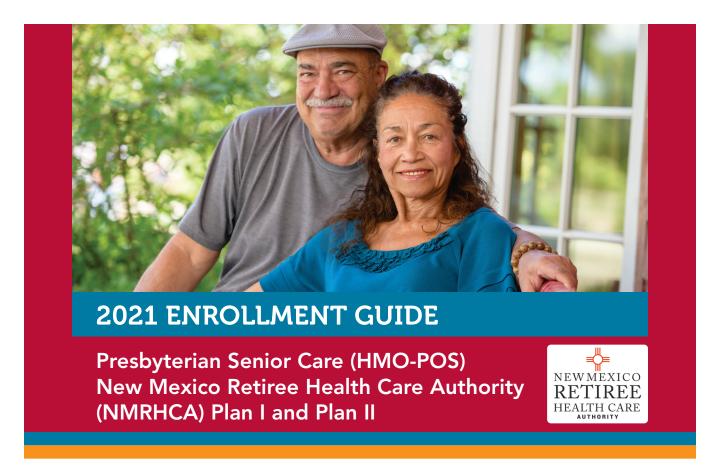
A PRESBYTERIAN | MEDICARE ADVANTAGE PLANS



Thank you for your interest in Presbyterian Medicare Advantage Plans. Presbyterian offers you the value that comes with our integrated system of physicians, hospitals and health plan – all working together to keep you healthy and provide new and innovative services.

Plan Highlights

- More benefits than Original Medicare (Part A and Part B)
- No prescription drug deductible
- Coverage for emergency and urgent care anywhere in the world
- Routine acupuncture and chiropractic care
- Gym memberships included through SilverSneakers®
- A convenient and secure website to manage your plan online through myPRES

TABLE OF CONTENTS

ABOUT US
Who We Are
Our Integrated System
Easy Ways to Access Care
Managing the Health of Our Members
MEDICARE BASICS
SUMMARY OF BENEFITS 9
SUMMARY OF BENEFITS
SUMMARY OF BENEFITS
PRESCRIPTION DRUG FORMULARY18
PRESCRIPTION DRUG FORMULARY18

Presbyterian complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (505) 923-5420, 1-855-592-7737 (TTY: 711).

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

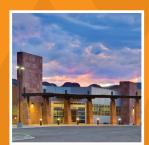
Who We Are

- Founded in New Mexico in 1908, Presbyterian Healthcare Services is a locally owned, not-for-profit healthcare system of nine hospitals, a medical group, and a health plan.
- Presbyterian's health system serves one in three New Mexico residents in our clinics, hospitals and as members of our health plan.
- Owned by Presbyterian Healthcare Services, Presbyterian Health Plan, Inc. was formed in 1985 and now has more than 600,000 enrolled in Medicare Advantage, Medicaid, and Commercial/Individual plans.

Presbyterian by the Numbers

112 years of serving New Mexicans





9 hospitals in7 communities

More than **1,100**providers in
Presbyterian
Medical Group





Nearly 900,000 individual customers (and counting)

More than 13,000 employees – New Mexico's largest private employer





600,000
Presbyterian
Health Plan
members, which
includes nearly
42,000 Medicare
Advantage
members



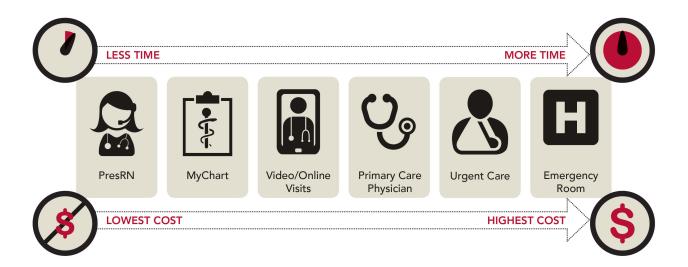
As part of an integrated healthcare system, Presbyterian offers patients throughout New Mexico access to dedicated primary care providers, as well as highly specialized care, including cancer care, heart and vascular care, and behavioral health

24/7 Urgent and Emergency Care Under One Roof in Albuquerque and Santa Fe

Residents in Albuquerque and Santa Fe don't have to guess if a condition is an emergency because medical staff decide the level of care needed. Both urgent and emergency care are open 24 hours a day at two PRESNow locations in Albuquerque's Northeast Heights and the Westside. In Santa Fe, the Presbyterian Santa Fe Medical Center at 4801 Beckner Rd. on Santa Fe's south side now offers both options all day, every day.



Easy Ways to Access Care



PresRN is a great starting point, giving you direct access to medical advice 24 hours a day, 7 days a week, including holidays. There is no charge to call our experienced registered nurses (RNs) for answers to your health or wellness questions. Call (505) 923-5573 or 1-800-887-9917.

