



2024 ENROLLMENT GUIDE

Presbyterian MediCare PPO

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

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

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

ABOUT US

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 640,000 members enrolled in Medicare Advantage, Medicaid, and Commercial/Individual plans.

Presbyterian by the Numbers

115 years
of serving
New Mexicans



9 hospitals in
8 communities



More than **1,200**
providers in
Presbyterian
Medical Group



950,000
individual
customers
(and counting)



Nearly **13,000**
employees –
New Mexico's
largest private
employer



More than
640,000
Presbyterian
Health Plan
members, which
includes nearly
42,000 Medicare
Advantage members



ABOUT US

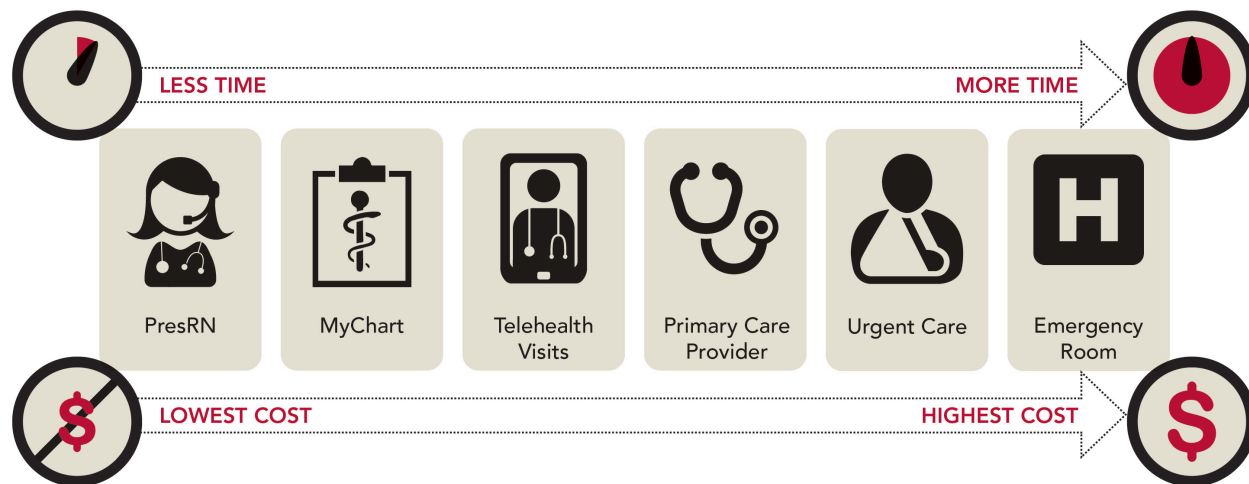
Our Integrated System



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.

ABOUT US

Easy Ways to Access Care



PresRN is a great starting point, giving you direct, local access to medical advice 24 hours a day, seven 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.

Any **telehealth service** with an in-network provider is \$0, including Primary Care, Specialist, Urgent Care or Behavioral Health visits. To learn more about these virtual care options, visit **www.phsgetcare.org**.

Primary care providers 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.

ABOUT US

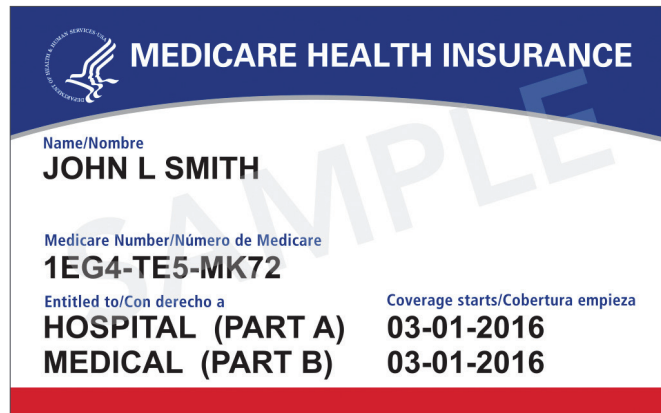
Managing the Health of Our Members

- **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 provider's visits (including most provider 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 2023, your Part B and Part D premium may be higher if your yearly income as an individual was above \$97,000 in 2021 (or \$194,000 for joint filings). You will be notified if these amounts change in 2024.

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 and covered by Original Medicare.





2024 SUMMARY OF BENEFITS

Presbyterian MediCare PPO

This is a summary of health and drug benefits covered by Presbyterian MediCare PPO effective January 1, 2024 to December 31, 2024.

