medically necessary procedures are not covered benefits.• Education, counseling, or training including supplies for nutrition, dental hygiene, or harmful habits are not covered benefits.• Major services have a five-year replacement period.• Please refer to your certificate of coverage for a complete list of limitations and exclusions.		

The above provides only a brief description of your dental plan. Please refer to the policy for complete details including limitations and exclusions. For more information, please contact DentalSource toll free at 1-888-862-8659.

Please visit our website at www.dentalsourcenm.com for a current list of PPO providers in your area.

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 Fax: (505) 237-8344

Presbyterian Vision Plans for Small Groups



PRESBYTERIAN

Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

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

- Greater number of providers and retailers
- Ability to purchase eyewear online from retailers including Glasses.com™, 1-800 Contacts®, Befitting 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.

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

Vision for Children and Vision Basic plans are included at no additional cost.

In-Network Benefits	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)
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 Standard	\$40	\$45
Standard Progressive Lenses	\$65	\$65
Out-of-Network Reimbursements		
Eye Exam	\$55	\$55
Frame	\$50	N/A
Single Vision Lenses	\$40	N/A
Bifocal/Progressive Lenses	\$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.

Next Steps to Small Group Enrollment

Small groups can enroll at any time of year and do not have to wait for a renewal date.

1. To ensure timely processing and receipt of Premium Billing invoices and ID cards prior to your requested effective date, please complete the three-page **Employer Group Information Application** by these deadlines:
 - **1st of the month effective date** - Completed applications must be received by the 10th of the previous month (e.g. by May 10th for a June 1st effective date).
 - **15th of the month effective date** - Completed applications must be received by the 25th of the previous month (e.g. May 25th for a June 15th effective date).
2. If you select optional dental coverage, include the completed Companion Life/DentalSource Application with the Presbyterian Application. This option is available for groups with a minimum of two contracts.
3. Complete an Employee Action Form for each employee enrolling in a health plan.
4. Sign and date the first page of the Group Letter of Agreement.
5. Scan and email the following completed forms to your Account Executive or fax to the Presbyterian Sales Department at (505) 923-8225:
 - Employer Group Information Application
 - Companion Life/DentalSource Application(optional)
 - Employee Action Forms
 - Page 1 of the Group Letter of Agreement



Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

MPC0818120 PBHP-131623912 PBHP-131625453

Presbyterian complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (505) 923-5420, 1-855-592-7737 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yáníłłi'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłłnih (505) 923-5420, 1-855-592-7737 (TTY: 711).

Employer Group Information Application



Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

Application Instructions

1. Get help with this application by calling us at (505) 923-5807 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m. Additional forms may be found online at www.phs.org/employers.
2. Complete this form and fax it to (505) 923-8225 or email it to your account executive.

Step 1 – Employer Group Information

Requested effective date:

Group name:

Tax identification number:

Group legal name (if different then above):

Group contact name:

Group contact title:

Billing contact name and title:

Billing contact title:

Group contact phone:

Billing contact phone:

Group contact email:

Billing contact email:

Physical address (P.O. Boxes are not allowed):

Suite number:

City:

State:

ZIP code:

County:

Billing address (if different from physical address):

Suite number:

City:

State:

ZIP code:

County:

Is this company affiliated with any other companies? Yes ☐ No ☐ If yes, affiliation's name:

Step 2 – Eligibility and Contribution Guidelines

Waiting Period:

- ☐ Date of hire
- ☐ 1st of the month following date of hire
- ☐ 1st of the month following 30 days of employment
- ☐ 1st of the month following 60 days of employment
- ☐ Effective on the 91st date of employment

Eligibility:

1. Part-time employment applies to waiting period?
Yes ☐ No ☐
2. Group agrees to domestic partner coverage?
Yes ☐ No ☐
3. Group is COBRA eligible? Yes ☐ No ☐
If Yes, COBRA Administrator Name _____
4. Offering a qualified high deductible plan?
Yes ☐ No ☐ If Yes, HealthEquity HSA through Presbyterian? Yes ☐ No ☐ If yes, complete the HealthEquity enrollment forms.
5. Does employer wish to waive the waiting period for initial enrollment? Yes ☐ No ☐
6. Full-time eligible employees are scheduled to work _____ hours per week. (30 hours max)

Employer Group Information Application

Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

Premium Contributions

Employee: ____% or \$____ Spouse: ____% or \$____ Dependents: ____% or \$____

Step 3 – Group Census

☐ Group attests they have 50 or less full-time equivalent employees based on IRS guidelines. Use the full-time equivalent employee (FTE) calculator online at <https://www.healthcare.gov/shop-calculators-fte> to verify your FTE count.

