

# FULL-TIME BENEFITS HIGHLIGHTS

FOR PHYSICIANS, DENTISTS, NURSE PRACTITIONERS,  
PHYSICIAN ASSISTANTS, AND PRESCRIBING  
PSYCHOLOGISTS



**PMS**

PRESBYTERIAN MEDICAL SERVICES

Benefits Effective: April 1, 2023 – March 31, 2024

## Full-Time employees who work 0.75 to 1.0 FTE (30-40 hours per week)

Plans	Description	Semi-Monthly Pricing
<b>Medical Health Plans</b>	The PMS medical plans are administered by <b>Blue Cross Blue Shield of New Mexico</b> . PMS has three plans which are listed below along with the semi-monthly cost. All three plans cover in-network preventive care services at 100% with no deductible. Coverage is effective the 1 <sup>st</sup> of the month following 60 days of continuous employment.	Premiums are deducted from 24 of the 26 payrolls.
<b>CDHP+HRA Consumer Driven Health Plan (CDHP) + Health Reimbursement Arrangement (HRA)</b>	This plan is known as a consumer-directed health plan – it places greater control of healthcare expenditures in the hands of the plan participants. To help offset a portion of the deductible, PMS contributes \$500 for individual coverage and \$1,000 for family coverage into the Health Reimbursement Account (HRA) (prorated for the first calendar year of coverage). Any funds remaining in your HRA at the end of the calendar year will be rolled over into the next calendar year's HRA to a maximum of two times the annual HRA amount. Once the HRA is exhausted, you pay the remainder of the deductible (\$2,000 individual/\$4,000 family). After the deductible has been met, you are responsible to pay co-insurance (20% in-network; 40% out-of-network). Lower deductible and coinsurance by using PMS providers.	\$49.87 – Employee (EE) Only \$120.19 – EE + 1 FM* \$186.46 – EE + 2 or more FMs*
<b>EPO Exclusive Provider Organization</b>	This plan keeps costs under control by restricting coverage to in-network providers and facilities (except in the case of emergency or prior medical approval). The deductible for the plan is \$1,500 for individuals and \$3,000 for family coverage. Once the deductible has been met the plan pays 75% of remaining claims. Office visits are subject to a \$35 co-payment for office visits or \$45 for a specialist office visit. With exception of lab and x-ray services, all other services received during the office visit are subject to a deductible. Lower deductible, coinsurance, and copays by using PMS providers.	\$87.71 – Single Coverage \$195.43 – EE + 1 FM* \$277.42 – EE + 2 or more FMs*
<b>PPO Preferred Provider Organization</b>	This plan pays a more substantial benefit for services that are rendered with in-network doctors and facilities. The in-network deductible for the plan is \$1,000 for individuals and \$2,000 for family coverage. Once the deductible is met the plan pays 80% of remaining claims for in-network charges. Office visits are subject to a \$25 co-payment for in-network office visits or \$35 for an in-network specialist office visit. Any other services received during the office visit are subject to deductible and co-insurance (e.g., diagnostic X-rays or lab work). Out-of-network services are covered at a reduced amount and subject to Blue Cross Blue Shield of New Mexico's allowable cost. Lower deductible, coinsurance, and copays by using PMS providers.	\$145.78 – Single Coverage \$302.81 – EE + 1 FM* \$449.70 – EE + 2 or more FMs*
<b>Dental Plan</b>	This plan is administered by <b>Delta Dental of New Mexico</b> . The maximum annual benefit under the plan is \$1,500 per member. The deductible is \$50 for individuals and \$150 for family coverage. The plan pays up to 100% for certain procedures. Coverage is effective the 1 <sup>st</sup> of the month following 60 days of continuous employment.	\$4.00 – Single Coverage \$7.62 – EE + 1 FM* \$12.25 – EE + 2 or more FMs*
<b>Vision Plan</b>	This plan is administered by <b>VSP</b> . The plan allows you to obtain eye exams and glasses from a participating provider for a minimal co-payment. Benefits are also available from non-participating providers. Coverage is effective the 1 <sup>st</sup> of the month following 60 days of continuous employment.	\$4.92 – Single Coverage \$9.83 – EE + 1 FM* \$15.84 – EE + 2 or more FMs*

\*Family Member (FM) includes your legal spouse or legal children (up to age 26).

