



EMPLOYEE BENEFITS GUIDE

2026-2027

HUMAN RESOURCES BENEFITS ADMINISTRATION

1422 Paseo de Peralta
Santa Fe, NM 87501
505-443-1125
benefits@pmsnm.org



Dear PMS employees,

It is our pleasure to provide you with the employee benefits guide for the 2026-2027 Plan Year. This book is meant to acquaint you with the benefits and health care plans offered by Presbyterian Medical Services.

Presbyterian Medical Services offers a competitive and comprehensive benefits package to eligible employees. You have an extensive array of benefits from which to choose, and we encourage you to review this book thoroughly.

The benefits package provided to you is an important part of the total compensation you receive as an employee, providing valuable protection for you and your family. Thoughtful consideration should be given to your choices to achieve the greatest return from this opportunity.

Sincerely,

Your Human Resources Department

PMS Mission Statement

Presbyterian Medical Services designs and delivers quality, accessible, integrated health, education, and human services in response to identified community needs of the multicultural people of the Southwest.

EMPLOYEE BENEFITS GUIDE

Coverage effective: April 1, 2026 – March 31, 2027

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This guide provides a summary of PMS's benefits, and every attempt has been made to ensure its accuracy.

The actual provisions of each benefit program will govern if there is any inconsistency between the information in this guide and PMS's formal plans, programs, policies, or contracts or any subsequent change in such plans, programs, policies, or contracts.

Benefits call center

888-868-5530

Monday–Friday, 6:00am–7:00pm

Benefits website

mybensite.com/pmsnm

HUMAN RESOURCES BENEFITS ADMINISTRATION

1422 Paseo de Peralta · Santa Fe, NM · 87501 · 505-443-1125 · benefits@pmsnm.org

BENEFIT CARRIER DIRECTORY

Benefit Questions		
PMS Benefits Call Center	mybensite.com/pmsnm Login 24/7	888-868-5530 Mon–Fri, 6:00 am- 7:00 pm Se habla Español
Medical Plans		
Blue Cross Blue Shield of New Mexico (BCBSNM) Group numbers: PPO: N42507 EPO: N42510 CDHP: N11609	bcbsnm.com MDLIVE.com/BCBSNM	Member Services 800-432-0750 MDLIVE Virtual Visits 888-858-5074
Dental Plan		
Delta Dental of NM Group number: 9766	deltadentalnm.com	877- 395-9420
Vision Plan		
VSP Group number: 12306197	vsp.com	800-877-7195
PMS Paid Employee Assistance Program (EAP)		
Mutual of Omaha	mutualofomaha.com/eap	800-316-2796
Voluntary Supplemental Benefits		
Mutual of Omaha Group number: G000BBNQ	Access to claim forms: mutualofomaha.com/support/forms Contact the Senior Benefits Administrator for Mutual of Omaha's claim submission email addresses	Life/ADD, Accident, Critical Illness 800-775-8805 Fax: 402-997-1835 Long/Short-Term Disability 800-877-5176
Pet Partners Group number: GPPI-00691	portal.independenceamerican.com mypolicy@petpartners.com	800-956-2495
Norton LifeLock Identity Theft Protection Group Number: E0015156	lifelock.norton.com	800-607-9174
PMS Paid Life/Accidental Death & Dismemberment/Long Term Disability		
Mutual of Omaha	mutualofomaha.com/pmsnm	888-868-5530
PMS 403(b) Retirement Plan		
Vanguard Plan number: 434089	ownyourfuture.vanguard.com	800-569-4903 option 5
PMS Discretionary Contribution Retirement Plan		
Ascensus Group number: 403048	secure.ascensus.com/login/participant	844-749-9981 Don't forget to update your beneficiary information!

ENROLLMENT OPPORTUNITIES

You have three opportunities to make benefit enrollment elections:

- ♦ Within your first 31 days as a new employee
- ♦ When you have a qualifying life event (QLE)
- ♦ During annual Open Enrollment

In all cases, enrollment changes are made via the **benefits website** or the **benefits call center**. It is critical that you make enrollment changes within the timelines described below.

Exceptions cannot and will not be made for employees who miss deadlines.

Hired as a New Employee

Newly hired benefits-eligible employees have 31 days from the first day of employment to enroll in benefits plans. If you miss this enrollment period you cannot enroll until the next annual Open Enrollment unless you have a QLE. Choose your options carefully – once enrolled, you cannot make changes until the next Open Enrollment unless you have a QLE. **Even if declining medical, dental, vision or supplemental plans, you will be automatically enrolled in the company-paid benefits.** Refer to the enrollment instructions provided to you during New Employee Orientation or visit the **benefits website**.

Qualifying Life Event (QLE)

Qualifying Life Events (QLE) are major life events such as marriage, legal separation or divorce, death of a spouse or family member, birth or adoption of a child, gain or loss of other healthcare coverage, loss of dependent eligibility, or when a dependent changes student status and becomes eligible for coverage under a student health plan. A change in status from full-time (0.75 FTE to 1.0 FTE) to part-time (0.5 FTE to < 0.75 FTE), or vice-versa, is also a QLE.

You have **31 days from the QLE** to make any changes to your benefits via the **benefits website** or the **benefits call center**. For a gain or loss of eligibility under Medicaid or State Children's Health Insurance Program (SCHIP) coverage you have 60 days to make any changes. **Action is required within these deadlines—no exceptions can be made.**

FTE Changes and QLEs

QLEs due to certain FTE changes impact your benefits eligibility and/or premiums and may require action by you.

In all four of the cases described below, look for important emails from the PMS benefits Administrator and the benefits call center that require timely action by you.

Not Benefits-Eligible (Less Than 0.5 FTE) To Benefits-Eligible (0.5 FTE Or Greater)

- You have 31 days from the FTE change to enroll in benefits, via the benefits website or call the service center.
- Coverage begins the first of the month after 60 days (e.g., for an FTE change on July 15, coverage starts October 1).

