



APPLICATION KIT

**2021 Individual and Family Plan**

 **PRESBYTERIAN**  
Health Plan, Inc.

## 2021 Individual and Family Plan

# A healthy tomorrow starts today.



**Earn up to \$400 per year** simply by exercising and maintaining a healthy lifestyle.



**Free fitness center memberships**  
at more than 10,000 locations nationwide.



**Standard dental coverage included.**  
Premium Plan available for a low, monthly premium.  
*BenefitSource Dental Plan, Inc. is underwritten and administered by  
Companion Life Insurance Company*



**Vision for Children and Vision Basic coverage  
is included.**  
*Administered by Davis Vision*



See a provider anytime day or night  
with **Video Visits**.  
(\$40 per visit until deductible is met)



Assist America protects you when you travel with  
**global emergency travel assistance services**  
24 hours a day, 365 days a year, anywhere in the world.



Improve your health with **Wellness at Work**,  
a web-based tool offering personal health assessments,  
healthy lifestyle tools, educational resources and more.

**Apply online or download a printable application at [www.phs.org/iplanenroll](http://www.phs.org/iplanenroll).**

If you have questions or need assistance, please contact our Individual Plan Call Center  
Monday through Friday, 8 a.m. to 5 p.m. at 1-866-8MY-PRES (1-866-869-7737).

The benefit information provided is a brief summary, not a comprehensive description of benefits, limitations and/or exclusions. For more information, contact us 1-866-869-7737 or refer to the Subscriber Agreement and/or Summary of Benefits Coverage, which can be found online at [www.phs.org/formsanddocuments](http://www.phs.org/formsanddocuments).

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CALENDAR YEAR BENEFITS		Silver 1 High Deductible Health Plan (HDHP) <sup>1</sup>
A <b>deductible</b> is the amount you pay before the plan pays for benefits with coinsurance (%). The family deductible is 2x the individual deductible.		\$3,200
What do I pay for covered benefits?		Copayment or Coinsurance <sup>2</sup>
Preventive Care <sup>3</sup>		You pay \$0
Primary Care Provider Visit		20%
Urgent Care		20%
Video Visit		\$40 until deductible is met, then 0%
Specialist Visit		20%
Mental Health Outpatient Services		20%
Lab		20%
X-Ray		20%
Imaging CT/PET/MRI		20%
Emergency Room		20%
Hospital Inpatient or Outpatient		20%
Chiropractic and Acupuncture Limited to 20 visits each		20%
Rehabilitation Therapy Physical, Occupational and Speech		20%
Prescription Drugs (30-day supply)		
Tier 1: Preferred Generic		0%
Tier 2: Non-Preferred Generic		20%
Tier 3: Preferred Brand		20%
Tier 4: Non-Preferred Drug		20%
Tier 5: Specialty Pharmaceuticals		20%
Out-of-Pocket (OOP) Maximum		
The <b>OOP max</b> includes the deductible, copayments, coinsurance and prescription drug costs that you pay. The family OOP is 2x the individual out-of-pocket maximum.		\$7,000
Additional Benefits		
Fitness Center Membership, Standard Dental, Vision for Children, Basic Vision, and Rewards are included. <sup>4</sup>		

1. High Deductible Health Plan - Qualified high deductible health plans can be used with a member-owned, portable Health Savings Account (HSA). Through our partnership with HealthEquity, you can conveniently open an HSA to pay for your insurance deductible and qualified out-of-pocket medical expenses tax-free. To learn more, visit [www.healthequity.com](http://www.healthequity.com) or call 1-866-346-5800.
2. Copayment – Benefits with a copayment (\$) are not subject to deductible. Copayment covers office visit only. All other services are subject to deductible and/or coinsurance.  
Coinsurance – Benefits with a coinsurance (%) are subject to deductible first, and then you pay the applicable coinsurance (%) amount.
3. You pay \$0 - Plan pays 100% for Clinical Preventive Health Services such as physical exam, colonoscopy and routine immunizations.
4. See flyers for details



# 2021 Individual and Family Plan Member Resource Guide

## 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 and Farmington, 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](http://www.phs.org) and search for "gym."

## Earn up to \$400 in Wellness Rewards

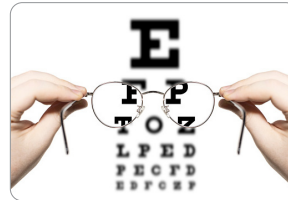


Members can earn wellness rewards simply by exercising and maintaining a healthy lifestyle. Earn rewards by tracking your daily activity, getting an annual flu shot, completing one Personal

Health Assessment, or by completing online workshops. Rewards must be redeemed by the end of the annual plan year.

