

# 2021 Federal Employee Resource Guide



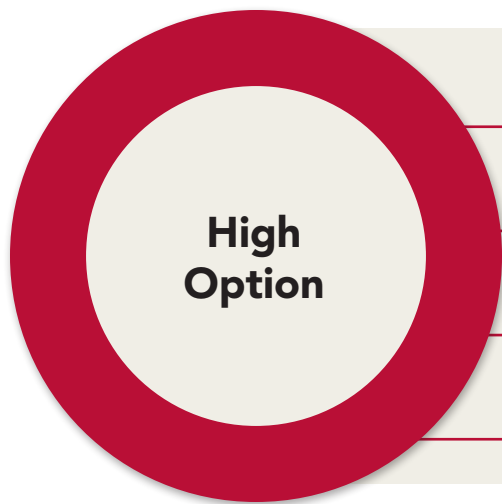
Presbyterian Health Plan has a long tradition of providing our members enrolled through the Federal Employee Health Benefit (FEHB) program the high-quality care they need to stay healthy. For more than a century, Presbyterian has been improving the health of New Mexicans and is committed to the patients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

## Enroll Today

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

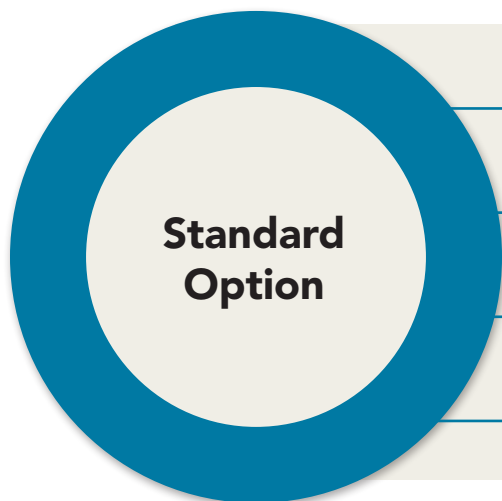
If you would like to receive your member materials by mail, contact our **Presbyterian Customer Service Center** at (505) 923-5678 or 1-800-356-2219. You must do this to receive a hard copy of your 2021 Federal Employee Benefits Brochure. You can also download a copy at [www.phs.org/FEHB](http://www.phs.org/FEHB).

# Presbyterian Health Plan Three-Plan Option



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

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



<b>Deductible:</b>	\$500 Single \$1,000 Two-party/Family
<b>Office Visit Copay:</b>	\$30 Adult/Children
<b>Specialist Copay:</b>	\$40 Adult/Children
<b>Urgent Care Visit:</b>	\$40 Adult/Children

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



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

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

Wherever you go, we'll be there.

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

- Nine hospitals in eight communities
- More than 30 primary care clinics throughout the state
- Eight urgent care clinics, including a pediatric urgent care

## Growing Statewide Network

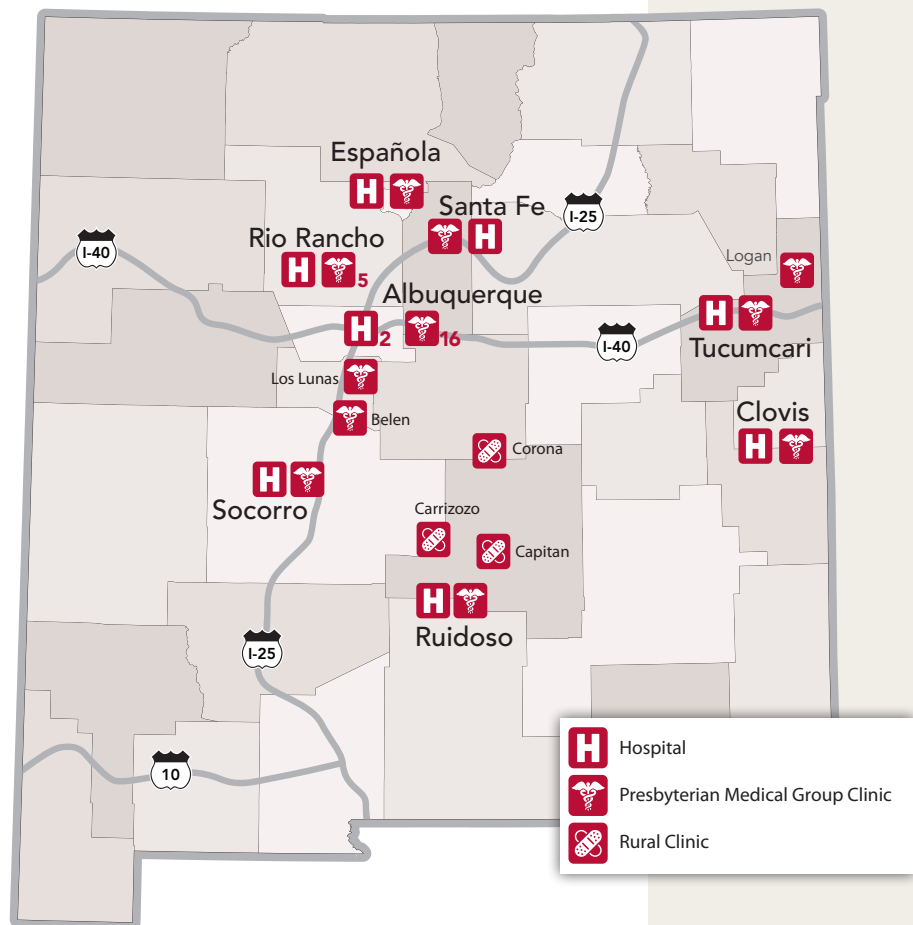
As a Presbyterian Health Plan member, you have access to more than 17,000 providers in more than 500 locations statewide and into Colorado and Texas. New for 2021, members will have in-network access to all Optum Healthcare locations and providers. To find the most current list of providers and create your very own Provider Directory based on criteria you choose, visit [\*\*phs.org/directory\*\*](https://phs.org/directory).

