



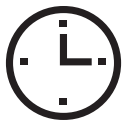
Presbyterian UltraFlex (HMO-POS)
offered by Presbyterian Health Plan, Inc.

2024

Annual Notice of Changes



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



October 1 through March 31:
8 a.m. - 8 p.m., Sunday - Saturday

April 1 through September 30:
8 a.m. - 8 p.m., Monday - Friday



info@phs.org

www.phs.org/Medicare

Thank you for allowing Presbyterian UltraFlex to be your partner in health! This document outlines the changes you can expect for the 2024 plan year. We also want to make sure you have access to important information such as your health plan's Provider Directory, Formulary, and Evidence of Coverage (EOC). See below for details on where to find the most current list of providers, pharmacies, and covered prescription drugs in your network, 24/7.

Visit www.phs.org/Medicare and select, "For Members" for information on how to access your:

- **Provider and Pharmacy Directory**

The Provider and Pharmacy Directory lists all of the current in-network providers and pharmacies available through your health plan. You can find an up-to-date list of providers and pharmacies in our network, anytime.

- **Formulary**

The Formulary lists generic and brand-name prescription drugs and the coverage amount or copayment you will need to pay for each prescription. Formularies will be available on October 15, 2023.

- **Evidence of Coverage (EOC)**

The Evidence of Coverage is your contract with Presbyterian which explains your coverage, what we must do, your rights, and what you have to do as a member of our plan. EOCs will be available on October 15, 2023.

Contact Us

The Presbyterian Customer Service Center is here to help. If you would like any of these materials mailed to you, please contact us at:



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



October 1 to March 31:

8 a.m. to 8 p.m., seven days a week
(except holidays)



info@phs.org

April 1 to September 30:

8 a.m. to 8 p.m., Monday to Friday
(except holidays)



Presbyterian UltraFlex (HMO-POS) offered by Presbyterian Health Plan, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of Presbyterian UltraFlex (HMO-POS). Next year, there will be some changes to the plan's costs and benefits. *Please see page 4 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.phs.org/Medicare. You may also call customer service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital)
 - Review the changes to our drug coverage, including authorization requirements and costs
 - Think about how much you will spend on premiums, deductibles, and cost sharing
- Check the changes in the 2024 “Drug List” to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

- Once you narrow your choices to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Presbyterian UltraFlex (HMO-POS).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Presbyterian UltraFlex (HMO-POS).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Presbyterian Customer Service Center (customer service) at (505) 923-6060 or 1-800-797-5343 for additional information. (TTY users should call 711.), 8 a.m. to 8 p.m., seven days a week (except holidays) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. This call is free.
- Customer service has free language interpreter services available for non-English speakers.
- The information is available in other formats. Contact the plan for information.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Presbyterian UltraFlex (HMO-POS)

- Presbyterian UltraFlex (HMO-POS) is a Medicare Advantage plan with a Medicare contract. Enrollment in Presbyterian UltraFlex (HMO-POS) depends on contract renewal.
- When this document says "we," "us," or "our," it means Presbyterian Health Plan, Inc. When it says "plan" or "our plan," it means Presbyterian UltraFlex (HMO-POS).

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Presbyterian UltraFlex (HMO-POS) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p>Monthly plan premium*</p> <p>*Your premium may be higher or lower than this amount. (See Section 2.1 for details.)</p>	\$0	\$0
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p>	<p>From in-network providers: \$5,700</p> <p>From in-network and out-of-network providers combined: \$8,950</p>	<p>From in-network providers: \$4,950</p> <p>From in-network and out-of-network providers combined: \$8,800</p>
<p>Doctor office visits</p>	<p>Primary care visits: In-network: You pay a \$0 copayment per visit</p> <p>Out-of-network: You pay a \$35 copayment per visit</p> <p>Specialist visits: In-network: You pay a \$50 copayment per visit</p> <p>Out-of-network: You pay a \$60 copayment per visit</p>	<p>Primary care visits: In-network: You pay a \$0 copayment per visit</p> <p>Out-of-network: You pay a \$35 copayment per visit</p> <p>Specialist visits: In-network: You pay a \$40 copayment per visit</p> <p>Out-of-network: You pay a \$65 copayment per visit</p>

Cost	2023 (this year)	2024 (next year)
<p>Inpatient hospital stays</p>	<p>In-network: Per admission, you pay \$375 copayment per day for days 1-5.</p> <p>Out-of-network: Per admission, you pay a \$500 copayment per day for days 1-5.</p> <p>There is no charge for the remainder of your covered hospital stay.</p>	<p>In-network: Per admission, you pay \$400 copayment per day for days 1-5.</p> <p>Out-of-network: Per admission, you pay a \$525 copayment per day for days 1-5.</p> <p>There is no charge for the remainder of your covered hospital stay.</p>