Part-Time (0.5 To Less Than 0.75 FTE) To Full-Time (0.75 FTE Or Greater)

- Your benefits eligibility continues but you are now full-time for benefits.
- The new benefits status starts the first of the month after the FTE change (e.g., FTE change on July 15 means your new benefits status starts August 1).
- You have 31 days from the date of the FTE change to enroll or unenroll in or otherwise change your benefits elections via the benefits website or benefits service center.

Full-Time (0.75 FTE Or Greater) To Part-Time (0.5 To Less Than 0.75 FTE)

- Your benefits eligibility continues but you are now part-time for benefits and your premiums may increase.
- The new benefits status starts the first of the month after the FTE change (e.g., FTE change on July 15 means your new status starts August 1).
- You have 31 days from the date of the FTE change to enroll or unenroll in or otherwise change your benefits elections via the benefits website or benefits service center.
- Per Affordable Care Act regulations, if you are enrolled in a PMS medical plan:
 - Medical coverage continues for 3 months at your current premium (e.g., if the FTE change is on July 15, coverage continues through October 31). **PMS must continue your medical coverage unless you request to cancel it.**
 - After 3 months, your hours worked are measured:
 - If you worked an average of at least 30 hours per week, your coverage continues at full-time premium through the end of the plan year.
 - If less than an average of 30 hours per week, your coverage ends.
 - **To cancel coverage, you must act within 31 days of the FTE change** via the benefits website or benefits service center.

Benefits-Eligible (0.5 FTE or Greater) To Not Benefits-Eligible (Less Than 0.5 FTE)

- Except for medical, your benefits end on the last day of month of the FTE change (e.g., for an FTE change on July 15 your benefits end on July 31).
- A COBRA packet will be mailed to your home address on file.
- Per Affordable Care Act regulations, if you are enrolled in a PMS medical plan:
 - Medical coverage continues for 3 months at your current premium (e.g., if the FTE change is on July 15, coverage continues through October 31). **PMS must continue your medical coverage unless you request to cancel it.**
 - After 3 months, your hours worked are measured:
 - If you worked an average of at least 30 hours per week your coverage continues at full-time premium through the end of the plan year.
 - If you worked less than an average of 30 hours per week your coverage ends.
 - **To cancel coverage, you must act within 31 days of the FTE change** via the benefits website or benefits service center.

Open Enrollment

Open Enrollment, held each February, is your opportunity to review benefit plan options and make changes for the following plan year of April 1st through March 31st. Before Open Enrollment begins, the Human Resources Department mails and emails notices announcing Open Enrollment dates and instructions.

Benefits call center 888-868-5530 Monday-Friday 6:00am – 7:00pm Se habla Español
Benefits website mybensite.com/pmsnm

FAMILY MEMBER ELIGIBILITY

Family Member Coverage & Eligibility

Employees who are 0.5 FTE or above and elect insurance coverage can add eligible family members to their coverage.

Eligible family members include the following:

Legal spouse (recognized by state law)

Legal child, regardless of marital or student status up to age 26 defined as:

- ♦ Naturally born, legally adopted, stepchildren or children for whom the employee is the legal guardian

Examples of family members that *do not* meet our eligibility requirements and *cannot* be covered under our benefits plans:

- ♦ Common law spouse (New Mexico does not recognize common law marriage)
- ♦ Divorced spouse (even if you are required by a court order to provide benefits coverage for your ex-spouse, you are not allowed to cover them under the PMS benefits plans)
- ♦ Domestic partner, fiancé, boyfriend, or girlfriend
- ♦ Grandchildren (unless you have adopted or obtained legal guardianship)

If an enrolled family member loses eligibility during the year, you are required to remove that family member from the plan within 31 days of the change in eligibility. Children who reach the age limit of 26 will automatically be removed from the plan.

If you are not sure if your family member meets the eligibility definition, call the benefits call center at 888-868-5530.

You must provide appropriate family member eligibility documentation during your enrollment process. Options may include a marriage certificate for your spouse and birth certificates for your children. Failure to submit this documentation within the required timeline will result in your requested coverage being declined.

BENEFITS WEBSITE

While this book will help familiarize you with benefits options, more detailed information regarding our benefits plans, including benefit summaries, is available on the benefits website.

PMS benefits website:

Navigate to mybensite.com/pmsnm, or

Click on the “**PMS Benefits Website**” tile in **Staurolite 2.0**

The PMS benefits website provides a comprehensive overview of your employee benefits including:

- ♦ Access to general plan information
- ♦ Links to provider directories
- ♦ Summary plan descriptions
- ♦ Open Enrollment information
- ♦ Comprehensive benefits booklets
- ♦ Valuable contact information
- ♦ Downloadable benefit forms and documents
- ♦ Online enrollment

PMS BENEFIT PLANS

PMS offers two employee benefits programs based on full-time/part-time status. Both full-time and part-time employees are eligible to enroll in the benefits described in this guide. For purposes of benefits, **full-time employees** are defined as those who work .75 to 1.0 FTE (30 to 40 hours per week). **Part-time employees** are defined as those who work 0.5 to .74 FTE (20 to less than 30 hours per week). **FTE decrease**: Employees with a .75 FTE or above who decrease their FTE status to between .5 and .74 FTE (inclusive), will be eligible for the part-time benefits program and premiums.