Total employees:	=	
# of part-time or seasonal employees:	-	
# of employees in the waiting period	-	
# of eligible employees (including waivers):	=	
# of employee with other coverage waiving coverage:	-	
# of employee without other coverage waiving coverage:	-	
Total # of employees enrolling:	=	
Total # of employees living and/or working outside of New Mexico:		

Step 4 – Medical Plan Selection

You may choose 1- 3 plans between HMO and PPO

☐ HMO Plans

Platinum Plan	Gold Plans	Silver Plans	Bronze Plans
<input type="checkbox"/> Platinum 1	<input type="checkbox"/> Gold 1	<input type="checkbox"/> Silver 1	<input type="checkbox"/> Bronze 1
<input type="checkbox"/> Platinum 2	<input type="checkbox"/> Gold 3	<input type="checkbox"/> Silver 4	<input type="checkbox"/> Bronze 3
	<input type="checkbox"/> Gold 4	<input type="checkbox"/> Silver 6	

☐ PPO Plans

Platinum Plan	Gold Plans	Silver Plans	Bronze Plans
<input type="checkbox"/> Platinum 1	<input type="checkbox"/> Gold 1	<input type="checkbox"/> Silver 1	<input type="checkbox"/> Bronze 1
<input type="checkbox"/> Platinum 2	<input type="checkbox"/> Gold 3	<input type="checkbox"/> Silver 4	<input type="checkbox"/> Bronze 3
	<input type="checkbox"/> Gold 4		

Step 5 – Dental Plan Selection

For groups with two or more employees enrolled

DentalSource Dental Plan ☐ Yes ☐ No

If yes, please complete the *separate* **DentalSource Employer Application** and select the High or Standard Option. (*Dental coverage is underwritten and administered by Companion Life Insurance Company*)

Employer Group Information Application



Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

Step 6 – Payment Information

Select a payment option (automatic bank draft or bill me)

☐ Checking account ☐ Savings account ☐ Bill me (for groups with 10+ employees enrolled only)

Must include 1st months premium payment with application

Name of bank:

Name of account holder:

Routing number:

Account number:

Step 7 – Authorizations and Agreements

I hereby authorize and request Presbyterian to initiate and withdraw entries from the account indicated and the financial institution named for monthly premium payments required by the Group Subscriber Agreement/Summary Plan Description. This authorization is to remain in effect until Presbyterian and the financial institution named are notified in writing. I understand that I have the right to terminate this agreement by notifying my financial institution. However, I understand that prearranged withdrawal entries are the required method of premium payment under the Group Subscriber Agreement/Summary Plan Description.

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 acknowledge that I have read and understand this application in its entirety.

Signature of group contact

X _____

Date: _____

Signature of billing contact

X _____

Date: _____

Agent and Broker Information

First and last name:

Phone number:

Agency name:

NPN number:



PRESBYTERIAN

Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

Employee Action Form

EMPLOYER INFORMATION

Employer:	Sub-group/Department:	Group Number:
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SECTION A: TYPE OF ACTION

<input type="checkbox"/> New Enrollment or Qualifying Event:	<input type="checkbox"/> Waive Coverage (complete Section A, sign and date)	<input type="checkbox"/> Terminate Coverage
<input type="checkbox"/> Open/New Enrollment	<input type="checkbox"/> Other Coverage	Date:
<input type="checkbox"/> Qualifying Event	<input type="checkbox"/> Individual <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	Reason:
Date of Event: _____	<input type="checkbox"/> Other Employer: _____	
	<input type="checkbox"/> Court Order <input type="checkbox"/> Selecting no coverage	

Presbyterian plan selected if more than one plan is offered by employer: _____

Coverage selected:
☐ Single ☐ Two-party
☐ EE + Child(ren) ☐ Family

Dental Coverage Selected: ☐ Yes ☐ No (if yes, all family members will be enrolled in the plan selected by employer)

SECTION B: EMPLOYEE INFORMATION

Employee Last Name:	Employee First Name & MI:	Date of Birth:	Phone Numbers:	Social Security Number:
			Work: ()	
			Home/Cell: ()	
Mailing Address:	City:	State:	Zip:	Email Address:
Employment Status:	Date of Hire:	Occupation:	Gender:	Ethnicity (optional):
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				Other Language/Disability Needs:
Hours per wk: _____				

SECTION C: DEPENDENT INFORMATION

Dependent Type:	Last Name:	First Name and MI:	Social Security #:	Gender:	Date of Birth:	Eff. Date:	Primary Care:	Court order?
Spouse								
Child								
Child								
Child								
Child								

SECTION D: OTHER MEDICAL BENEFITS FOR COORDINATION (if applicable)

Family Member Name(s):	<input type="checkbox"/> Private Insurance:	<input type="checkbox"/> Medicare #:	<input type="checkbox"/> Not applicable
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SECTION E: CONSENT / SIGNATURES

By signing this application you agree you have read all pages and agree that all information is correct and you have authority to act on behalf of and fully bind all of the dependents with respect to every provision of the Group Subscriber Agreement.

Employee Signature:	Date Signed:
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Please Read Carefully

Payroll Deduction

I HEREBY AUTHORIZE my employer to deduct from my pay check any required contribution for group benefits for which I am eligible.

Release of Protected Health Information

I HEREBY CONSENT to the extent permitted by applicable law to the use by or the release of my Protected Health Information (PHI) by any person or entity including without limitation, practitioners, providers, and insurance companies to Presbyterian Health Plan, Inc. or Presbyterian Insurance Company, Inc. (Presbyterian) or its designees for any permitted purpose, including but not limited to; quality assurance, utilization review, processing of claims, financial audits, or other purposes related to the treatment, payment, or healthcare operations activities of Presbyterian. This consent shall not permit use of PHI when an authorization is required by law. For full description of Presbyterian's privacy practices as related to oral, written and electronic data and communication, please visit our website at www.phs.org/Pages/privacy-security.aspx or call Customer Service at (505) 923-5678.