To sign in or register for Wellness at Work, visit [www.phs.org/myPRES](http://www.phs.org/myPRES) (you'll need to register for a myPRES account if you don't have one). From there, you can access the Wellness at Work portal, complete your Personal Health Assessment and begin tracking your activity.

## Vision Coverage



with your medical plan. For more information, call 1-800-999-5431.

Presbyterian Health Plan is pleased to provide you with vision coverage options for your entire family. Choose the level of benefits that's right for you. Vision for Children and Vision Basic are included

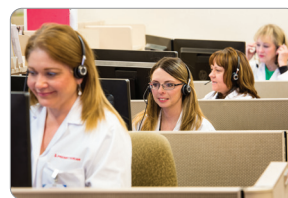
## Dental Coverage



to you for a low, monthly premium. For more information, contact BenefitSource at 1-888-862-8659 or visit [www.benefitsource.org](http://www.benefitsource.org).

BenefitSource provides dental coverage through the Standard Class Dental Plan at no additional cost. The Premium Plan is also available

## 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](http://www.phs.org) and search for "PresRN."

## Video Visits

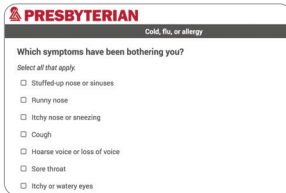


See a provider anytime, day or night. This option offers a new way to see a medical provider for non-emergency medical conditions via secure video through a smartphone, tablet or computer webcam. For details, visit [www.phs.org/videovisits](http://www.phs.org/videovisits).

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,

# 2021 Individual and Family Plan Member Resource Guide

## 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](http://www.phs.org/onlinevisits).

## 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.

## 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](http://www.ontobetterhealth.com/php).

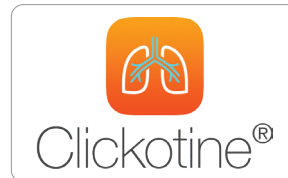
## Talkspace



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](http://www.talkspace.com/php) to access the program.

## 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](http://www.clktx.com/join) and enter Client ID code: LNV20C

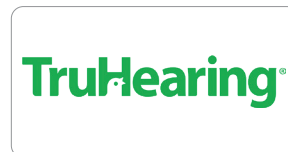
## Assist America



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-AAPXI-10071. For questions, contact Assist America's Operations Center at 1-800-872-1414 (or +1-609-986-1234 outside of the USA).

## 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.

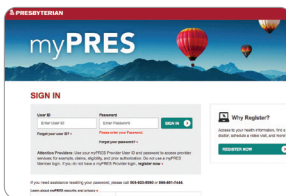
# 2021 Individual and Family Plan Member Resource Guide

## HealthEquity



Save money with these tax-advantaged accounts. Through our partnership with HealthEquity, you can elect a qualified High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) at no additional cost. Call 1-866-346-5800 or visit [www.healthequity.com](http://www.healthequity.com).

## 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](http://www.phs.org/myPRES).

- Look up benefit information securely, view claims status, and track deductibles.
- Estimate out-of-pocket costs for common medical treatments and procedures with a Treatment Cost Calculator.
- 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](http://www.phs.org/mychart).

## Provider Directory



Create a personalized provider directory for providers who are close to work or home, find specific providers (including primary and specialty care providers), narrow the search to match preferences (such as a male or female provider), and find facilities and pharmacies. Visit [www.phs.org/directory](http://www.phs.org/directory).

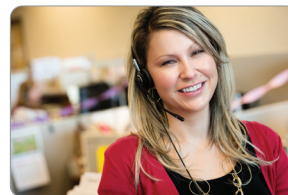
## Mail-Order Pharmacy Service



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](http://www.optumrx.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](mailto:info@phs.org).

# Rewards Program



## Earn Rewards for Wellness

As a Presbyterian Health Plan member, you can earn wellness rewards simply by exercising and maintaining a healthy lifestyle. Members can earn up to \$400 per year!

Earn rewards with a variety of activities:



### Preventive Screening

Complete your preventive care services including screenings, immunizations and physical exams that help you to stay healthy.



### Activate MyChart

Create a MyChart account to access electronic health records, request prescription renewals or appointments, send messages to your care team and more.



