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<Name>
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<City>, <State> <ZIP>

Changes to the
Presbyterian Senior Care (HMO-POS) University of New Mexico Premier and Select
Plans
2023
Evidence of Coverage

February 1, 2023

Dear <Member First Name>

This is important information on changes in your Medicare Advantage coverage.

We previously sent you your 2023 Evidence of Coverage (EOC) by mail or an email link. Your EOC provides information about your coverage as an enrollee in our plan. This notice is to let you know there were changes made to your EOC due to the Inflation Reduction Act (IRA). Below you will find information describing the changes. Please keep this information for your reference. The updated EOC can be found on our website at www.phs.org/Medicare.

Changes to your EOC

Where you can find the change in your 2023 EOC	Original Information	Corrected Information	What does this mean for you?
On page 90, in <u>Chapter 4 Medical Benefits Chart</u> , Section 2, in the row in the chart titled “Medicare Part B prescription drugs”	UNM Premier Plan Out-of-network: 20% coinsurance for Part B drugs that are administered by a provider. UNM Select Plan Out-of-network: 20% coinsurance for Part B drugs that are administered by a provider.	UNM Premier Plan Out-of-network: 20% coinsurance for Part B drugs that are administered by a provider. Effective April 1, 2023: Certain Part B rebatable drugs may be subject to a lower coinsurance. UNM Select Plan Out-of-network: 20% coinsurance for Part B drugs that are administered by a provider. Effective April 1, 2023: Certain Part B rebatable drugs may be subject to a lower coinsurance.	Effective April 1, 2023, if CMS identifies a Part B drug as a rebatable drug, your coinsurance could be less than the out-of-network 20% coinsurance for that drug.
Beginning on page 90, in <u>Chapter 4 Medical Benefits Chart</u> , Section 2, in the row in the chart titled “Medicare Part B prescription drugs”	Not mentioned.	Effective July 1, 2023: For insulin given through DME (i.e. insulin pumps), cost sharing is subject to a coinsurance cap of \$35 for a one-month supply of insulin.	Effective July 1, 2023, you will not be charged more than \$35 for a one-month supply of insulin that is given through DME (i.e. insulin pumps).
Beginning on page 90, in <u>Chapter 4 Medical Benefits Chart</u> , Section 2, in the row in the chart titled “Medicare Part B prescription drugs”	Not mentioned.	Insulin furnished through an item of durable medical equipment (such as a medically necessary insulin pump).	Effective July 1, 2023, insulin given through DME is covered under Part B drugs.

Part B Rebatable Drug coinsurance changes go into effective on April 1, 2023. Presbyterian Health Plan will be notified by CMS each quarter when a Part B drug is deemed rebatable. At that time, Presbyterian will update the coinsurance you pay for that Part B drug.

Part B Insulin given through Durable Medical Equipment (DME) such as insulin pumps will be capped at no more than \$35 copayment for a one-month supply. This goes into effect on July 1, 2023.

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions, you can contact the Presbyterian Customer Service Center at:

Phone: (505) 923-6060 1-800-797-5343 (TTY 711)	Hours: October 1 - March 31: 8 a.m. to 8 p.m., seven days a week (except holidays) April 1 - September 30: 8 a.m. to 8 p.m., Monday - Friday (except holidays)
Email: info@phs.org	

Sincerely,

Presbyterian Customer Service Center

[Enclosures: Medicare Multi-Language Interpreter Services Insert]

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' bíná'í díłkidgo, Dinék'ehjí yadaltí'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 Arzneimittelpflichtplan. 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 답해 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 (TTY:711) 1-855-592-7737. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-592-7737 (TTY:711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता 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。