DETERMINED TO CARE FOR OUR EDUCATORS.

PRESBYTERIAN
Health Plan, Inc.

Presbyterian has a long tradition of serving Albuquerque Public Schools and their families. In 2026, Presbyterian will continue to offer an Exclusive Provider Organization (EPO) plan. The simplified plan is straightforward and easy to understand with one level of benefit.

Additionally, we will offer:

- Full access to Presbyterian's integrated health system of more than **1,100** doctors and nine hospitals across New Mexico.
- A robust network of more than **24,000** providers and facilities statewide.
  - ONLY for enrolled dependents ages 17-26 who live OUTSIDE New Mexico, the Aetna Network is available as an extension of the Presbyterian Health Plan EPO network. The Aetna network provides access to contracted, in-network providers and facilities for employee's college-age enrolled dependents who have moved out-of-state for college, trade school, employment opportunities, etc.
  - The Aetna network is NOT open to employees and their dependents living in New Mexico.

Now in-network for APS members!

Optum (formerly ABQ Health Partners/Davita) is a medical group with 12 locations in Albuquerque, Los Lunas and Rio Rancho offering more than 100 primary care providers and specialists.

Presbyterian Customer Service Center: Dedicated to you.

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. You can contact your dedicated Customer Service Center by calling (505) 923-5600 or 1-888-ASK-PRES (1-888-275-7737) or by sending an e-mail to info@phs.org.

www.phs.org/APS

NEW RESOURCES AVAILABLE TO YOU

Dedicated Member Service Team

You have access to a highly trained, dedicated customer service team that can help:

- Navigate you to the most cost-effective level of medical care, whether it's a virtual visit, outpatient options, or urgent or emergency care.
- Find in-network primary care providers (PCPs) and specialists and schedule appointments.
- Answer questions about your benefits and help coordinate benefits for your personalized needs.
- Assist with follow-up care and claims resolution.

Contact us at (505) 923-5600 or 1-888-ASK-PRES (1-888-275-7737), TTY 711, Monday through Friday from 7 a.m. to 6 p.m.

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).

Wellness at Work

Through this online platform, you can access all your wellness programming and create a personalized health improvement plan. It features a powerful Personal Health Assessment (PHA) tool to help identify personal health risks and provide recommendations for improving those risks. Through the Wellness at Work program, APS offers employees a wellness incentive program where you can earn up to $150 in rewards. To participate, visit **www.phs.org** and register or login to myPRES.

Community Health Worker Program

Our community health workers work and live in the same communities as you and are specially trained to help you get what you need to stay as healthy as possible. They can help you find housing, food, utility assistance, transportation and translation services, and they will help you schedule a visit with a healthcare provider. They can also help you better manage other health conditions such as pregnancy, asthma, diabetes, high blood pressure, behavioral health, and substance use problems.

This service is confidential and provided at no additional cost to you. For more information, call **(505) 923-8567**.

Disease Management Programs

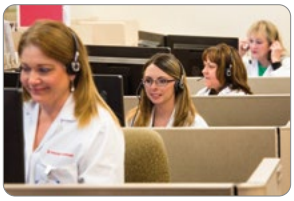
As a member, you have access to several comprehensive disease management programs at no additional cost to you.

If you have diabetes, asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), or coronary artery disease (CAD), our licensed nurses will work collaboratively with your healthcare provider to provide you with coaching and self-management tools. To enroll in one or more of these Healthy Solutions programs, call **1-800-841-9705** or email **healthysolutions@phs.org**.

Our care coordinators also provide support for managing cancer or low back pain/musculoskeletal conditions. To enroll in one or more of the care coordination programs, call **1-866-672-1242** or email **phpreferral@phs.org**.

NO-COST MEMBER BENEFITS

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** and search for "PresRN."

Virtual Care

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. Visits are $0.

For details, visit **www.phs.org/virtualpres**.

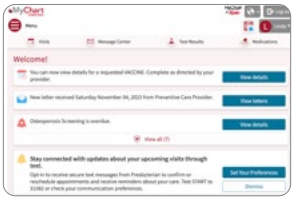
myPRES

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**.

- Look up benefit information securely, view claims status, and track deductibles.
- View or request a replacement member ID card.