Benefit	Full-Time Program .75 FTE to 1.0 FTE Employees (Grandfathered employees*)	Part-Time Program .5 FTE < .75 FTE Employees
Medical	Administered by BlueCross BlueShield of NM. Three plans to choose from: <ul style="list-style-type: none"> • CDHP + HRA • EPO • PPO 	Same coverage as full-time employees, but part-time employees pay a higher percentage of the premium.
Dental	Administered by Delta Dental of NM. Delta Dental Premier, coupled with Delta Dental PPO.	Same coverage as full-time employees, but part-time employees pay a higher percentage of the premium.
Vision	Administered by VSP.	Administered by VSP.
Basic Life Insurance	Administered by Mutual of Omaha. 2 times annual salary, max \$200,000. Designated Provider max is \$400,000. Premiums are paid 100% by PMS.	Administered by Mutual of Omaha. 1 time annual salary, max \$100,000. Designated Provider max is \$200,000. Premiums are paid 100% by PMS.
Accidental Death & Dismemberment Insurance (AD&D)	Administered by Mutual of Omaha. Up to 2 times annual salary, max \$200,000. Designated Provider max is \$400,000. Premiums are paid 100% by PMS.	Administered by Mutual of Omaha. Up to 1 time annual salary, max \$100,000. Designated Provider max is \$200,000. Premiums are paid 100% by PMS.
Long-Term Disability Insurance (LTD)	Administered by Mutual of Omaha. After elimination period, 60% of basic monthly earnings, max \$13,500. Premiums are paid 100% by PMS.	Administered by Mutual of Omaha. After elimination period, 60% of basic monthly earnings, max \$13,500. Premiums are paid 100% by PMS.
Employee Assistance Program (EAP)	Administered by Mutual of Omaha. Premiums are paid 100% by PMS.	Administered by Mutual of Omaha. Premiums are paid 100% by PMS.

Benefit	Full-Time Program .75 FTE to 1.0 FTE Employees (Grandfathered employees*)	Part-Time Program .5 FTE < .75 FTE Employees
Supplemental Benefits (Accident, Critical Illness Short-Term Disability and Term Life Insurance)	Administered by Mutual of Omaha. Premiums are paid 100% by the employee.	Administered by Mutual of Omaha. Premiums are paid 100% by the employee.
Identity Theft Protection	Administered by Norton LifeLock. Premiums are paid 100% by the employee.	Administered by Norton LifeLock. Premiums are paid 100% by the employee.
Pet Insurance	Administered by Pet Partners. Premiums are paid 100% by the employee.	Administered by Pet Partners. Premiums are paid 100% by the employee.
Discretionary Contribution Plan	Administered by Ascensus. Contributions are paid 100% by PMS.	Administered by Ascensus. Contributions are paid 100% by PMS.
403(b) Retirement Savings Plan	Administered by Vanguard. Contributions are funded 100% by the employee.	Same coverage as full-time employees.
Paid Time Off (PTO)	See Paid Time Off policy for details.	See Paid Time Off policy for details.
Holidays	7 paid holidays per calendar year, pro-rated to FTE level.	7 paid holidays per calendar year pro-rated to FTE level.
Floating Holiday	1 day, pro-rated to FTE level.	1 day, pro-rated to FTE level.
Birthday Holiday	1 day, pro-rated to FTE level.	1 day, pro-rated to FTE level.
Bereavement	Up to 3 days, pro-rated to FTE level	Benefit not available.
Educational Assistance	75%, \$1,500 annual maximum.	Benefit not available.
Professional Continuing Education	Up to 40 or 20 hours per calendar year, prorated to FTE and based upon licensure.	Up to 29 or 14.5 hours per calendar year, prorated to FTE and based upon licensure.
Professional Stipend	See <i>Payment of Licensure and Other Fees</i> policy for details.	See <i>Payment of Licensure and Other Fees</i> policy for details.
Jury Duty	Paid jury duty leave. See <i>Leave for Civic Responsibilities</i> policy for details.	Paid jury duty leave. See <i>Leave for Civic Responsibilities</i> policy for details.
Leave of Absence	Contact HR Administrator for various leave policies.	Contact HR Administrator for various leave policies.

Refer to each policy for detailed information on the benefits listed above.

**Grandfathered Status:* Employees in the part time category on March 31, 2014 were Grandfathered and will continue to be eligible to participate in the benefits program offered to full-time employees. Please refer to Benefits Summary Plan Descriptions and PMS HR policies for more detailed information pertaining to part-time benefits.

MEDICAL PLANS

PMS offers three self-insured medical plans: CDHP+HRA, EPO, and PPO through Blue Cross and Blue Shield of New Mexico (BCBSNM). The BCBS provider network is one of the largest in the country. To view in-network providers, go to www.bcbs.com/providers.

All three plans cover preventive and certain behavioral health services at 100% with no out-of-pocket costs for in-network providers and include a prescription drug benefit. Out-of-network services are covered at a reduced amount and subject to BCBSNM's allowable cost.

This is a very brief summary of the three plans. For more detailed information on each plan, see the 2026-2027 Benefit Plan Summaries book and visit the PMS employee benefits website.

Eligibility Criteria

Employees at .50 FTE or above. Coverage is effective the first of the month after 60 days of continuous employment.

Consumer Directed Health Plan + Health Reimbursement Arrangement (CDHP+HRA)

This plan has lower premiums; however, you are responsible for greater portion of your medical costs. PMS contributes \$500 for individual coverage and \$1,000 for family coverage into a Health Reimbursement Arrangement (HRA) (prorated for the first calendar year of coverage) to offset a portion of the deductible. Until the HRA is exhausted, you pay nothing for eligible PMS and/or BCBSNM PPO network and out-of-network services. Once the HRA is exhausted, you pay the remainder of the deductible and coinsurance. Unused HRA balances roll over to the next calendar year, to a maximum of two times the annual contribution.

Exclusive Provider Option (EPO)

This plan reduces costs by restricting coverage to PMS and/or BCBS PPO network providers and facilities (except in the case of emergency or prior medical approval). Office visits are subject to a copay. With exception of lab and x-ray services, all other services received during the office visit are subject to the deductible and coinsurance.

Preferred Provider Option (PPO)

This plan pays a more substantial benefit for services that are rendered with PMS and/or BCBSNM PPO Network providers and facilities. Office visits are subject to a copay. Any other services received during the office visit are subject to the deductible and co-insurance (e.g., diagnostic X-rays or lab work).

