



2023 SUMMARY OF BENEFITS

Presbyterian UltraFlex (HMO-POS) Presbyterian Senior Care (HMO) Plan 2 with Rx

This is a summary of health and drug services covered by Presbyterian UltraFlex (HMO-POS) and Presbyterian Senior Care (HMO) Plan 2, January 1, 2023 to December 31, 2023.

Presbyterian UltraFlex (HMO-POS) To enroll:

- You must be entitled to Medicare Part A and enrolled in Medicare Part B.
- You must live in one of these New Mexico counties: Bernalillo, Cibola, Curry, Lincoln, Rio Arriba, Sandoval, Santa Fe, Socorro, Torrance, Valencia or Quay.

This plan covers services from either in-network or out-of-network providers, as long as the services are covered benefits and are medically necessary. If you choose to receive care from out-of-network providers, there will likely be a higher out-of-pocket cost for you.

Presbyterian Senior Care (HMO) Plan 2 To enroll:

- You must be entitled to Medicare Part A and enrolled in Medicare Part B.
- You must live in one of these New Mexico counties: Bernalillo, Cibola, Rio Arriba, Sandoval, Santa Fe, Socorro, Torrance or Valencia.

This plan has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

SUMMARY OF BENEFITS

Presbyterian Medicare Advantage Plans

	UltraFlex		Plan 2 with Rx
	You pay In-Network	You pay Out-of-Network	You pay
Monthly Plan Premium <i>(You must also continue to pay your Medicare Part B premium.)</i>	\$0		\$0
Deductible	\$0	\$0	\$0
Maximum Annual Out-of-Pocket Responsibility <i>(Does not include Part D prescription drugs.)</i>	\$5,700	\$8,950 combined in- and out-of-network	\$4,500
Inpatient Hospital Care* <i>(per admission)</i>			
• Days 1 – 5	\$375 per day	\$500 per day	\$325 per day
• Additional Days	\$0	\$0	\$0
Outpatient Hospital Coverage and Ambulatory Surgery Center*	\$375	\$500	\$325
Doctor Visits <i>(no referral required)</i>			
• Primary Care	\$0	\$35	\$0
• Specialists	\$50	\$60	\$45
• Telehealth visits (video, telephone or online visits for primary care, specialists and urgent care)	\$0	NA	\$0
Preventive Care and Routine Physicals	\$0	\$0	\$0
Emergency Care <i>(worldwide)</i> <i>(Waived if admitted to the hospital within 24 hours.)</i>	\$110	\$110	\$110
Urgently Needed Services			
• In-network	\$20	NA	\$15
• Out-of-network	NA	\$60	\$60
• Outside of United States	\$110	\$110	\$110
Diagnostic Services/Labs/Imaging			
• Diagnostic tests and procedures	\$0	\$0	\$0
• Lab services	\$0	\$60	\$0
• MRI, CAT scan	\$325	\$325	\$300
• X-rays	\$20	\$60	\$20

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	UltraFlex		Plan 2 with Rx
	You pay In-Network	You pay Out-of-Network	You pay
Hearing Services <i>(does not go toward maximum out-of-pocket responsibility)</i> <ul style="list-style-type: none"> Hearing exam Hearing aid (from TruHearing®) 	\$0 \$699 - \$999	\$60 NA	\$0 \$699 - \$999
The UltraFlex debit card can be used for hearing aids. See page 5 for details.			
Dental Services <ul style="list-style-type: none"> Medicare covered dental Basic dental services Comprehensive dental services 	\$50 \$0 \$9/month	\$60 Fees vary \$9/month	\$45 \$0 \$9/month
The UltraFlex debit card can be used for dental services. See page 5 for details.			
Vision Services <ul style="list-style-type: none"> Annual routine exam Diagnosis/treatment of diseases and conditions of eye Eyewear after cataract surgery Eyewear 	\$0 \$10 20%	\$60 \$60 25%	\$0 \$10 20% \$265 allowance
The UltraFlex debit card can be used for vision services. See page 5 for details.			
Mental Health Services <ul style="list-style-type: none"> Outpatient group therapy visit Outpatient individual therapy visit (including virtual) 	\$0 \$0	\$60 \$60	\$0 \$0
Skilled Nursing Facility (SNF)* <ul style="list-style-type: none"> Days 1 - 20 Days 21 - 100 	\$0 per day \$95 per day	\$0 per day \$150 per day	\$0 per day \$95 per day

* Prior authorization required.

