



## 2024 SUMMARY OF BENEFITS

### Presbyterian Dual Plus (HMO D-SNP)

H3204-013-004

This is a summary of health and drug benefits covered by Presbyterian Dual Plus (HMO D-SNP) effective January 1, 2024 to December 31, 2024. This plan is a Dual Eligible Special Needs Plan (SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.

#### To enroll in Presbyterian Dual Plus (HMO D-SNP):

- 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, Catron, Cibola, Colfax, DeBaca, Dona Ana, Eddy, Grant, Guadalupe, Harding, Hidalgo, Lea, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Rio Arriba, Sandoval, San Miguel, Santa Fe, Sierra, Socorro, Taos, Torrance, Union, or Valencia.**

*(Enrollment requirements continued on next page)*

## You must be in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copay amounts. You pay nothing, except for Part D prescription drug copays.
- **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copay amounts only. You pay nothing, except for Part D prescription drug copays.
- **Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only. The State Medicaid Office does not pay your cost share. You do not have full Medicaid benefits. There may be some services that do not have a member cost-share amount.
- **Qualifying Individual (QI):** Medicaid pays your part B premium only. The State Medicaid Office does not pay your cost share. You do not have full Medicaid benefits. You pay the cost-share amounts listed in the summary of benefits that follow. There may be some services that do not have a member cost-share amount. The State Medicaid Office does not pay your cost share. You do not have full Medicaid benefits. There may be some services that do not have a member cost-share amount.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost-share amounts. Generally, your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you must pay cost-sharing when a service or benefit is not covered by Medicaid.
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost share. You do not have full Medicaid benefits. There may be some services that do not have a member cost-share amount.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost-share amounts. Generally, your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

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Benefits	You Pay
<b>Monthly Plan Premium</b>	<b>\$0 - \$35.60</b> Based on your level of Low Income Subsidy, your plan premium could be paid by Medicare.
<b>Deductible</b>	\$226. You will be notified if Medicare changes this amount for 2024.  \$0 if you are enrolled in Medicaid as a Qualified Medicare Beneficiary (QMB).  \$0 if you are enrolled in Medicaid with full benefits (non-QMB). (Depending on your level of assistance through the New Mexico Human Services Department.)
<b>Maximum Annual Out-of-Pocket</b>	<b>\$8,850</b> This is the most you will pay in a calendar year for covered medical and hospital services. It does not include prescription drugs.
<b>Inpatient Hospital Care*</b> Deductible After Deductible <ul style="list-style-type: none"> <li>• Days 1 – 60</li> <li>• Days 61 – 90</li> <li>• Days 91 and beyond</li> </ul>	\$1,556 per benefit period  \$0 copay per day \$389 copay per day \$778 copay per day You will be notified if Medicare changes this amount in 2024.
<b>Outpatient Surgery*</b>	\$0 copay - 20% coinsurance
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialists</li> <li>• Video Visits</li> </ul>	\$0 copay - 20% coinsurance
<b>Preventive Care</b>	\$0 copay

\* Prior authorization required.

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Benefits	You Pay
<b>Emergency Care</b> <i>(This copay is waived if admitted to the hospital.)</i>	\$0 - 20% up to \$100 maximum copay
<b>Urgently Needed Services</b>	\$0 - 20% up to \$55 maximum copay
<b>Diagnostic Services/Labs/Imaging*</b>	\$0 copay - 20% coinsurance
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>• Annual routine exam</li> <li>• Hearing aid</li> </ul>	\$0 copay \$2,000 maximum allowance every 2 years
<b>Routine Dental Services</b>	\$3,000 maximum annual allowance Dentures covered every 5 years
<b>Vision Services</b> <ul style="list-style-type: none"> <li>• Annual routine exam</li> <li>• Diagnosis and treatment of diseases and conditions of eye</li> <li>• Eyeglasses or contact lenses after cataract surgery</li> </ul>	\$0 copay \$0 copay - 20% coinsurance \$0 copay - 20% coinsurance
<b>Mental Health Services*</b> <ul style="list-style-type: none"> <li>• Inpatient visit</li> <li>• Outpatient group therapy visit</li> <li>• Outpatient individual therapy visit</li> </ul>	Same as Inpatient Hospital Care \$0 copay - 20% coinsurance \$0 copay - 20% coinsurance
<b>Skilled Nursing Facility (SNF)*</b> <ul style="list-style-type: none"> <li>• Days 1 - 20</li> <li>• Days 21 - 100</li> <li>• Days 101 and beyond</li> </ul>	\$0 copay per day \$194.50 copay per day 100% of the costs You will be notified if Medicare changes this amount in 2024.