Group Subscriber Agreement/Summary Plan Description/Certificate of Insurance

I understand I can access my Presbyterian Group Subscriber Agreement, Summary Plan Description or Certificate of Insurance, which contains the covered benefits, utilization management services, limitations, and exclusions applicable to my healthcare plan at www.phs.org/formsanddocuments. I understand that a Presbyterian representative or my personnel office will further explain the coverage for which I am eligible upon my request. I understand that my healthcare coverage is subject to the eligibility dates specified by my employer and Presbyterian. I will be financially responsible for any treatment received outside of the dates. I understand that I shall abide by the provisions of the coverage in the Group Subscriber Agreement or Summary Plan Description or Certificate of Insurance under which I am enrolled. I understand that it is my responsibility to report to my employer any changes in the eligibility of my dependents within 31 days or as specified in the Group Letter of Agreement. Exclusions, limitations, rights and responsibilities can be reviewed in Group Subscriber Agreement. Please call 1-866-869-7737 to request a copy of this agreement.

Waiver of Health Coverage

I understand that by declining Presbyterian coverage for myself (and my family, if applicable) through my employer that:

1. I may not elect or enroll in this coverage until the next open enrollment period unless I experience an involuntary loss of coverage or acquire a new dependent.
2. I may in the future under certain circumstances be able to enroll myself (and my family, if applicable) in the plan provided that I request enrollment within 31 days after the other coverage ends.
3. In addition, if I acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, I may be able to enroll myself and my dependents, provided that I request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Enrollment Instructions

Please complete all of the applicable sections of the Employee Action Form (enrollment form). Sign and date the form and return it to your employer's benefits administrator. The benefits administrator will write in your effective date. The effective date is the date your coverage under Presbyterian begins. Any services provided prior to this date will not be covered by Presbyterian.

Pediatric Dental

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 insurance carrier, agent or the New Mexico Health Insurance Exchange (<http://www.nmhix.com>) if you wish to purchase pediatric dental coverage or a stand-alone dental insurance product.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM 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.



Companion Life

Companion Life Insurance Company
7909 Parklane Road, Suite 200
Columbia, South Carolina 29223-5666

Standard or High Option Employer Application

THIS TYPE OF PLAN IS NOT CONSIDERED 'MINIMUM ESSENTIAL COVERAGE' UNDER THE AFFORDABLE CARE ACT AND THEREFORE DOES NOT SATISFY THE INDIVIDUAL MANDATE THAT YOU HAVE HEALTH INSURANCE COVERAGE. IF YOU DO NOT HAVE OTHER HEALTH INSURANCE COVERAGE, YOU MAY BE SUBJECT TO A FEDERAL TAX PENALTY.

Application is made to Companion Life Insurance Company for a Dental Policy, the provisions of which shall be made available to all eligible classes of Employees.

General Information

Group Medical Plan Effective Date/ Renewal Date:

Group Medical Plan Number:

Group Medical Plan Account Manager Name and Phone Number:

Dental Plan Effective Date (must be the same as medical plan):

Employer Group Information

Group Name:

Tax Identification Number:

☐ Corporation ☐ Proprietorship ☐ Partnership

Group Legal Name (if different then above):

Group Contact Name and Title:

Group Contact Email:

Group Contact Phone:

Group Fax Number:

Physical Address (P.O. Boxes are not allowed):

Suite Number:

City:

State:

ZIP Code:

County:

Mailing Address (if different from physical address):

Suite Number:

City:

State:

ZIP Code:

County:

Nature of Business:

SIC Code:

Affiliates or subsidiaries to be covered
Name:

City

State:

ZIP Code:

County:

Number of eligible employees residing outside of the state in which the policy was issued:

State: _____ Number of Employees: _____

Eligibility

CLASSES OF ELIGIBLE EMPLOYEES:

- ☐ Active employees - All active full-time employees (A full-time employee must work 30 hours per week of compensable time.)
- ☐ Other - Explain if there are any persons who will be enrolled who are not actively employed (i.e., retirees, COBRA, etc.): _____

NUMBER OF ELIGIBLE EMPLOYEES IN ELIGIBLE CLASSES (minimum of 2 enrolled to qualify)

- A. Total number of employees on the payroll: _____
- B. Less number of employees not eligible: _____
- C. Total Number Enrolled: _____

DEPENDENT ELIGIBILITY

Spouse and/or children to age 26. If there are any additional eligibility requirements for dependents, please specify: _____

WAITING PERIOD

- ☐ Date of hire
- ☐ 1st of the month following date of hire
- ☐ 1st of the month following 30 days of employment
- ☐ 1st of the month following 60 days of employment
- ☐ Effective on the 91st date of employment

ELIGIBILITY

1. Part-time employment applies to waiting period? Yes ☐ No ☐
2. Group agrees to domestic partner coverage? Yes ☐ No ☐
3. Group is COBRA eligible? Yes ☐ No ☐
If Yes, COBRA Administrator Name _____

Employer Contributions

PERCENT OR AMOUNT

The Employer agrees to make the following contribution toward the cost of the employee and dependent coverage: Employee _____ (% / \$) Dependent _____ (% / \$)

Type of Coverage (select one)

<input type="checkbox"/> Standard Option		<input type="checkbox"/> High Option	
<input type="checkbox"/> PPO-MAC Contributory (employer contributes)		<input type="checkbox"/> PRO PPO-MAC Contributory (employer contributes)	
<input type="checkbox"/> PPO-MAC Voluntary (employee paid)		<input type="checkbox"/> PRO PPO-MAC Voluntary (employee paid)	
Standard Option Premiums PPO-MAC		High Option Premiums PRO-PPO –MAC	
Employee	\$26.18	Employee	\$32.73
Employee + Spouse	\$56.44	Employee + Spouse	\$73.05
Employee + Child(ren)	\$54.59	Employee + Child(ren)	\$67.22
Employee + Family	\$82.90	Employee + Family	\$99.88

Class III** Waiting Period

****Six (6) Month Class III** Waiting Period Waived?** Yes ☐ No ☒

Take over credit requested for time covered under this employer's prior Plan (plan being replaced)?