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## Full-Time employees who work at least .75 to 1.0 FTE (30 – 40 hours per week)

Plans	Description
<b>Basic Life, Accidental Death &amp; Dismemberment (AD&amp;D), and Long-Term Disability (LTD)</b>	Offered by <b>Mutual of Omaha</b> and include <b>Employer Paid Life, AD&amp;D and Long-Term Disability</b> . These benefits are effective 1 <sup>st</sup> of the month following 60 days of continuous employment. <b>Employer-Paid Life Insurance</b> - you are provided with 2 times your annual salary not to exceed \$400,000, rounded up to the nearest \$1,000. <b>Employer-Paid AD&amp;D</b> - you are provided with 2 times your annual salary not to exceed \$400,000, rounded up to the nearest \$1,000. <b>Employer-Paid Long-Term Disability</b> - the benefit is for up to 60% of your basic monthly earnings not to exceed \$13,500 per month.
<b>Employee Assistance Program (EAP)</b>	<b>Employer-Paid EAP</b> - 24/7 confidential support, guidance, and resources. Effective the 1 <sup>st</sup> of the month following 60 days of continuous employment.
<b>Supplemental Benefits</b>	Offered by <b>Mutual of Omaha</b> and include Accident, Critical Illness, Short-Term Disability, and Term Life. Identity Theft Protection offered by <b>Norton LifeLock</b> . These coverages are effective the 1 <sup>st</sup> of the month following 60 days of continuous employment. If elected, you pay the full cost of these benefit coverages. Pricing varies.
Other Benefits	
<b>Paid Time Off (PTO)</b>	PTO hours accrue each payroll for an annual accrual amount of up to 200 hours. The annual carryover limit is 300 hours. After 5 years of service the annual accrual increases up to 224 hours and the annual carryover limit is 336 hours.
<b>Holidays</b>	PMS observes nine (9) days per calendar year as paid holidays for eligible employees including a birthday and a floating holiday. The birthday holiday and the floating holiday can be taken at any time but must be taken by December 31 <sup>st</sup> of each year.
<b>Malpractice Insurance</b>	100% occurrence-based, in the amounts of \$1 million/\$9 million in coverage. Begins upon employment.
<b>Stipend</b>	Effective after 6 months of service for .5 and above FTE employees. The Stipend can be used to offset the cost of continuing education expenses, professional fees and licensure. Amount is based on licensure type and is paid in two installments in June and December.
<b>Professional Continuing Education</b>	Effective after 6 months of service for .5 or above FTE employees. Licensed Professionals qualify for paid leave up to 40 hours per calendar year, prorated to FTE and based upon licensure. Licensed Professionals include those employees who must maintain licensure or registration as a condition of employment.
<b>Loan Repayment Programs</b>	All PMS sites are eligible for NHSC or New Mexico State Loan Repayment Programs.
Retirement Plans	
<b>403(b) Tax-Deferred Savings Plan</b>	Eligible upon employment. The 403(b) Plan is a Tax-Deferred savings plan. You are allowed to defer a portion of your salary into this plan, and you are 100% vested at all times in the money you contribute to this plan. In 2023, you are allowed to defer up to \$22,500, if you are age 50 or above you can defer an additional \$7,500. The IRS has restrictions on how you can access your funds. You must read the plan documents for restrictions, limitations, and other plan provisions.
<b>PMS Discretionary Contribution Plan</b>	100% funded by PMS, this is a form of Defined Contribution Plan in which PMS contributes a discretionary amount on each participants behalf. To be eligible for this plan you must be at least 18 years old, and you must work 1,000 hours during your first 12 consecutive months of employment with PMS. You enter the plan on either January 1 or July 1 (whichever occurs first) after meeting the eligibility requirements. You are fully vested in the plan after 6 "Years of Service". The IRS has restriction on how you can access your funds. You must read the Summary Plan Description for restrictions, limitations, and other plan provisions.

*This document gives a brief description of the Presbyterian Medical Services benefits plans. You must read the policies and Summary Plan Descriptions to have a full understanding of how these plans work and any restrictions or limitations that may apply. If there is a conflict between this document, the summary plan descriptions and the plan document, the plan document governs.*