Prescription Drug Coverage

Prescription drug coverage is through BCBSNM and mail order provider Express Scripts. Fill your prescriptions at any participating retail pharmacy or order up to a 90-day home-delivered supply through Express Scripts. Prescription copays may vary based on whether the pharmacy is preferred or non-preferred with slightly higher costs at non-preferred pharmacies. For questions regarding the plan, contact the following:

- ♦ **Blue Cross Blue Shield Member Services:** 800-432-0750 or bcbsnm.com
- ♦ **Summary Document:** [See the benefits website](#)

BCBS Medical Plans Side-by-Side Comparison

	CDHP+HRA Plan			EPO Plan		PPO Plan	
Benefits	PMS Network	BCBSNM PPO Network	Out-of-Network	PMS Network	BCBSNM PPO Network	PMS Network	BCBSNM PPO Network
Calendar Year Deductible (Ind/Family)	\$1,000/\$2,000	\$2,000/\$4,000		\$750/\$1,500	\$1,500/\$3,000	\$500/\$1,000	\$2,000/\$4,000
Co-Insurance	You pay 10%	You pay 20%	You pay 40%	You pay 15%	You pay 25%	You pay 10%	You pay 40%
HRA Allowance	\$500/\$1,000 Pro-Rated for coverage effective 4/1/20: \$375/\$750			N/A		N/A	
Office visit	10% after deductible is met	20% after deductible is met	40% after deductible is met	\$15 co-pay	\$35 co-pay	\$10 co-pay	40% after deductible is met
Specialist Office Visit	10% after deductible is met	20% after deductible is met	40% after deductible is met	\$15 co-pay	\$45 co-pay	\$10 co-pay	40% after deductible is met
Calendar Year Out-of-Pocket (Ind/Family)	\$7,350/\$14,700	\$14,700	\$14,700/\$29,400	\$7,000/\$14,000		\$5,500/\$11,000	\$11,000/\$22,000
Retail RX (30-day supply) (Generic/Preferred Brand/Non-Preferred brand) *	See Preferred Pharmacy Pricing	Preferred Pharmacy \$15/\$40/\$75 (Specialty 15% up to \$350 per prescription) Non-Preferred Pharmacy \$20/\$50/\$80	No Benefit	See Preferred Pharmacy Pricing	Preferred Pharmacy \$15/\$30/\$60 (Specialty 15% up to \$350 per prescription) Non-Preferred Pharmacy \$20/\$40/\$70	See Preferred Pharmacy Pricing	No Benefit
Preventive	No Charge		No Benefit	No Charge		No Charge	

*Please refer to the Performance Select Drug List at www.bcbsnm.com for drugs covered under the plan.

Medical Plan Added Value Services

Mental Health Hub

A single behavioral health resources destination accessible 24/7 through bcbsnm.com that helps you navigate to the right resource for your needs and provides direct access to mental and behavioral health specialists. Get help with pediatric mental health, substance abuse, eating disorders, anxiety, depression, and more.

Learn To Live

Learn new skills to break old patterns that may be holding you back. Digital programs from Learn To Live can help you get your mental health on track so that you can feel better and enjoy life more. Program topics include stress, anxiety, depression, insomnia, and substance use.

Hinge Health

This digital musculoskeletal (MSK) care program combines a mobile app with advanced motion-sensing technology to provide real-time feedback during guided exercises. You will also have access to a dedicated physical therapist and health coach for personalized virtual therapy programs. Free for all employees and dependents enrolled in a PMS medical plan who meet the Hinge Health program criteria.

Wondr

This online coaching program is designed to teach you behavior modifications to help you lose weight and reduce your risk of metabolic syndrome. Free for all employees and dependents enrolled in a PMS medical plan who meet the Wondr program criteria.

MD Live

MD Live provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs with no copay. Board-certified doctors are available 24/7 as needed or by appointment, therapists and psychiatrists are available by appointment.

Virtual visits can be a better alternative than going to the emergency room or urgent care center. MD Live doctors or therapists can help treat the following conditions and more:

- General health
- Allergies
- Asthma
- Nausea
- Pediatric care
- Cold/flu
- Ear problems
- Marital problems
- Behavioral health
- Anxiety/Depression
- Child behavior/Learning issues
- Sinus infections

Contact MDLive at 888-858-5074 or MDLive.com/BCBSNM.

Galileo

Galileo is a 24/7 virtual care option for many of the primary care needs for you and your covered dependents. Galileo providers can order labs, write prescriptions, make referrals, and help you navigate the healthcare system, all from your phone.

Blue Access for Members (BAM)SM

BAM allows you to access your claims data, order additional cards and access many value-added services. Find BAM at bcbsnm.com. You will have to register if this is your first website visit.

Experian Identity Theft Protection Services

Employees (and their minor dependents) enrolled in PMS medical insurance may enroll *at no cost* in identity theft protection through Experian. Services include credit monitoring, identity restoration, and up to \$1 million in identity theft insurance.

To enroll, log in to your www.bcbsnm.com account, click on “Coverage”, then “Coverage & Benefits,” then “Identity Protection” and follow the enrollment steps. Enrollment is annual, you must re-enroll each year.

Provider Finder®

Provider Finder from BCBSNM helps you manage your medical costs and quality of care by estimating provider and facility treatment costs and reporting quality rating information. On bcbsnm.com, click on the Find Care tab. PMS uses the PPO network.

Use Provider Finder to:

- ♦ **Find** an in-network primary care physician, specialist or hospital.
- ♦ **Estimate the cost** of procedures, treatments and tests and gauge out-of-pocket expenses.
- ♦ **View** patient feedback or add a provider review.
- ♦ **Check** the quality, certifications and recognitions for doctors.

Well on Target®

This BCBSNM site assists you with health and wellness goals such as exercise programs, nutrition planning, smoking cessation, and disease management. A gym membership discount program and a free wellness app are available.

To access this site, log in to your bcbsnm.com account and click on “Wellness” then click on the Well on Target link to be taken to that website. Follow the instructions to get started.

Discounted Gym Memberships & Fitness Classes

You can access discounts on gym membership and fitness classes. To learn more and enroll, log in to your bcbsnm.com account and click on “Wellness” then click on the Fitness Program link to be taken to the Blue365 site.

Blue365®

Blue365 offers members and covered dependents access to savings on many health care and wellness products and services including online and in-person fitness classes, online personal trainers, fitness equipment, fitness trackers, meal subscriptions, hearing aids, and much more. To learn more, visit blue365deals.com/BCBSNM.