Yes ☐ No ☐

If "Yes", a Takeover of Benefits Credit is to be considered for Class III, the following must be provided.

Name of Carrier: _____ Effective Date of Prior Plan: _____

Termination date of Prior Plan: _____

The employer must also submit a copy of (1) the prior carrier's most recent billing statement; (2) a certificate or letter of acceptance that shows the effective date of the prior plan; and (3) the prior carrier's certificate, booklet or schedule of benefits.

Signature

FRAUD WARINING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material there to commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

AGREEMENT

- A. This application is signed by a person or persons authorized by the Employer to make such an agreement; and
- B. The application is received and approved by the Companion Life Insurance Company at its home office; and
- C. The initial month's premium is received by Companion Life Insurance Company.

Coverage is effective on the first billing due date after the conditions in (a), (b), and (c) above have been met. Coverage is subject to all the terms and conditions of the Group Dental Policy.

SIGNATURES

For a corporation, the President or Vice President and the Secretary or Acting Secretary should sign. For a proprietorship, the owner should sign. For a partnership, any partner should sign. I have read this application, agreed to the terms, and certify that all statements are true and complete. It is understood that provisions of the Group Dental Policy, including premiums therefore, may be amended or changed from time to time, upon written notice from Companion Life Insurance Company to the Employer.

Employer Representative

Agent/Broker

(print name)

(print name)

(signature)

(signature)

Title

License Number

Date

Date



ATTESTATION OF SMALL GROUP SIZE

I, the undersigned, hereby acknowledge that I am applying for small group health insurance coverage and that New Mexico law requires all small groups have at least two, but not more than 50 “eligible employees.” However, because of the way in which “eligible employees” are determined under New Mexico law, there are circumstances in which a small group may only cover a single individual. Your small group has been identified as only covering a single individual. As a result, and in order to verify compliance with all applicable laws, rules and regulations, Presbyterian is requiring that you complete the following attestation to affirmatively represent that you meet one of the categories of eligibility listed below in order to retain your small group coverage. If you do not meet at least one of the categories of eligibility listed below, you will not be eligible for small group coverage with Presbyterian. You may be eligible for an individual policy or other health insurance sold by Presbyterian.

CATEGORIES OF ELIGIBILITY (Single Covered Individual)

- ☐ A. I have only one person applying for health insurance in my group, but at my discretion (as the employer), have designated an employee’s spouse or dependent as an employee. See section 59A-23C-3(N)(1).
- ☐ B. I have only one person applying for health insurance in my group but I have at least one other employee working for me. See section 59A-23C-3(N).
- ☐ C. I am an employer that was not in existence throughout the calendar year beginning prior to my coverage period, and I reasonably expect to have two or more employees (including myself) during the coverage period. See section 59A-23C-3(N)(3).
- ☐ D. I have only one person applying for health insurance in my group but during either of the preceding two years employed no less than two employees (which may have included myself) for at least fifty percent of the working days. See section 59A-23C-3(N).
- ☐ E. NONE. I do not meet any of the foregoing.

I understand that Presbyterian Health Plan, Inc. (“PHP”) or Presbyterian Insurance Company, Inc. (“PIC”) will rely on this Attestation in connection with determining which products my group is eligible for and for compliance with applicable laws, rules and regulations including the Patient Protection and Affordable Care Act and the laws of the state of New Mexico. I hereby agree to indemnify PHP and PIC for any claims, damages, fines, or penalties which it may incur as a result of its reliance on this Attestation.

Group – Printed Name

Authorized Representative – Printed Name

Authorized Representative – Signature

Date



Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

Presbyterian HEALTH PLAN, INC. and Presbyterian INSURANCE COMPANY INC.

GROUP LETTER OF AGREEMENT

SMALL GROUP 2 - 50 ELIGIBLE FULL TIME EMPLOYEES

(HMO products administered by Presbyterian Health Plan Inc.;

PPO products administered by Presbyterian Insurance Company, Inc.)

Signature Page

SIGNATURE BY EMPLOYER GROUP

By signing this Agreement, the Group acknowledges that it has read and understands the terms and conditions of the following agreement with Presbyterian, and represents that the information it has provided to Presbyterian is complete and accurate.

Group Name

Group Number

Signature

Title

Signature Date

Effective Date

Presbyterian Health Plan, Inc
Presbyterian Insurance Company,
Inc.

by: Brandon Fryar

Presbyterian HEALTH PLAN, INC. and Presbyterian INSURANCE COMPANY INC.**GROUP LETTER OF AGREEMENT****SMALL GROUP 2 - 50 ELIGIBLE FULL TIME EMPLOYEES**

(HMO products administered by Presbyterian Health Plan Inc.;

PPO products administered by Presbyterian Insurance Company, Inc.)