MyChart is a secure, web-based portal allowing members with a Presbyterian Medical Group provider to send electronic messages to their care team, request prescription renewals, view medical records or test reports, and schedule office or telephone visits.

Video Visits offer a no-cost, convenient option to see a medical provider anytime – day or night – for non-emergency medical conditions via secure video through a smartphone, tablet or computer webcam. Online Visits are also available for patients who have visited a Presbyterian facility. Visit www.phs.org and select "Get Care Today."

Primary care physicians can treat most health problems. They may be a general/family practice physician, internal medicine physician, gynecologist, physician assistant, or nurse practitioner.

Urgent care clinics provide care for minor illness and injuries that are not an emergency. For added convenience, Presbyterian now offers same-day, scheduled appointments.

Emergency rooms are for serious medical emergencies or injuries that require immediate medical attention.

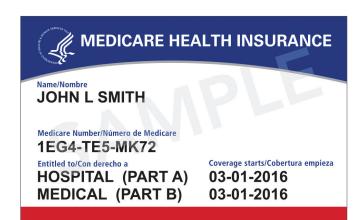
Managing the Health of Our Members

- **Healthy Solutions Program** A Health Coach provides education and telephonic or video lifestyle coaching to assist you in managing your chronic condition for asthma, coronary artery disease, diabetes or hypertension.
- Case management Nurses and social workers help you manage your complex medical needs and will help link you with appropriate providers that will work to keep you out of the hospital or emergency room.
- Utilization management reviews Pre-service, urgent concurrent, and post-service reviews ensure you are receiving the most appropriate covered treatments and services for you.
- Complete Care Clinic This program provides comprehensive primary care services for adults with chronic or complex illnesses and helps these patients access care and navigate the medical system. The clinic works closely with other programs such as Presbyterian Home Care, Hospital at Home, and Palliative Care.
- National Diabetes Prevention Program This is a year-long program for eligible members that encourages lifestyle changes to prevent or delay Type 2 diabetes.



MEDICARE BASICS

Medicare is a federal health insurance program administered by the Centers for Medicare & Medicaid Services (CMS) that provides hospital and medical coverage. There are several parts to Medicare coverage, each with different benefits and costs.



Parts of Medicare

Part A

Covers hospitalization, such as inpatient care, hospice care, and some home healthcare, skilled nursing home care and nursing home care. Most people do not have to pay premiums for Part A.

Part B

Covers medical services such as doctor's visits (including most doctor services while you're in the hospital) and outpatient treatments, as well as medical services and supplies not covered under Part A. Most people pay premiums for Part B.

Part C

Commonly called Medicare Advantage, these plans combine Part A and Part B. Part D may also be included as well as other benefits.

Part D

Part D covers prescription drug costs and is available to individuals who have Part A, B or C. Joining a health plan that includes Part D prescription drug coverage is voluntary.

MEDICARE BASICS

What You Should Know

Late Enrollment Penalties

- Part B You may have to pay a late enrollment penalty for Part B if you do not enroll when you first become eligible and then enroll later.
- Part D You may have to pay a late enrollment penalty if you had any period of 63 days or more without drug coverage that is as good as or better than Part D coverage. The penalty amount would be added to your Medicare Advantage plan premium for as long as you have Part D.

Income Related Monthly Adjusted Amounts (IRMAA)

 In 2020, your Part B and Part D premium may be higher if your income is above \$87,000 a year as an individual. You will be notified if these amounts change in 2021.

Automatic Disenrollment

 Medicare beneficiaries cannot be enrolled in a Medicare Advantage plan and a stand-alone Medicare Part D prescription drug plan with another company at the same time. For example, if you enroll in a separate Part D plan, you will automatically be disenrolled from your Medicare Advantage plan.



A PRESBYTERIAN | MEDICARE ADVANTAGE PLANS



2021 SUMMARY OF BENEFITS

Presbyterian Senior Care (HMO-POS)

New Mexico Retiree Health Care Authority
(NMRHCA) Plan I and Plan II



This is a summary of health and drug services covered by Presbyterian Senior Care (HMO-POS) NMRHCA Plan I and Plan II, January 1, 2021 to December 31, 2021.

To enroll in Presbyterian Senior Care (HMO-POS):

- You must be entitled to Medicare Part A and enrolled in Medicare Part B.
- You must live in New Mexico.

This plan covers services from either innetwork 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.

\$0 copay for these valuable benefits and more!