Coverage Tier Options

When making your medical, dental, and vision benefit elections, you may choose from the following levels of coverage:

- ♦ **Employee only**
- ♦ **Employee plus one dependent**
- ♦ **Employee plus two or more dependents**

Your premiums – including your contribution and PMS’s contribution – will vary depending on which plans and level of coverage you select.



SEMI-MONTHLY RATES: MEDICAL PLANS

Medical Blue Cross Blue Shield of NM

April 1, 2026 – March 31, 2027

Consumer Driven Health Plan (CDHP) + Health Reimbursement Arrangement (HRA)

	Full-Time and Part-Time Grandfathered Premiums	Part-Time Premiums
Employee only	\$58.06	\$215.79
Employee + 1 dependent	\$144.03	\$441.76
Employee + 2 or more dependents	\$223.45	\$592.90

Exclusive Provider Organization (EPO)

	Full-Time and Part-Time Grandfathered Premiums	Part-Time Premiums
Employee only	\$111.21	\$275.70
Employee + 1 dependent	\$247.78	\$564.42
Employee + 2 or more dependents	\$351.73	\$756.70

Preferred Provider Organization (PPO)

	Full-Time and Part-Time Grandfathered Premiums	Part-Time Premiums
Employee only	\$186.64	\$304.12
Employee + 1 dependent	\$387.68	\$618.73
Employee + 2 or more dependents	\$575.74	\$828.10

*Refer to the Family Member Eligibility section of this book to determine who can be covered as a family member under the PMS benefits plans. For a list of network providers, visit bcbsnm.com.

Visit the benefits website at mybensite.com/pmsnm to obtain these important documents:

- ◆ Notice of Privacy Practices for PMS Group Health Plan
- ◆ BCBSNM Summary of Benefits and Coverage (SBC)
- ◆ Important Notice from Presbyterian Medical Services About Your Prescription Drug Coverage and Medicare
- ◆ Benefit Booklet for the CDHP + HRA plan, EPO, and PPO plans

DENTAL PLAN

Eligibility Criteria

Employees at .50 FTE or above. Coverage is effective the first of the month after 60 days of continuous employment.

Delta Dental has one of the largest dental provider networks in the country and participating dentists bill Delta Dental directly. For covered services, you are initially responsible only for co-payments and deductibles, if any. Preventive services such as twice-per-year cleanings and once-per-year x-rays are covered at 100% with providers in the Delta PPO network.

Pre-selection of a dentist is never required, and every member of your family may use a different dentist. You may visit a licensed dentist not participating in the plan, but your costs are typically higher. See the 2026-2027 Benefit Plan Summaries book for detailed plan provisions.

Delta Dental of New Mexico

April 1, 2026 – March 31, 2027

	Full-Time and Part-Time Grandfathered Premiums	Part-Time Premiums
Employee only	\$4.00	\$8.00
Employee + 1 dependent	\$7.62	\$15.25
Employee + 2 or more dependents	\$12.25	\$24.50

*Refer to the Family Member Eligibility section of this book to determine who can be covered as a family member under the PMS benefit plans. For a list of network providers, visit deltadentalnm.com.

Visit the benefits website at mybensite.com/pmsnm to obtain these important documents:

- ♦ Delta Dental Benefit Handbook
- ♦ Summary of Benefits



VISION PLAN

Eligibility Criteria

Employees at .50 FTE or above. Coverage is effective the first of the month after 60 days of continuous employment.

Your vision plan is voluntary coverage provided through Vision Service Plan (VSP). You will pay the full premium if you enroll.

The VSP Vision plan offers a network of participating providers throughout the US and allows you to obtain eye exams and glasses (or contacts) from a participating provider for a minimal co-payment. Benefits are also available from non-participating providers with reimbursement for services based on an allowance. For a list of VSP providers, visit www.vsp.com. VSP does not provide membership cards.

See the 2026-2027 Benefit Plan Summaries book for detailed plan provisions.

Vision Service Plan (VSP) April 1, 2026 – March 31, 2027

Full-Time, Part-Time Grandfathered and Part-Time Premiums

Employee only	\$4.92
Employee + 1 dependent	\$9.83
Employee + 2 or more dependents	\$15.84

*Please refer to the Family Member Eligibility section of this book to determine who can be covered as a family member under the PMS benefits plans. For a list of network providers, visit vsp.com.

Visit the benefits website at mybensite.com/pmsnm to obtain these important documents:

- ◆ Group Vision Care Policy Evidence of Coverage
- ◆ Summary of Benefits
- ◆ Discounts available through VSP

PRE-TAX VS. POST-TAX DEDUCTIONS – PREMIUM ONLY PLAN

Eligibility Criteria

Employees at .50 FTE or above. Coverage is effective the first of the month after 60 days of continuous employment.

The PMS Premium Only Plan is regulated by Section 125 of the Internal Revenue Code, which allows you to pay your medical, dental, and vision premiums with pre-tax dollars. When you make your benefit selection, indicate your preference for pre-tax or post-tax deductions.

Choose carefully, your selection impacts both your taxes and your ability to change enrollments mid-year.

Deducted pre-tax (the default)

You may pay less in income tax

BUT

You are locked into your medical, dental, and vision benefit elections for the entire plan year, unless you have a qualifying life event.

Example: You earn \$1000 per paycheck and your medical, dental, and vision premiums total \$100.

You pay income tax on \$900 of income.

Deducted post-tax

You can cancel these benefits in the middle of the plan year

BUT

You lose the tax benefit.

Visit the benefits website at mybensite.com/pmsnm to obtain these related documents:

- ◆ Premium Only Plan.
- ◆ Welfare Benefits Wrap Plan Summary Plan Description

BASIC LIFE, AD&D AND LONG-TERM DISABILITY

Eligibility Criteria

Employees at .50 FTE or above. Coverage is effective the first of the month after 60 days of continuous employment.