Cost	2023 (this year)	2024 (next year)
<p>Part D prescription drug coverage (See Section 2.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$4 • Drug Tier 2: \$10 • Drug Tier 3: \$45 • Drug Tier 4: \$95 • Drug Tier 5: 33% coinsurance <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs). 	<p>Deductible: \$0</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$4 • Drug Tier 2: \$10 • Drug Tier 3: \$45 <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 4: \$95 <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 5: 33% coinsurance <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Presbyterian UltraFlex (HMO-POS) in 2024

If you do nothing by December 7, 2023, we will automatically enroll you in our Presbyterian UltraFlex (HMO-POS). This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through Presbyterian UltraFlex (HMO-POS). If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

SECTION 2 Changes to Benefit and Cost for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Optional Supplemental Dental Coverage This plan premium applies to you only if you enroll in our Comprehensive Dental Plan.	\$9	\$24.10

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<p>Maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$5,700</p> <p>Once you have paid \$5,700 out-of-pocket for Part A and Part B covered services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</p>	<p>\$4,950</p> <p>Once you have paid \$4,950 out-of-pocket for Part A and Part B covered services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</p>
<p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.</p>	<p>\$8,950</p> <p>Once you have paid \$8,950 out-of-pocket for Part A and Part B covered services, you will pay nothing for your covered Part A and Part B services from network and out-of-network providers for the rest of the calendar year.</p>	<p>\$8,800</p> <p>Once you have paid \$8,800 out-of-pocket for Part A and Part B covered services, you will pay nothing for your covered Part A and Part B services from network and out-of-network providers for the rest of the calendar year.</p>

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.phs.org/Medicare. You may also call customer service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Provider Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (provider), and pharmacies, that are part of your plan during the year. If a mid-year change in our providers affects you, please contact customer service so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
<p>Acupuncture for chronic low back pain</p>	<p>In-network: You pay a \$20 copayment per visit</p> <p>Out-of-network: You pay a \$40 copayment per visit</p>	<p>In-network: You pay a \$25 copayment per visit</p> <p>Out-of-network: You pay a \$45 copayment per visit</p>
<p>Ambulance services</p>	<p>Authorization required for non-emergency Medicare-covered service.</p> <p>In- and out-of-network: \$300 copayment per one-way trip.</p> <p>No charge if you are transferred from one facility to another during a hospitalization.</p> <p>You may be responsible for 100% of the costs incurred when services are not medically necessary.</p>	<p>Authorization required for non-emergency Medicare-covered service.</p> <p>In- and out-of-network: You pay \$320 copayment per one-way trip.</p> <p>No charge if you are transferred from one facility to another during a hospitalization.</p> <p>You may be responsible for 100% of the costs incurred when services are not medically necessary or if you decline transportation.</p>

Cost	2023 (this year)	2024 (next year)
<p>Cardiac rehabilitation services</p>	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$35 copayment per visit</p>	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$40 copayment per visit</p>
<p>Computed tomography (CT), Magnetic resonance imaging (MRI), Magnetic resonance angiogram (MRA) and Positron emission tomography (PET)</p>	<p>In-network and Out-of-network: You pay \$325 per test</p>	<p>In-network: You pay \$300 per test</p> <p>Out-of-network: You pay \$350 per test</p>
<p>Chiropractic services</p>	<p>In-network: You pay a \$20 copayment</p> <p>Out-of-network: You pay a \$60 copayment</p>	<p>In-network: You pay a \$20 copayment</p> <p>Out-of-network: You pay a \$65 copayment</p>
<p>Dental services Medically-necessary services by a dentist or an oral surgeon for surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease, or services that would be covered when provided by a medical provider.</p>	<p>In-network: You pay a \$50 copayment</p> <p>Out-of-network: You pay a \$60 copayment</p>	<p>In-network: You pay a \$55 copayment</p> <p>Out-of-network: You pay a \$65 copayment</p>
<p>Diabetic retinopathy covered once per year</p>	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$60 copayment</p>	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$65 copayment</p>

