

# FULL-TIME Benefits Highlights

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



**PMS**

PRESBYTERIAN MEDICAL SERVICES

**For:** Physicians, Dentists, Nurse Practitioners, Psychiatric & Mental Health Nurse Practitioners, Physician Assistants, and Psychiatrists.

**Full-time:** 0.75 to 1.0 FTE (30-40 hours per week)

## Medical Plans

PMS offers three medical plans through Blue Cross Blue Shield of New Mexico. All three plans cover in-network preventive care services at 100% with no deductible and utilize BCBS's large nationwide network of providers and healthcare facilities. Coverage is effective the 1st of the month following 60 days of continuous employment. On all three plans, participants can pay lower copays, deductibles, and coinsurance by using PMS providers. Premiums are deducted from 24 of the 26 annual payroll dates.

| <b>CDHP+HRA</b><br>Consumer Driven Health Plan<br>+ Health Reimbursement Arrangement                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>EPO</b><br>Exclusive Provider Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>PPO</b><br>Preferred Provider Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <ul style="list-style-type: none"><li>• PMS contributes \$500 individual / \$1,000 family to your Health Reimbursement Account (HRA).</li><li>• HRA reimbursements are automatic and funds roll over at year-end (up to twice the annual amount).</li><li>• After using the HRA, you pay the rest of the deductible:<ul style="list-style-type: none"><li>◦ \$2,000 individual/\$4,000 family</li></ul></li><li>• Then, you pay coinsurance:<ul style="list-style-type: none"><li>◦ 20% in-network</li><li>◦ 40% out-of-network</li></ul></li></ul> | <ul style="list-style-type: none"><li>• In-network only (except for emergencies or prior approval).</li><li>• Deductible:<ul style="list-style-type: none"><li>◦ \$1,500 individual/\$3,000 family</li></ul></li><li>• After deductible is paid the plan pays 75% of remaining claim.</li><li>• Office visit copays:<ul style="list-style-type: none"><li>◦ \$35 primary care</li><li>◦ \$45 specialists</li></ul></li><li>• Lab and x-ray services are covered separately; all other services during office visits are subject to the deductible.</li></ul> | <ul style="list-style-type: none"><li>• Higher benefits for in-network providers and facilities.</li><li>• In-network deductible:<ul style="list-style-type: none"><li>◦ \$1,000 individual/\$2,000 family</li></ul></li><li>• After deductible is paid the plan pays 80% of remaining in-network claims.</li><li>• Office visit copays:<ul style="list-style-type: none"><li>◦ \$25 primary care</li><li>◦ \$35 in-network specialists</li></ul></li><li>• Other services during office visits (like lab work and X-rays) are subject to the deductible and coinsurance.</li><li>• Out-of-network services are covered at a reduced amount, following BCBS allowable costs.</li></ul> |
| <b>Semi-Monthly Premium</b><br><br>\$51.38 – Employee (EE) only<br>\$127.46 – EE + 1 Dependent*<br>\$197.74 – EE + 2 or more Dependents*                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Semi-Monthly Premium</b><br><br>\$98.41 – Employee (EE) only<br>\$219.28 – EE + 1 Dependent*<br>\$311.27 – EE + 2 or more Dependents*                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Semi-Monthly Premium</b><br><br>\$165.17 – Employee (EE) only<br>\$343.08 – EE + 1 Dependent*<br>\$509.51 – EE + 2 or more Dependents*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

\*Dependents can include your legal spouse or legal children (up to age 26).

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## Dental and Vision Plans

Coverage is effective the 1st of the month following 60 days of continuous employment.

| Dental                                                                                                                                                                                                                                                                                                             | Vision                                                                                                                                                                                                                            |
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| <ul style="list-style-type: none"><li>Coverage through <b>Delta Dental of New Mexico</b>.</li><li>Maximum annual benefit: \$1,500 per member.</li><li>Deductibles: \$50 individual/\$150 family</li><li>Covers up to 100% for some procedures such as twice per year cleanings and once per year x-rays.</li></ul> | <ul style="list-style-type: none"><li>Coverage through <b>VSP</b>.</li><li>Discounts on eye exams, glasses, and contacts with participating providers.</li><li>Benefits also available for non-participating providers.</li></ul> |
| <b>Semi-Monthly Premium</b><br><br>4.00 – Employee (EE) only<br>\$7.62 – EE + 1 Dependent<br>\$12.25 – EE + 2 or more Dependents                                                                                                                                                                                   | <b>Semi-Monthly Premium</b><br><br>\$4.92 – Employee (EE) only<br>\$9.83 – EE + 1 Dependent<br>\$15.84 – EE + 2 or more Dependent                                                                                                 |