Eligible employees are automatically enrolled in **Basic Term Life Insurance** and **Accidental Death and Dismemberment (AD&D)** coverage through Mutual of Omaha. Full-time and part-time grandfathered employees receive coverage in the amount of two times their annual salary, rounded to the next higher thousand to a maximum of \$200,000. The Designated Provider maximum is \$400,000. Part-time employees receive coverage in the amount of one times their annual salary, rounded to the next higher thousand to a maximum of \$100,000 with a Designated Provider maximum of \$200,000. The full premium for this benefit is paid by PMS.

AD&D insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment. In the event that death occurs from a covered accident, both the basic life and AD&D benefits would be payable.

Basic Life Insurance and AD&D coverage amounts are reduced 50% once you reach age 70.

Eligible employees are automatically enrolled in **Long Term Disability** insurance. After a 180-day elimination period the benefit will provide income (when combined with Social Security disability income or Workers Compensation income) which is equal to 60 percent of your basic monthly earnings to a maximum of \$13,500. The full premium for this benefit is paid by PMS.

As an added value, you have access to **Worldwide Travel Assistance** and **Will Preparation** services. For more information, refer to the 2026-2027 Benefit Plan Summaries book.

Visit the PMS benefits website at mybensite.com/pmsnm to obtain these important documents:

- ♦ Mutual of Omaha Basic Life and AD&D Certificate
- ♦ Mutual of Omaha Group Long Term Disability Certificate

To update your life insurance beneficiary information, go to mybensite.com/pmsnm or call the **benefit call center** at **888-868-5530**. It is important that you keep this information current. You may update/change your beneficiary at any time.

EMPLOYEE ASSISTANCE PROGRAM (EAP)



Eligibility Criteria

Employees at .50 FTE or above. Coverage is effective the first of the month after 60 days of continuous employment. There is no cost to employees.

You and your eligible dependents may utilize this valuable support program for assistance with personal or job-related concerns including emotional well-being, family & relationships, legal & financial matters, healthy lifestyles and work/life transitions. The EAP is administered by Mutual of Omaha.

Benefits include:

- ◆ Unlimited phone access to EAP professionals 24/7
- ◆ Telephone assistance and referrals
- ◆ Robust network of licensed mental health professionals
- ◆ Five face-to-face sessions with a counselor (per household, per calendar year)
- ◆ Thirty-minute legal consult
- ◆ Toll-free phone and web access 24/7
- ◆ Legal assistance and financial services
- ◆ Access to a library of educational articles, handouts, and resources
- ◆ Most online resources are available in both Spanish and English

The EAP is *free and always confidential*. PMS will never know that you contacted the EAP.

For more information or to access the benefits of the **EAP** go to mutualofomaha.com/eap or call **800-316-2796**.

An informative flyer is available on the PMS benefits website mybensite.com/pmsnm in the “Additional Benefits” menu.

VOLUNTARY SUPPLEMENTAL BENEFITS

For a more detailed summary of the provisions of these voluntary benefits, see the 2026-2027 Benefit Plan Summaries book.

Eligibility Criteria

Employees at .50 FTE or above. Coverage is effective the first of the month after 60 days of continuous employment.

Identity Theft Protection from Norton Lifelock

Your personal information is stored in an endless list of places, and any one of them could accidentally expose you to identity theft. If your identity is stolen, LifeLock will fix it. Two plans with different service levels are available.

Pet Insurance from Pet Partners

Veterinary visits can be very expensive so Pet Partners pet insurance can help with costs for your furry friends. There are no age or breed limits and you can choose whether to add preventive care coverage.

The following supplemental benefits are available through Mutual of Omaha:

Accident Insurance

Accident coverage provides cash benefits for out-of-pocket expenses associated with an accidental injury and can help protect hard-earned savings should an on- or off-the-job accidental injury occur.

Short-Term Disability Insurance

This coverage provides a weekly benefit of 60% of your weekly income (up to \$1,500) for a period of up to 24 weeks when you are unable to work because of a covered sickness or off-the-job injury. There are pre-existing condition limitations, see the plan summary for more information.

Supplemental Term Life Insurance

Available for you to purchase for yourself, your spouse, and your children, this coverage is age-based and pays a lump sum benefit at the time of death. You may purchase coverage in multiples of \$10,000 subject to a maximum amount equal to the lesser of \$500,000 or five times your annual salary.

Critical Illness Insurance

This plan provides a lump sum cash benefit to help cover expenses associated with a qualifying serious illness such as cancer, heart attack, stroke, organ transplant, end-stage renal failure and other ailments.

Visit the benefits website at mybensite.com/pmsnm for plan summaries.

Note: These voluntary supplemental benefits are **non-ERISA** benefits and are offered as a courtesy to PMS employees.

To update your life insurance beneficiary information, go to mybensite.com/pmsnm or call the **benefits call center** at **888-868-5530**. It is important that you keep this information current. You may update/change your beneficiary at any time.

RETIREMENT PROGRAMS

Discretionary Contribution Plan

Eligibility Criteria

Employees who are age 18 and above are eligible to participate after they have completed one year of service and have worked at least 1,000 hours during their first twelve consecutive months of employment. Employees enter the plan on either January 1st or July 1st (whichever occurs first) after meeting the eligibility requirements.

This is a type of qualified retirement plan where PMS makes contributions to the plan on your behalf. You must be actively employed on the last day of the plan year (December 31st) in order to receive the employer contribution. This plan is 100% funded by PMS. Employer contributions are generally funded at the end of March for the previous year.

You are fully vested in the plan after six “Years of Service”. To earn a “Year of Service,” you must be credited with at least 1,000 hours of service during any plan year.

Visit the benefits website at mybensite.com/pmsnm to obtain these important documents:

- *Presbyterian Medical Services Discretionary Contribution Plan Summary Plan Description.*
- *Information on your distribution options*
- *Distribution request form*

Update or change your beneficiary information at any time by logging in to your plan account at secure.ascensus.com. It is important that you keep this information current. You may update/change your beneficiary at any time.

Call **Ascensus** at **844-749-9981** for questions about the plan.



403(b) Retirement Savings Plan

Eligibility Criteria

All employees, excluding temporary employees, are eligible to participate upon employment with no waiting period.