Cost	2023 (this year)	2024 (next year)
<p>Diabetes self-management</p> <p>Supplies to monitor your blood glucose: Blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions* for checking the accuracy of test strips and monitors</p> <p>Blood glucose monitors, test strips, and lancets</p> <p>Continuous Glucose Monitors (CGM) and Supplies are covered under Durable Medical Equipment (DME) services. Authorization rules apply.</p>	<p>Standard test strips and lancets are limited to a quantity limit of 100 per 30 days for non-insulin dependent members and 200 per 30 days for insulin dependent members</p> <p>In-network: No Charge</p> <p>Out-of-network: No Charge</p> <p>* Coverage is limited to AccuChek branded products</p> <p>In-network: You pay a 20% coinsurance</p> <p>Out-of-network: You pay a 25% coinsurance</p>	<p>Standard test strips and lancets are limited to a quantity limit of 100 per 90 days for non-insulin dependent members and 300 per 90 days for insulin dependent members</p> <p>In-network: No Charge</p> <p>Out-of-network: No Charge</p> <p>* Coverage is limited to AccuChek branded products</p> <p>In-network: You pay a 20% coinsurance</p> <p>Out-of-network: You pay a 25% coinsurance</p> <p>* Coverage is limited to FreeStyle Libre products</p>
<p>Emergency care</p>	<p>In- and out-of-network: You pay a \$110 copayment per emergency department visit</p> <p>This copayment does not apply if you are admitted to the hospital within 24 hours for the same condition.</p>	<p>In- and out-of-network: You pay a \$120 copayment per emergency department visit</p> <p>This copayment does not apply if you are admitted to the hospital within 24 hours for the same condition.</p>

Cost	2023 (this year)	2024 (next year)
<p>Emergency care <i>(continued)</i></p>	<p>If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized, you must have your inpatient care at the out-of-network hospital authorized by the plan and your cost is the highest cost-sharing you would pay at a network hospital.</p>	<p>If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized, you must have your inpatient care at the out-of-network hospital authorized by the plan and your cost is the highest cost-sharing you would pay at a network hospital.</p>
<p>Immunizations</p>	<p>In-network: No Charge</p> <p>In-network: There is no coinsurance, copayment, or deductible for the pneumonia, influenza, Hepatitis B, and COVID-19 vaccines.</p> <p>Out-of-network: You pay a \$35 copayment</p>	<p>In-network: No Charge</p> <p>In-network: There is no coinsurance, copayment, or deductible for the pneumonia, influenza, Hepatitis B, and COVID-19 vaccines.</p> <p>Out-of-network: You pay a \$40 copayment</p>
<p>Inpatient hospital care</p>	<p>Authorization is required.</p> <p>In-network: Per admission, you pay a copayment of \$375 per day for days 1-5.</p> <p>Out-of-network: Per admission, you pay a copayment of \$500 per day for days 1-5.</p>	<p>Authorization is required.</p> <p>In-network: Per admission, you pay a copayment of \$400 per day for days 1-5.</p> <p>Out-of-network: Per admission, you pay a copayment of \$525 per day for days 1-5.</p>

Cost	2023 (this year)	2024 (next year)
Inpatient hospital care <i>(continued)</i>	There is no charge for the remainder of your covered hospital stay and no limit to the number of days covered by the plan based on medical necessity.	There is no charge for the remainder of your covered hospital stay and no limit to the number of days covered by the plan based on medical necessity.
Inpatient services in a psychiatric hospital	<p>Authorization is required.</p> <p>In-network: Per admission, you pay a copayment of \$375 per day for days 1-5.</p> <p>Out-of-network: Per admission, you pay a copayment of \$500 per day for days 1-5. There is no charge for the remainder of your covered hospital stay and no limit to the number of days covered by the plan based on medical necessity.</p>	<p>Authorization is required.</p> <p>In-network: Per admission, you pay a copayment of \$400 per day for days 1-5.</p> <p>Out-of-network: Per admission, you pay a copayment of \$525 per day for days 1-5. There is no charge for the remainder of your covered hospital stay and no limit to the number of days covered by the plan based on medical necessity.</p>
Laboratory and diagnostic tests billed by the hospital	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$60 copayment</p>	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$65 copayment</p>
Nurse Advice Line – PresRN	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$35 copayment</p>	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$40 copayment</p>

Cost	2023 (this year)	2024 (next year)
<p>Outpatient diagnostic tests and therapeutic services and supplies</p> <p>Covered services include, but are not limited to:</p> <ul style="list-style-type: none"> • Surgical supplies, such as dressings • Splints, casts and other devices used to reduce fractures and dislocations • Laboratory tests • Blood - including storage and administration. Coverage of whole blood and packed red cells begins only with the first pint of blood that you need. • Allergy evaluation and testing • Allergy injections • Allergy testing and treatment materials administered during a covered visit • Diagnostic mammograms • Diversion of nuclear stress-to-stress echo studies • Electrocardiograms • Electroencephalograms • Nuclear cardiology • Sleep studies 	<p>Authorization rules may apply.</p> <p>In-network: No Charge</p> <p>Out-of-network: You pay a \$60 copayment</p>	<p>Authorization rules may apply.</p> <p>In-network: No Charge</p> <p>Out-of-network: You pay a \$65 copayment</p>
<p>Outpatient hospital observation</p>	<p>In-network and Out-of-network: You pay a \$110 copayment</p>	<p>In-network and Out-of-network: You pay a \$120 copayment</p>

