



This is a summary of health and drug benefits covered by Presbyterian UltraFlex (HMO-POS) and Presbyterian Senior Care (HMO) Plan 2, effective January 1, 2025 to December 31, 2025.

To enroll in Presbyterian UltraFlex (HMO-POS):

- 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, Cibola, Curry, Doña Ana, Lincoln, Rio Arriba, Sandoval, Santa Fe, Socorro, Torrance, Valencia or Quay.

This plan covers services from in-network providers and, in some instances, services from 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.

To enroll in Presbyterian Senior Care (HMO) Plan 2

- 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, Cibola, Rio Arriba, Sandoval, Santa Fe, Socorro, Torrance, Valencia.

This plan has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

SUMMARY OF BENEFITS

	UltraFlex		Plan 2 with Rx
	You pay In-Network	You pay Out-of-Network	You pay
Monthly Plan Premium <i>(You must also continue to pay your Medicare Part B premium.)</i>	\$0		\$0
Deductible	\$0	\$0	\$0
Maximum Annual Out-of-Pocket Responsibility <i>(Does not include Part D prescription drugs.)</i>	\$5,700	\$8,950 combined in- and out-of-network	\$5,000
Inpatient Hospital Care* <i>(per admission)</i> <ul style="list-style-type: none"> • Days 1 – 5 • Additional Days 	\$450 per day \$0	Not Covered	\$375 per day \$0
Outpatient Hospital Coverage and Ambulatory Surgery Center*	\$350	Not Covered	\$300
Doctor Visits <i>(no referral required)</i> <ul style="list-style-type: none"> • Primary Care • Specialists • Telehealth visits (video, telephone or online visits for primary care, specialists and urgent care) 	\$0 \$45 \$0	\$45 \$75 Not Covered	\$0 \$30 \$0
Preventive Care and Routine Physicals	\$0	\$75	\$0
Emergency Care <i>(worldwide)</i> <i>(Waived if admitted to the hospital within 24 hours.)</i>	\$125	\$125	\$125
Urgently Needed Services <ul style="list-style-type: none"> • In-network • Out-of-network • Outside of United States 	\$30 NA \$125	NA \$55 \$125	\$20 \$55 \$125
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • MRI, CAT scan • X-rays 	\$0 \$0 \$350 \$30	\$75 \$75 Not Covered \$75	\$0 \$0 \$275 \$30

SUMMARY OF BENEFITS

	UltraFlex		Plan 2 with Rx
	You pay In-Network	You pay Out-of-Network	You pay
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 \$499 - \$999	Not Covered NA	\$0 \$499 - \$999
Dental Services <ul style="list-style-type: none"> Medicare covered dental Basic dental services Comprehensive dental services \$25.90/month premium	\$55 \$0 0%-50% coinsurance for services	Not Covered Not Covered Not Covered	\$50 \$0 0%-50% coinsurance for services
Vision Services <ul style="list-style-type: none"> Annual routine exam Diagnosis/treatment of diseases and conditions of eye Eyewear after cataract surgery Eyewear 	\$0 \$10 20% Included in your Flex Card dollars	Not Covered Not Covered Not Covered Included in your Flex Card dollars	\$0 \$5 20% \$265 allowance
Mental Health Services <ul style="list-style-type: none"> Outpatient group therapy visit Outpatient individual therapy visit (including virtual) 	\$0 \$0	\$75 \$75	\$0 \$0
Skilled Nursing Facility (SNF)* <ul style="list-style-type: none"> Days 1 - 20 Days 21 - 100 	\$0 per day \$210 per day	Not Covered	\$0 per day \$195 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 <i>(\$0 for telehealth visits)</i> 	\$0 \$25	Not covered Not covered	\$0 \$20

* Prior authorization required.

SUMMARY OF BENEFITS

	UltraFlex		Plan 2 with Rx
	You pay In-Network	You pay Out-of-Network	You pay
Ambulance (ground and air)	\$420	\$420	\$350
Routine Transportation	Not covered	Not covered	Not covered
Medicare Part B Drugs*			
<ul style="list-style-type: none"> • Chemotherapy Drugs and other drugs administered by a medical professional • Purchased at a retail pharmacy 	0% - 20%	Not covered	0% - 20%
	\$10	Not covered	\$10
Foot Care (podiatry services)			
<ul style="list-style-type: none"> • Foot exams and treatment (Medicare covered) 	\$0	Not covered	\$0
Medical Equipment/Supplies*			
<ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics 	20%	Not covered	20%
	20%	Not covered	20%
Diabetic Services and Supplies			
<ul style="list-style-type: none"> • Test strips, lancets and meters (coverage limited to Accu-Chek branded products) • Continuous Glucose Monitors (CGM) (coverage limited to Freestyle Libre products) 	\$0	Not covered	\$0
	20%	Not covered	20%
Wellness Programs (e.g., fitness)			
SilverSneakers® Fitness Program is included. For participating locations visit www.silversneakers.com .	\$0	You must use SilverSneakers® at participating locations only	\$0

SUMMARY OF BENEFITS

	UltraFlex		Plan 2 with Rx
	You pay In-Network	You pay Out-of-Network	You pay
Acupuncture <ul style="list-style-type: none"> • Medicare covered • Routine (<i>limited to 25 visits/year</i>) 	\$25 \$25	Not covered Not covered	\$25 \$25
Chiropractic <ul style="list-style-type: none"> • To correct subluxation (<i>limited to 20 visits/year</i>) • Routine (<i>limited to 25 visits/year</i>) 	\$20 \$20	Not covered Not covered	\$20 \$20
Home Health Care*	\$0	Not Covered	\$0
Kidney Dialysis	20%	Not Covered	20%
Radiation Therapy*	0% - 20%	Not Covered	0% - 20%
Meals Up to 30 meals delivered to your home during the 30-day period following an inpatient hospital stay. This program is designed to keep you healthy and strong while you are recovering from a hospital stay. This benefit is offered through Meals on Wheels.	\$0	Not Covered	\$0
Over-the-Counter (OTC)	The Flex card can be used for OTC. See page 6 for details.		\$20 per quarter

* Prior authorization required.