## 24/7 Urgent and Emergency Care Under One Roof in Albuquerque and Santa Fe

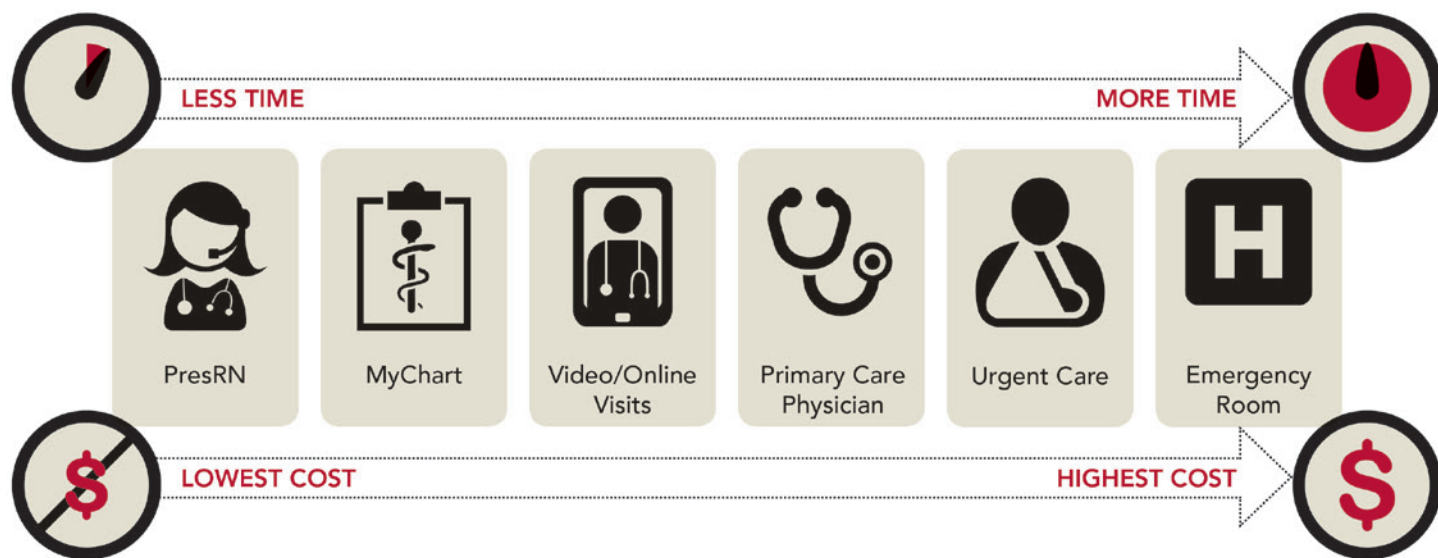
Residents in Albuquerque and Santa Fe don't have to guess if a condition is an emergency because medical staff decide the level of care needed. Both urgent and emergency care are open 24 hours a day at two PRESNow locations in Albuquerque. In Santa Fe, the Presbyterian Santa Fe Medical Center on the city's south side now offers both options all day, every day.

