



Presbyterian Senior Care (HMO-POS)
UNM Premier Plan and Select Plan

2025 ENROLLMENT GUIDE

WE'RE DETERMINED TO PLAN FOR YOUR HEALTH.

Thank you for your interest in Presbyterian Medicare Advantage Plans. We are determined to provide you with 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.



THE UNIVERSITY of
NEW MEXICO

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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 phs.org/nondiscrimination.

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 582,000 members enrolled in Medicare Advantage, Medicaid, and Commercial/Individual plans.

PRESBYTERIAN BY THE NUMBERS

116 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 **14,000**
employees –
New Mexico's
largest private
employer



More than
582,000
Presbyterian
Health Plan
members, which
includes nearly
60,000 Medicare
Advantage members



ABOUT US

Our Integrated System



As an integrated healthcare system, Presbyterian is determined to simplify the overall care experience.

We offer patients throughout New Mexico access to health plan coverage that is there for you when you need it, access to dedicated primary care providers, as well as highly specialized care, including cancer care, heart and vascular care, and behavioral health.

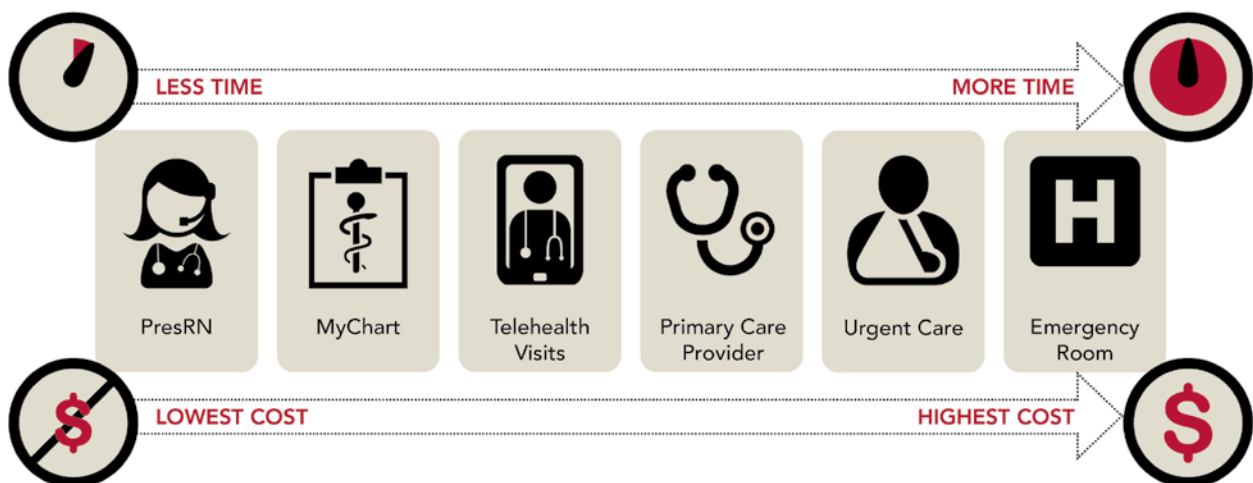
ABOUT US

No-cost Ways to Access Care Virtually

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.

Virtual care/Telehealth provides access to healthcare providers anytime from the comfort of your own home, office or other location with mobile data or Wi-Fi access. Get care with an in-network provider at \$0, including Primary Care, Specialist, Urgent Care or Behavioral Health visits. To learn more about these virtual care options, visit phs.org/getcare.



ABOUT US

Managing the Health of Our Members

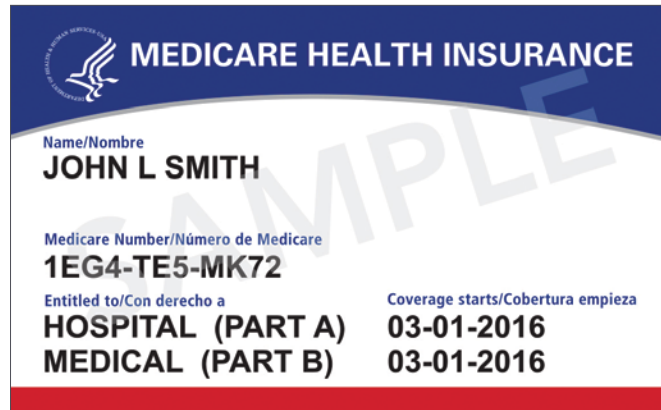
- **Health Plan Place** – We will educate and guide you no matter where you are in your health journey to build a strong foundation. Our resources, services and classes are open to all, at no cost and regardless of insurance.



- **Medicare Advantage Clinics** – We are dedicated to prioritizing timely care, offering extended appointments, and providing a personalized approach to to enhance your overall well-being and healthcare experience.
- **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. Presbyterian Medicare plans are Medicare Advantage plans.