SUMMARY OF BENEFITS

Presbyterian UltraFlex (HMO-POS)

Flex Card Exclusively for UltraFlex Members

With Presbyterian UltraFlex (HMO-POS), you will receive a Flex card loaded with \$90 per quarter to use for these out-of-pocket expenses:

- **Hearing** – Hearing aids, batteries and other hearing services.
- **Dental** – Dental services not covered by your plan including out-of-network dental providers.
- **Vision** – Frames, lenses as well as upgrades on glasses (scratch resistant, prescription sunglasses, etc.), and contacts, including fittings with any Medicare-approved vision provider that accepts VISA®.
- **Over-the-Counter (OTC) health items** – CMS-approved non-prescription medications and other health-related items may be purchased through mail order or at participating retail stores, including Dollar General, Walgreens, Walmart, Albertsons and CVS.

Any unused balance carries over to the next quarter within the calendar year but expires on December 31 each year. The \$90 can be used quarterly or saved and used as it accumulates. It can also be combined on any eligible expenses, or the full \$360 can be saved and used all at once at the end of the year. You can check your account balance and find participating retail stores online by logging into mypres.phs.org or on the HealthyBenefits + Mobile App, or by calling the customer support phone number at 1-866-757-2043.



SUMMARY OF BENEFITS

Prescription drug coverage is a part of Presbyterian UltraFlex (HMO-POS) and Presbyterian Senior Care (HMO) Plan 2.

- There is no deductible for all Tiers.
- 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.
- **Medicare Prescription Payment Plan** – The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January - December). To learn more, go to phs.org/Medicare or call (505) 923-6060.

Part D Covered Drugs	UltraFlex		Plan 2 with Rx		Catastrophic Coverage
	30-day supply	90-day mail order (preferred)	30-day supply	90-day mail order (preferred)	UltraFlex and Plan 2 with Rx
Tier 1: Preferred Generic	\$4	\$8	\$0	\$0	Catastrophic coverage begins once you have paid \$2,000 out of pocket for Part D drugs
Tier 2: Non-Preferred Generic	\$10	\$20	\$10	\$20	
Tier 3: Preferred Brand	\$45	\$112.50	\$45	\$112.50	
Tier 4: Non-Preferred Brand	50%	50%	50%	50%	
Tier 5: Specialty Drugs	33%	NA	33%	NA	

SUMMARY OF BENEFITS

Learn more about savings programs and how to qualify.

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

If you qualify for Low-Income Subsidy (LIS), also known as "Extra Help," you may pay reduced copays and deductibles 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.

Monthly Premium (LIS Level 100%)	
\$0	
LIS Qualifying Income Levels for 2024 Your income and resources/assets need to be at or below:	
INDIVIDUAL 2024 Annually Income: \$22,590 Resources/Assets: \$15,720	MARRIED 2024 Annually Income: \$30,660 Resources/Assets: \$31,360

Important:

- The house you live in, your vehicle(s), life insurance policies, and burial expenses do not count toward the resource/asset limit. Contact Social Security Administration for other income/resource exclusions.
- Income limits may increase in 2025. Income limits may be higher if household size is larger than two.

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)
- New Mexico Health Care Authority (HCA), 1-800-283-4465 (TTY 711)

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 Advantage plan includes basic preventive dental coverage and the option to purchase comprehensive dental, both with a robust network of in-network dental providers throughout New Mexico. Visit <https://www.dentaquest.com/en/find-a-dentist> 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 **\$25.90 per member**. Services must be obtained through an in-network provider.

- Members pay a 20% coinsurance for fillings, extractions, and denture adjustments/repairs
- Members pay a 50% coinsurance 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*

2025 Hearing Aid Coverage

Your plan covers up to two hearing aids per year (one per ear per year).

TruHearing Standard	TruHearing Advanced	TruHearing Premium	Routine Exam
16 Channels 7 Styles	32 Channels 11 Styles	48 Channels 14 Styles	TruHearing Network Provider
\$499 copay/aid	\$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/Presbyterian](https://www.TruHearing.com/Presbyterian).

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.



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 **Resource** 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 Senior Care (HMO-POS) or Presbyterian Senior Care (HMO) 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 **Resource** panel. You may also request a copy by calling customer service.

Presbyterian UltraFlex (HMO-POS) and Presbyterian Senior Care (HMO) are Medicare Advantage plans with a Medicare contract. Enrollment in the plans depends on contract renewal.

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 jik'eh, éí ná hóló, kójj' hódíłnih (505) 923-5420, 1-855-592-7737 (TTY: 711).

For more information, visit phs.org/nondiscrimination.

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'ííís dóó azee' bínda'í dííkidgo, 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。