All these great features are also available on your mobile device via an app that can be downloaded for Apple and Android devices. Simply search for myPRES in the App Store for Apple or the Google Play Store for Android devices.

MyChart



Members with a Presbyterian Medical Group provider can send electronic messages and communicate with their care team, request prescription renewals, schedule in office or telephone visits or schedule online virtual visits. You can also view medical records, lab and radiology reports, procedures and test results.

For details, visit **www.phs.org/mychart**.

Talkspace

No-cost 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** to access the program.

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 at no cost.

Go to **www.ontobetterhealth.com/php**.

Keep moving with a Fitness Pass membership.

The 2026 cost is only $29.50 per eligible member per month. Enrollment is open year-round.

PRESBYTERIAN Health Plan, Inc.

Presbyterian Health plan members and eligible dependents have access to more than 10,000 fitness, recreation, and community centers. For $29.50 a month, members have access to Defined Fitness and Prime Fitness network gyms. That same $29.50 monthly fee also provides Fitness Pass members a discount on Sports & Wellness monthly membership fees.

DEFINED FITNESS

www.defined.com

Defined Fitness is one of New Mexico's premier health clubs, offering a wide variety of group exercise classes, supervised child care and state-of-the-art strength training and cardiovascular equipment. All locations feature an aquatic complex with an indoor pool, hot tub, dry sauna and steam room. Once enrolled for $29.50 a month, members can go to any Defined Fitness or Prime Fitness gym location.

prime

www.primemember.com

The Prime Fitness network provides group exercise classes and amenities such as pools, sport courts, tracks and more. You can visit participating locations nationwide as often as you like, including select CHUZE, YMCAs, Snap Fitness, Curves® and more. When you use Prime Fitness, your fitness travels with you. Once enrolled for $29.50 a month, members can go to any Prime Fitness or Defined Fitness gym location.

SPORTS & WELLNESS

www.sportsandwellness.com

Sports & Wellness is where Albuquerque has gone to find fun, friends and fitness for 25+ years. Your Fitness Pass membership for $29.50 a month allows you a discounted rate on membership options at all five New Mexico Sports & Wellness (NMSW) locations. You pay the monthly $29.50 plus the NMSW discounted fee.

Fitness Pass program enrollment is easy. How to start:

For quick access and to learn more about Fitness Pass, go to **www.phs.org/wellness**.

- All enrolled health plan members aged 18 and older are eligible to enroll. Employees must enroll in the program for dependents to be eligible for the program.
- Once enrolled, Presbyterian will automatically debit your account or credit card each month.
- If you are a current Fitness Pass member, you will not need to renew your Fitness Pass gym membership each year. Your membership will automatically renew every December for the following year.
- If you do not wish to have your Fitness Pass auto-renew, you must contact Presbyterian Customer Service Center at (505) 923-5678 or 1-800-356-2219 by December 15.
- Some gyms may charge a registration or annual fee.

KEEP MOVING WITH A FITNESS PASS MEMBERSHIP

Your journey to a healthier you is as easy as a few clicks!

1. Visit **www.phs.org**.
2. Sign in using your myPRES credentials. Need a myPRES account? Sign up at **www.phs.org/myPRES**.
3. Select the eligible family members that would like to enroll. Remember, only enrolled members aged 18 and older are eligible for the Fitness Pass.
4. Fill out the banking information. Presbyterian accepts checking/debit accounts and most major credit cards.
5. Print/save a copy of your confirmation page. If you have any questions, please call our customer service center using the number on the back of your Member ID card and reference the confirmation number.
6. We will send your eligibility information beginning the first of the following month.
7. Visit the gym of your choice. At Defined Fitness and Sports & Wellness, you will be issued an ID card directly by the gym after you present your Presbyterian Member ID card. If you want to use Prime Fitness, visit **www.primemember.com** to obtain a Prime ID Card before visiting a gym in that network.