### Complete an Advance Directive

An advance directive is a legal document about healthcare choices. Members receive 25 points for completing an Advance Directive form with their physician and self-reporting its completion in their Wellness at Work portal.



### Schedule a Smart Exam or Video Visit

Through Online Visits, Presbyterian Medical Group providers diagnose, treat and prescribe medications. Video Visits give you access to healthcare providers licensed in New Mexico, anytime, without an appointment from the comfort of your own home, office or other location.



### Call PresRN

A nurse advice line is available to Presbyterian Health Plan members at no cost 24 hours a day, seven days a week.



## How to Earn Rewards\*



### Exercising – 1 point for every day you meet your goal

When you link your Fitbit or any other tracking device that syncs with Wellness at Work, our wellness portal, we will automatically track the number of days you reach the goal of 10,000 steps. You will receive one point for every day you meet your goal of 10,000 steps.



### Get Your Flu Shot – 25 points

Get your annual flu shot and self-report in Wellness at Work. The date and location will be required.



### Complete Your Personal Health Assessment (PHA) – 25 points

Complete your PHA through the Wellness at Work. You can earn one PHA reward per calendar year.



### Wellness Workshops

Complete one of our many workshops available at Wellness at Work and earn points. Points will be based on the length of the program you complete. Workshops are completed through the online portal. Workshops are on a variety of topics ranging from alcohol abuse and addiction education to weight management.

- **10 points** for a two- to four-week program
- **30 points** for a four- to six-week program
- **50 points** for a 12-week program

## How to Register

### Sign-up for Wellness at Work\*

To sign up for Wellness at Work:

- 1 Go to [www.phs.org](http://www.phs.org) and click on 'myPRES Login' and then click on 'Register for myPRES.'
- 2 Complete the fields on the registration page and create a user ID and password.
- 3 Select 'Presbyterian Health Plan' from the 'Insurance' drop down, and then enter the 11-digit ID number located on the back of your member ID card. You will need to input this ID number in order to access Wellness at Work.
- 4 Click 'Register' to sign in, set up your profile and complete your PHA.

If you are already registered, go to [www.phs.org](http://www.phs.org) and login to myPRES to complete your PHA. Enter your user ID and password, and then click 'Sign In.' You can then access the Wellness at Work portal and complete your PHA.

## Program Highlights

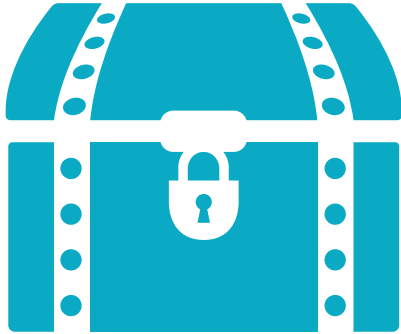
- Rewards must be redeemed when the annual plan year ends. Points cannot be carried over to the following year. Points must be redeemed prior to the end of the calendar year. The Rewards Tracker will no longer be available after the plan year rewards campaign ends on December 31st of each year.
- Rewards may be in the form of an Amazon.com gift card and could take up to six weeks to receive from the end of a quarter.

\*This is a brief summary of the rewards program. Please log in to see complete program details.



# 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.<sup>1</sup>
- 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 invested<sup>2</sup> 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](http://www.HealthEquity.com)

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

Start saving today! HSAs are free and included only with the Presbyterian HDHP, 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](http://HealthEquity.com/Presbyterian)**

<sup>1</sup> 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.

<sup>2</sup> 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.

# Dental Insurance Coverage

Oral health is an important part of overall health!

Presbyterian Health Plan and BenefitSource have partnered to provide dental coverage to all Presbyterian Individual and Family Plan members.

## Standard Class Dental Plan is included!

- **Included at no additional cost.** All Presbyterian Individual Plan members automatically have access to preventive dental coverage at no cost.
- **Preventive care.** Coverage for dental bitewing x-rays, one comprehensive or periodic oral examination and one child or adult cleaning each calendar year.
- **No charge for in-network services.** Obtain routine cleaning and x-rays from an in-network provider and services are not subject coinsurance or deductibles.

## Premium Plan

- **Additional cost.** As a member of Presbyterian Individual and Family Plan, the BenefitSource Premium Plan is available for an additional premium. *If elected, Premium Plan replaces the Standard Plan.*
- **Six-month waiting period for major services.** Members that need major services, such as crowns, bridges, prosthetics, root canals and gum treatment, will have benefits after six months from the effective date of coverage.
- **\$50 deductible per person, a maximum of three per family.** This deductible only applies once per calendar year toward Class II-Basic (extractions, fillings, oral surgery), and Class III-Major (crowns, bridges, and dentures).