To enroll in Presbyterian MediCare PPO:

- 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 in-network 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!

- Basic dental services
- Hearing exam
- Telehealth visits with in-network providers
- PresRN nurse advice line
- Lab services
- Diagnostic tests
- Foot care
- Diabetic test strips and lancets

SUMMARY OF BENEFITS

Presbyterian MediCare PPO

	Plan 1 In-Network	Plan 2 In-Network	Out-of- Network
Monthly Plan Premium <i>(You must also continue to pay your Medicare Part B premium.)</i>	\$43	\$164	
	Does not include prescription drug coverage	Includes prescription drug coverage	
Deductible	\$0	\$0	\$0
Maximum Annual Out-of-Pocket Responsibility <i>(Does not include Part D prescription drugs)</i>	\$6,950	\$6,000	Plan 1: \$10,250 Plan 2: \$9,500 Combined In- and Out-of-Network Maximum
Inpatient Hospital Care* <i>(per admission)</i>			
• Days 1 – 5	\$350 per day per admit	\$350 per day per admit	\$525 per day per admit
• Additional Days	\$0	\$0	\$0
Outpatient Hospital Coverage and Ambulatory Surgery Center*	\$350	\$325	20%
Doctor Visits <i>(no referral required)</i>			
• Primary Care	\$15	\$15	\$35
• Specialists	\$55	\$45	\$65
• Telehealth visits (video, telephone or online visits for primary care, specialists and urgent care)	\$0	\$0	Out-of-network copays apply
Preventive Care and Routine Physicals	\$0	\$0	\$40
Emergency Care <i>(worldwide)</i> <i>(Waived if admitted to the hospital within 24 hours.)</i>	\$100	\$100	\$100
Urgently Needed Services			
• In-network	\$20	\$15	\$55
• Outside of United States	\$100	\$100	\$100

SUMMARY OF BENEFITS

Presbyterian MediCare PPO

	Plan 1 In-Network	Plan 2 In-Network	Out-of- Network
Diagnostic Services/Labs/ Imaging <ul style="list-style-type: none"> Diagnostic tests and procedures Lab services MRI, CAT scan X-rays 	\$0 \$0 \$325 \$25	\$0 \$0 \$275 \$20	20% 20% 20% 20%
Hearing Services <i>(does not go toward maximum out-of-pocket responsibility)</i> <ul style="list-style-type: none"> Hearing exam Hearing aid <i>(from TruHearing®)</i> 	\$0 \$699 - \$999	\$0 \$699 - \$999	\$65 Not covered
Dental Services <ul style="list-style-type: none"> Medicare covered dental Basic dental services Comprehensive dental services 	\$55 \$0 \$24.10/month	\$55 \$0 \$24.10/month	\$65 Fees vary Fees vary
Vision Services <ul style="list-style-type: none"> Annual routine exam Diagnosis/treatment of diseases and conditions of eye Eyewear after cataract surgery 	\$0 \$15 20%	\$0 \$5 20%	\$65 \$65 25%
Mental Health Services <ul style="list-style-type: none"> Outpatient group therapy visit Outpatient individual therapy visit (including virtual) 	\$45 \$45	\$45 \$45	50% 50%
Skilled Nursing Facility (SNF)* <ul style="list-style-type: none"> Days 1 - 20 Days 21 - 100 	\$0 per day \$175 per day	\$0 per day \$175 per day	\$0 per day \$230 per day
Rehabilitation Services <ul style="list-style-type: none"> Cardiac and Pulmonary rehab <i>(limited to 36 visits/year)</i> Occupational, Physical, and Speech and Language therapy visits 	\$0 \$30	\$0 \$25	\$40 \$40

* Prior authorization required.