Similar to the better-known 401(k), the 403(b) retirement savings plan allows you to defer a portion of your pay into an individual plan account. PMS will make payroll deductions to your account with Vanguard, and you can choose among various investment options that meet your tolerance level for risk and return. Your deductions can be **pre-tax** (Traditional) or **post-tax** (Roth).

For 2026, IRS regulations limit employee deferrals to a maximum of \$24,500 per year. In addition, employees aged 50 or older can make catch-up contributions up to \$8,000 higher than the standard limit. Employees aged 60-63 can make catch-up contributions up to \$11,250 higher than the standard limit.

The basic difference between a traditional and Roth 403(b) is when you pay the taxes.

Pre-tax (Traditional) deductions:

- ♦ The taxable income on each paycheck is reduced by the amount of the 403(b) deduction, so you get the tax break now.
- ♦ You will pay taxes when you start taking withdrawals at retirement.

Post-tax (Roth) deductions:

- ♦ Your 403(b) deduction is made with after-tax dollars meaning you are taxed on that current paycheck.
- ♦ Because you have already paid the taxes, Roth elective deferrals and any associated earnings are eligible for tax-free withdrawal if your Roth account has been open for at least 5 years and you are at least 59 ½ years of age.

You can begin taking normal distributions from a 403(b) plan at age 59½. In general, a distribution taken before age 59½ may be subject to a 10% penalty. Per IRS regulations you must begin Required Minimum Distributions (RMDs) by April 1st of the year after you reach age 73 or retire, whichever is later. After that, you must take distributions annually by December 31. If you don't take the RMDs on time, the IRS will assess you a penalty of 50% of the amount that should have been withdrawn.

Contact Vanguard for additional information regarding how 403(b) accounts work, their fees, and to review the account agreement.

Visit the [benefits website](#) for information on how to enroll in the 403(b) Retirement Savings Plan:

Note: The 403(b) Retirement Savings Plan is a **non-ERISA** benefit and is offered as a courtesy to PMS employees. Any questions specific to Vanguard, such as plan fees or investment options, must be directed to Vanguard.

PAID & UNPAID LEAVE PROGRAMS

PMS provides several different paid and unpaid leave programs to allow you time to enjoy with your friends and family as well as to care for them and yourself.

Paid-Time Off (PTO)

The PTO plan is designed to ensure that individuals employed by PMS have periods of rest and relaxation which contribute to their quality of life by maintaining an equitable balance between work and family/personal time.

Eligibility Criteria

Employees who are classified at a .50 FTE or greater are eligible for PTO leave. You can request PTO upon employment and can use PTO as it is accrued in the payroll system.

PTO hours are provided in accordance with one of the following three PTO schedules: Non-Exempt, Exempt or Designated Clinician. The PTO benefit schedules have bi-weekly limits. Once a limit is reached, no further PTO is provided until some PTO is used.

NON-EXEMPT EMPLOYEE PTO SCHEDULE		
COMPLETED YEARS OF SERVICE	MAXIMUM # OF HOURS	PTO LIMIT
<1	128	173 hours
1 to <5	152	205 hours
5 to <10	176	238 hours
10+	200	270 hours

*Non-exempt LPN's and RN's will be provided with the PTO benefit based upon the exempt employee schedule.

EXEMPT EMPLOYEE PTO SCHEDULE		
COMPLETED YEARS OF SERVICE	MAXIMUM # OF HOURS	PTO LIMIT
<1	152	205 hours
1 to <5	176	238 hours
5 to <10	200	270 hours
10+	224	302 hours

DESIGNATED CLINICIAN PTO SCHEDULE		
Physician, Psychiatrist, Dentist, Physician Assistant, Nurse Practitioner, Prescribing Psychologist, Psychiatric & Mental Health Nurse Practitioner		
COMPLETED YEARS OF SERVICE	MAXIMUM # OF HOURS	PTO LIMIT
<5	200	270 hours
5+	224	302 hours

New Mexico Healthy Workplace Act

The PMS PTO policy complies with all provisions of the New Mexico Healthy Workplace Act and any other applicable state sick leave laws. For more information, see PMS policy 208.001 Paid Time Off.

Standard Holidays

Eligibility Criteria

Employees at **.50 FTE or above**, effective upon employment.
PMS recognizes seven paid holidays per year:

- ♦ New Year's Day
- ♦ President's Day
- ♦ Memorial Day
- ♦ Independence Day
- ♦ Labor Day
- ♦ Thanksgiving Day
- ♦ Christmas Day

Float and Birthday Holidays

Eligibility Criteria

Employees at **.5 FTE or above**, effective upon employment.
PMS grants two additional holidays for personal use – a floating holiday and a birthday holiday. Both may be taken any time during the calendar year but no later than December 31st.



Bereavement (Funeral) Leave

Bereavement Leave

Eligibility Criteria

Employees at **.75 FTE or above**, after 90 days of continuous employment.

PMS recognizes the importance of family and the difficulties employees face following the loss of a loved one. For eligible employees, PMS provides up to three days of paid leave (prorated to the employee's FTE level), following the loss of an employee's immediate family member.

"Immediate Family" is defined as your parent, spouse, child, brother, sister, grandparent, grandchild or corresponding step or in-law relationship, whether related by blood, adoption or marriage.

Professional Continuing Education Leave

Eligibility Criteria

All regular status licensed clinical professionals who must maintain licensure as a condition of employment, at a .50 FTE or above and at least six months of continuous service with PMS at the time of the request for continuing education leave, are eligible for this leave.

Eligible licensed professionals may be granted paid continuing education leave, prorated to FTE level. Licensed professionals include those employees who must maintain State of New Mexico licensure or certification as a condition of employment. Physicians, dentists, and advanced practitioners are eligible for up to 40 hours per calendar year, prorated to FTE level; and all other eligible licensed professionals are eligible for up to 20 hours per calendar year, prorated to FTE level.

OTHER LEAVE PROGRAMS

The policies below are available in the document library on StauroLite 2.0.