## The Standard Plan and Premium Plan Features:

**PPO Dental Plan**, which means that members have lower out-of-pocket costs when obtaining dental care within the network. Members are also covered when obtaining dental care from non-participating providers.

**Freedom to see any licensed dentist.** Out-of-pocket costs are lower when receiving in-network care. Members are still covered when using non-participating providers, but at a greater out-of-pocket cost.

**More than 1,800 in-network dental providers throughout New Mexico.** For the most updated list of providers, visit our website at [www.BenefitSource.org](http://www.BenefitSource.org)

**Local administrative service.** BenefitSource has been serving New Mexicans for more than 20 years.

*This plan is underwritten and administered by Companion Life Insurance Company, an A.M. Best rating A+ (Superior) rated company, rating as of December 18, 2018. For latest rating, access [www.ambest.com](http://www.ambest.com). The rating represents an independent opinion from the leading provider of insurer ratings of a company's financial strength and ability to meet its obligations to policyholders.*



## Summary of Benefits

Standard Class Dental Plan <i>Included at no additional cost</i>	You Pay:	
	In-Network	Out-of-Network
<b>Preventive</b> (each service 1 per calendar year per enrolled member) <ul style="list-style-type: none"> <li>• Comprehensive or Periodic Oral Examination</li> <li>• Child or Adult prophylaxis cleaning</li> <li>• Bitewing X-Rays (4 films)</li> </ul>	0%	20% (MAC)*

Premium Dental Plan	You Pay:	
	In-Network	Out-of-Network
<b>Class I: (Preventive Care)</b> • Oral Examinations • 2nd Cleaning • Fluoride Treatment • Space Maintainers • Sealants • Palliative Emergency Treatment • Dental X-rays	0%	20% (MAC)*
<b>Class II: (Basic)</b> • Oral Surgery • Extractions • Restorations (Fillings) • Anesthesia (in conjunction with oral surgery)	20%* (MAC)*	50%* (MAC)*
<b>Class III: (Major)**</b> Crowns • Bridges • Dentures • Inlays • Partial Dentures Other prosthetic Services • Endodontic Services • Periodontal Services	50%* (MAC)*	75% (MAC)*
<ul style="list-style-type: none"><li>• <b>Maximum Allowable Charge (MAC)*</b> - This PPO Plan will pay the applicable percentage of the contracted rate as determined by the PPO agreement between BenefitSource and the Preferred Provider.</li><li>• <b>Class III: (Major)**</b> 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.</li><li>• <b>Maximum Benefit</b> per calendar year for all Class I, II and III expenses.....\$1,000 per person</li><li>• <b>Deductible</b> applicable to Class II and III covered expenses.....\$50 per person Deductible is based on calendar year with a maximum of three (3) deductibles per family (\$150)</li></ul>		
Monthly Premium		
Single	\$18.15	
Two Enrolled	\$35.05	
Three or More Enrolled	\$59.17	
Limitations		
Covered Expenses will not include and no benefits will be payable: 1) for any procedure not listed in the List of Covered Dental Expense Procedures; 2) for any procedure performed more frequently than once per Calendar Year; 3) for any procedure begun before the policy owner was covered under this section; 4) for any procedure begun after the policy owner's insurance under this section terminates; 5) for education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control; 6) for the completion of claim forms; 7) for charges for which the policy owner is not liable or which would not have been made had no insurance been in force; 8) for services which are not recommended by a dentist or which are not required for necessary care and treatment; 9) to a policy owner if payment is not legal where the policy owner is living when expenses are incurred; 10) Any services related to: equilibration; bite registration or bite analysis.		

Presbyterian Health Plan is the medical carrier that markets these dental plans. BenefitSource Inc. owns the dental network and provides administration. Companion Life Insurance Company underwrites the dental plans. The above provides only a brief description of your dental plan. Please refer to the policy Form 535 INDV NM for complete details including limitations and exclusions. For more information, please contact BenefitSource toll-free at 1-888-862-8659.

For a current list of PPO providers, please visit our website at [www.BenefitSource.org](http://www.BenefitSource.org).