This Agreement ("Agreement") is by and between Presbyterian Health Plan, Inc. ("PHP"), a New Mexico corporation, and/or Presbyterian Insurance Company, Inc. ("PIC"), a New Mexico corporation, and (the "Group"). PHP and PIC are referred to herein as "Presbyterian".

WHEREAS, Presbyterian is a New Mexico corporation authorized to do business as an Health Plan in Presbyterian's licensed service area in the state of New Mexico; and

WHEREAS, the Group is a viable business entity licensed to do business in the State of New Mexico and operating within the scope of its license and charter; and

WHEREAS, the Group has a minimum of two and no more than 50, eligible, active employees who reside or work in the service area; and

WHEREAS, the Group has requested and received approval for coverage for enrollment of Out-of-Area employees when applicable; and

WHEREAS, the Group has offered Presbyterian as the only health plan option to its employees, unless the Group has requested and received approval from Presbyterian to offer more than one plan; and

WHEREAS, the issuance of this Agreement shall be deemed to constitute proper notice of the renewable provisions, as set forth and subject to the requirements in this Agreement. If a change in benefit plan is desired, a request must be submitted to Presbyterian no later than 10 days before the Effective Date of the benefit change.

NOW, THEREFORE, the parties agree as follows:

1. Services: Presbyterian agrees to provide, through enrollment in Presbyterian, the services described in the current Presbyterian Group Subscriber Agreement, and any riders or amendments thereto ("Group Subscriber Agreement"), a copy of which has been, or will be upon request, provided to the Group and the terms of which are hereby incorporated by reference, Presbyterian will enroll those Group employees and their Dependents who are eligible as outlined in the Group's company policy and approved by Presbyterian under the terms of Paragraph 5 of this Agreement, to enroll in Presbyterian as of the effective date of such enrollment. Dependents include, spouse, children, and if applicable, qualified domestic partners of eligible employees ("Dependents"). Presbyterian's obligation to provide services hereunder is subject to all terms, conditions, exclusions and limitations set forth in this Agreement and in the Presbyterian Group Subscriber Agreement and any riders or amendments thereto. If there is a conflict between this Agreement and the Presbyterian Group Subscriber Agreement and any riders or amendments thereto, this Agreement takes precedence.

2. Payment:

a) In consideration of the enrollment in Presbyterian of eligible Group employees and Dependents, the Group agrees to pay to Presbyterian the monthly prepayment for each Group employee enrolled in Presbyterian, based on the coverage selected by such employee as outlined in the attached rate sheet (s) ("Rates").

Agreed upon rates are guaranteed no less than 12 months from the period as outlined in the Rate Confirmation Sheet commencing with the Effective Date of this Agreement or signed Renewal Confirmation hereafter.

b) The Group understands that Presbyterian is a prepaid health plan. Payment of the total amount of monthly prepayments due hereunder shall be made by the Group in advance of each month that Group employees are enrolled with Presbyterian. Presbyterian shall invoice the Group monthly for the subsequent month's coverage. Payment, as reflected in the invoice from Presbyterian, must be received by Presbyterian on or before the 1st day of the month of coverage as follows:

1) If the Group has two to nine employees enrolled, payment in the amount of Presbyterian's invoice will be withdrawn from the Group's bank account per the *Authorization Agreement for Prearranged Payments*, attached as Exhibit B. The transaction will occur on the 5th day of the month of coverage or the 1st banking day thereafter. Retroactive adjustments required by the termination or addition of enrollees shall be reflected in the subsequent month's invoice.

2) If the Group has 10-50 enrolled employees, the Group shall pay to Presbyterian each month the amount shown due on Presbyterian's monthly invoice. Premiums must be made payable to Presbyterian Health Plan, Inc. and/or Presbyterian Insurance Company, Inc. and remitted to:

Presbyterian Health Plan, Inc.
P.O. Box 911594
Denver, Colorado 80291-1594

Presbyterian Insurance Company, Inc.
P.O. Box 911600
Denver, CO 80291-1600

Group agrees to pay as billed. Retroactive adjustments required by the termination or addition of enrollees shall be reflected in the subsequent monthly invoices.

If the Group's enrollment changes from 10-50 enrolled employees to two to nine enrolled employees, the Group will be set-up for *Prearranged Payments* upon the group's next renewal.

c) Acceptance of late, partial or non-electronic payments by Presbyterian shall not constitute a waiver of any present or future rights Presbyterian would otherwise have under this Agreement.

d) If the transaction is returned by the Group's financial institution for insufficient funds, account closed, authorization revoked or any other reason caused by an act of the Group, Presbyterian will notify Group as soon as notification is received by Presbyterian. Payment of the amount billed plus a charge of \$30.00 must be received by Presbyterian within 15 days after notification of non-payment is provided.