Some things to keep in mind about your Fitness Pass membership

- Under the Defined Fitness and Prime Fitness membership, you can use as many participating gyms as you like. There is no limit to the number of gyms you can utilize.
- The Sports & Wellness membership provides you with a discount to Sports & Wellness facilities in New Mexico. It also includes Defined Fitness and Prime Fitness network access.
- Upon enrollment, your fitness pass eligibility will start on the first of the following month.
- Initial enrollment is open all year, although if you enroll you are committed through the calendar year.
- Eligible dependents must be at least 18 years of age to participate.
- Dependents living outside of New Mexico can still participate and have access to the nationwide Prime Fitness Network.
- You must be active on your Presbyterian Health Plan policy to remain eligible for the Fitness Pass.
- Fitness Pass accounts cannot be changed or cancelled voluntarily.
- If your account is cancelled for non-payment, you cannot re-enroll until the following year.
- All gym memberships through the Fitness Pass are basic memberships; upgrades may be purchased directly through the fitness center.

2026 APS Presbyterian Health Plan Exclusive Provider Organization (EPO) Summary of Benefits

Administrative Services for the Albuquerque Public Schools self-funded medical plan are provided by Presbyterian Health Plan.		Presbyterian Exclusive Provider Organization (EPO)[7] In-network only coverage
Deductible	Annual Member Deductible (calendar year)	
	Single	$500
	Two-party	$1,000
	Family	$1,250
	• The deductible does not apply to Preventive Care Services or Prescription Drugs. • Copayments do not apply towards deductible. • Except for Preventive Care and those services where a copayment applies, the deductible must be met before benefit payment is made by the plan (coinsurance applies). • After each family member meets his or her individual plan deductible, the plan will pay a percentage of his or her claims and the member will pay applicable coinsurance until the out-of-pocket maximum is met. • After the family plan deductible has been met, the plan will pay a percentage of each individual's claims and the member(s) will pay applicable coinsurance until the out-of-pocket maximum is met.	
Coinsurance		You pay 20% and the Plan pays 80% after the annual deductible is met
Out-of-Pocket Maximum	Annual Out-of-Pocket Maximum	
	Single	$4,000
	Two-Party	$8,000
	Family	$12,000
	• The medical plan copayments, deductible and coinsurance apply to the annual out-of-pocket maximum. • Prescription drug copayments or coinsurance do not apply to the medical plan out-of-pocket maximum. The prescription drug plan includes a separate out-of-pocket maximum. • After each family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of that individual's covered expenses. • After the family out-of-pocket maximum has been met, the plan will pay 100% of each family member's covered expenses.	
Physician Services	Non-Specialist • Primary Care Physician (PCP) selection not required	$20 office visit copay
	Specialist • Referral not required	$50 office visit copay
	• Virtual Care - **www.phs.org/virtualpres**	No charge
	Other Virtual or Telehealth Visit	$20 office visit copay
	Surgery in Office	Included in office visit copay
	Injectable drugs administered in physician's office	Copay based on place of service
	Self-injectable drugs (specialty pharmaceuticals) can be ordered through the prescription drug plan	Refer to the prescription drug plan

Preventive Care Services[1]	• Routine Physical • Annual women's exam • Annual men's exam including PSA • Related laboratory tests including x-rays (includes routine pap tests, cholesterol tests, urinalysis, mammogram, colonoscopy, etc.) • Well-child care including vision and hearing screenings (through age 21) • Immunizations • Health education and counseling (including smoking/ tobacco cessation education) • Family planning	Plan pays 100%
Women's Health Care	Contraceptive methods[1] (preferred agents) • Intrauterine devices (IUD) • Hormone contraceptive injections • Inserted contraceptive devices • Implanted contraceptive devices • Generic birth control Breast feeding support[6] • Supplies and counseling for one year after delivery	Plan pays 100% (prescription medications are covered under the prescription drug plan)
Outpatient Diagnostic Testing	Advanced Radiology[2] (i.e., PET, MRI, CT scans) • Medically necessary outpatient imaging tests	$120 copay per day (free-standing facility), or 20% coinsurance after deductible (outpatient department of hospital)
	Other Laboratory	$20 copay per day
	Other X-rays / Ultrasound / Other Basic Diagnostic Testing	$20 copay per day
Hospital Services	Hospitalization[2] • Includes room and board, inpatient physician care–physician visits, surgeon, anesthesiologist, laboratory tests and X-Rays	20% coinsurance after deductible
	Inpatient Rehabilitation Services[2]	20% coinsurance after deductible
	Observation Stay[2]	20% coinsurance after deductible
Sleep Studies	Inpatient[2] Sleep labs (two nights)[2]	20% coinsurance after deductible
Surgical Services	Inpatient Surgery[2]	20% coinsurance after deductible
	Outpatient Surgery[2]	20% coinsurance after deductible
	Office Surgery	Included in office visit copay
Urgent Care Services	Urgent Care Facility	$50 copay (in-network or out-of-network)
	Non-urgent follow-up care (from a contracted, in-network provider)	Subject to place of service copay or deductible and coinsurance
Emergency Services	Emergency Room[4]/Emergency observation treatment[4] • Hospital and Physician charges	$350 copay (in-network or out-of-network)
	Non-emergent follow-up care (from a contracted, in-network provider)	Subject to place of service copay or deductible and coinsurance
Ambulance	Ambulance – Emergency Emergency Air Transport (when medically necessary)	20% coinsurance after deductible