SUMMARY OF BENEFITS

Presbyterian MediCare PPO

	Plan 1 In-Network	Plan 2 In-Network	Out-of- Network
Ambulance (ground and air)	\$275	\$275	\$275
Routine Transportation	Not covered	Not covered	Not covered
Medicare Part B Drugs*			
• Chemotherapy Drugs and other drugs administered by a medical professional	20%	20%	20%
• Purchased at a retail pharmacy	\$15	\$5	20%
Foot Care (<i>podiatry services</i>)			
• Foot exams and treatment (<i>Medicare covered</i>)	\$0	\$0	\$65
Medical Equipment/Supplies*			
• Durable Medical Equipment (<i>e.g., wheelchairs, oxygen</i>)	20%	20%	25%
• Prosthetics	20%	20%	25%
Diabetic Services and Supplies			
• Test strips, lancets and meters	\$0	\$0	25%
• Continuous Glucose Monitors (CGM) - coverage limited to Freestyle Libre products	20%	20%	25%
Wellness Programs (<i>e.g., fitness</i>)	\$0 SilverSneakers® Fitness Program is included. For participating locations visit www.silversneakers.com .		
Acupuncture			
• Medicare covered	\$25	\$25	\$65
• Routine (<i>limited to 25 visits/year</i>)	\$25	\$25	\$65
Chiropractic			
• To correct subluxation	\$15	\$15	\$55
• Routine (<i>limited to 25 visits/year</i>)	\$15	\$15	\$55
Home Health Care*	\$0	\$0	\$0
Kidney Dialysis	20%	20%	20%
Radiation Therapy	20%	20%	20%

SUMMARY OF BENEFITS

Presbyterian MediCare PPO

Prescription drug coverage is a part of Plan 2.

- Your copay will be no more than \$35 for a 30-day supply of covered insulins.
- You may get your drugs at network retail pharmacies and mail order pharmacies.
- Your plan does have a preferred mail order pharmacy that offers a cost savings for 90-day supplies.
- If you reside in a long-term care facility, you pay the same as at a retail pharmacy.
- You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

Prescription Drug Deductible	All Tiers
Plan 2	\$500

Initial Coverage Initial coverage limit \$5,030; includes what both you and your plan pay			Coverage Gap	Catastrophic Coverage
Part D Covered Drugs	30-day supply	90-day mail order (preferred)	Plan 2	Plan 2
Tier 1: Preferred Generic	\$4	\$8	25% generic and brand <i>applies to all tiers</i>	\$0 for generics and for brand names
Tier 2: Non-Preferred Generic	\$10	\$20		
Tier 3: Preferred Brand	\$45	\$112.50		
Tier 4: Non-Preferred Brand	\$95	\$285		
Tier 5: Specialty Drugs	25%	NA		

Catastrophic coverage begins after
your out-of-pocket costs = \$8,000

SUMMARY OF BENEFITS

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.



SUMMARY OF BENEFITS

Dental Coverage Worth Smiling About

Your Presbyterian MediCare PPO plan includes basic dental coverage and the option to purchase comprehensive dental, both with robust network of in-network dental providers throughout New Mexico. Visit www.dentaquest.com/find-a-dentist-gov for a list of providers.

Basic Services Included

Basic dental coverage is **included** in your plan and covers all preventive dental services at 100% for in-network services.

- Oral exams (two every 12 months)
- Cleanings (two every 12 months)
- Dental X-rays (frequency varies by type)
- Fluoride treatments (two every 12 months)
- Periodontal maintenance (four every 12 months)
- Emergency treatment of minor pain



Comprehensive Plan Optional

Comprehensive dental coverage is available for an additional monthly premium of **\$24.10 per member**.

- Members pay 20% for fillings, extractions, and denture adjustments/repairs
- Members pay 50% coverage for major restoratives (for example, crowns, bridges, root canals, dentures, periodontics, anesthesia)
- Maximum \$4,000 calendar year benefit
- No deductible or waiting period

This summary provides only a brief description of your dental benefits. Please refer to your Evidence of Coverage for complete details including limitations and exclusions.

SUMMARY OF BENEFITS

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*

2024 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 11 Styles	48 Channels 14 Styles	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 one year of follow-up visits for fitting and adjustments.

Help Along Your Way

- A worry-free purchase with a 60-day trial and three-year warranty.
- 80 free batteries per aid included with non-rechargeable models.
- Guides to help you adapt to your new hearing aids at [TruHearing.com/GetStarted](https://www.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

VALUE-ADDED ITEMS AND SERVICES



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.

These additional services/items are not part of the plan benefit package or the Medicare benefit.

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. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778.
- NM State Human Services Department, 1-888-997-2583 (TTY 1-855-227-5485)

SUMMARY OF BENEFITS

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., seven 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., 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 and select **Provider Directory** from the **Resources** panel.

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** at the bottom of the page.

Out-of-network/non-contracted providers are under no obligation to treat Presbyterian MediCare PPO 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, and select **Forms, Plan Information, Policies** from the **Resources** panel. You may also request a copy by calling customer service.

