

The following case study illustrates how Full Choice works:



Employer Sets Budget

Joe owns a manufacturing company in Bernalillo. He selected a cost basis plan that fits his budget. He has two contribution options to choose from: a set dollar amount per month per employee or a set percentage of the employee's premium.

Employee Choice

Joe is providing his employees Full Choice which will allow each employee to choose any metal level plan, from any of the participating carriers, that best meets the employee's family needs and budget.

Solutions That Work

Joe is offering his employees the options of choosing from three different health insurance carriers and one dental carrier, all conveniently coordinated with one monthly payment. Simple and easy! He has access to our Business Engagement Team if they have questions or need support.

Contact us

- Call our Business Engagement Team at **1.833.862.3935**
- To find a broker or for information on enrolling through beWellnm for Small Business, visit bewellnm.com/small-business-health-insurance.
- Call to get a free quote at **1.833.862.3935** or visit us at business.bewellnm.com.



FAQs

Health insurance made easy!



Why should a Small Business Owner select this program?

It's budget friendly, easy to manage, and most important, it provides employees a choice from three insurance carriers and 23 plan designs which include Health Maintenance Organizations (HMO's) and Preferred Provider Organizations (PPO's).

Do I have to offer the insurance to all employees?

No, just full-time employees and/or an equivalent of 30 hours per week.

What if my employees have pre-existing conditions?

No worries, all eligible employees are guaranteed coverage.

Will pre-existing conditions impact the insurance premiums?

No, any and all pre-existing conditions do NOT impact the insurance premiums.

How long are the rates guaranteed?

The rates are guaranteed for a 12-month period.

Is there a maximum age for enrollees?

There is no maximum enrollee age for a subscriber; however, there is a maximum enrollee age for a dependent child, which is 26.

When do Premium rates apply and change?

Initial Group Enrollment and Renewal – Employees and their dependents will be rated at the age they are at the time of their initial group enrollment. Rates will not change until the annual group renewal. At renewal, rates will reflect enrollee ages as of the renewal date.

How much does the employer need to contribute to qualify for the tax credit?

You must contribute at least 50% of the employee's premium.

What are metal levels?

Health plans are grouped into metal levels on the Marketplace. These levels are bronze, silver, gold, and platinum. What does this mean for you and the costs you pay? There's no one-size-fits-all health plan. That's why there's a choice of metal level plans. Bronze and silver level plans generally have lower monthly premiums and potentially higher out-of-pocket costs. Gold and platinum level plans generally have higher premiums and lower out-of-pocket costs.

Is Dental offered?

Yes, it is an optional election. As an employer you can elect to contribute or not, to the dental premium. Whether a contribution from the employer applies or not, dental can still be offered. However, the employer would be required to collect the premium and include in their company's premium payment cost.

What insurance carriers are participating?

PRESBYTERIAN
Health Plan, Inc.

truehealth

PRESBYTERIAN
Insurance Company, Inc.

BEST Life

Can I get a quote without setting up an Account?

Yes, go to business.bewellnm.com and select the Get a Quote button.

Where do I go to set up my Small Business Account?

Go to business.bewellnm.com



Affordable health insurance options. **Made easy!**

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2020 Guide to Health Insurance

for small business owners and their employees.

At beWellnm, you can design a comprehensive package that works for your employees and your budget.

1 Easy

Small Business owners can enroll any time throughout the year.

2 Provides Choice

Employees can choose any of the health plans offered by participating carriers.

3 Budget Friendly

Employers choose from four metal levels of coverage and a contribution amount that works for their budget.

4 Tax Credits

If you employ fewer than 25 FTE (full-time equivalent) employees, your business may be eligible for a tax credit for two consecutive tax years.

BeWellnm for Small Business allows you to attract and retain top talent by offering your employees exclusive benefits.

The Full Choice program for employers and employees.

- Our **Full Choice** program is your exclusive source for offering your employees multiple carrier options, allowing you to customize health plan offerings like never before.
- Your employees can pick the plan and level of healthcare that works best for them, and you can highlight any combination of plans and metal levels to suit your needs and your budget.

Benefits

- BeWellnm for Small Business connects you to comprehensive health insurance coverage. Which includes 10 essential benefits, and pharmacy coverage.
- These plans provide a safety net and are comparable to what employees would find in the large group market – allowing you to stay competitive while offering a great benefit to employees.
- Designing a benefits package that can include medical and dental coverage. While providing you and your employees financial protection and peace of mind, because you just never know.