## Assist America Travel Protection

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



# Convenient Ways to Access Care



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

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

**See a provider anytime day or night with Video Visits.** This convenient option offers you a new way to see a medical provider for non-emergency medical conditions via secure video through your smartphone, tablet or computer webcam. Visits are \$0 for all FEHB members. For details, visit [phs.org/videovisits](http://phs.org/videovisits). Online Visits are also available for patients who have visited a Presbyterian facility.

**Primary care physicians can treat most health problems.** They may be a general/family practice physician, internal medicine physician, gynecologist, physician assistant or nurse practitioner.

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

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

# 2021 FEHB Summary of Benefits

2021 FEHB Benefit		High Option	Standard Option	Wellness Option
Deductible	<b>Annual Member Deductible (calendar year)</b>			
	Single	\$0	\$500	\$2,000
	Two-party	\$0	\$1,000	\$4,000
	Family	\$0	\$1,000	\$4,000
Out-of-Pocket Maximum	<b>Annual Out-of-Pocket Maximum</b>			
	Single	\$6,350		\$8,150
	Two-Party	\$12,700		\$16,300
	Family	\$12,700		\$16,300
Physician Services	<b>Non-Specialist</b>	\$25 Adult/\$0 Children office visit copay	\$30 Adult/Children office visit copay	\$20 Adult/Children office visit copay first 4 visits, then 30% coinsurance <sup>4</sup>
	<b>Specialist</b>	\$40 Adult/\$20 Children office visit copay	\$40 Adult/Children office visit copay	\$30 Adult/Children office visit copay
	<b>Surgery in Office</b>	Included in office visit copay	Included in office visit copay	30% coinsurance <sup>4</sup>
	Injectable drugs administered in physician's office	50% coinsurance, up to \$400 maximum per Rx		
	Self-injectable drugs (specialty pharmaceuticals)	50% coinsurance, up to \$400 maximum per Rx		
Preventive Care Services <sup>1</sup>	<ul style="list-style-type: none"> <li>• Routine Physical</li> <li>• Annual women's exam</li> <li>• Annual men's exam including PSA</li> <li>• Related laboratory tests including X-Rays (includes routine pap tests, cholesterol tests, urinalysis, mammogram, colonoscopy, etc.)</li> <li>• Well child care including vision and hearing screenings (through age 21)</li> <li>• Immunizations</li> <li>• Health education and counseling (including smoking/tobacco cessation education)</li> <li>• Medications used to treat specific conditions</li> <li>• Family planning</li> </ul>	Plan pays 100%	Plan pays 100%	Plan pays 100%
Outpatient Diagnostic Testing	Advanced Radiology <sup>2</sup> (i.e., PET, MRI, CT scans)	\$100 copay per test	\$50 copay per test	30% coinsurance <sup>4</sup>
	Other Laboratory	Plan pays 100%	Plan pays 100%	30% coinsurance <sup>4</sup>
	Other X-Rays	Plan pays 100%	Plan pays 100%	30% coinsurance <sup>4</sup>

2021 FEHB Benefit		High Option	Standard Option	Wellness Option
Hospital Services	Inpatient Hospitalization <sup>2</sup> • Includes room and board, inpatient physician care – physician visits, surgeon, anesthesiologist, laboratory tests and X-Rays	\$100 copay per day, up to \$500 maximum	30% coinsurance <sup>4</sup> , \$2,000 maximum	30% coinsurance <sup>4</sup>
	Inpatient Rehabilitation Services <sup>2</sup>	\$100 copay per day, up to \$500 maximum	30% coinsurance <sup>4</sup> , \$2,000 maximum	30% coinsurance <sup>4</sup>
	Observation Stay <sup>2</sup>	\$100 copay per day, up to \$500 maximum	30% coinsurance <sup>4</sup> , \$2,000 maximum	30% coinsurance <sup>4</sup>
Surgical Services	Inpatient Surgery <sup>2</sup>	Included in Inpatient Hospital copay	30% coinsurance <sup>4</sup> , \$2,000 maximum	30% coinsurance <sup>4</sup>
	Outpatient Surgery <sup>2</sup>	\$200 copay	30% coinsurance <sup>4</sup> , \$2,000 maximum	30% coinsurance <sup>4</sup>
	Office Surgery	Included in office visit copay	Included in office visit copay	30% coinsurance <sup>4</sup>
Urgent Care Services	Urgent Care Facility	\$40 copay	\$40 copay	\$40 copay
Telephonic Services	Video Visits	\$0 copay		
Emergency Services	Emergency Room/ Emergency observation treatment • Includes Hospital and Physician charges	\$150 copay	\$200 copay	\$250 copay first 2 visits, then 30% coinsurance <sup>4</sup>
Ambulance	Ground Transport	\$50 copay		30% coinsurance <sup>4</sup>
	Air Transport	\$100 copay		30% coinsurance <sup>4</sup>
Maternity Services	Physician/Midwife Services - Prenatal	\$25 copay up to a maximum of \$150 per pregnancy	\$30 copay up to a maximum of \$300 per pregnancy	\$0
	Hospital Admission • Includes room and board, inpatient physician care physician visits, surgeon, anesthesiologist, laboratory tests and X-Rays	\$100 copay/day per admission, up to a maximum of \$500	30% coinsurance <sup>4</sup> , \$2,000 maximum	30% coinsurance <sup>4</sup>
	Aftercare following delivery	Included in Inpatient Hospital copay	30% coinsurance <sup>4</sup> , \$2,000 maximum	30% coinsurance <sup>4</sup>