Maternity Services	Physician/Midwife Services Delivery, prenatal and postnatal care	$50 copay (initial visit only, then the plan pays 100%)
	Genetic Testing[2] and Counseling	Copay based on place of service
	Hospital Admission[2]	20% coinsurance after deductible (on the mother)
	Routine nursery care for newborn • If mother is covered under the plan (Baby is covered from birth but must be enrolled in the medical plan as quickly as possible but no later than 60 days from date of birth)	Plan pays 100%
	Extended stay charges for covered newborn If baby is admitted to the hospital post-delivery	20% coinsurance after deductible (on the baby)
Behavioral Health	Outpatient Services	No Charge
	Talkspace (Virtual Telehealth Visits for Behavioral Health Services) www.talkspace.com/php	No Charge
	Inpatient Services[2] Partial Hospitalization[2] • Two partial hospitalizations equal one inpatient stay	No Charge
Substance Use	Outpatient Services	No Charge
	Inpatient Services[2]	No Charge
	Partial Hospitalization[2] • Two partial hospitalizations equal one inpatient stay	No Charge
	Residential Treatment Center	No Charge
Other Services	Allergy Testing and Treatment	$50 copay
	Allergy Injections only	$10 copay
	Allergy Extract preparation	$10 copay
	Alternative Therapy[3] • Acupuncture, Chiropractic, Massage Therapy and Rolfing (combined maximum of 25 visits per calendar year)	$20 copay per visit
	Autism Spectrum Disorders[2] • Diagnosis and treatment of autism spectrum disorder • Well-baby and well-child screening for diagnosing the presence of autism spectrum disorder The habilitative and rehabilitative treatment of autism spectrum disorder through speech therapy, occupational therapy, physical therapy and applied behavioral analysis. Providers must be credentialed to provide such therapy.	No Charge
	Biofeedback For specified medical conditions only	$50 copay per visit
	Cardiac Rehabilitation[2]	No charge per session
	Pulmonary Rehabilitation[2]	No charge per session
	Chemotherapy and/or Radiation Therapy	20% coinsurance after deductible

Other Services (continued)	Dialysis	20% coinsurance after deductible
	Diabetes Coverage Office visit and diabetes education	$10 office visit copay up to $260 annual maximum
	Diabetes medication	Refer to the prescription drug plan
	Diabetic supplies, equipment, appliances, and services[2] • Prescribed by the attending physician • Purchased through a contracted Durable Medical Equipment (DME) provider	Plan pays 100%
	Durable Medical Equipment (DME), orthopedic appliances, prosthetics, and functional orthotics[2] • Medically necessary services, supplies and devices • Supplies limited to a 30-day supply during a 30-day period • Rental benefits may not exceed the purchase of a new unit • Support hose limited to 6 pair (or 12 hoses) per calendar year • Mastectomy bras limited to 3 per calendar year • Purchased through a contracted DME provider	20% coinsurance (deductible does not apply)
	Hearing Aids (Coverage is limited to dependents under age 21 only)	The plan pays 100% of the covered charges (including fitting and dispensing services) up to a maximum of $2,200 every 36 months per hearing impaired ear
	Home Health Care[2]/Home Intravenous Service[2] • Prescribed home physician services, nursing care and rehabilitative therapy	$50 copay per visit
	Hospice	20% coinsurance after deductible
	Bereavement Counseling[3] (Limited to 3 sessions during the hospice benefit period)	20% coinsurance after deductible
	Respite Care[3] (Limited to 5 continuous days for each 60 days of hospice care. No more than two respite stays allowed.)	20% coinsurance after deductible
	Infertility related services • Test performed in a laboratory • Test performed in a Non-Specialist Physician's office • Test performed in a Specialist Physician's office (Refer to the Summary Plan Description for covered services)	Copays based on place of service
	Physical, Occupational, and Speech Therapy[3] (maximum of 60 visits per condition per calendar year)	$20 copay per visit up to a maximum of $320 per calendar year
	Skilled Nursing Facility[3] (maximum of 60 days per condition per calendar year)	20% coinsurance after deductible
	Tobacco Cessation[3] Screening for tobacco use, at least two tobacco cessation attempts per year which include: Four tobacco cessation counseling sessions of at least 10 minutes each (telephone counseling, group counseling or individual counseling)	Plan pays 100% (Tobacco cessation medications prescribed by a health care provider are covered under the prescription drug plan)
	Dental Services[2] (For limited medical conditions only)	20% coinsurance after deductible