Call today for a free quote

1.833.862.3935

(Employers, Employees & Brokers) or visit business.bewellnm.com



Affordable health insurance options. **Made easy!**

Highlight comparison of plan options:

	Presbyterian Health Plan	Presbyterian Health Plan	Presbyterian Health Plan	Presbyterian Health Plan	Presbyterian Health Plan	Presbyterian Health Plan	Presbyterian Health Plan	Presbyterian Health Plan	Presbyterian Health Plan	Presbyterian Insurance	Presbyterian Insurance	Presbyterian Insurance	Presbyterian Insurance	Presbyterian Insurance	Presbyterian Insurance	Presbyterian Insurance	Presbyterian Insurance	Presbyterian Insurance	True Health New Mexico	True Health New Mexico	True Health New Mexico	True Health New Mexico	True Health New Mexico
Metal Level	HMO Bronze 1	HMO Bronze 3	HMO Silver 1	HMO Silver 3	HMO Silver 4	HMO Gold 1	HMO Gold 3	HMO Gold 4	HMO Platinum	PPO Bronze 1	PPO Bronze 3	PPO Silver 1	PPO Silver 3	PPO Silver 4	PPO Gold 1	PPO Gold 3	PPO Gold 4	PPO Platinum	True Select Bronze A HMO	True Select Silver B HMO	True Select Silver C HMO	True Select Gold A HMO	True Select Gold C HMO
HSA Qualified	No	No	Yes	No	No	No	No	Yes	No	No	No	Yes	No	No	No	No	Yes	No	No	No	No	No	No
What is the overall deductible?	\$8150/\$16300	\$8150/\$16300	\$2800/\$5600	\$2500/\$5000	\$5000/\$10000	\$1200/\$2400	\$2250/\$4500	\$2800/\$5600	\$100/\$200	\$8150/\$16300	\$8150/\$16300	\$2800/\$5600	\$2500/\$5000	\$5000/\$10000	\$1200/\$2400	\$2250/\$4500	\$2800/\$5600	\$100/\$200	\$7800/\$15600	\$4000/\$8000	\$5000/\$10000	\$500/\$1000	\$2000/\$4000
What is the maximum out-of-pocket limit?	\$8150/\$16300	\$8150/\$16300	\$6900/\$13800	\$8150/\$16300	\$8150/\$16300	\$8150/\$16300	\$5500/\$11000	\$2800/\$5600	\$6650/\$13300	\$8150/\$16300	\$8150/\$16300	\$6900/\$11200	\$8150/\$16300	\$8150/\$16300	\$8150/\$16300	\$5500/\$11000	\$2800/\$5600	\$6650/\$13300	\$7900/\$15800	\$8150/\$16300	\$8150/\$16300	\$8150/\$16300	\$7900/\$15800
Primary Care	\$20	No charge after deductible is met	20% coinsurance	\$30 copayment	\$30 copayment	\$20	\$20.00	No charge after deductible is met	\$5 copayment	\$20 copayment for visit	No charge after deductible is met	20% coinsurance Video visit-no charge after deductible is met	\$30 copayment for visit;	\$30 copayment for visit; all other services deductible does apply	\$20 copayment for visit	\$20 copayment for visit; all other services deductible applies	No charge after deductible is met	\$5 copayment for visit	\$20 copayment for visit; deductible does not apply	\$40 copayment for visit; deductible does not apply	\$20 copayment for visit; deductible does not apply	\$30 copayment for visit; deductible does not apply	\$35 copayment for visit; deductible does not apply
Specialist Visit	No charge after deductible is met	No charge after deductible is met	20% coinsurance	\$90 copayment	\$90 copayment	\$75	\$75	No charge after deductible is met	\$20 copayment	No charge after deductible is met	No charge after deductible is met	20% coinsurance	\$90 copayment for visit	\$30 copayment for visit	\$75 copayment for visit	\$75 copayment for visit	No charge after deductible is met	\$20 copayment per visit	50% coinsurance	\$80 copayment for visit; deductible does not apply	\$50 copayment for visit; deductible does not apply	\$60 copayment for visit; deductible does not apply	\$65 copayment for visit; deductible does not apply
Urgent Care	\$20	No charge after deductible is met	20% coinsurance	30% coinsurance	\$30 copayment	\$20	\$20	No charge after deductible is met	\$5 copayment	\$20.00 copayment for visit	No charge after deductible is met	20% coinsurance	\$30 copayment for visit	\$30 copayment for visit	\$20 copayment for visit	\$20 copayment for visit	No charge after deductible is met	\$5 copayment for visit	\$20 copayment for visit; deductible does not apply	\$40 copayment for visit; deductible does not apply	\$20 copayment for visit; deductible does not apply	\$30 copayment for visit; deductible does not apply	\$35 copayment for visit; deductible does not apply