2021 FEHB Benefit		High Option	Standard Option	Wellness Option
Behavioral/Mental Health/Substance Abuse Services	Outpatient Services	\$25 Adult/\$0 Children office visit copay	\$30 Adult/Children office visit copay	\$20 Adult/Children office visit copay first 4 visits, then 30% coinsurance <sup>4</sup>
	Inpatient Services <sup>2</sup> Partial Hospitalization <sup>2</sup>	\$100 copay/day per admission, up to a maximum of \$500	30% coinsurance <sup>4</sup> , \$2,000 maximum	30% coinsurance <sup>4</sup>
	Intensive Outpatient Treatment Residential Treatment Center • 60 consecutive days equals one admission, confinement or episode of care. One copay will apply per 60 days or episode of care.	\$150 copayment per episode of care	30% coinsurance <sup>4</sup>	30% coinsurance <sup>4</sup>
Other Services	Allergy Testing and Treatment	\$40 Adult/\$20 Children office visit copay	\$40 office visit copay	30% coinsurance <sup>4</sup>
	Allergy Injections only	Plan pays 100%	Plan pays 100%	30% coinsurance <sup>4</sup>
	Acupuncture – 20 visits per calendar year	\$40 Adult/\$20 Children office visit copay	\$40 office visit copay	30% coinsurance <sup>4</sup>
	Chiropractic – 18 visits per calendar year	\$40 Adult/\$20 Children office visit copay	\$40 office visit copay	30% coinsurance <sup>4</sup>
	Autism Spectrum Disorders <sup>2</sup> • Diagnosis and treatment of autism spectrum disorder for members 19 years of age or younger (or under 22 years of age if still enrolled in high school)	Copay based on place of service		
	Applied Behavioral Analysis (ABA)	\$0 copay		30% coinsurance <sup>4</sup>
	Cardiac Rehabilitation <sup>2</sup>	\$40 Adult/\$20 Children copay	\$40 copay per session	30% coinsurance <sup>4</sup>
	Pulmonary Rehabilitation <sup>2</sup>	\$40 Adult/\$20 Children copay	\$40 copay per session	30% coinsurance <sup>4</sup>
	Chemotherapy and/or Radiation Therapy  • Medical Drugs administered as part of Chemotherapy and/or Radiation Therapy are not included in the copayment	\$40 Adult/\$20 Children copay	\$40 copay	30% coinsurance <sup>4</sup>
		Medical Drugs – 50% of charges up to a maximum of \$400 per Rx		