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	UltraFlex		Plan 2 with Rx
	You pay In-Network	You pay Out-of-Network	You pay
Rehabilitation Services <ul style="list-style-type: none"> • Cardiac and Pulmonary rehab (limited to 36 visits/year) • Occupational, Physical, and Speech and Language therapy visits (\$0 for telehealth visits) 	\$0	\$35	\$0
	\$20	\$35	\$20
Ambulance (ground and air)	\$300	\$300	\$250
Routine Transportation	Not covered	Not covered	Not covered
Medicare Part B Drugs* <ul style="list-style-type: none"> • Chemotherapy Drugs and other drugs administered by a medical professional • Purchased at a retail pharmacy 	20%	20%	20%
	\$10	20%	\$10
Foot Care (podiatry services) <ul style="list-style-type: none"> • Foot exams and treatment (Medicare covered) 	\$0	\$60	\$0
Medical Equipment/Supplies* <ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen, continuous glucose monitors/supplies) • Prosthetics (e.g., braces, artificial limbs) 	20%	25%	20%
	20%	25%	20%
Wellness Programs (e.g., fitness)	\$0 SilverSneakers® Fitness Program is included. For participating locations visit www.silversneakers.com		
Acupuncture <ul style="list-style-type: none"> • Medicare covered • Routine 	\$20	\$40	\$20
	\$20	\$40	\$20
	35 visits/year. Limit applies to in- and out-of-network.		25 visits/year
Chiropractic <ul style="list-style-type: none"> • To correct subluxation • Routine (limited to 25 visits/year) 	\$20	\$60	\$20
	\$20	\$60	\$20

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Presbyterian Medicare Advantage Plans

	UltraFlex		Plan 2 with Rx
	You pay In-Network	You pay Out-of-Network	You pay
Home Health Care*	\$0	\$0	\$0
Kidney Dialysis	20%	20%	20%
Radiation Therapy*	20%	20%	20%
Meals Up to 30 meals delivered to your home during the four-week period following an inpatient hospital stay.	\$0	Not Covered	\$0
	This program is designed to keep you healthy and strong while you are recovering from a hospital stay. This benefit is offered through Meals on Wheels.		
Over-the-Counter (OTC)	The UltraFlex debit card can be used for OTC. See below for details.		Not Covered

Flex Card Exclusively for UltraFlex Members

Presbyterian UltraFlex (HMO-POS) members receive a Flex card loaded with \$215 per quarter to use for these out-of-pocket expenses:

- **Hearing** – Hearing aids and batteries or other hearing services.
- **Dental** – Many dental services not covered by your plan including out-of-network dental providers.
- **Vision** – Frames, lenses and contacts, including fittings with any Medicare-approved vision provider that accepts VISA®.
- **Over-the-Counter (OTC) health items** – Non-prescription medications and other health-related items may be purchased through mail order or at participating retail stores, including Dollar General, Walgreens, Walmart, Albertsons and CVS.

Any unused balance carries over to the next quarter within the calendar year but does not carry over into the next year. A total of \$215 can be used each quarter in any combination for eligible expenses, or the full \$860 can be saved and used all at once at the end of the year. Members can check their account balance and find participating retail stores online, with a mobile app, or by calling a customer support phone number.

* Prior authorization required.



SUMMARY OF BENEFITS

Presbyterian UltraFlex (HMO-POS)

Prescription drug coverage is a part of Presbyterian UltraFlex (HMO-POS).

- There is no deductible for all Tiers.
- Your copay will be no more than \$35 for a 30-day supply of covered insulins.

Coverage Starts
Initial coverage limit \$4,660;
includes what both **you**
and **your plan** pay

Part D Covered Drugs	30-day supply	90-day mail order (preferred)	Coverage Gap	Catastrophic Coverage
Tier 1: Preferred Generic	\$4	\$8	Refer to Formulary. Tier 1 and 2 drugs noted with "GC" are \$4 or \$10.	\$4.15 or 5% for generics (whichever is greater)
Tier 2: Non-Preferred Generic	\$10	\$20		
Tier 3: Preferred Brand	\$45	\$112.50	25% generic and brand	\$10.35 or 5% for brand names (whichever is greater)
Tier 4: Non-Preferred Brand	\$95	\$285		
Tier 5: Specialty Drugs	33%	NA		

Catastrophic coverage begins after **your** out-of-pocket costs = \$7,400

Presbyterian Senior Care (HMO) Plan 2

Prescription drug coverage is a part of Presbyterian Senior Care (HMO) Plan 2.