Presbyterian MediCare PPO is a Medicare Advantage plan with a Medicare contract. Enrollment in the plan depends on contract renewal.

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

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

Ways to find your provider

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



GET ENROLLED

When You Can Enroll

New to Medicare

If you enroll...	Your coverage begins...
1-3 months before your Part A and Part B effective date	The first day of the month of your Part A and Part B effective date
The month of your Part A and Part B effective date	The first day of the following month
1-3 months after your Part A and Part B effective date	The first day of the following month

Annual Enrollment Period

Occurs every year, October 15 through December 7. Changes made during this time are effective January 1.

Medicare Advantage Open Enrollment Period (MA OEP)

Occurs January 1 through March 31. This is your opportunity to change your Medicare Advantage plan. Individuals enrolled in Medicare Advantage plans can switch to:

- Medicare Advantage with Part D
- Medicare Advantage without Part D
- Original Medicare (with or without a stand-alone Part D plan).

The effective date is the first of the following month following receipt of the enrollment request.

Special Election Period (Special Exceptions)

- If you have Medicaid or Low Income Subsidy (LIS) you can enroll in, or disenroll from, a Medicare Advantage plan once per calendar quarter during the first nine months of the year. It may not be used in the fourth quarter of the year (October-December).
- If you gain, lose, or have a change in your Medicaid or LIS-eligible status, you can enroll within three months of the change or notification of such a change, whichever is later.
- If you are moving into the service area, you can enroll during the month prior to your move, the month you move, and up to two months after you move.
- If you are leaving employer or union coverage, you can enroll up to two months after you lose coverage.
- If you involuntarily lost creditable drug coverage, you can enroll up to two months after you lose coverage.
- Other exceptions may apply.

GET ENROLLED

How to Enroll



Enroll online at www.phs.org/medicare

OR ...



Complete the enclosed Individual Enrollment Request Form

- Check which plan you want to enroll in.
- If you and your spouse are enrolling, you'll **each** need to complete an enrollment form.
- If you are enrolling in a plan with a monthly premium, select a payment option.
- Read, sign and date the form.
- Mail, fax or hand-deliver form to:



Mailing Address

Presbyterian Insurance Company, Inc.
P.O. Box 26267
Albuquerque, NM 87125-6267
Fax: (505) 923-5385



Street Address

The Cooper Center
9521 San Mateo Blvd. NE
Albuquerque, NM 87113

OR ...



Contact your broker or call one of our sales representatives.

(505) 923-8458 or 1-800-347-4766 (TTY 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.

Note: If you enroll in one of our plans and are already enrolled in a Medicare Advantage plan or a stand-alone Prescription Drug Plan, your current plan will automatically terminate when your plan with us becomes effective.

If you are currently enrolled in a Medicare Supplement plan, **you will need to terminate that plan** once you receive confirmation that your new enrollment with us was accepted by Medicare. Do not terminate your Medicare Supplemental coverage until you receive confirmation from our plan that your enrollment was accepted.

Presbyterian MediCare PPO 2024 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 us at **(505) 923-8458** or **1-800-347-4766**. TTY users can call 711.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC), provides a complete list of coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit **www.phs.org/medicare** or call **(505) 923-8458** or **1-800-347-4766**, TTY users can call 711, to view a copy of the EOC.
- ☐ 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.
- ☐ Review the formulary to make sure your drugs are covered.

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, 2025.
- ☐ 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 copay for services received by non-contracted providers.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have TRICARE, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact TRICARE for more information.

**Presbyterian MediCare PPO
2024 Individual Enrollment Request Form**

<p>Who can use this form?</p> <p>People with Medicare who want to join a Medicare Advantage Plan</p> <p>To join a plan, you must:</p> <ul style="list-style-type: none"> • Be a United States citizen or be lawfully present in the United States • Live in the plan's service area <p>Important: To join a Medicare Advantage Plan, you must also have both:</p> <ul style="list-style-type: none"> • Medicare Part A (Hospital Insurance) • Medicare Part B (Medical Insurance) 	<p>Reminders:</p> <ul style="list-style-type: none"> • If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7. • If your plan has a premium, your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.
<p>When do I use this form?</p> <p>You can join a plan:</p> <ul style="list-style-type: none"> • Between October 15 to December 7 each year (for coverage starting January 1) • Within three months of first getting Medicare • In certain situations where you're allowed to join or switch plans <p>Visit Medicare.gov to learn more about when you can sign up for a plan.</p>	<p>What happens next?</p> <p>Send your completed and signed form to: Presbyterian Insurance Co., Inc. P.O. Box 26267 Albuquerque, NM 87125-6267 Fax: (505) 923-5385</p> <p>Once we process your request to join, we'll contact you.</p>
<p>What do I need to complete this form?</p> <ul style="list-style-type: none"> • Your Medicare Number (the number on your red, white and blue Medicare card) • Your permanent address and phone number <p>Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.</p>	<p>How do I get help with this form?</p> <p>Call Presbyterian MediCare PPO at (505) 923-8458 or 1-800-347-4766. TTY users can call 711. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.</p> <p>En español: Llame a Presbyterian MediCare PPO al (505) 923-8458 o 1-800-347-4766/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.</p> <p>Individuals experiencing homelessness</p> <p>If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g. social security checks) may be considered your permanent residence address.</p>