## Retirement Plans

|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <b>403(b) Retirement Savings Plan</b>      | <ul style="list-style-type: none"><li>Eligible upon employment.</li><li>Enroll with your choice of American Century, Mutual of America, or Vanguard.</li><li>Defer part of your pay up to IRS annual limits, either Roth or Traditional.</li><li>100% vested in your contributions.</li><li>2025 contribution limit: Up to \$23,500/year, additional \$7,500 allowed if age 50+</li></ul>                         |
| <b>PMS Discretionary Contribution Plan</b> | <ul style="list-style-type: none"><li>Qualified retirement plan fully funded by PMS.</li><li>PMS contributes a discretionary amount each year.</li><li>Eligibility: At least 18 years old and worked 1,000 hours in first 12 months.</li><li>Entry dates: January 1 or July 1 after eligibility is met.</li><li>Fully vested after 6 "Years of Service."</li><li>IRS restrictions apply to fund access.</li></ul> |

## Additional Benefit Plans

|                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <b>Basic Life, Accidental Death &amp; Dismemberment (AD&amp;D), and Long-Term Disability (LTD)</b> | <b>100% paid by PMS</b><br>Provided by <b>Mutual of Omaha</b> , effective the 1st of the month after 60 days of employment.<br><b>Life Insurance:</b> 2x annual salary, up to \$400,000 (rounded up to nearest \$1,000).<br><b>AD&amp;D:</b> 2x annual salary, up to \$400,000 (rounded up to nearest \$1,000).<br><b>Long-Term Disability:</b> 60% of basic monthly earnings, up to \$13,500/month. |
| <b>Voluntary Supplemental Benefits</b>                                                             | Available voluntary coverages: Accident, Critical Illness, Short-Term Disability, and Term Life from <b>Mutual of Omaha</b> .<br>Identity theft protection through <b>Norton LifeLock</b> .<br>Pet insurance with <b>Pet Partners</b> .<br>Coverage starts the 1st of the month after 60 days of employment.<br>Fully employee-paid; pricing varies.                                                 |

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## Other Benefits

|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <b>Paid Time Off (PTO)</b>                                  | PTO hours are provided each payroll for an annual amount of up to 200 hours, prorated to FTE, and is capped at 270 hours. After 5 years of service the annual amount increases to 224 hours, prorated to FTE, and is capped at 302 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 31st of each year.                                                                                                                                                                                     |
| <b>Malpractice Insurance</b>                                | Paid by PMS, 100% occurrence-based. Begins upon employment.                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Stipend</b>                                              | Stipend helps cover continuing education, professional fees, and licensure. Available after 6 months of service for .5+ FTE employees. Paid in two installments each year, in June and December. Annual amounts (prorated to FTE): <ul style="list-style-type: none"><li>• \$2,500: Dentist, Physician, Psychiatrist</li><li>• \$1,700: Nurse Practitioner, Psychiatric &amp; Mental Health Nurse Practitioner, Physician Assistant</li></ul> |
| <b>Employee Assistance Program (EAP)</b>                    | Employer-Paid <b>EAP</b> - 24/7 confidential support, guidance, and resources at no cost to you. Available the 1st of the month following 60 days of continuous employment.                                                                                                                                                                                                                                                                   |
| <b>Professional Continuing Education</b>                    | 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 40 hours per calendar year, prorated to FTE and based upon licensure.                                                                                                                                                                         |
| <b>Loan Repayment Programs</b>                              | All PMS sites are eligible for NHSC or New Mexico State Loan Repayment programs.                                                                                                                                                                                                                                                                                                                                                              |
| <b>New Mexico Rural Health Care Practitioner Tax Credit</b> | Eligible health care practitioners who have provided health care services in a designated rural health care underserved area can apply for an income tax credit. The credit is up to \$5000 per year for physicians, dentists, and psychologists, and up to \$3,000 per year for dental hygienists, physician assistants, and nurse practitioners.                                                                                            |

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.