Cost	2023 (this year)	2024 (next year)
<p>Outpatient mental health care</p>	<p>In-network: No charge for each individual or group therapy visit</p> <p>Out-of-network: You pay a \$60 copayment for individual or group therapy visits</p>	<p>In-network: No charge for each individual or group therapy visit</p> <p>Out-of-network: You pay a \$65 copayment for individual or group therapy visits</p>
<p>Outpatient rehabilitation services Covered services include physical therapy, occupational therapy, and speech language therapy.</p>	<p>In-network: You pay a \$20 copayment for each visit</p> <p>Out-of-network: You pay a \$35 copayment</p>	<p>In-network: You pay a \$20 copayment for each visit</p> <p>Out-of-network: You pay a \$40 copayment</p>
<p>Outpatient substance abuse services</p>	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$60 copayment for individual or group therapy visits</p>	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$65 copayment for individual or group therapy visits</p>
<p>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</p>	<p>Authorization rules may apply.</p> <p>In-network: You pay a \$375 copayment</p> <p>Out-of-network: You pay a \$500 copayment</p>	<p>Authorization rules may apply.</p> <p>In-network: You pay a \$350 copayment</p> <p>Out-of-network: You pay a \$525 copayment</p>

Cost	2023 (this year)	2024 (next year)
<p>Partial hospitalization services and Intensive outpatient services</p> <p><i>Partial hospitalization</i> is a structured program of active psychiatric treatment provided as a hospital outpatient service or by a community mental health center, that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p> <p><i>Intensive outpatient service</i> is a structured program of active behavioral (mental) health therapy treatment provided in a hospital outpatient department, a community mental health center, a Federally qualified health center, or a rural health clinic that is more intense than the care received in your doctor’s or therapist’s office but less intense than partial hospitalization.</p>	<p>Authorization rules may apply.</p> <p>In-network: You pay a \$50 copayment for partial hospitalization for psychiatric treatment</p> <p>Out-of-network: You pay a \$60 copayment for partial hospitalization for psychiatric treatment</p>	<p>Authorization rules may apply.</p> <p>In-network: You pay a \$40 copayment for partial hospitalization for psychiatric treatment</p> <p>Out-of-network: You pay a \$65 copayment for partial hospitalization for psychiatric treatment</p>
<p>Physician/Practitioner services, including doctor’s office visits</p>	<p>PCP office visit/other health care professionals:</p> <p>In-network: No Charge</p> <p>Out-of-network: You pay a \$35 copayment</p>	<p>PCP office visit</p> <p>In-network: No Charge</p> <p>Out-of-network: You pay a \$35 copayment</p> <p>Other health care professionals:</p> <p>In-network: No Charge</p> <p>Out-of-network: You pay a \$40 copayment</p>

Cost	2023 (this year)	2024 (next year)
Podiatry services	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$60 copayment</p>	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$65 copayment</p>
Preventive Services	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$35 copayment</p>	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$40 copayment</p>
Pulmonary rehabilitation services	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$35 copayment</p>	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$40 copayment</p>
Skilled nursing facility (SNF) care	<p>Authorization is required.</p> <p>In-network: Per admission, you pay: No charge for days 1-20 \$95 copayment per day for days 21-100</p> <p>Out-of-network: Per admission, you pay: No charge for days 1-20 \$150 copayment per day for days 21-100</p> <p>You are covered for up to 100 days in SNF. You are responsible for 100% of the costs for days 101 and beyond per admission.</p>	<p>Authorization is required.</p> <p>In-network: Per admission, you pay: No charge for days 1-20 \$175 copayment per day for days 21-100</p> <p>Out-of-network: Per admission, you pay: No charge for days 1-20 \$230 copayment per day for days 21-100</p> <p>You are covered for up to 100 days in SNF. You are responsible for 100% of the costs for days 101 and beyond per admission.</p>