Transplants[5]	Coverage for human organ transplants[5] • Case Management required • Refer to Summary Plan Description for complete details on transplant coverage Maximums apply to covered travel and lodging services	20% coinsurance after deductible
Lifetime Maximum	Unlimited (certain services are subject to calendar year maximum visits or days or are limited per condition)	
Prescription Drugs	Administered by Express Scripts. Call Express Scripts at 1-866-563-9297	

1. The Patient Protection and Affordable Care Act (also known as Health Care Reform) requires health plans to cover specific Preventive Care Services, including Women's Preventive Care Services, at no cost to the member when the services are provided by an In-Network Participating Provider. Although these services are covered at no charge, the provider may charge a copayment for other services provided during the office visit. Additionally, some covered Family Planning services continue to require member cost-sharing. If you have questions regarding the Preventive Care Services that are covered under this plan, including Family Planning Services, or your cost for these services, please refer to your Evidence of Coverage/ Summary Plan Description, or contact Presbyterian Health Plan at the phone number listed on your ID card. These services must be Medically Necessary as defined by the Summary Plan Description.
2. Pre-Admission Review and/or Prior Authorization is required; $300 penalty, reduction or denial may apply to facility and provider services if the required Pre-Admission Review and/or Prior Authorization is not obtained.
3. This benefit includes an annual visit limitation. See your Summary Plan Description for more information.
4. The Emergency Services copayment is waived if an inpatient hospital admission results; then the hospital admission deductible and coinsurance applies.
5. Transplants are covered In-Network only. Case Management Services for transplant patients must be obtained from Presbyterian Health Plan at the phone number listed on your ID card.
6. Patients are responsible for copayments or deductible and coinsurance related to place of service, ancillary services, and additional procedures performed at the same time. Prior Authorization rules still apply.
7. An Exclusive Provider Organization (EPO) plan requires that you use only medical providers and facilities that are contracted, in-network providers in the Presbyterian Health Plan EPO network. ONLY for enrolled dependents ages 17-26, the Aetna Network is available as an extension of the Presbyterian Health Plan EPO network to provide access to contracted, in-network medical providers and facilities for this age group outside New Mexico. This extended support is for employees' enrolled college-age children/dependents ages 17-26, who have moved outside New Mexico for college, trade school, employment opportunities, etc. Only claims that adhere to these EPO in-network requirements will be paid. It is strongly recommended to confirm the in-network status of medical providers and facilities with the Presbyterian dedicated Customer Service line, prior to engaging services.

Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY: 711) o hable con su proveedor.

SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-855-592-7737 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.

For more information, visit **https://www.phs.org/nondiscrimination**.

Keeping New Mexico healthy

Presbyterian offers our members a multi-faceted and coordinated approach to help you manage your health.

Screening reminders for preventive screenings such as mammograms and colonoscopies.

Disease management through Presbyterian's Healthy Solutions program offering personalized behavioral lifestyle coaching over the telephone.

Care coordination helps you get the care you need, when you need it. Nurse care coordinators help you navigate the healthcare system and better understand your healthcare benefits.

Case management helps manage chronic or complex healthcare needs.

The dedicated Customer Service line for Albuquerque Public Schools employees is available Monday through Friday from 7 a.m. to 6 p.m.

(505) 923-5600

1-888-ASK-PRES (1-888-275-7737)

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TTY 711

www.phs.org/aps

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