3. Amendments and Changes in Rates and Benefits:

a) The parties at any time may agree in writing to amend or modify any provision of this Agreement or the nature and extent of the benefits provided hereunder provided all underwriting guidelines are adhered to. Presbyterian must

give the Group a minimum of a sixty (60) days' notice of a rate increase. Notice must be in writing and postmarked, or delivered electronically or by hand no less than sixty (60) days prior to the effective date of the increase. A decrease in Rates may be made by Presbyterian at any time without notice.

b) Presbyterian shall not decrease in any manner the material benefits provided hereunder without notice to the Group and enrolled employees. The notice must be in writing and delivered by mail, hand delivered or electronically sent no less than sixty (60) days prior to the effective date of the benefit change.

c) The provision of notice to an enrolled Group employee as required in this Paragraph 3 shall be deemed to constitute proper notice hereunder to each of the employee's enrolled Dependents.

4. Enrollment:

a) Following prior inspection of appropriate Group marketing materials, the Group agrees to allow Presbyterian marketing representative's fair and reasonable access to Group members for enrollment purposes. The Group will permit Presbyterian periodic access to eligible Group members for continued enrollment purposes.

b) Any employee of the Group and any Dependent of an employee, who is eligible to enroll in Presbyterian as of the Effective Date of this Agreement, must apply for enrollment in Presbyterian within thirty-one (31) days from such Effective Date. Any such employee or Dependent who fails to enroll during this initial enrollment period shall not thereafter be allowed to enroll in Presbyterian under this Agreement except during subsequent annual Group enrollment periods identified by Presbyterian and the Group or as specified in Paragraph 4(g) of this Agreement. The employee must have satisfied the Group's established waiting period. Request for enrollment of the employee must be accompanied by an Employee Action Form.

c) Any employee and his/her Dependent(s) joining the Group initially becoming eligible for benefits between annual Group enrollment periods, shall be offered the opportunity to enroll in Presbyterian. Application for enrollment under this Subparagraph must be made within thirty-one (31) days after the date on which the employee meets or will meet Presbyterian and Group eligibility requirements. Employees or Dependents who fail to enroll prior to the expiration of this thirty-one (31) day period shall not thereafter be allowed to enroll in Presbyterian except during subsequent annual Group enrollment periods identified by Presbyterian and the Group or as specified in Subparagraph 4(g). Presbyterian coverage for persons enrolling under this Subparagraph shall become effective as outlined in the cover page of this Agreement.

d) Application for the enrollment of a new Dependent of an employee already enrolled in Presbyterian must be made within thirty-one (31) days of the date such Dependent first becomes eligible to enroll in Presbyterian under terms of this Agreement and the Presbyterian Group Subscriber Agreement. Any Dependent who is not enrolled during such thirty-one (31) day period shall not thereafter be allowed to enroll in Presbyterian except during subsequent annual Group enrollment periods identified by Presbyterian and the Group or as specified in Subparagraph 4(g).

e) An employee who failed to enroll in Presbyterian during a previous enrollment period but who would otherwise be eligible for coverage may enroll in Presbyterian within thirty-one (31) days of acquiring a new Dependent through marriage, birth, adoption or placement for adoption or Court Order, if the new Dependent is also enrolled within this time period. If the new Dependent is a child, the spouse or, if applicable, qualified domestic partner of the employee may also enroll during this time period. No other Dependents may enroll.

f) An eligible person may enroll as an employee or Dependent after the initial eligibility period if the person loses coverage under all of the following circumstances:

- 1)** the person was covered under a group health plan or had individual health insurance coverage at the time the person was initially eligible to enroll; and
- 2)** the employee stated in writing that employee was not enrolling because of such other coverage; and
- 3)** the employee and/or Dependent is enrolled and applicable prepayment made within thirty-one (31) days of the date coverage under COBRA was exhausted, or the date the coverage (or the employer's contribution toward coverage) was terminated; and
- 4)** the person's coverage under the other plan or insurance:
 - i. was under a COBRA continuation provision and the coverage under that provision was exhausted;
 - ii. was not under a COBRA continuation period and either the coverage was terminated as a result of loss of eligibility or employer contributions toward the coverage were terminated.

g) The Group shall notify Presbyterian of any enrolled employee or Dependent who, for any reason, ceases to be eligible for enrollment in Presbyterian under the terms of this Agreement and the Presbyterian Group Subscriber Agreement, and shall collect from the enrollee, the enrollee's Presbyterian ID card. The notification shall be made by the Group to Presbyterian in writing within thirty (30) days of the date such employee or Dependent loses eligibility. In the event the Group fails to notify Presbyterian within this thirty (30)-day period, and the employee or Dependent obtains benefits or services through Presbyterian after the requested date of termination of coverage, Presbyterian shall be entitled to recover from the Group premium payment at the prevailing Rates stated in this Agreement or subsequent renewal action(s), for all subsequent months through the end of the month in which the employee or Dependent last obtained benefits or services through Presbyterian.

5. Eligibility and Effective Date:

a) The Presbyterian Group Subscriber Agreement sets forth Presbyterian's eligibility requirements and effective dates of Presbyterian enrollment for Group employees, and their Dependents. Presbyterian shall not expel or refuse to enroll or re-enroll any person because of such person's health status, requirements for health care services, age, race, gender, or sexual orientation.

b) The Group's waiting period is outlined in the Group's original information paperwork or amended in writing during subsequent renewals or as approved by Presbyterian.

c) In order to address situations where employees reside and work outside of the service area, Presbyterian may offer side-by-side products to enroll employees anywhere in the United States once approved by Presbyterian.

6. Effective Date: This Agreement shall become effective as outlined on the signature page of this agreement or subsequent renewal agreements ("Effective Date"). Benefits are applied on a contract period of 12 months commencing on the Effective Date of this agreement or subsequent renewals.