**Presbyterian MediCare PPO
2024 Individual Enrollment Request Form**

Section 1 – All fields on this page are required (unless marked optional)			
Select the plan you want to join:			
<u>Part D Drugs are included:</u> _____ Presbyterian MediCare PPO Plan 2 With Rx - \$164 per month			
<u>Part D Drugs are not included:</u> _____ Presbyterian MediCare PPO Plan 1 - \$43 per month			
<u>Optional Supplemental Benefit:</u> _____ Comprehensive Dental - \$24.10 per month			
FIRST Name:		LAST Name:	
		Middle Initial: (Optional)	
Birth Date: (M M / D D / Y Y Y Y) (____ / ____ / ____)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone Number: (Cell Preferred) ()	Email:
Permanent Residence Street Address (Don't enter a P.O. Box):			
City:	County:	State:	ZIP Code:
Mailing Address, if different from your permanent address (P.O. Box allowed):			
City:		State:	ZIP Code:
Your Medicare information:			
Medicare Number: ____ - ____ - ____			
Answer these important questions:			
Will you have other prescription drug coverage (like VA, TRICARE) in addition to Presbyterian MediCare PPO? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, name of other coverage: _____			
Member number for this coverage: _____			
Group number for this coverage: _____			

**Presbyterian MediCare PPO
2024 Individual Enrollment Request Form**

IMPORTANT – Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Presbyterian MediCare PPO.
- By joining this Medicare Advantage (MA) Plan, I acknowledge that Presbyterian MediCare PPO will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that Presbyterian MediCare PPO has worldwide emergency/urgent care services.
- I understand that when my Presbyterian MediCare PPO coverage begins, I must get all of my medical and prescription drug benefits from Presbyterian MediCare PPO. Benefits and services provided by Presbyterian MediCare PPO and contained in my Presbyterian MediCare PPO “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Presbyterian MediCare PPO will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature:

Today's Date:

If you're the authorized representative, sign above and fill out these fields:

Name:

Address:

Phone Number:

Relationship to Enrollee:

Office Use Only:

Name of staff member, agent or broker (if assisted in enrollment):

Broker NPN# _____ Date Received: _____

How was enrollment received: ☐ Walk-in with presentation ☐ In Home with presentation
☐ Seminar/Meeting ☐ Telephonic ☐ Walk-in without presentation
☐ In Home without presentation ☐ Mail in ☐ Email ☐ Faxed

Plan ID# _____ Effective date of coverage: _____

ICEP/IEP: _____ AEP: _____ SEP (type): _____ Not Eligible: _____

**Presbyterian MediCare PPO
2024 Individual Enrollment Request Form**

Section 2 – All fields on this page are optional Answering these questions is your choice.
You can't be denied coverage because you don't fill them out.

I may need help accessing care or benefits and would like to be contacted (check all that apply):

- ☐ Find a new primary care provider (PCP)
☐ Transfer prescription/medication (e.g., coverage, cost, mail order)
☐ Care coordination (for example, if you have complex healthcare needs)

As part of your enrollment, do you want to receive any of the following materials via email?