2021 FEHB Benefit		High Option	Standard Option	Wellness Option
Other Services	Dialysis	\$40 Adult/\$20 Children copay	\$40 copay per session	30% coinsurance <sup>4</sup>
	<ul style="list-style-type: none"> <li>Medical Drugs administered as part of Dialysis are not included in the copayment</li> </ul>	Medical Drugs – 50% of charges up to a maximum of \$400 per Rx		
	Hearing Aids	30% coinsurance	30% coinsurance after deductible	30% coinsurance <sup>4</sup>
	<ul style="list-style-type: none"> <li>For children under age 18 or 21 years of age if still attending high school</li> </ul>	Coverage up to \$2,200 every 36 months per hearing impaired ear.		
	Physical, Occupational, and Speech Therapy <sup>3</sup>	\$25 Adult/\$0 Children copay	\$30 Adult/Children copay	\$20 Adult/Children office visit copay first 60 visits, then 30% coinsurance <sup>4</sup>
	Skilled Nursing Facility <sup>3</sup> <ul style="list-style-type: none"> <li>Coverage limited to 60 days per calendar year</li> <li>Includes room and board, physician visits, surgeon, anesthesiologist, laboratory tests and X-Rays</li> </ul>	\$100 copay/day per admission, up to a maximum of \$500	30% coinsurance <sup>4</sup>	30% coinsurance <sup>4</sup>
Durable Medical Equipment		30% coinsurance	50% coinsurance <sup>4</sup>	30% coinsurance <sup>4</sup>
Prescription Drugs – Retail	Tier 1 - Generic Drugs	\$10 copay per 30 day supply		
	Tier 2 - Preferred Drugs	\$50 copay per 30 day supply		
	Tier 3 - Non-Preferred Drugs	\$75 copay per 30 day supply		
	Tier 4 - Specialty Drugs	50% of charges up to a maximum of \$400 per Rx		
	Tier 5 - Preventive Medications - for complete list, please visit <a href="http://www.phs.org/fehb">www.phs.org/fehb</a>	\$0 copay per 30 day supply		
Prescription Drugs – Mail-Order	Tier 1 - Generic Drugs	\$20 copay per 90 day supply		
	Tier 2 - Preferred Drugs	\$100 copay per 90 day supply		
	Tier 3 - Non-Preferred Drugs	\$150 copay per 90 day supply		
	Tier 4 - Specialty Drugs	Not Available		
	Tier 5 - Preventive Medications - for complete list, please visit <a href="http://www.phs.org/fehb">www.phs.org/fehb</a>	\$0 copay per 90 day supply		

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

Have questions about COVID-19? Visit [www.phs.org/covid19](http://www.phs.org/covid19) to learn more about the disease, how you can prevent it, screening and testing, and other FAQs.



# Supporting Your Wellness Journey

## Member-Only Discounts with BenefitSource

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



## Innovative digital care options

- **Clickotine** is a no cost smoking cessation program that uses clinically driven app technology to help members stick to a quit plan and overcome nicotine cravings.
- **Talkspace** 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.
- **Computerized Cognitive Behavioral Therapy** is interactive software that provides members an alternative to traditional mental health and substance abuse care.



## Employee Assistance Program

To help cope with stress at work and at home, EAP counseling services are available at no charge for 3 visits per issue per year. To schedule an appointment with an EAP counselor, please call 1-866-254-3555.



## PREsious Beginnings

Early pregnancy risk screenings, support and education for high risk pregnancies, program referrals, nurse consultations, and more. Schedule an assessment and learn more by calling 505-563-6306.



# Earn Rewards Through Wellness at Work



## BEGINNING JANUARY 1, 2021

All FEHB Presbyterian members (18 and older) will be eligible to earn wellness rewards through the Employee Wellness at Work Program.



## EARNING WELLNESS REWARDS IS EASY

Start by completing your online Personal Health Assessment (PHA) and earn your first reward. Complete other wellness activities and continue to earn points.



## POINTS CAN BE EARNED IN A VARIETY OF WAYS

Complete any of the online workshops. Or, track your steps, food or water intake and earn even more points.

## Wellness at **WORK**

**STEP  
1**

Visit **[www.phs.org](http://www.phs.org)** on any internet browser.

**STEP  
2**

**Click on the myPRES login** in the upper right-hand corner of the page and register or sign in to your myPRES account.

**STEP  
3**

### **Access Wellness at Work**

- Set up your profile.
- Complete your Personal Health Assessment (PHA).

If you have questions about Wellness at Work or how to access the website, please call toll-free 1-855-460-7737, Monday through Friday from 6 a.m. to 6 p.m.



# Keep moving with a Fitness Pass membership.

*Only \$12.50 per eligible member per month.  
Enrollment is open year-round.*



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

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



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



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



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

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

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

Or, from [www.phs.org](http://www.phs.org) you can:



- All enrolled health plan members aged 18 and older are eligible to enroll. Employees must enroll in the program for dependents to be eligible for the program.
- Once enrolled, Presbyterian will automatically debit your account or credit card each month.
- Your enrollment will last through the current calendar year, and you must reenroll each year.

# Discount Vision Benefits for High Option Members

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

Find an eye care professional at [davisvision.com](http://davisvision.com), then schedule your eye exam today! To assure you receive these Presbyterian Health Plan benefits, be sure to show your Presbyterian Member ID card when seeking services.

