

## PART-TIME BENEFITS HIGHLIGHTS

Benefits effective: April 1, 2025 – March 31, 2026

For Physicians, Dentists, Nurse Practitioners, Psychiatric & Mental Health Nurse Practitioners, Physician Assistants, and Prescribing Psychologists

**Part-Time employees who work .50 to .74 FTE (20 to less than 30 hours per week)**

Plans	Description	Semi-Monthly Pricing
<b>Medical Health Plans</b>	PMS offers three medical plans through <b>Blue Cross Blue Shield of New Mexico</b> . 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. On all three plans, participants can lower copays, deductibles, and coinsurance by using PMS providers.	Premiums are deducted from 24 of the 26 payrolls.
<b>CDHP+HRA Consumer Driven Health Plan (CDHP) + Health Reimbursement Arrangement (HRA)</b>	This plan places greater control of healthcare expenditures in the hands of plan participants. To help offset 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 roll 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).	\$190.97 – Employee (EE) Only \$390.94 – EE + 1 FM* \$524.69 – EE + 2 or more FMs*
<b>EPO Exclusive Provider Organization</b>	This plan controls costs by restricting coverage to in-network providers and facilities (except in the case of emergency or prior medical approval). The in-network deductible is \$1,500 individual / \$3,000 family. Once the deductible has been met the plan pays 75% of remaining claims. Office visits are subject to a \$35 co-payment for primary care (\$45 for specialists). With exception of lab and x-ray services, all other services received during the office visit are subject to a deductible.	\$243.99– Single Coverage \$499.49 – EE + 1 FM* \$669.65 – EE + 2 or more FMs*
<b>PPO Preferred Provider Organization</b>	This plan pays a more substantial benefit for services rendered with in-network providers and facilities. The in-network deductible is \$1,000 individual / \$2,000 family. 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 primary care (\$35 for in-network specialists). Other services received during office visits are subject to deductible and coinsurance (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's allowable cost.	\$269.14– Single Coverage \$547.55 – EE + 1 FM* \$732.84 – EE + 2 or more FMs*
<b>Dental Plan</b>	Dental coverage is with <b>Delta Dental of New Mexico</b> . The plan's maximum annual benefit 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.	\$8.00 – Single Coverage \$15.25 – EE + 1 FM* \$24.50 – EE + 2 or more FMs*
<b>Vision Plan</b>	Vision is administered by <b>VSP</b> . The plan allows you to obtain eye exams, glasses, and contacts from a participating provider at highly discounted rates. 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*

## Part-Time employees who work at least .50 to .74 FTE (20 – 29.6 hours per week)

Plans	Description
<b>Basic Life, Accidental Death &amp; Dismemberment (AD&amp;D), and Long-Term Disability (LTD)</b>	<p>Premiums are 100% paid by PMS. Offered by <b>Mutual of Omaha</b>, these benefits are effective 1<sup>st</sup> of the month following 60 days of continuous employment.</p> <p><b>Life Insurance</b> - you are provided with 1 times your annual salary not to exceed \$200,000, rounded up to the nearest \$1,000.</p> <p><b>AD&amp;D</b> - you are provided with 1 times your annual salary not to exceed \$200,000, rounded up to the nearest \$1,000.</p> <p><b>Long-Term Disability</b> - the benefit is for up to 60% of your basic monthly earnings not to exceed \$13,500 per month.</p>
<b>Employee Assistance Program (EAP)</b>	<p><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.</p>
<b>Supplemental Benefits</b>	<p>Through <b>Mutual of Omaha</b>, PMS offers Accident, Critical Illness, Short-Term Disability, and Term Life. Identity theft protection is available through with <b>Norton LifeLock</b>. New for 2025, we offer pet insurance through <b>Pet Partners</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.</p>
Other Benefits	
<b>Paid Time Off (PTO)</b>	<p>PTO hours accrue each payroll for an annual accrual amount of up to 200 hours. The accrual is capped at up to 300 hours. After 5 years of service the annual accrual increases up to 224 hours and is capped at up to 336 hours.</p>
<b>Holidays</b>	<p>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.</p>
<b>Malpractice Insurance</b>	<p>Paid by PMS, 100% occurrence-based. Begins upon employment.</p>
<b>Stipend</b>	<p>Effective after 6 months of service for .5 and above FTE employees. The stipend is intended to offset the cost of continuing education expenses, professional fees and licensure and is paid in two installments in June and December. Dentist, Physician, and Prescribing Psychologist receive \$2,500 annually, prorated to FTE. Nurse Practitioner, Psychiatric &amp; Mental Health Nurse Practitioner, and Physician Assistant receive \$1,700 annually, prorated to FTE.</p>
<b>Professional Continuing Education</b>	<p>Effective after 6 months of service for .5 or above FTE employees who must maintain licensure or registration as a condition of employment. Licensed Professionals qualify for paid leave up to 29 hours per calendar year, prorated to FTE and based upon licensure.</p>
<b>Loan Repayment Programs</b>	<p>All PMS sites are eligible for NHSC or New Mexico State Loan Repayment Programs.</p>
Retirement Plans	
<b>403(b) Retirement Savings Plan</b>	<p>Eligible upon employment. Upon enrollment with one of three vendors you may defer a portion of your pay into this plan, subject to IRS annual limits. You are 100% vested in the money you contribute to this plan. In 2025, you are allowed to defer up to \$23,500, if you are age 50 or above you can defer an additional \$7,500.</p>
<b>PMS Discretionary Contribution Plan</b>	<p>100% funded by PMS, this is a form of qualified retirement 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.</p>

*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.*