

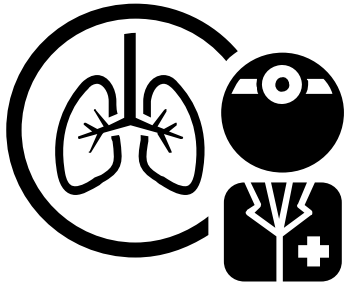


## 2020 NMRHCA Benefits Presentation

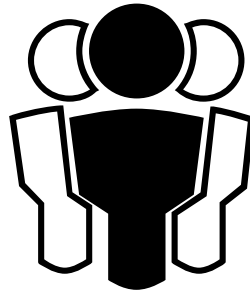
Presbyterian Senior Care (HMO-POS)  
Plan I and Plan II



## Who we are



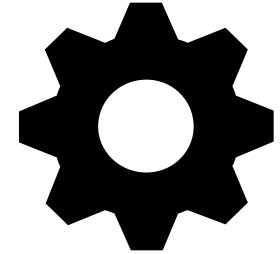
Started in **1908** as a Tuberculosis Sanatorium



**Locally owned,** nonprofit healthcare system in New Mexico, **servng one in three residents**

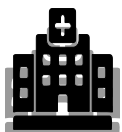


More than **750,000** customers



**Fully integrated** with a delivery system, physician group, and Presbyterian Health Plan

## Presbyterian Today



**9 Hospitals**



**Presbyterian Medical Group**  
900+ providers



**Presbyterian Health Plan**  
600,00 members

## Medicare basics

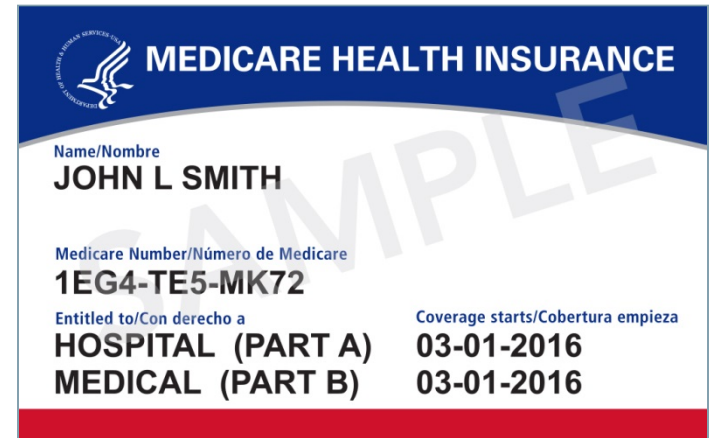
A federal health insurance program administered by the Centers for Medicare & Medicaid Services (CMS).

**Part A** - Hospital insurance (inpatient)

**Part B** - Medical insurance (outpatient)

**Part C** - Medicare Advantage plans

**Part D** - Medicare prescription drug coverage



## Presbyterian Senior Care (HMO-POS) NMRHCA Plans

- Benefits available for services from either in-network or out-of-network providers.
- Emergency and urgent care coverage anywhere in the world
- Acupuncture services (25 visits per year)
- Routine Chiropractic services (25 visits per year)
- Hearing Aid benefit from TruHearing
- Referrals are not required
- Video and Online Visits provides for a new way to see a provider for non-emergencies
- Silver Sneakers fitness center membership - Visit more than 10,000 participating locations at no additional cost to you.

**2020 Benefit Enhancements**  
include  
\$0 copay- all hearing exams  
\$0 copay for Tier 1 Rx  
\$10 all eye exams  
No deductible for Plan II Rx