1804 Juan Tabo NE, Suite A, Albuquerque, NM 87112  
**Phone:** (505) 237-1501 or 1-888-862-8659 **Fax:** (505) 237-8344

# Presbyterian Vision Plans for Individual and Family Plan



 **PRESBYTERIAN**  
Health Plan, Inc.

Presbyterian Health Plan, Inc. 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](https://davisvision.com/presbyterian), then schedule your eye exam today!



Summary of Benefits		
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+)
<b>Frequencies</b>		
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
<b>Copayments</b>		
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
<b>Coverage</b>		
Frame allowance (retail):	Up to \$100, plus 20% discount on any overages	35% off provider's U&C (usual and customary)
<b>Davis Vision frame collection** (in lieu of allowance):</b>		
Fashion Level	\$0 Copay	N/A
Designer Level	\$15 Copay	N/A
Premier Level	\$40 Copay	N/A
Contact lenses: materials allowance	Up to \$100, plus 15% discount on any overages	15% off provider's U&C (usual and customary)
<b>Laser Benefit</b>		
One-time/lifetime allowance	N/A	N/A
<b>Eyeglass Benefit – Spectacle Lenses</b>		
Digital single vision (intermediate)	\$30	\$30
Scratch-resistant coating	Covered	\$15
Polycarbonate lenses (child/adult)	Covered	\$35
Standard anti-reflective (AR) coating	\$40	\$45
Standard progressive lenses	\$65	\$65
<b>Out-of-Network Reimbursements</b>		
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 <a href="https://davisvision.com/presbyterian">davisvision.com/presbyterian</a> .		

**2021 INDIVIDUAL & FAMILY PLAN MONTHLY RATE SHEET**

 For **NON- TOBACCO** users

<b>ABQ &amp; Santa Fe:</b>	Includes Bernalillo, Tarrant, Sandoval, Valencia & Santa Fe Counties. Plus zip code 87015 (Edgewood).
<b>Las Cruces &amp; Farmington:</b>	Includes San Juan and Dona Ana counties.

The monthly premium is based on **non-tobacco** use, age, zip code and number of family members covered under the plan. Tobacco rates apply if within the last six months tobacco was used 4 or more times per week on average excluding religious or ceremonial uses and e-cigarettes.

Area	ABQ & Santa Fe	Las Cruces & Farmington	All other NM counties
Age	Silver 1	Silver 1	Silver 1
0-14	\$279.02	\$390.63	\$334.83
15	\$303.83	\$425.36	\$364.59
16	\$313.31	\$438.63	\$375.97
17	\$322.79	\$451.91	\$387.35
18	\$333.01	\$466.21	\$399.61
19	\$343.22	\$480.51	\$411.86
20	\$353.80	\$495.31	\$424.56
21-24	\$364.74	\$510.63	\$437.69
25	\$366.20	\$512.68	\$439.44
26	\$373.49	\$522.89	\$448.19
27	\$382.25	\$535.14	\$458.69
28	\$396.47	\$555.06	\$475.76
29	\$408.14	\$571.40	\$489.77
30	\$413.98	\$579.57	\$496.77
31	\$422.73	\$591.82	\$507.28
32	\$431.49	\$604.08	\$517.78
33	\$436.96	\$611.74	\$524.35
34	\$442.79	\$619.91	\$531.35
35	\$445.71	\$623.99	\$534.85
36	\$448.63	\$628.08	\$538.35
37	\$451.55	\$632.16	\$541.85
38	\$454.46	\$636.25	\$545.36
39	\$460.30	\$644.42	\$552.36
40	\$466.14	\$652.59	\$559.36
41	\$474.89	\$664.84	\$569.87
42	\$483.28	\$676.59	\$579.93
43	\$494.95	\$692.93	\$593.94
44	\$509.54	\$713.35	\$611.45
45	\$526.68	\$737.35	\$632.02
46	\$547.11	\$765.95	\$656.53
47	\$570.09	\$798.12	\$684.10
48	\$596.35	\$834.89	\$715.62
49	\$622.24	\$871.14	\$746.69
50	\$651.42	\$911.99	\$781.71
51	\$680.24	\$952.33	\$816.28
52	\$711.97	\$996.76	\$854.36
53	\$744.07	\$1,041.69	\$892.88
54	\$778.72	\$1,090.20	\$934.46
55	\$813.37	\$1,138.71	\$976.04
56	\$850.93	\$1,191.31	\$1,021.12
57	\$888.87	\$1,244.41	\$1,066.64
58	\$929.35	\$1,301.09	\$1,115.22
59	\$949.41	\$1,329.18	\$1,139.30
60	\$989.90	\$1,385.86	\$1,187.88
61	\$1,024.91	\$1,434.88	\$1,229.90
62	\$1,047.89	\$1,467.05	\$1,257.47
63	\$1,076.71	\$1,507.39	\$1,292.05
64+	\$1,094.21	\$1,531.89	\$1,313.06

Individuals age 65+, please call Presbyterian Medicare Plans at (505) 923-8458 or 1-800-347-4766.