- ♦ **Domestic Abuse Leave** – Refer to the Domestic Abuse Leave policy
- ♦ **Family and Medical Leave of Absence (FMLA)** – Refer to the FMLA policy
- ♦ **Paid Sick Leave For Part-Time Employees** – Refer to the Paid Sick Leave For Part-Time Employees policy, for employees who are less than 0.5 FTE
- ♦ **Jury Duty Leave** – Refer to the Civic Responsibility Leave policy
- ♦ **Leave of Absence (LOA)** – Refer to the Leave of Absence policy
- ♦ **Military Leave of Absence** – Refer the Military Leave of Absence policy
- ♦ **Voting Leave** – Refer to the Civic Responsibility Leave policy
- ♦ **Winter and Spring Break** – Head Start, Early Head Start, and Pre-K employees only

Contact hadministrator@pmsnm.org for any questions regarding these leaves.

ADDITIONAL BENEFITS

Tuition Reimbursement

Eligibility Criteria

Employees at .75 FTE or above who have completed at least one year of continuous employment.

You may be reimbursed for courses of study that PMS determines are directly related to your present job or that will enhance your potential for advancement to a position within PMS and which you have a reasonable expectation of attaining. PMS reimburses approved expenses including tuition, books, and fees at the rate of 75%, up to a maximum of \$1,500 per calendar year.

Tuition Reimbursement applications must be received and approved by Human Resources prior to the start of the class.

For more program information, download the policy document “209.003 Tuition Reimbursement” from Staurolite 2.0.

Malpractice Insurance

All licensed professionals are provided with 100% occurrence-based paid professional malpractice insurance coverage upon employment.

Professional Stipend

Clinical licensed and certified professionals, employed at .50 FTE or above, after six months of continuous employment whose job description requires them to hold a license or certification are provided with a stipend to offset the cost associated with continuing education expenses, professional fees and licensure or certification. The amount of payment is based upon specific licensure or certification type and is prorated to FTE level. Payment is provided annually in two installments to active employees in June and December.



GLOSSARY OF TERMS

The benefits world uses many terms that you may not be familiar with.

Understanding these terms can help you make better decisions about your benefits and your healthcare coverage.



Balance Billing – When you are billed by an out-of-network provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is \$1,500, your plan does not pay anything until you've paid \$1,500 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Health Reimbursement Arrangement (HRA) – An employer-funded account that reimburses employees for medical expenses. In the case of PMS's CDHP+HRA plan, the plan automatically pays eligible expenses (\$500 for individual and \$1000 for family) and no action is needed by you.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Network – A group of healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

In-Network – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.

Out-of-Network – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.

Non-Participating – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The annual period set by PMS during which you may enroll, unenroll, or otherwise change your coverage elections.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Premium – The amount you pay for your enrolled plan(s) via payroll deductions. This will vary by the plan and your tier (**employee** only, employee + 1, employee + family)

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

Generic Drugs – Drugs approved by the U.S. Food and Drug Administration to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.

Preferred Drugs – Brand-name drugs on the plan's approved list.

Non-Preferred Drugs – Brand-name drugs not on the plan's list of approved drugs. These drugs are typically newer and have higher copayments.

Specialty Drugs – Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, at times specific criteria must be met before a drug is covered.

Preferred Pharmacy – An in-network pharmacy that has agreed to a lower reimbursement rate resulting in the lowest out-of-pocket costs for you. Some examples include Walgreen's, some grocery chain pharmacies, and some independent pharmacies.

Non-Preferred Pharmacy – An in-network pharmacy that has not agreed to a lower reimbursement rate, resulting in somewhat higher out-of-pocket costs for you.

Prior Authorization – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. This amount is sometimes used to determine the allowed amount. Also known as UCR (Usual, Customary, and Reasonable).

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

1095-C TAX FORMS

Form 1095-C is a statement of medical plan coverage offered to eligible employees that employers must provide to their employees and is generated each February for the previous tax year. If you are a benefits-eligible employee a 1095-C is generated for you even if you declined PMS's medical plan coverage.

Effective 2025, employers are no longer required to automatically print and mail form 1095-C to all employees. Your 1095-C is available for download and printing by logging in to your account on the PMS benefits website mybensite.com/pmsnm. For assistance with logging in or downloading the form, call the PMS benefits call center 888.868.5530.

IMPORTANT DISCLAIMER

For plans governed by the Employee Retirement Income Security Act (ERISA), this Employee Benefits Guidebook serves as a Summary of Material Modifications (SMM) to the Presbyterian Medical Services (PMS) Health and Welfare Benefit Plans. PMS reserves the right to amend or discontinue any benefit plans at any time. If there is a conflict between this summary and the terms of the plan documents, the plan documents govern.

This document does not constitute a guarantee of plan coverage or benefits. Particular rules and eligibility requirements must be met before benefits can be received. Presbyterian Medical Services intends to continue the benefits described here indefinitely; however, the benefits of all employees and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the authority of Presbyterian Medical Services.

Presbyterian Medical Services also reserves the right to determine new premiums, employer contributions, and monthly costs at any time. Health and Welfare benefits are not accrued or vested benefit entitlements. Presbyterian Medical Services' contributions toward the monthly cost of the coverage are determined by Presbyterian Medical Services and may change or stop altogether.

Presbyterian Medical Services is an equal opportunity employer in conformance with applicable law, and Presbyterian Medical Services' policy. Nothing herein shall be deemed to constitute a contract of employment.

Note: If you do not have access to the **benefits website** mybensite.com/pmsnm, contact the **Benefits Administrator** at **505.443.1125** or benefits@pmsnm.org to request a hard copy of documents.



2026-2027 BENEFITS GUIDE

HOW TO ENROLL

Go to mybensite.com/pmsnm

Click “Enroll now”

Complete the step-by-step enrollment process

Accept terms and conditions

Save your changes

Email or print the confirmation statement for your records

Or complete your enrollment over the phone

The benefits call center is open Monday – Friday 6:00am – 7:00pm. 888.868.5530. *Se habla Español*

Thank you for completing your enrollment!

HUMAN RESOURCES BENEFITS ADMINISTRATION

1422 Paseo de Peralta, Santa Fe, NM 87501

505-443-1125 benefits@pmsnm.org