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## Presbyterian Dual Plus (HMO D-SNP)

Benefits	You Pay
<b>Rehabilitation Services</b> <ul style="list-style-type: none"> <li>• Cardiac and Pulmonary rehab</li> <li>• Occupational, Physical, and Speech and Language therapy visits</li> </ul>	\$0 copay - 20% coinsurance \$0 copay - 20% coinsurance
<b>Ambulance</b>	\$0 copay - 20% coinsurance
<b>Transportation</b>	50 one-way trips per year to medical, dental and pharmacy approved visits.
<b>Medicare Part B Drugs and Chemotherapy</b>	\$0 copay - 20% coinsurance
<b>Foot Care</b> <i>(Medicare-covered podiatry services)</i> <ul style="list-style-type: none"> <li>• Foot exams and treatment</li> </ul>	\$0 copay - 20% coinsurance
<b>Medical Equipment/Supplies*</b> <ul style="list-style-type: none"> <li>• Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>• Prosthetics</li> </ul>	\$0 copay - 20% coinsurance \$0 copay - 20% coinsurance
<b>Diabetic Services and Supplies</b> <ul style="list-style-type: none"> <li>• Test strips, lancets and meters</li> <li>• Continuous Glucose Monitors (CGM) - coverage limited to Freestyle Libre products</li> </ul>	\$0 copay \$0 copay - 20% coinsurance
<b>Chiropractic</b> <ul style="list-style-type: none"> <li>• To correct subluxation</li> <li>• Routine (<i>limited to 25 visits/year</i>)</li> </ul>	\$0 copay - 20% coinsurance \$0 copay
<b>Home Health Care*</b>	\$0 copay

\* Prior authorization required.

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## Presbyterian Dual Plus (HMO D-SNP) Prescription Coverage

<b>Deductible</b>	Depending on your Low-Income Subsidy Level – You Pay: \$0 - \$545 Tiers 2 - 5
<b>Initial Coverage</b>	<p>Depending on your Low-Income Subsidy Level, you pay the following:</p> <p>Generic drugs (including brand drugs treated as generic), either</p> <ul style="list-style-type: none"><li>• \$0 copay; or</li><li>• \$1.55 copay; or</li><li>• \$4.50 copay</li></ul> <p>For all other drugs, either</p> <ul style="list-style-type: none"><li>• \$0 copay; or</li><li>• \$4.60 copay; or</li><li>• \$11.20 copay</li></ul> <p>You may get your drugs at network retail pharmacies and mail order pharmacies. This plan has a preferred mail order pharmacy that offers a cost savings for 90-day supplies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p> <p>Your copay will be no more than \$35 for a 30-day supply of covered insulins.</p>
<b>Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, you pay nothing for all drugs.

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## Presbyterian Dual Plus (HMO D-SNP)

Supplemental Benefits	Benefit
<p><b>Meals</b> Up to 20 meals delivered to your home</p>	<ul style="list-style-type: none"> <li>• You pay \$0 copay.</li> <li>• You will receive up to 20 meals delivered to your home after a hospital stay.</li> <li>• This program is uniquely designed to keep you healthy and strong while you are recovering from an inpatient hospital stay.</li> <li>• The meal benefit is available during the four-week period following a hospital stay.</li> <li>• This benefit is offered through Meals on Wheels.</li> </ul>
<p><b>Over-the-Counter (OTC) Debit Card</b> (\$315 quarterly allowance/ \$1,260 annual allowance)</p>	<ul style="list-style-type: none"> <li>• You will receive an OTC debit card that can be used to purchase non-prescription medications and health-related items.</li> <li>• The OTC debit card is reloaded with <b>\$315 each quarter</b>.</li> <li>• Any unused balance is carried over from month to month until the end of the year.</li> <li>• You may use the OTC debit card at Walgreens, Walmart, CVS, Dollar General and other stores in the network.</li> <li>• You also have the option of ordering online or telephonically from a catalog.</li> </ul>
<p><b>Eyewear allowance</b></p>	<p>You will receive a \$275 allowance every year.</p>
<p><b>Wellness Programs</b></p>	<p>SilverSneakers® is included. This fitness program can help you live a healthier, more active life through fitness and social connection.</p> <p>This fitness benefit is available online and at participating locations. Membership includes SilverSneakers instructor-led group fitness classes. Classes vary by location and can be found by visiting <a href="http://www.silversneakers.com">www.silversneakers.com</a>.</p>

# SUMMARY OF BENEFITS

Good hearing helps you stay connected and involved in life's special moments. That's why we offer a comprehensive hearing care solution through TruHearing®.



Hearing aids can be expensive – an average of \$2,330 per aid – but this hearing aid benefit makes addressing your hearing loss more affordable. You can save by using your TruHearing \$2,000 allowance on hearing aids every two years.

## Example Savings (per pair):

Sample Product	Avg. Retail Price	TruHearing Price	Allowance	You Pay
TruHearing Standard	\$3,438	\$1,590	\$2,000	\$0
Signia® 2AX	\$4,300	\$1,990	\$2,000	\$0
Widex Moment® Sheer™ 110	\$3,524	\$1,790	\$2,000	\$0
Starkey Evolv® AI 1000	\$3,600	\$1,930	\$2,000	\$0
Resound Key™ 4	\$3,440	\$1,990	\$2,000	\$0

Prices and products subject to change. For more information, visit [TruHearing.com/GetStarted](https://TruHearing.com/GetStarted).