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



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

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

Employee: Monthly \$ 6.50  
Annual \$69.00

Employee + one: Monthly \$ 11.25  
Annual \$127.00

Employee + family: Monthly \$ 16.50  
Annual \$184.00

**Elite Dental Plan:** This is a comprehensive indemnity dental plan. When using in-network PPO dental offices there are **no deductibles**, and members pay a preset fee for almost all types of dental care. When using non-participating PPO dental offices, there is no deductible for diagnostic and preventive services and a \$50 annual deductible for all other services. This plan provides freedom of choice to see any licensed dentist, although savings are greater when using PPO dental offices. There is a 6-month waiting period for major services and a \$1,200 annual maximum per person. The major services waiting period is waived when converting from another group dental plan. Look for Elite Plan providers on the website.

Employee: Monthly \$29.14

Employee + one: Monthly \$56.30

Employee + family: \$94.66

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

Employee: Monthly \$29.28

Employee + one: Monthly \$56.42

Employee + family: \$99.18

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



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

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



# Enjoy Better Hearing and Comprehensive Care

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



**TruHearing**<sup>®</sup> *Select*

## 2021 Hearing Aid Coverage

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

TruHearing Advanced	TruHearing Premium	Routine Exam
32 Channels   6 Programs	48 Channels   6 Programs	TruHearing Network Provider
\$699 copay/aid	\$999 copay/aid	\$0 exam copay

## Your Comprehensive Hearing Benefit Includes:

### State-of-the-Art Technology

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

### Personalized Care

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

### Help Along Your Way

- A worry-free purchase with a 45-day trial and three-year warranty.
- 48 free batteries per aid included with non-rechargeable models.
- Guides to help you adapt to your new hearing aids at [TruHearing.com/GetStarted](https://TruHearing.com/GetStarted).



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

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



# Preventive Medications List 2021

FEHB members receive access to an exclusive Preventive medications benefit, which covers over 100 medications at no cost to you.

Preventive medications are used for the management and prevention of complications from conditions such as high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack and stroke. Additionally, the Patient Protection and Affordable Care Act (PPACA) requires that certain categories of drugs and other products be included in preventive care services. For preventive medications (including over-the-counter medications) or products to be covered, you'll need to get a prescription from your doctor.

For a full list of the 2021 medications, visit [phs.org/FEHB](https://phs.org/FEHB) and click on the Preventive Medications List.

If you have questions, you can call the Presbyterian Customer Service Center at Presbyterian at (505) 923-5678 (toll free at 1-800-356-2219). Representatives are available Monday through Friday 7 a.m. to 6 p.m.



# 2021 Rates

Type of Enrollment	Enrollment Code	Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
		Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share
High Option Self Only	P21	\$241.58	\$149.31	\$523.42	\$323.51	\$145.95	\$135.89
High Option Self Plus One	P23	\$517.46	\$369.89	\$1,121.16	\$801.43	\$362.70	\$341.14
High Option Self and Family	P22	\$562.25	\$356.37	\$1,218.21	\$772.13	\$348.56	\$325.14
Standard Option Self Only	PS4	\$241.58	\$84.41	\$523.42	\$182.89	\$81.05	\$70.99
Standard Option Self Plus One	PS6	\$517.46	\$222.56	\$1,121.16	\$482.22	\$215.37	\$193.81
Standard Option Self and Family	PS5	\$562.25	\$203.83	\$1,218.21	\$441.63	\$196.02	\$172.60
Wellness Option Self Only	PS1	\$218.79	\$72.93	\$474.05	\$158.01	\$70.01	\$60.53
Wellness Option Self Plus One	PS3	\$496.66	\$165.55	\$1,076.09	\$358.70	\$158.93	\$137.41
Wellness Option Self and Family	PS2	\$514.16	\$171.39	\$1,114.02	\$371.34	\$164.53	\$142.25

## 2021 Rate Information for Presbyterian Health Plan

**Non-Postal rates apply** to most non-Postal employees. If you are in a special enrollment category, contact the agency that maintains your health benefits enrollment.

**Postal rates** apply to United States Postal Service employees.

**Postal Category 1 rates** apply to career bargaining unit employees.

**Postal Category 2 rates** apply to career non-bargaining unit employees. For further assistance, Postal Service employees should call:

Human Resources  
 Shared Service Center  
 1-877-477-3273, option 5  
 TTY: 1-866-260-7507

*Postal rates do not apply to non-career Postal employees, Postal retirees, or associate members of any Postal employee organization who are not career Postal employees.*

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