This Agreement shall be guaranteed renewable, subject to the provisions of Paragraph 7 below. However, this Agreement may be modified based on the size of the Group upon renewal. Presbyterian shall notify the Group at least sixty (60) days prior to the renewal date of this Agreement of the Rates and terms and conditions of the renewal.

7. Termination:

- a)** The Group may terminate this Agreement at any time by giving Presbyterian thirty (30) days advance notice in writing. Such termination shall become effective only as of the last day of any month. If the Group does not specify such a day as the proposed date of termination, such termination shall nonetheless become effective only as of the later of (1) the last day of the month specified, or (2) the last day of the earliest month in which termination could be effected in compliance with the thirty (30)-day minimum notice requirement of this Subparagraph. In the event the Group fails to give Presbyterian at least thirty (30) days advance written notice of termination, the Group shall pay to Presbyterian, in addition to other damages to which Presbyterian may be entitled, all prepayment amounts that would be payable under this Agreement for the period extending until the last day of the earliest month in which termination would have been effective had the Group complied with the minimum advance notice requirements of this Subparagraph.
- b)** In the event that the Group has fewer than two employees eligible for Presbyterian coverage, or participation requirements specified in Subparagraph 4(b) are not met, or the Group may not be in compliance with the provisions of the plan or this Agreement, Presbyterian may terminate this Agreement by giving the Group thirty (30) days advance notice in writing. Any such termination shall become effective only as of the last day of any month, and the effective date of such termination shall be specified by Presbyterian in the written notice required by this Subparagraph. No such notice shall be required for non-payment. See Subparagraph (e) of this Paragraph.
- c)** In the event that the Group ceases to be a viable business entity operating within the scope of its license and charter for reasons including, but not limited to, closing the business, bankruptcy, or insolvency, Presbyterian may terminate this Agreement by giving the Group thirty (30) days advance notice in writing.
- d)** In the event Presbyterian terminates this Agreement as provided in Subparagraphs (b) or (c) or (f) of this Paragraph 7, the Group shall provide promptly, within five (5) days of receipt of Presbyterian's notice of termination, to each enrollee by hand delivery, by mail or by electronic notice to the enrollee's. Termination of this Agreement by Presbyterian shall not become effective sooner than thirty (30) days after the date notice is sent to the employer.
- e)** In the event the Group fails to make the prepayment required under this Agreement (inclusive of any applicable late fees or charges) within fifteen days of the notification that the payment is due, Presbyterian will by written notice terminate this Agreement on the 30th day of notification of non-payment and termination will be effective as of the last date of payment. Non-payment shall be considered a voluntary termination by the Group.
- f)** In the event an individual enrollee has knowingly given false material information in connection with the enrollment of the Group, Presbyterian may terminate the Group retroactively effective as of the original Effective Date. Each Group employee shall be responsible for payment for all services rendered hereunder as of the effective date of such termination and shall reimburse Presbyterian for all such payments at reasonable charges made by Presbyterian on behalf of the employee or any of employee's Dependent.
- g)** Presbyterian may terminate individual enrollees of Presbyterian as provided in the Presbyterian Group Subscriber Agreement.

8. Continuation:

- a)** Enrollees shall have the option to continue coverage with Presbyterian.

- 1) If applicable, enrollees may elect to continue Group coverage for a period of six months upon termination of employment with the Group or due to a reduction of hours by the Group which results in a loss of coverage for the enrollee; or
- 2) If applicable, enrollees may elect continuation of coverage under the Consolidated Omnibus Reconciliation Act (COBRA) of 1985, as amended;
- 3) Continuation of coverage shall be provided regardless of the enrollee's health status. **In the event this Agreement is terminated, coverage for enrollees who have opted for Continuation of Coverage under this agreement shall also terminate.**

b) The Group shall be solely responsible for identifying persons entitled to continuation benefits, for providing all notices required to be provided in connection with the availability of such benefits, for billing and collecting any payments or premiums required by the Group in connection with such benefits, and for otherwise administering all facets of its continuation program. The parties agree that Presbyterian is not a Plan Administrator as that term is used in federal laws governing the provision of continuation benefits. Persons availing themselves of Group continuation benefits through enrollment in Presbyterian shall be considered and treated by Presbyterian as employees of the Group. Presbyterian shall assume no obligation with respect to such persons that is different from or in addition to its obligation to existing Group employees.

c) At the sole discretion of Presbyterian, Presbyterian may allow the Group to reinstate terminated enrollees within four (4) months of termination for those enrollees who have timely elected to receive continuation benefits. The Group shall remit all past due prepayment when billed by Presbyterian. Proof of timely election for continuation benefits will be required on reinstatements requested after the expiration of this four-month period. Presbyterian, upon request, will segregate all enrollees receiving continuation benefits into one billing category.

9. Conversion: If an enrollee ceases to be eligible for coverage through the Group and is no longer eligible for continuation benefits, the enrollee may apply for conversion coverage through a separate non group membership agreement as provided in the Presbyterian Group Subscriber Agreement. The Group shall not incur any expense for or on behalf of an enrollee who has exercised enrollee's conversion rights. In the event that the Group's coverage is terminated, non-group membership will not be available.