All exams and hearing aid purchases must be made through TruHearing.

**Call TruHearing to learn more and schedule an appointment.**

**1-833-759-6823 | TTY 711 | 8 a.m.- 8 p.m., Monday - Friday**

### Low-Income Subsidy (LIS) and Other Medicare/Medicaid Savings Programs

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. 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

- 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 between 8 a.m. and 7 p.m., Monday through Friday for a representative. (TTY 1-800-325-0778). Automated messages are available 24 hours a day.
- NM State Human Services Department, 1-888-997-2583 (TTY 1-855-227-5485)



# SUMMARY OF BENEFITS

January 1 – December 31, 2024

## SUMMARY OF NEW MEXICO MEDICARE/MEDICAID BENEFITS

Your state Medicaid program is called Centennial Care.

A person who is entitled to both Medicare and medical assistance from a State Medicaid plan is considered a dual eligible. As a dual eligible beneficiary your services are paid first by Medicare and then by Medicaid.

### Benefit Coverage

Centennial Care provides a comprehensive package of services that includes behavioral health, physical health, and long-term care services and supports (LTSS). Members meeting a Nursing Facility Level of Care (NF LOC) are able to access LTSS through Community Benefit (CB) services (i.e., home- and community-based services) without a waiver slot. The CB is available through Agency-Based Community Benefit (ABCB) services (services provided by a provider agency) and Self-Directed Community Benefit (SDCB) services (services that a participant can control and direct). Individuals under age 21 who are enrolled in Medicaid or the Children's Health Insurance Program (CHIP) receive Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services.

Under Centennial Care today, most adults who are enrolled in the Medicaid Expansion category receive services under an Alternative Benefit Plan (ABP). The ABP is a comprehensive benefit package that covers all services that are defined under the Patient Protection and Affordable Care Act (ACA) as "essential health benefits," as well as adult dental services. Centennial Care 2.0 proposes to redesign the ABP into a single, comprehensive adult benefit package that would cover both the Medicaid Expansion Category as well as Medicaid adults in the Parent/Caretaker category. The state proposes adding a limited vision benefit to the ABP, and waiving EPSDT services for 19-20-year-olds who are covered under the Adult Expansion or Parent/Caretaker categories. Adults who are considered "medically frail" are exempt from the ABP and may receive the standard Medicaid benefit package, including access to CB services and nursing facility care for individuals who meet the NF LOC criteria. If you are currently entitled to receive full Medicaid benefits, please see your Medicaid member handbook or other state Medicaid documents for full details on your Medicaid benefits, limitations, restrictions, and exclusions.

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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](http://www.phs.org/medicare).

## **Presbyterian Dual Plus Sales Consultants**

(505) 923-5264 or 1-866-757-5264 (TTY 711)

## **Presbyterian Customer Service Center (for members)**

(505) 923-7675 or 1-855-465-7737 (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.

You can see our plan's provider and pharmacy directory if you visit our website at [www.phs.org/medicare](http://www.phs.org/medicare) and select **Provider Directory** from the **Resource** panel.

For coverage and costs of Original Medicare, look in your current **Medicare & You** handbook. View it online at [www.medicare.gov](http://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) 923-7675 or 1-855-465-7737 (TTY 711) or visit [www.phs.org/medicare](http://www.phs.org/medicare) and select **Privacy** at the bottom of the page.

Out-of-network/non-contracted providers are under no obligation to treat Presbyterian Dual Plus members, except in emergency situations. Please call our local Presbyterian Customer Service Center (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, please contact the plan or refer to the Evidence of Coverage. You may easily download a copy of the Evidence of Coverage from our website, [www.phs.org/medicare](http://www.phs.org/medicare), and select **Forms, Plan Information, Policies** from the **Resource panel**. You may also request a copy by calling customer service.

Presbyterian Dual Plus is an HMO Special Needs Plan (HMO D-SNP) with a Medicare contract and a contract with the State of New Mexico Human Services Department Medicaid program. Enrollment in the plan depends on contract renewal.

Based on a Model of Care review, Presbyterian Dual Plus (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2025.

Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. If you need language assistance, services are available at no cost. Call (505) 923-5420, 1-855-592-7737 (TTY: 711). ATENCIÓN: Si usted prefiere hablar en español, están a su disposición servicios gratuitos de ayuda lingüística. Llame al (505) 923-5420, 1-855-592-7737 (TTY: 711). Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jjik'eh, éí ná hóló, kójj' hódíłniih (505) 923-5420, 1-855-592-7737 (TTY: 711).

For more information, visit <https://www.phs.org/pages/nondiscrimination.aspx>.

## 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' 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 panggagamot. 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。