**2021 INDIVIDUAL & FAMILY PLAN MONTHLY RATE SHEET**

For TOBACCO users

<b>ABQ &amp; Santa Fe:</b>	Includes Bernalillo, Tarrant, Sandoval, Valencia & Santa Fe Counties. Plus zip code 87015 (Edgewood).
<b>Las Cruces &amp; Farmington:</b>	Includes San Juan and Dona Ana counties.

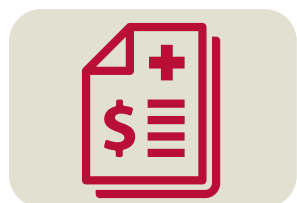
The monthly premium is based on <b>tobacco</b> use, age, zip code and number of family members covered under the plan. Tobacco rates apply if within the last six months tobacco was used 4 or more times per week on average excluding religious or ceremonial uses and e-cigarettes.			
Area	ABQ & Santa Fe	Las Cruces & Farmington	All other NM counties
Age	Silver 1	Silver 1	Silver 1
0-14	\$279.02	\$390.63	\$334.83
15	\$303.83	\$425.36	\$364.59
16	\$313.31	\$438.63	\$375.97
17	\$322.79	\$451.91	\$387.35
18	\$333.01	\$466.21	\$399.61
19	\$343.22	\$480.51	\$411.86
20	\$353.80	\$495.31	\$424.56
21-24	\$401.21	\$561.70	\$481.45
25	\$402.82	\$563.94	\$483.38
26	\$410.84	\$575.18	\$493.01
27	\$420.47	\$588.66	\$504.56
28	\$436.12	\$610.56	\$523.34
29	\$448.96	\$628.54	\$538.75
30	\$476.07	\$666.50	\$571.29
31	\$486.14	\$680.60	\$583.37
32	\$496.21	\$694.69	\$595.45
33	\$502.50	\$703.50	\$603.00
34	\$509.21	\$712.90	\$611.05
35	\$512.57	\$717.59	\$615.08
36	\$515.92	\$722.29	\$619.11
37	\$519.28	\$726.99	\$623.13
38	\$522.63	\$731.69	\$627.16
39	\$529.34	\$741.08	\$635.21
40	\$536.06	\$750.48	\$643.27
41	\$546.12	\$764.57	\$655.35
42	\$555.77	\$778.08	\$666.92
43	\$569.19	\$796.87	\$683.03
44	\$585.97	\$820.36	\$703.16
45	\$632.02	\$884.83	\$758.42
46	\$656.53	\$919.14	\$787.83
47	\$684.10	\$957.74	\$820.92
48	\$715.62	\$1,001.86	\$858.74
49	\$746.69	\$1,045.37	\$896.03
50	\$781.71	\$1,094.39	\$938.05
51	\$816.28	\$1,142.80	\$979.54
52	\$854.36	\$1,196.11	\$1,025.24
53	\$892.88	\$1,250.03	\$1,071.45
54	\$934.46	\$1,308.24	\$1,121.35
55	\$976.04	\$1,366.45	\$1,171.25
56	\$1,021.12	\$1,429.57	\$1,225.35
57	\$1,066.64	\$1,493.30	\$1,279.97
58	\$1,115.22	\$1,561.31	\$1,338.27
59	\$1,139.30	\$1,595.01	\$1,367.16
60	\$1,187.88	\$1,663.03	\$1,425.45
61	\$1,229.90	\$1,721.86	\$1,475.88
62	\$1,257.47	\$1,760.46	\$1,508.97
63	\$1,292.05	\$1,808.87	\$1,550.46
64+	\$1,313.06	\$1,838.28	\$1,575.67
Individuals age 65+, please call Presbyterian Medicare Plans at (505) 923-8458 or 1-800-347-4766.			

# Individual and Family Plan

## When can I enroll?

**Open Enrollment** is November 1 through December 15 each year. Applications must be received by December 15 to be effective January 1.