ER Services	No charge after deductible is met	No charge after deductible is met	20% coinsurance	\$1000 copayment	\$1000 copayment	\$500 copayment	\$500	No charge after deductible is met	\$100 copayment	No charge after deductible is met	No charge after deductible is met	20% coinsurance	\$1000 copayment for visit	\$1000 copayment for visit	\$500 copayment for visit	\$500 copayment for visit	No charge after deductible is met	\$100 copayment per visit	50% coinsurance	\$1000 copayment for visit; deductible does not apply	20% coinsurance	\$500 copayment for visit; deductible does not apply	\$750 copayment for visit; deductible does not apply
InPatient Hospital	No charge after deductible is met	No charge after deductible is met	20% coinsurance	30% coinsurance	30% Coinsurance	20% coinsurance after deductible	20% coinsurance	No charge after deductible is met	20% coinsurance after deductible	No charge after deductible is met	No charge after deductible is met	20% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance	20% coinsurance	No charge after deductible is met	20% coinsurance	50% coinsurance	40% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance
X-Rays & Blood work	No charge after deductible is met	No charge after deductible is met	20% coinsurance	\$100 copayment & \$50 copayment/visit for blood work	\$100 copayment & \$25 copayment/visit for blood work	No Charge	No Charge	No charge after deductible is met	No Charge	No charge after deductible is met	No charge after deductible is met	20% coinsurance	\$100 copayment xray; \$50 copayment for visit	\$100 copayment for xray \$25 copayment visit for blood work	No Charge	No Charge	No charge after deductible is met	No Charge	50% coinsurance	\$25 for Lab; \$100 for xray; deductible does not apply	20% coinsurance	\$0 copayment for lab; \$40 copayment for xray; deductible does not apply	\$10 copayment for lab; \$50 copayment for xrays; deductible does not apply
Other Diagnostics Imaging	No charge after deductible is met	No charge after deductible is met	20% coinsurance	\$750 copayment	\$750 copayment	\$300 copayment	\$300 copayment	No charge after deductible is met	\$50 copayment	No charge after deductible is met	No charge after deductible is met	20% coinsurance	\$750 copayment for visit	\$750 copayment for visit	\$300 copayment per test	\$300 copayment per test	No charge after deductible is met	\$50 copayment per test	50% coinsurance	\$500 copayment for test; deductible does not apply	20% coinsurance	\$300 copayment for test; deductible does not apply	\$350 copayment for test; deductible does not apply
Lab Services, Outpatient	No charge after deductible is met	No charge after deductible is met	20% coinsurance	\$100 copayment & \$50 copayment/visit for blood work & Imaging \$750 copayment /test	\$100 copayment & \$25 copayment/visit for blood work& Imaging \$750 copayment /test	Diagnostic test No Charge & Imaging \$300 copayment/test	Diagnostic test No Charge & Imaging \$300 copayment/test	No charge after deductible is met	Diagnostic test No Charge & Imaging \$50 copayment/test	No charge after deductible is met	No charge after deductible is met	20% coinsurance	\$100 copayment xray; \$50 copayment for visit & Imaging \$750 copayment/visit	\$100 copayment for xray \$25 copayment visit for blood work & Imaging \$750 copayment/visit	Diagnostic test No Charge & Imaging \$300 copayment per test	Diagnostic test No Charge & Imaging \$300 copayment per test	No charge after deductible is met	Diagnostic test No Charge & Imaging \$50 copayment per test	Diagnostic test & Imaging 50% coinsurance	\$25 lab; \$100 xray copayment; deductible does not apply & Imaging \$500 test copayment; deductible does not apply	20% coinsurance	\$0/Lab; \$40/X-Ray copayment; deductible does not apply & Imaging \$300 copayment/Test; deductible does not apply"	"\$10/Lab; \$50/X-Ray copayment; deductible does not apply & Imaging \$350/ Test copayment; deductible does not apply"
Prescription Drugs	All plans have a comprehensive pharmacy coverage. Reference each carrier for detailed plan information.																						

As of January 1, 2020, this is a partial summary of benefits and coverage and should not be considered a contract. This information, including all the quoted rates, should be for informational purposes only. Changes may be made to the benefits and coverage policies described here. You should only rely upon the Evidence of Coverage document provided to you from your health insurance company for information about covered benefits, limitations and exclusions.

