



2022 SUMMARY OF BENEFITS

Presbyterian Senior Care (HMO) Plan 1, Plan 2 with Rx, Plan 3 with Rx

This is a summary of health and drug services covered by Presbyterian Senior Care (HMO) January 1, 2022 to December 31, 2022.

To enroll in Presbyterian Senior Care (HMO):

- 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.

Presbyterian Senior Care (HMO) 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.

\$0 copay for these valuable benefits and more!

- Basic dental services
- Hearing exam
- Telehealth visits with in-network providers
- Preferred generic drugs
- PresRN nurse advice line
- Lab services
- Diagnostic tests
- Foot care
- Diabetic test strips and lancets
- Outpatient mental health visits

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Presbyterian Senior Care (HMO)

	Plan 2 with Rx You pay	Plan 3 with Rx You pay	Plan 1 You pay
Monthly Plan Premium <i>(You must also continue to pay your Medicare Part B premium.)</i>	\$0	\$120	\$0
	Includes prescription drug coverage		Does not include prescription drug coverage
Deductible	\$0	\$0	\$0
Maximum Annual Out-of-Pocket Responsibility <i>(This is the most you pay in a calendar year for covered medical and hospital services. It does not include prescription drugs.)</i>	\$4,500	\$3,000	\$4,000
Inpatient Hospital Care* <i>(per admission)</i>			
<ul style="list-style-type: none"> • Days 1 – 5 • Additional Days 	\$325 per day \$0	\$225 per day \$0	\$325 per day \$0
Ambulatory Surgery Center / Outpatient Surgery*	\$325	\$225	\$325
Doctor Visits <i>(no referral required)</i>			
<ul style="list-style-type: none"> • Primary Care • Specialists • Telehealth visits (video, telephone or online visits for primary care, specialists and urgent care) 	\$5 \$50 \$0	\$5 \$40 \$0	\$5 \$50 \$0
Preventive Care and Routine Physicals	\$0	\$0	\$0
Emergency Care <i>(worldwide)</i> <i>(This copay is waived if admitted to the hospital.)</i>	\$90	\$90	\$90
Urgently Needed Services			
<ul style="list-style-type: none"> • In-network • Out-of-network • Outside of United States 	\$15 \$65 \$90	\$10 \$65 \$90	\$15 \$65 \$90

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Diagnostic Services/ Labs/Imaging <ul style="list-style-type: none"> • Lab services • Diagnostic tests and procedures • Outpatient x-rays • Diagnostic radiology service* (such as CT, MRA, MRI, PET scans) 	\$0 \$0 \$20 \$300	\$0 \$0 \$20 \$250	\$0 \$0 \$20 \$300
Hearing Services <i>(does not go toward maximum out-of-pocket responsibility)</i> <ul style="list-style-type: none"> • Hearing exam • Hearing aid <i>(from TruHearing)</i> 	\$0 \$699 - \$999	\$0 \$699 - \$999	\$0 \$699 - \$999
Dental Services <ul style="list-style-type: none"> • Medicare covered dental • Basic dental services • Comprehensive dental services 	\$50 \$0 \$9/month	\$40 \$0 \$9/month	\$50 \$0 \$9/month
Vision Services <ul style="list-style-type: none"> • Annual routine exam (includes \$250 eyewear allowance) • Diagnosis/treatment of diseases and conditions of eye • Eyewear after cataract surgery 	\$0 \$10 20%	\$0 \$10 20%	\$0 \$10 20%
Mental Health Services <ul style="list-style-type: none"> • Inpatient visit (Days 1 - 5)* – Additional days • Outpatient group therapy visit • Outpatient individual therapy visit (including virtual) 	\$325 per day \$0 \$0 \$0	\$225 per day \$0 \$0 \$0	\$325 per day \$0 \$0 \$0
Skilled Nursing Facility (SNF)* <i>(Our plan covers up to 100 days in a SNF.)</i> <ul style="list-style-type: none"> • Days 1 - 20 • Days 21 - 100 	\$0 per day \$95 per day for days 21-65 \$0 for days 66-100	\$0 per day \$75 per day for days 21-60 \$0 for days 61-100	\$0 per day \$95 per day for days 21-65 \$0 for days 66-100

* Prior authorization required.