**Special Enrollment** is available year-round. You must enroll within 60 days of a qualifying life event to be eligible for coverage. Supporting documents will be required at the time of application. Some examples of qualifying life events include:



**Loss of health coverage** (Important: Voluntarily ending coverage doesn't qualify you for a Special Enrollment Period)

- Losing existing health coverage, including job-based, individual, and student plans
- Losing eligibility for Medicare, Medicaid, or CHIP (Children's Health Insurance Program)
- Turning 26 and losing coverage through a parent's plan



**Changes in household**

- Getting married
- Having a baby or adopting a child



**Changes in residence** (Note: You must prove you had qualifying health coverage for one or more days in the 60 days before your move, unless you are moving from a foreign country or U.S. territory)

- Moving to a different ZIP code or county
- A student moving to or from the place he or she attends school
- A seasonal worker moving to or from the place he or she both lives and works
- Moving to or from a shelter or other transitional housing



**Other qualifying events**

- Changes in your income that affect the coverage you qualify for (loss of subsidy)
- Gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder
- Becoming a U.S. citizen
- Leaving incarceration (jail or prison)
- AmeriCorps members starting or ending their service

Apply online or download a printable application at [www.phs.org/iplanenroll](http://www.phs.org/iplanenroll). If you have questions or need assistance, please contact our Individual Plan Call Center Monday through Friday, 8:00 a.m. to 5:00 p.m. at 1-866-8MY-PRES (1-866-869-7737).

 **PRESBYTERIAN**  
Health Plan, Inc.



# Application for Individual & Family Plan

Get help with this application by contacting us at 1-866-869-7737 (TTY: 711) Monday through Friday from 8 a.m. to 5 p.m. Apply faster online at [www.phs.org/iplanenroll](http://www.phs.org/iplanenroll).

**RETURN INFORMATION**

<b>By Fax:</b>	(505) 923-8252	<b>By Mail:</b>	Presbyterian Health Plan, Inc. P.O. Box 27489 Albuquerque, NM 87125-7489
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**APPLICATION INSTRUCTIONS**

- Make a copy of your completed application for your records.

**STEP 1: TELL US ABOUT YOURSELF**

We will need one adult in the family to be the contact person for your application

First Name, MI, Last name & Suffix

Physical Address (required – P.O. Boxes are not allowed)		Apartment or Suite Number	
City	State	ZIP Code	County
Mailing Address (if different from physical address)		Apartment or Suite Number	
City	State	ZIP Code	County
Primary Phone	Secondary Phone	Do you want plan info by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Email:	
Social Security Number (required)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	

1. Do **you** need health insurance coverage?  
☐ Yes ☐ No, I am completing this form to enroll a dependent onto a child-only plan. Go to Step 2
2. If Yes, have you, within the last six months **used \*Tobacco 4 or more times** per week on average?  
(excludes e-cigarettes and religious or ceremonial uses of tobacco)  
☐ Yes ☐ No

**STEP 2: NOW, TELL US WHO ELSE NEEDS COVERAGE**

Name	Relation	Gender	Date of Birth	SSN	*Tobacco Use
First Name, MI, Last Name	Spouse/Child	Male/Female	mm/dd/yyyy	required	see above
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have more dependents to include, make a copy of this page and attach.

**STEP 3: EFFECTIVE DATE SELECTION**

☐ **Open Enrollment** is November 1<sup>ST</sup> through December 15<sup>TH</sup> each year, coverage will begin on January 1<sup>st</sup>.

☐ **Special Enrollment** is available year-round. You must enroll within 60 days of a qualifying life event to be eligible for coverage (i.e. Loss of coverage, relocation with proof of prior coverage, marriage or gaining a dependent). Proof of a qualifying life event is required. The submission deadline is the last day of the month for the 1<sup>st</sup> of the following month.

Please check one: ☐ Next available ☐ Other month \_\_\_\_\_ within 60 days of this application

**STEP 4: TELL US WHAT PLAN YOU WOULD LIKE TO CHOOSE****Silver 1**☐**STEP 5: TELL US IF YOU WOULD LIKE DENTAL COVERAGE**

**Dental Coverage** (underwritten and administered by Companion Life Insurance Company)

All plans include the Standard Dental Plan

☐ **Yes, add Premium DENTAL coverage**

☐ **No, do not add premium dental coverage**

If yes, all applicants will be enrolled. The amount listed below will be added to your total monthly premium.