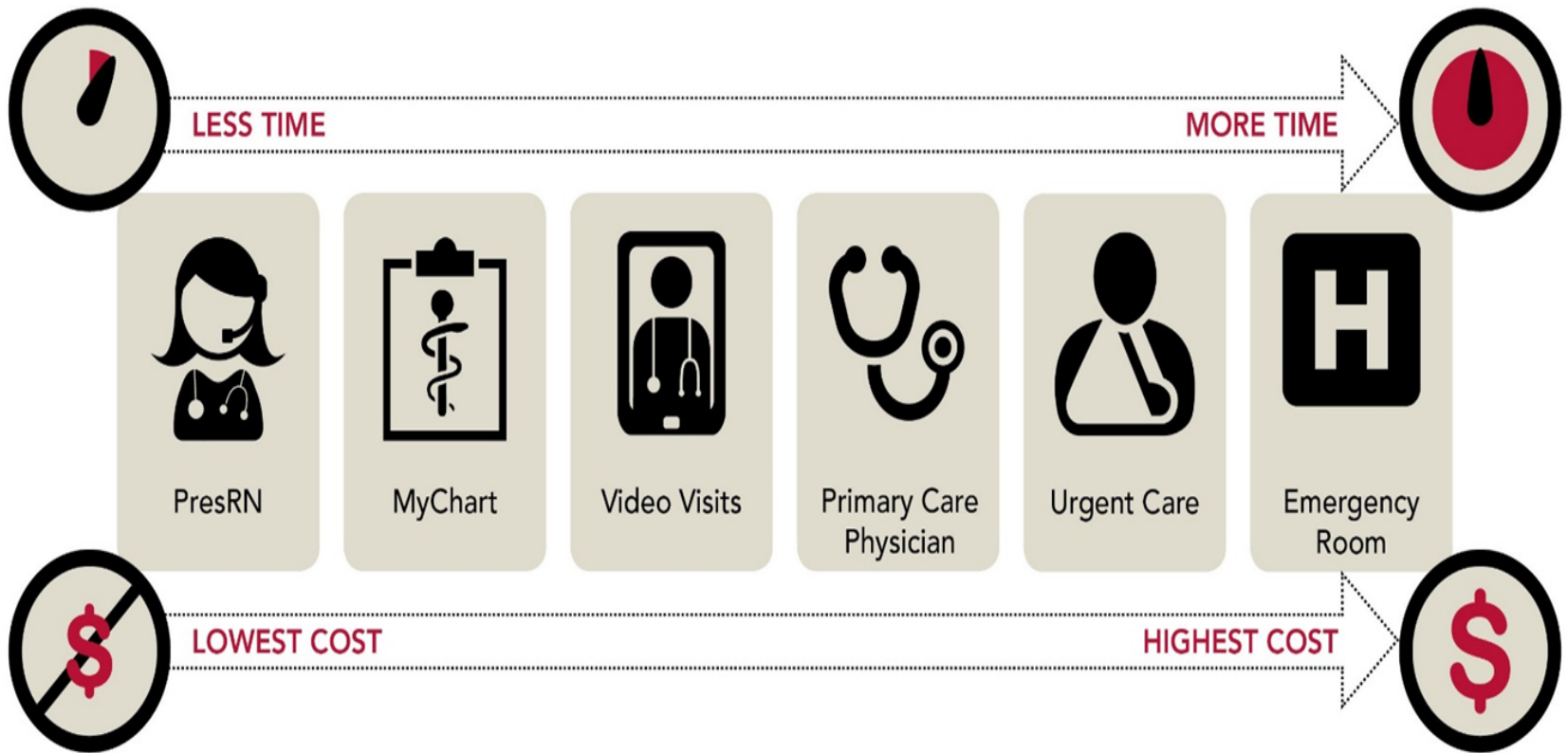
## Who is eligible?

- Must have both Medicare Part A and Part B.
- Must live in the service area:

**Presbyterian Senior Care  
(HMO-POS) service area is  
Statewide**



# Access and Cost of Care



# 2020 Presbyterian Senior Care (HMO-POS) NMRHCA

Benefits	Plan I In-Network	Plan II In-Network	Out-of- Network
<b>Out-of-Pocket Maximum</b>	<b>\$2,500</b>	<b>\$3,000</b>	<b>\$7,500 (combined)</b>
<b>Office Visits and Tests</b>			
Preventive Care, Screenings	\$0	\$0	\$35
Primary Care Office Visit	\$10	\$10	\$35
Specialist Office Visit	\$30	\$40	\$60
Diagnostic Tests, Lab Services, Imaging	\$0	\$0	10% - 20%
MRI/MRA, CT Scan PET Scan	\$0	\$250	20%
Acupuncture (25 visits/year)	\$15	\$15	\$60
Chiropractor (Medicare covered)	\$20	\$20	\$60
Chiropractor (Routine up to 25 visits/year)	\$20	\$20	\$60
Podiatry Services (Medicare covered)	\$0	\$0	\$60
Vision Exams (annual routine exam and exams to diagnose and treat diseases and conditions of the eye).	\$10 for all eye exams to a contracted ophthalmologist or optometrist		\$60

# 2020 Presbyterian Senior Care (HMO-POS) NMRHCA

Benefits	Plan I In-Network	Plan II In-Network	Out-of- Network
<b>Emergency, Urgent &amp; Video Visits</b>			
Video Visits	\$0	\$0	\$35
Urgent Care	\$10	\$10	\$65
Emergency Care (worldwide) waived if admitted	\$65	\$75	Plan I \$65 Plan II \$75
Ambulance Services	\$75	\$150	\$75 - \$150
<b>Inpatient and Outpatient Coverage</b>			
Inpatient Hospital (per admission)	Days 1-3 \$125 per day	Days 1-5 \$225 per day	Plan I \$750 per admit
Additional Days	\$0	\$0	Plan II \$300 per day days 1-5
Outpatient Surgery	\$125	\$275	20%
Outpatient Mental Health Care	\$0	\$0	50%