- Hearing exam
- Video and online visits
- Preferred generic drugs
- PresRN nurse advice line
- Lab services
- Diagnostic tests
- Foot care
- Diabetic test strips and lancets
- Outpatient mental health visits

Presbyterian Senior Care (HMO-POS) NMRHCA

	Plan 1 In-Network You pay	Plan II In-Network You pay	Out-of- Network You pay
Maximum Annual Out-of-Pocket Responsibility (This is the most you pay in a calendar year for covered medical and hospital services. It does not include prescription drugs.)	\$2,500	\$3,000	\$7,500 (combined)
Inpatient Hospital Care* (per admission) • Additional Days	\$125 per day Days 1 - 3 \$0	\$225 per day Days 1 - 5 \$0	Plan I \$750 per admit Plan II \$300 per day Days 1 - 5
Ambulatory Surgery Center / Outpatient Surgery*	\$125	\$275	20%
Doctor Visits (no referral required)Primary CareSpecialistsVideo Visits	\$10 \$30 \$0	\$10 \$40 \$0	\$35 \$60 \$35
Preventive Care	\$0	\$0	\$35
Emergency Care (worldwide) (This copay is waived if admitted to the hospital.)	\$65	\$75	Plan I \$65 Plan II \$75
Urgently Needed Services	\$10	\$10	\$65
Diagnostic Services/ Labs/Imaging Lab services Diagnostic tests and procedures Outpatient x-rays Diagnostic radiology service* (such as CT, MRA, MRI, PET scans)	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$250	20% 10% 10% 20%

^{*} Prior authorization required.

Presbyterian Senior Care (HMO-POS) NMRHCA

	Plan 1 In-Network You pay	Plan II In-Network You pay	Out-of- Network You pay
Hearing Services (does not go toward maximum out-of-pocket responsibility) • Hearing exam	\$0	\$0	\$60
 Hearing aid (from TruHearing) Dental Services Medicare covered 	\$699 - \$999 \$30	\$699 - \$999 \$40	Not covered \$60
Routine	Not covered	Not covered	Not covered
Vision ServicesAnnual routine examDiagnosis/treatment of diseases	\$0 \$10	\$0 \$10	\$60 \$60
and conditions of eyeAnnual diabetic retinopathy screening	\$0	\$0	\$60
Eyeglasses or contact lenses after cataract surgery	\$10	10%	25%
Mental Health ServicesInpatient visit*Additional days	\$125 per day Days 1 - 3 \$0	\$225 per day Days 1 - 5 \$0	Plan I \$750 per admit Plan II \$300 per day Days 1 - 5
Outpatient group therapy visitOutpatient individual therapy visit	\$0 \$0	\$0 \$0	50% 50%
 Skilled Nursing Facility (SNF)* Days 1 - 20 Days 21 - 100 (Our plan covers up to 100 days in a SNF.) 	\$0 per day \$40 per day	\$0 per day \$40 per day	\$0 per day \$60 per day
 Rehabilitation Services Cardiac and Pulmonary rehab Occupational, Physical, and Speech and Language therapy visits 	\$0 \$10	\$0 \$15	\$35 \$35
Ambulance (ground and air)	\$75	\$150	\$75 - \$150

^{*} Prior authorization required.

Presbyterian Senior Care (HMO-POS) NMRHCA

	Plan 1 In-Network You pay	Plan II In-Network You pay	Out-of- Network You pay
Routine Transportation	Not covered	Not covered	Not covered
 Medicare Part B Drugs* Chemotherapy Drugs and other drugs administered by a medical professional 	\$50	10%	20%
Purchased at a retail pharmacy	\$0	\$0	20%
Foot Care (podiatry services) • Foot exams and treatment (Medicare covered)	\$0	\$0	\$60
 Medical Equipment/Supplies* Durable Medical Equipment (e.g., wheelchairs, oxygen, continuous glucose monitors/ 	\$10	10%	25%
supplies) • Prosthetics (e.g., braces, artificial limbs)	\$10	10%	25%
Wellness Programs (e.g., fitness)	\$0 SilverSneakers® Fitness Program is included. For participating locations visit www.silversneakers.com		
AcupunctureMedicare coveredRoutine (limited to 25 visits/year)	\$15 \$15	\$15 \$15	\$60 \$60
ChiropracticTo correct subluxationRoutine (limited to 25 visits/year)	\$20 \$20	\$20 \$20	\$60 \$60
Home Health Care*	\$0	\$0	\$0

^{*} Prior authorization required.