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Rehabilitation Services			
• Cardiac and Pulmonary rehab <i>(limited to 36 visits/year)</i>	\$0	\$0	\$0
• Occupational, Physical, and Speech and Language therapy visits <i>(\$0 for telehealth visits)</i>	\$20	\$20	\$20
Ambulance (ground and air)	\$250	\$250	\$250
Routine Transportation	Not covered	Not covered	Not covered
Medicare Part B Drugs*			
• Chemotherapy Drugs and other drugs administered by a medical professional	20%	20%	20%
• Purchased at a retail pharmacy	\$10	\$10	\$10
Foot Care <i>(podiatry services)</i>			
• Foot exams and treatment <i>(Medicare covered)</i>	\$0	\$0	\$0
Medical Equipment/Supplies*			
• Durable Medical Equipment <i>(e.g., wheelchairs, oxygen, continuous glucose monitors/supplies)</i>	20%	20%	20%
• Prosthetics <i>(e.g., braces, artificial limbs)</i>	20%	20%	20%
Wellness Programs <i>(e.g., fitness)</i>	\$0 SilverSneakers® Fitness Program is included. For participating locations visit www.silversneakers.com		
Acupuncture			
• Medicare covered	\$20	\$20	\$20
• Routine <i>(limited to 25 visits/year)</i>	\$20	\$20	\$20
Chiropractic			
• To correct subluxation	\$20	\$20	\$20
• Routine <i>(limited to 25 visits/year)</i>	\$20	\$20	\$20
Home Health Care*	\$0	\$0	\$0
Kidney Dialysis	20%	20%	20%

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Prescription drug coverage is a part of Plan 2 and Plan 3.

- The drug coverage is identical except in the Coverage Gap.
- There is no deductible for all Tiers.
- Your copay for select insulins is \$35 per month.

Coverage Starts Initial coverage limit \$4,430; includes what both you and your plan pay			Coverage Gap		Catastrophic Coverage
Part D Covered Drugs	30-day supply	90-day mail order (preferred)	Plan 2	Plan 3	Plan 2 and Plan 3
Tier 1: Preferred Generic	\$0	\$0	25% generic and brand <i>applies to all tiers</i>	Drugs noted with "GC" are \$0 for Tier 1 and \$10 for Tier 2	\$3.95 or 5% for generics (whichever is greater)
Tier 2: Non- Preferred Generic	\$10	\$20		25% generic and brand	
Tier 3: Preferred Brand	\$45	\$112.50			
Tier 4: Non- Preferred Brand	\$95	\$285			
Tier 5: Specialty Drugs	33%	NA		Catastrophic coverage begins after your out-of-pocket costs = \$7,050	

You stay
in this
stage
for the
rest of
the year.

SUMMARY OF BENEFITS

Extra Help / Low-Income Subsidy (LIS)

Premium - Your premium for Plan 3 will be reduced based on the LIS level you qualify for. The premium you will pay for Plan 3 if you qualify for the 100% LIS level is \$85.70.

Prescription drugs - 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.

LIS qualifying income levels for 2021¹ – To qualify, your annual income and resources / assets need to be at or below the following:

Single

Annual Income¹: \$19,320

Resources / Assets²: \$13,290

Married

Annual Income¹: \$26,130

Resources / Assets²: \$26,520

¹ Income limits may change in 2022.

² The house you live in, the car you drive, life insurance policies, and burial plots do not count toward the resource / asset limit. Contact Social Security for other income / resource exclusions.

Medicaid and Other Medicare Savings Programs (MSP)

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

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

2022 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 6 Programs	48 Channels 6 Programs	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

SUMMARY OF BENEFITS

More Plan Advantages for Presbyterian Members



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.



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.

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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 Senior Care (HMO) 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 Senior Care (HMO) is a Medicare Advantage plan with a Medicare contract. Enrollment in the plan depends on contract renewal.

 **PRESBYTERIAN**