Cost	2023 (this year)	2024 (next year)
<p>Specialist visits</p>	<p>In-network: You pay a \$50 copayment</p> <p>Out-of-network: You pay a \$60 copayment</p>	<p>In-network: You pay a \$40 copayment</p> <p>Out-of-network: You pay a \$65 copayment</p>
<p>Supervised Exercise Therapy (SET)</p>	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$35 copayment</p>	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$40 copayment</p>
<p>Video Visits</p>	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$35 copayment</p>	<p>In-network: No Charge</p> <p>Out-of-network: You pay a \$40 copayment</p>
<p>Vision care Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. Original Medicare doesn't cover routine eye exams (eye refractions) for eyeglasses/contacts</p>	<p>In-network: You pay a \$10 copayment</p> <p>Out-of-network: You pay a \$60 copayment</p>	<p>In-network: You pay a \$10 copayment</p> <p>Out-of-network: You pay a \$65 copayment</p>
<p>X-rays and ultrasounds</p>	<p>In-network: You pay a \$20 copayment</p> <p>Out-of-network: You pay a \$60 copayment</p>	<p>In-network: You pay a \$20 copayment</p> <p>Out-of-network: You pay a \$65 copayment</p>

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

If you were granted a formulary exception in 2023, you will need to submit a new request for 2024.

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact customer services for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help,” and you haven’t received this insert by October 1, 2023, please call customer service and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1-Preferred Generic: You pay \$4 per prescription</p> <p>Tier 2-Generic: You pay \$10 per prescription</p> <p>Tier 3-Preferred Brand: You pay \$45 per prescription</p> <p>Tier 4-Non-Preferred Drug: You pay \$95 per prescription</p> <p>Tier 5-Specialty Tier: You pay 33% of the total cost</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1-Preferred Generic: You pay \$4 per prescription</p> <p>Tier 2-Generic: You pay \$10 per prescription</p> <p>Tier 3-Preferred Brand: You pay \$45 per prescription</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4-Non-Preferred Drug: You pay \$95 per prescription</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5-Specialty Tier: You pay 33% of the total cost</p>

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides a standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p>	<p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage of the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Presbyterian UltraFlex (HMO-POS)

To stay in our plan you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our 2024 Presbyterian UltraFlex (HMO-POS).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- --OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare) read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Presbyterian Health Plan, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Presbyterian UltraFlex (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Presbyterian UltraFlex (HMO-POS).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact customer service if you need more information on how to do so.
 - – OR – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New Mexico, the SHIP is called New Mexico Aging and Long-Term Services.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. New Mexico Aging and Long-Term Services counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call New Mexico Aging and Long-Term Services at 1-800-432-2080 or TTY (505) 476-4937. You can learn more about New Mexico Aging and Long-Term Services by visiting their website (www.nmaging.state.nm.us/).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the New Mexico Department of Health AIDS Drug Assistance Program:

New Mexico Department of Health AIDS Drug Assistance Program (ADAP)
1190 S. St. Francis Dr.
Santa Fe, NM 87502

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the New Mexico Department of Health AIDS Drug Assistance Program at (505) 827-2435.

SECTION 7 Questions?

Section 7.1 – Getting Help from Presbyterian UltraFlex (HMO-POS)

Questions? We're here to help. Please call customer service at (505) 923-6060 or 1-800-797-5343. (TTY only, call 711). 8 a.m. to 8 p.m., seven days a week (except holidays) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Presbyterian UltraFlex (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.phs.org/Medicare. You may also call customer service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.phs.org/Medicare. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our List of Covered Drugs (*Formulary*/"Drug List").

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Notice of Nondiscrimination and Accessibility *Discrimination is Against the Law*

Presbyterian Healthcare Services is committed to equitable healthcare and exists to improve the health of patients, members and the communities we serve. We value diversity and inclusion and strive to treat all individuals with respect. We do not discriminate on the basis of race; color; ancestry; national origin (including limited English proficiency); citizenship; religion; sex (including pregnancy, childbirth or related medical conditions); marital status; sexual orientation; gender identity or expression; veteran status; military status; family care or medical leave status; age; physical or mental disability; medical condition; genetic information; ability to pay; or any other protected status. Presbyterian will provide reasonable accommodations and language access services for our patients, members, and workforce.

Presbyterian Healthcare Services:

- Provides free aids and services to people with disabilities to communicate effectively with use, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Presbyterian Customer Service Center at (505) 923-5420, 1-855-592-7737, TTY 711.

If you believe that Presbyterian Healthcare Services has failed to provide these services or discriminated against you in another way, you can file a grievance with Presbyterian by calling 1-866-977-3021, TTY 711, fax (505) 923-5124, or

<https://ds.phs.org/ewcm/frmExample.do?m=complaintentry&complainttype=customer>.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

Address: U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201

Phone: 1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

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 azeé' bínda'í díłkidgo, Dinék'ehjí yadalt'iigi ła' bich'í' hadíídzih. Béésh 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 (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、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。