- There is no deductible for all Tiers.
- Your copay will be no more than \$35 for a 30-day supply of covered insulins.

Coverage Starts
Initial coverage limit \$4,660;
includes what both **you**
and **your plan** pay

Part D Covered Drugs	30-day supply	90-day mail order (preferred)	Coverage Gap	Catastrophic Coverage
Tier 1: Preferred Generic	\$0	\$0	25% generic and brand	\$4.15 or 5% for generics (whichever is greater)
Tier 2: Non-Preferred Generic	\$10	\$20		
Tier 3: Preferred Brand	\$45	\$112.50		\$10.35 or 5% for brand names (whichever is greater)
Tier 4: Non-Preferred Brand	\$95	\$285		
Tier 5: Specialty Drugs	33%	NA		

Catastrophic coverage begins after **your** out-of-pocket costs = \$7,400

SUMMARY OF BENEFITS

Improve Your Fitness with Free SilverSneakers® Memberships

The SilverSneakers Fitness program is included at no additional cost to you.

Visit more than 15,000 participating nationwide locations, including Planet Fitness, Anytime Fitness, Defined Fitness, Chuze Fitness, YMCA and more.

- Enroll at multiple locations at any time.
- Reach and maintain a healthy body weight.
- Take fitness classes at convenient venues.
- Expand your circle of friends and enjoy social activities.



For participating locations visit www.silversneakers.com.



SUMMARY OF BENEFITS

Dental Coverage Worth Smiling About

Your Presbyterian Medicare Advantage Plan now includes dental coverage options, each with a robust network of in-network dental providers throughout New Mexico. Visit www.dentaquest.com/find-a-dentist-gov for a list of providers.

Basic Services Included

Basic dental coverage is **included** in your Medicare Advantage medical plan and covers all preventive dental services at 100% for in-network services.

- Oral exams (two every 12 months)
- Cleanings (two every 12 months)
- Dental x-rays (frequency varies by type)
- Fluoride treatments (two every 12 months)
- Periodontal maintenance (four every 12 months)
- Emergency treatment of minor pain



Comprehensive Plan Optional

Comprehensive dental coverage is available for an additional monthly premium of **\$9 per member**. Services must be obtained through an in-network provider.

- Members pay 20% for fillings, extractions, and denture adjustments/repairs
- Members pay 50% coverage for major restoratives (for example, crowns, bridges, root canals, dentures, periodontics, anesthesia)
- Maximum \$4,000 calendar year benefit
- No deductible or waiting period

This summary provides only a brief description of your dental benefits. Please refer to your Evidence of Coverage for complete details including limitations and exclusions.

SUMMARY OF BENEFITS

Enjoy Better Hearing and Comprehensive Care

Good hearing is important to your overall health. That's why we cover a routine annual hearing exam for no copay.



TruHearing[®] Select

2023 Hearing Aid Coverage

Your plan covers up to two hearing aids per year (one per ear per year).

TruHearing Advanced	TruHearing Premium	Routine Exam
32 Channels 11 Styles	48 Channels 14 Styles	TruHearing Network Provider
\$699 copay/aid	\$999 copay/aid	\$0 exam copay

Your Comprehensive Hearing Benefit Includes:

State-of-the-Art Technology

- Enjoy natural, lifelike sound in virtually all listening situations.
- Hear speech clearly, even in noisy environments.
- Stream audio and phone calls directly to your ears from most smartphones.



Personalized Care

- Guidance and assistance from a TruHearing consultant.
- Local, professional care from an accredited provider in your area.
- A hearing exam plus one year of follow-up visits for fitting and adjustments.

Help Along Your Way

- A worry-free purchase with a 60-day trial and three-year warranty.
- 80 free batteries per aid included with non-rechargeable models.
- Guides to help you adapt to your new hearing aids at [TruHearing.com/GetStarted](https://www.truhearing.com/GetStarted).

Call TruHearing to learn more and schedule an appointment.

1-866-202-0110 | TTY 711 | 8 a.m. - 8 p.m., Monday - Friday

VALUE-ADDED ITEMS AND SERVICES



Travel Worldwide and Be Protected with Assist America®

Enjoy the protection of Assist America's global emergency travel assistance services 24 hours a day, 365 days a year, for up to 90 days. This unique program immediately connects you to doctors, hospitals, pharmacies and other services when experiencing a medical emergency while traveling 100 miles or more away from your permanent residence or in another country.