Presbyterian Senior Care (HMO-POS) NMRHCA Plan I Prescription Drug Benefit

Coverage Starts

Catastrophic Coverage

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

Part D Covered Drugs	30-day supply	90-day mail order (preferred)	
Tier 1: Preferred Generic	\$0	\$0	\$3.70 or 5%
Tier 2: Non-Preferred Generic	\$10	\$20	for generics (whichever is greater)
Tier 3: Preferred Brand	\$45	\$112.50	¢0.20
Tier 4: Non-Preferred Brand	\$95	\$285	\$9.20 or 5% for brand names
Tier 5: Specialty Drugs	33% up to \$100	NA	(whichever is greater)

Catastrophic coverage begins after **your** out-of-pocket costs = \$6,550

Presbyterian Senior Care (HMO-POS) NMRHCA Plan II Prescription Drug Benefit

Initial Coverage

Limit \$4,130; includes what both **you** and **your plan** pay

Coverage Gap "Donut Hole"

Catastrophic Coverage

Part D Covered Drugs	30-day supply	90-day mail order (preferred)		90-day mail order (preferred)	
Tier 1: Preferred Generic	\$0	\$0	Refer to Formulary. Tier 1 and 2	Refer to Formulary. Tier 1 and 2	\$3.70 or 5% for generics
Tier 2: Non-Preferred Generic	\$10	\$20	drugs noted with "GC" are \$0 or \$10.	drugs noted with "GC" are \$0 or \$20.	(whichever is greater)
Tier 3: Preferred Brand	\$45	\$112.50	25% 0	lonorio	\$9.20 or 5%
Tier 4: Non-Preferred Brand	\$95	\$285	and brand nam		for brand names (whichever is
Tier 5: Specialty Drugs	27%	NA			greater)

Extra Help / Low-Income Subsidy (LIS)

If you qualify for Low-Income Subsidy (LIS), your plan premium and drug copays will be reduced. The 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 2020¹ – To qualify, your annual income and resources / assets need to be at or below the following:

<u>Single</u> <u>Married</u>

Annual Income¹: \$19,140 Annual Income¹: \$25,860 Resources / Assets²: \$13,110 Resources / Assets²: \$26,160

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)

¹ Income limits may change in 2021.

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.

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

2021 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 I 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 three follow-up visits for fitting and adjustments.

Help Along Your Way

- A worry-free purchase with a 45-day trial and three-year warranty.
- 48 free batteries per aid included with non-rechargeable models.
- Guides to help you adapt to your new hearing aids at 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

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.



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-POS) 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-POS) is a Medicare Advantage plan with a Medicare contract. Enrollment in the plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information.

PRESCRIPTION DRUG FORMULARY



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

Drugs listed on the formulary are generally covered as long as the drug is medically necessary.

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. Generally, we will approve your request for an exception as a Tier 5 drug if drugs on our formulary are not as effective at treating your condition.

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

PA = Prior Authorization GC = Gap Coverage
QL = Quantity Limits LA = Limited Access

ST = Step Therapy NDS = Non-Extended Day Supply

For more information or to download the formulary drug list, visit **www.phs.org/medicare** and click Prescription Drugs.

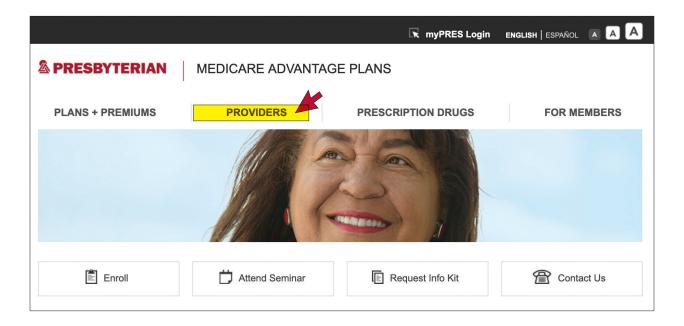
PROVIDERS AND PHARMACIES

The enclosed list is an index by practitioner name, provider group name and pharmacy name in alphabetical order as of July 2020.

This listing is subject to change. Some providers and pharmacies may have been added or removed from our network after this listing was printed. We do not guarantee that each provider is accepting new patients.

Here are other ways to find your doctor.

- Call us If you would like a copy of the full printed directory mailed to you, or need help finding your doctor, please call (505) 923-6060 or 1-800-797-5343 (TTY 711).
- Online View our online directory at www.phs.org/medicare and select the Providers tab. Since our network providers can change daily, our online listing can help you find the most current information.



CONTACT US

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-800-797-5343** or **(505) 923-6060** (TTY 711)

Understanding the Benefits Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.phs.org/medicare or call 1-800-797-5343 or (505) 923-6060 (TTY 711) to view a copy of the EOC. Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

In addition to your monthly plan premium, you must continue to pay your
Medicare Part B premium. This premium is normally taken out of your Social
Security check each month.

Benefits, premiums and/or copayments/co-insurance may change on
January 1, 2022.

This plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.



Presbyterian Customer Service Center (for members)

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

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

Call the Presbyterian Customer Service Center if you need assistance in selecting a Primary Care Provider (PCP).

Presbyterian Senior Care (HMO-POS) is a Medicare Advantage plan with a Medicare contract. Enrollment in this plan depends on contract renewal.