- ☐ Plan Formulary ☐ Summary of Benefits ☐ Evidence of Coverage

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- ☐ No, not of Hispanic, Latino/a or Spanish origin ☐ Yes, Mexican, Mexican American, Chicano/a
☐ Yes, Puerto Rican ☐ Yes, Cuban
☐ Yes, another Hispanic, Latino/a, or Spanish origin ☐ I choose not to answer

What's your race? Select all that apply.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> American Indian or
Alaska Native | <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or
African American | <input type="checkbox"/> Guamanian or
Chamorro | <input type="checkbox"/> Other Asian | <input type="checkbox"/> I choose not
to answer |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Samoan | | |

All materials are available in Spanish and a machine-readable format through our website or by request. Other options, such as other languages, large print or Braille are available by request. Please contact Presbyterian MediCare PPO at **(505) 923-6060** or **1-800-797-5343**. Our office hours are 8 a.m. to 8 p.m., seven days a week from October 1 to March 31, and Monday to Friday (except holidays) from April 1 through September 30. TTY users can call 711.

Select one if you want us to send you information in a language other than English.

- ☐ Spanish ☐ Other _____

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP), clinic or health center:

**Presbyterian MediCare PPO
2024 Individual Enrollment Request Form**

Paying Your Plan Premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, "Electronic Funds Transfer (EFT)", credit card each month. You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month. Please select a payment option:

☐ Get a bill.

☐ Electronic Funds transfer (EFT) from your bank account each month.

Please enclose a VOIDED check or provide the following:

Account holder name: _____

Bank routing number: _____ Bank account number: _____

Account type: ☐ Checking ☐ Saving

☐ Credit Card. Please provide the following information:

Type of Card: ☐ Visa ☐ MasterCard ☐ Discover

Name of Account holder as it appears on card: _____

Account number: _____ Expiration Date: __ / __ / __ (MM/YYYY)

☐ Automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check. I get monthly benefits from: ☐ Social Security ☐ RRB

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **DON'T** pay Presbyterian the Part D-IRMAA.

GET ENROLLED

Sales Appointment Confirmation Form

By signing this form, you are agreeing to a sales meeting with a sales agent to discuss the Presbyterian Senior Care (HMO/HMO-POS), Presbyterian UltraFlex (HMO-POS), Presbyterian MediCare PPO, and/or Presbyterian Dual Plus (D-SNP) Medicare Advantage plans. The sales agent who will be discussing plan options with you is either employed or contracted by a Medicare Advantage Organization (MAO) or Prescription Drug plan that is not the Federal government, and they may be compensated based on your enrollment in a plan.

You are not obligated to enroll in a plan and signing this form does NOT affect your current or future Medicare enrollment status, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.

Beneficiary name: _____

Beneficiary signature: _____ Date of appointment: _____

If you are the authorized representative, you must sign above and provide the following information:

Name: _____ Address: _____

Phone number: _____ Relationship to beneficiary: _____

To be completed by Agent:

Agent name: _____ Agent phone: _____

Agent's signature: _____ Date: _____

This form is to be delivered to the Presbyterian Medicare Plans with completed Enrollment Form, if applicable.

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 Enrollment Receipt

To be completed if enrolling with a licensed agent.

Please use this as your Temporary Proof of Coverage until Medicare has confirmed your enrollment and you receive your Presbyterian member ID card. This receipt is not a guarantee of enrollment.

This copy is for your records only. Please do not resubmit enrollment.

Applicant:

Name: _____

Application Date: _____ Proposed Effective Date: _____

Plan Name: _____ Plan Type: _____

Call your licensed agent if you have any questions:

Licensed Agent Name and National Producer Number

Licensed Agent Phone Number

Rx BIN: 610770

Rx PCN: CRXMD

Rx GRP: PHPCARE

We're here to help. If you have additional questions, you can contact the Presbyterian Customer Service Center at:



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



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)



info@phs.org

Please Note: Enrollment is subject to Medicare approval. If you do not receive your plan verification within 14 days, please call the Presbyterian Customer Service Center at the number above.

GET ENROLLED

What to Expect After Enrollment

1. You will first receive a letter from us notifying you we received your application. Once your application is approved, we'll send you a confirmation letter verifying your enrollment.
2. A Presbyterian Medicare Advantage Member Identification (ID) card will arrive in the mail. Be sure to use this card when you seek services.
3. You will be invited to attend a New Member Education Session to learn more about your plan and get your questions answered.
4. You will receive in the mail or electronically a detailed handbook of your covered benefits and services called an Evidence of Coverage.
5. You will be asked to complete a health assessment so we can develop a care plan that is right for you.



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 MediCare PPO is a Medicare Advantage plan with a Medicare contract. Enrollment in this plan depends on contract renewal.

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 yadałti'iigi ła' bich'í' hadíídzih. Béésh bee hane'é t'áá jíí'k'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 1-855-592-7737 (TTY: 711). 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。