10. Verification of Health Coverage (Certificates): Presbyterian agrees to provide verification of health coverage to all enrollees of the Group whose enrollment in Presbyterian terminates for any reason upon request of the terminated member. Presbyterian shall prepare and deliver the Certificates in compliance with all applicable requirements of state and federal law. The Group agrees to provide Presbyterian, upon request, with all information necessary to complete the Certificates.

11. Information Necessary for Administration of Agreement: The Group shall provide Presbyterian with such information as Presbyterian may reasonably require for the administration of this Agreement. Presbyterian shall be entitled to rely upon information provided by the Group regarding the enrollment or termination of enrollment, eligibility, or loss of eligibility, of any Group employee, or Dependent. Presbyterian at its sole discretion may affect retroactive corrections of purely clerical errors made by the Group, but nothing herein shall require it to do so or constitute a waiver of PHPI's/PICI's right to refuse to do so.

12. Complete Agreement and Modification: The complete terms and conditions of the agreement between Presbyterian and the Group shall consist of this Agreement and exhibits, the Group Subscriber Agreement, the Rate Sheet and the Group's application. Except as provided in Paragraph 18 of this Agreement, no change, amendment or alterations hereto shall become effective unless in writing, signed by both parties.

13. Assignment: This Agreement shall not be assigned, delegated or transferred, in whole or in part, by the Group without the written consent of Presbyterian. Presbyterian may assign, delegate or transfer in whole or in part, this Agreement without the consent of Group.

14. Applicable Law: This Agreement and the rights and obligations hereunder shall be governed by and construed in accordance with the laws of the State of New Mexico.

Internal Revenue Bulletin: 2011-2 issued on January 10, 2011 under Notice 2011-1 Affordable Care Act
Nondiscrimination Provisions Applicable to Insured Group Health Plans:

Section 10101(d) of the Affordable Care Act adds § 2716 which references the substantive nondiscrimination requirements of § 105(h) of the Internal Revenue Code. Plan sponsors, who include employers, are solely responsible for complying with these rules. Employers or plan sponsors may not establish eligibility rules that favor highly compensated employees. An insured group health plan that fails to comply with these rules may be subject to: (1) an excise tax that generally applies for a plan failing to comply with the requirements (2) civil money penalties or (3) a civil action for employers. Employers or plan sponsors should consult their legal counsel to seek advice on the above requirements for non-discrimination as it relates to their choice of health care coverage.

15. Notices: Any notice required to be given pursuant to the terms and provisions hereof shall be in writing and shall be mailed or hand-delivered to the persons at the addresses listed on the cover of this Agreement.

16. Group Reinstatement: A reinstatement may be requested by Group within 10 days of receiving their termination letter and will be considered provided there has not been more than one payment returned or one collection letter in the last twelve months. A request can be made to escalate the reinstatement request for management review.

17. Dispute Resolution: Representatives of the parties will meet, at the request of either party, in an attempt to resolve any controversy or claim (a "Dispute") relating to this Agreement. If the Dispute is not resolved within five days after the representatives meet to resolve the Dispute, the parties shall select a mediator (the "Mediator") to resolve the Dispute through non-binding mediation. Both parties agree to cooperate with the Mediator in an effort to resolve the Dispute. If the Dispute is not resolved through either negotiation or mediation within 45 days after the Dispute is first identified, either party may exercise any rights available to the party to resolve the Dispute.

18. Amendment: This Agreement complies with the requirements of the Patient Protection and Affordable Care Act ("PPACA"), as amended, and the parties hereby agree that any requirements or other provisions expressly required by PPACA are hereby incorporated by reference. Upon the enactment of any law or regulation affecting PPACA, or the publication of any court decision relating to any such law, or the publication of any interpretive policy, opinion or guidance of any governmental agency charged with the enforcement of any such law or regulation, Presbyterian may, by written notice to the Group, amend this Agreement to comply with such law or regulation by providing 30 days written notice to the Group. Such amendment shall be binding upon Presbyterian and the Group at the end of the thirty-day period and shall not require the consent of the Group unless (a) the Group provides Presbyterian with notice of objection within the 30-day period; (b) the change has a material adverse economic effect upon the Group as reasonably determined by the Group; (c) such change is not made in order to comply with state or federal law; and (d) the Group delivers written notice to Presbyterian during such 30-day period terminating the Agreement pursuant to Subparagraph 7(a).

19. Agreement and Renewal: Issuance of this Agreement and the rates herein does not guarantee coverage or renewal of coverage and Presbyterian reserves the right to modify rates based upon changes in the demographics and group size. Coverage shall begin as of the “Effective Date”. This agreement may be automatically renewed without the signing of another Agreement and renewal of coverage with substantially similar terms and conditions is guaranteed renewable provided (i) the Group informs Presbyterian of its intention to renew; and (ii) Presbyterian receives upon request, all information needed for Business Verification and Participation Verification, including but not limited to a SUTA (State Unemployment Taxes) or current Tax filing, a list of all employees on company letterhead if not part of the SUTA, and valid Waivers for any employees not enrolling (“Documents”).

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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Presbyterian complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (505) 923-5420, 1-855-592-7737 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yánítti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áa jik'eh, éí ná hóló, kóijí' hódíílnih (505) 923-5420, 1-855-592-7737 (TTY: 711).



Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

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Presbyterian exists to improve the health of the patients, members and communities we serve.