Services include:

- Emergency medical evacuation and repatriation
- Prescription assistance
- Medical monitoring
- Interpreter and legal referrals
- Return of mortal remains
- Free mobile app and much more



For benefit details, visit www.assistamerica.com or call 1-800-872-1414.

These additional services/items are not part of the plan benefit package or the Medicare benefit.

Low-Income Subsidy (LIS) and Other Medicare/Medicaid Savings Programs

If you qualify for Low-Income Subsidy (LIS), your prescription drug coverage gap (also known as the donut hole) in your drug coverage is eliminated. You also pay reduced copays for your Part D drugs. Those who qualify for Extra Help may also qualify for Medicare Savings Programs that help pay Part A and/or Part B premiums. Medicaid programs may also lower your copays, depending on the level for which you qualify.

Find Out If You Qualify for Assistance

Presbyterian offers a personal service that helps you find out if you qualify for these money-saving programs. A trusted partner since 2006, My Advocate®, helps you apply for Extra Help / Low-Income Subsidy and Medicare Savings Programs.

Call My Advocate® at 1-866-851-0324.

You also have the option to contact:

- 1-800-Medicare (1-800-633-4227), 24 hours a day, seven days a week (TTY 1-877-486-2048)
- Social Security, 1-800-772-1213 (TTY 1-800-325-0778)
- NM State Human Services Department, 1-888-997-2583 (TTY 1-855-227-5485)

SUMMARY OF BENEFITS

For more information about Presbyterian Medicare Advantage plans, please call us at the phone numbers below or visit us at www.phs.org/medicare.

Presbyterian Medicare Sales Consultants

(505) 923-8458 or 1-800-347-4766 (TTY 711)

Hours: 8 a.m. to 8 p.m., 7 days a week (except holidays) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Presbyterian Customer Service Center (for members)

(505) 923-6060 or 1-800-797-5343 (TTY 711)

Hours: 8 a.m. to 8 p.m., 7 days a week from October 1 through March 31 and Monday to Friday (except holidays) from April 1 through September 30.

You can see our plan's provider and pharmacy directory if you visit our website at www.phs.org/medicare and select **Providers** at the top of the page.

For coverage and costs of Original Medicare, look in your current **Medicare & You** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

To learn how we safeguard your Protected Health Information and your rights, call us at (505) 923-6060 or 1-800-797-5343 (TTY 711) or visit www.phs.org/medicare and select **Privacy Notice** at the bottom of the page.

Out-of-network/non-contracted providers are under no obligation to treat Presbyterian Medicare Advantage Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

To get a complete list of services we cover, contact the plan or please refer to the Evidence of Coverage. You may easily download a copy of the Evidence of Coverage from our website, www.phs.org/medicare, and select **For Members** at the top of the page. You may also request a copy by calling customer service.

Presbyterian UltraFlex (HMO-POS) and Presbyterian Senior Care (HMO) are Medicare Advantage plans with a Medicare contract. Enrollment in the plan depends on contract renewal.



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. If you need language assistance, services are available at no cost. Call (505) 923-5420, 1-855-592-7737 (TTY: 711).

ATENCIÓN: Si usted prefiere hablar en español, están a su disposición servicios gratuitos de ayuda lingüística. Llame al (505) 923-5420, 1-855-592-7737 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jik'eh, éí ná hóló, kójj' hódíłnih (505) 923-5420, 1-855-592-7737 (TTY: 711).

For more information, visit <https://www.phs.org/pages/nondiscrimination.aspx>.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-592-7737 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-592-7737 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Navajo (Diné): Díí ats'íís dóó azee' bínda'í díłkidgo, Dinék'ehjí yadałti'iigi ła' bich'í' hadíídzih. Béesh bee hane'é t'áá jíík'e be' hódíílnih, 1-855-592-7737 (TTY: 711).

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-592-7737 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-592-7737 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-592-7737 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-592-7737 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-592-7737 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-592-7737 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-592-7737 (TTY: 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-592-7737 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-592-7737 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाकिया सेवाएँ उपिब्ध हैं. एक दुभाकिया प्राप्त करने के लिए, बस हमें 1-855-592-7737 (TTY: 711) पर फोन करें. कोई व्यक्ति जो कहन्दी बोिता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-592-7737 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-592-7737 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-592-7737 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-592-7737 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-592-7737 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。