- \$18.15 for a single applicant
- \$35.05 for 2 applicants
- \$59.17 for 3 or more applicants

**STEP 6: TELL US HOW YOU WILL PAY YOUR MONTHLY PREMIUMS**

**If you do not select a payment option, you will get a bill each month**

Please select one of the following options to make prepayments:

☐ Credit/Debit Card

☐ Automatic Bank Draft

☐ Bill Me

**Credit / Debit Card**

☐ MasterCard

☐ Visa

☐ Discover

Card Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name on Card \_\_\_\_\_ Card Expiration Date \_\_\_\_/\_\_\_\_ CSV \_\_\_\_

Card Billing Address (address where you receive your card statements)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Automatic Bank Draft**

☐ Checking Account

☐ Savings Account

Name of Bank \_\_\_\_\_

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Name of Account Holder \_\_\_\_\_

**STEP 7: TERMS AND CONDITIONS**

Presbyterian Health Plan, Inc. (PHP) insurance is prepaid health coverage. This means you pay your premium payment for coverage prior to the month of coverage. If you do not select a payment option, you will get a bill each month.

I hereby authorize and request PHP to initiate withdrawal entries from the account(s) and the financial institution(s) indicated above for the monthly premium payments required by the Subscriber Agreement. These withdrawals are for premium payments for the enrolled individuals listed on this application. This authorization is to remain in effect until PHP and/or the financial institution(s) named above are notified in writing. Under the Market Stabilization rule finalized on April 13, 2017, to the extent permitted by State law, Presbyterian Health Plan may attribute to any past-due premium amounts owed to it the initial premium payment made in accordance with the terms of the health insurance policy to effectuate coverage, for coverage in the 12-month period preceding the effective date. Be aware that failure to pay premiums in a preceding 12-month period may result in your inability to effectuate new coverage until past due premium payments and initial premium payments are satisfied.

I understand applicants enrolled for coverage shall be provided a ten-day period from the effective date of coverage to examine and return the contract and have the premium refunded. If medical services were received during the ten-day period, and the member returns the contract to receive a refund of the premium paid, he or she must pay for such services.

I understand covered benefits, services, utilization management procedures, exclusions, and limitations are subject to the provisions of the *Subscriber Agreement* and/or *Summary of Benefits Coverage*. These documents may be found at [www.phs.org/formsanddocuments](http://www.phs.org/formsanddocuments) or you may contact Presbyterian Customer Service Center by phone at (505) 923-5678 or toll-free at 1-800-356-2219, Monday through Friday from 7 a.m. to 6 p.m. TTY users please call 711.

If Dental coverage is selected, I hereby agree to remain enrolled in the dental plan until my PHP renewal. I authorize the release of any information related to dental and or vision care received, and I agree to all the terms and conditions set forth in the dental plan and or vision plan agreements with PHP. Dental coverage is underwritten and administered by Companion Life Insurance Company. Vision coverage is administered by Davis Vision.

I understand 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 agent or the New Mexico Health Insurance Exchange at [www.bewellnm.com](http://www.bewellnm.com) if you wish to purchase pediatric dental coverage or a stand-alone dental insurance product.

I hereby authorize to the extent permitted by applicable law, the use or release of my protected health information (PHI) by any person or entity, without limitation including practitioners, providers, and insurance companies to PHP or its designees for any permitted purpose. Purposes including, but not limited to, evaluating my application for insurance, quality assurance, utilization review, processing of claims, financial audits or other purposes related to the treatment, payment or healthcare operations activities of PHP. This consent shall not permit use or disclosure of PHI when authorization is required by law. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. Notices of Privacy Practices can be found online at [www.phs.org/Pages/privacy-security.aspx](http://www.phs.org/Pages/privacy-security.aspx). This authorization shall be valid for two years from this date and you have the right to revoke this authorization at any time by sending written notice to Presbyterian.

**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 understand that I am entitled to a copy of this signed Application upon request. I acknowledge that I have read and understand this Application in its entirety.

Signature of Applicant or Legal Guardian

Today's Date\*

x \_\_\_\_\_

\_\_\_\_\_

\*Application will expire 60 days from the date of your signature.

AGENTS AND BROKERS INFORMATION	
1. First name, Middle name, Last name & Suffix	2. Phone Number
3. Organization name	4. National Producer Number (NPN)





P.O. Box 27489  
Albuquerque, NM 87125-7489  
[www.phs.org](http://www.phs.org)

Sales Consultants: 1-866-8MY-PRES (1-866-869-7737)  
Customer Service: (505) 923-5678  
1-800-356-2219  
TTY/TDD: 711

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

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