# 2020 Presbyterian Senior Care (HMO-POS) NMRHCA

Benefits	Plan I In-Network	Plan II In-Network	Out-of- Network
<b>Home Health &amp; Rehabilitation</b>			
Home Health Care	\$0	\$0	\$0
Cardiac and Pulmonary Rehab	\$0	\$0	\$35
Other Rehabilitative Services	\$10	\$15	\$35
Durable Medical Equipment	\$10	10%	25%
Diabetes Supplies	\$0	\$0	25%
Skilled Nursing Facility Days 1-20 Days 21-100 (limited to 100 days per benefit period)	\$0 per day \$40 per day	\$0 per day \$40 per day	\$0 per day \$60 per day
<b>Drugs Covered Under Medicare Part B</b>			
Select oral immunosuppressant and nebulized inhaled medications	\$0 when purchased through a retail pharmacy		\$0
Chemotherapy and other Part B-covered drugs	\$50	10%	20%

# 2020 NMRHCA Plan I drug benefits

Coverage Starts

Catastrophic Coverage

**There is no coverage limit and no coverage gap with Plan I**

**Part D Covered Drugs**

**Tier 1:** Preferred Generic

**Tier 2:** Generic

**Tier 3:** Preferred Brand

**Tier 4:** Non-Preferred Brand

**Tier 5:** Specialty Drugs

30-day supply	90-day mail order
\$0	\$0
\$10	\$20
\$45	\$112.50
\$95	\$285
33% up to \$100	NA

30-day supply
\$3.60 or 5%, whichever is greater
\$8.95 or 5%, whichever is greater

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

Catastrophic coverage begins after **your** out-of-pocket costs=\$6,350

# 2020 NMRHCA Plan II drug benefits

## Coverage Starts

## Coverage Gap “Donut Hole”

## Catastrophic Coverage

**\$0 deductible**

Initial coverage limit \$4,020:  
includes what **both** you  
and your plan pay



### Part D Covered Drugs

**Tier 1:** Preferred Generic

**Tier 2:** Generic

**Tier 3:** Preferred Brand

**Tier 4:** Non-Preferred Brand

**Tier 5:** Specialty Drugs

	30-day supply	90-day mail order
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$10	\$20
Tier 3: Preferred Brand	\$45	\$112.50
Tier 4: Non-Preferred Brand	\$95	\$285
Tier 5: Specialty Drugs	27%	NA

### 30-day supply

### 90-day mail order

\$0

\$0

\$10

\$20

25%

25%

25%

25%

25%

NA

30-day supply	90-day mail order
\$0	\$0
\$10	\$20
25%	25%
25%	25%
25%	NA

### 30-day supply

\$3.60 or 5%,  
whichever is  
greater

\$8.95 or 5%,  
whichever is  
greater

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

30-day supply
\$3.60 or 5%, whichever is greater
\$8.95 or 5%, whichever is greater



Catastrophic coverage begins after **your** out-of-pocket costs=\$6,350

## Prescription drug formulary

A list of drugs selected by Presbyterian Health Plan which represents the prescription therapies believed to be a necessary part of a quality treatment program.

Quantity limits and restrictions may apply and are noted in the formulary with the following abbreviations:

- PA = Prior Authorization
- QL = Quantity Limits
- ST = Step Therapy



### What if your drug is not on our formulary?

- Call us and ask for a list of similar drugs that are covered.
- You can ask us to make an exception to cover your drug.

## Managing your healthcare

### Care management

- Trained registered nurse care managers assist with various health concerns and can help coordinate services between providers and patients.

### Disease management

- Help members with certain diseases manage their health.

### Utilization management reviews

- Pre-service, Urgent Concurrent and Post-service reviews ensure you receive the most appropriate treatment.




## Financial Assistance

You may qualify for money-saving programs based on your income to help you pay your plan premiums and drug copays.

**Extra Help** (also called Low-Income Subsidy) assists you with prescription drug premiums, copays, and other costs. Income and asset limits apply.

The **Medicare Savings Program (MSP)** helps you pay for Medicare Part A and/or Part B premiums. Call 1-866-851-0324 for more information.





**Presbyterian Customer Service Center  
(Located in Albuquerque)  
(505) 923-6060 or 1-800-797-5343 (TTY 711)  
8 am to 8 pm, seven days a week**

**Presbyterian Sales Consultants  
(505) 923-8458 or 1-800-347-4766 (TTY 711)  
8 am to 8 pm, seven days a week**