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

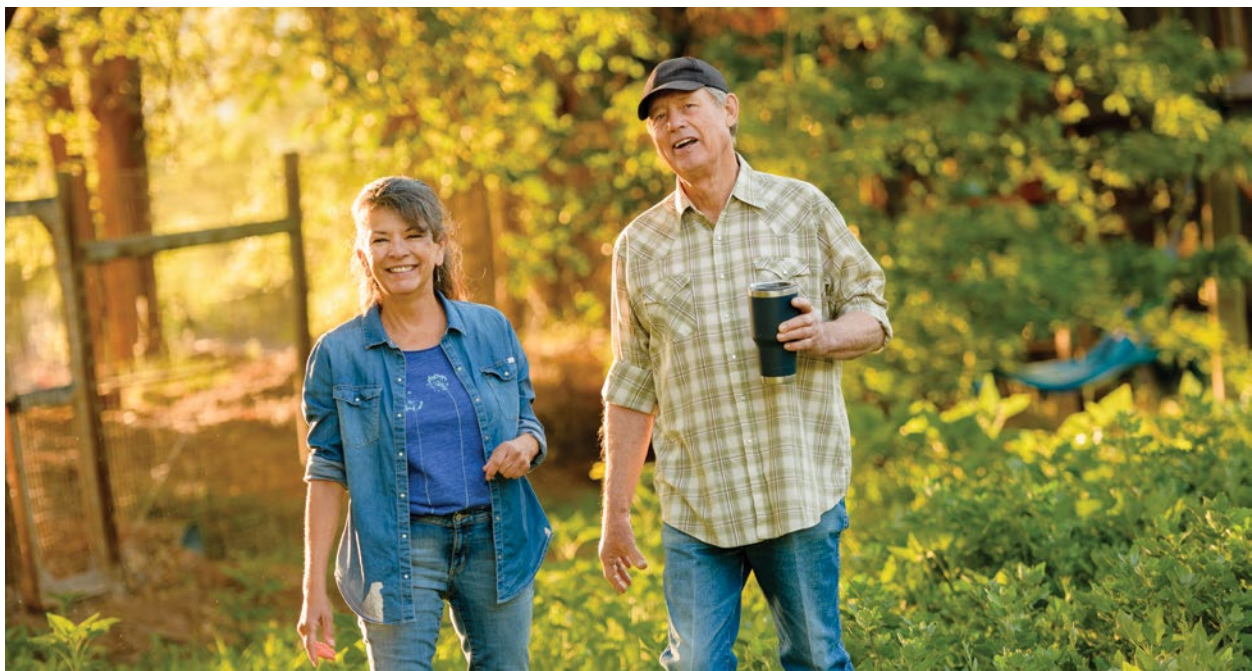
- **Part B** – You may have to pay a late enrollment penalty for Part B if you do not enroll when you first become eligible and then enroll later.
- **Part D** – You may have to pay a late enrollment penalty if you had any period of 63 days or more without drug coverage that is as good as or better than 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 2024, your Part B and Part D premium may be higher if your yearly income as an individual was above \$103,000 in 2023 (or \$206,000 for joint filings). You will be notified if these amounts change in 2025.

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.





2025 SUMMARY OF BENEFITS

**Presbyterian Senior
Care (HMO-POS)
University of New
Mexico (UNM)
Premier Plan and
Select Plan**

This is a summary of health and drug services covered by Presbyterian Senior Care (HMO-POS) University of New Mexico (UNM) Premier Plan and Select Plan, January 1, 2025 to December 31, 2025.

To enroll in Presbyterian Senior Care (HMO-POS):

- 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!

- Hearing exam
- Telehealth visits with in-network providers
- Preferred generic drugs
- PresRN nurse advice line
- Lab services
- Diagnostic tests
- Foot care
- Diabetic test strips and lancets
- Outpatient mental health visits

SUMMARY OF BENEFITS

Presbyterian Senior Care (HMO-POS) UNM Premier Plan and Select Plan

| | Premier Plan In-Network You pay | Select Plan In-Network You pay | Out-of- Network You pay |
|--|---------------------------------------|--------------------------------------|---|
| Maximum Annual Out-of-Pocket Responsibility (This is the most you pay in a calendar year for covered medical and hospital services. It does not include prescription drugs.) | \$2,500 | \$3,000 | \$10,000 (combined) |
| Inpatient Hospital Care* (per admission) <ul style="list-style-type: none"> Days 1 – 3 Additional Days | \$175 per day \$0 | \$225 per day \$0 | \$1,000 per admission |
| Ambulatory Surgery Center / Outpatient Surgery* | \$150 | \$200 | 20% |
| Doctor Visits <ul style="list-style-type: none"> Primary Care Specialists Telehealth visits (video, telephone or online visits for primary care, specialists and urgent care) | \$10 \$30 \$0 | \$10 \$40 \$0 | \$35 \$55 Out-of-network copays apply |
| Preventive Care and Routine Physicals | \$0 | \$0 | \$35 |
| Emergency Care (worldwide) (This copay is waived if admitted to the hospital.) | \$65 | \$75 | \$65-\$75 |
| Urgently Needed Services | \$10 | \$10 | \$65 |
| Diagnostic Services/Labs/ Imaging (Prior authorization may be required.) <ul style="list-style-type: none"> Lab services Diagnostic tests and procedures Outpatient x-rays Diagnostic radiology service (such as CT, MRA, MRI, PET scans) | 0% 0% 0% \$150 | 0% 0% 0% \$250 | 20% 10% 10% 20% |

* Prior authorization required.

SUMMARY OF BENEFITS

Presbyterian Senior Care (HMO-POS) UNM Premier Plan and Select Plan

| | Premier Plan In-Network You pay | Select Plan 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 | \$0 \$499 - \$999 | \$55 Not covered |
| Dental Services <ul style="list-style-type: none"> Medicare covered Routine | \$30 Not covered | \$40 Not covered | \$55 Not covered |
| Vision Services <ul style="list-style-type: none"> Annual routine exam Diagnosis/treatment of diseases and conditions of eye Eyewear after cataract surgery | \$0 \$10 \$20 | \$0 \$10 20% | \$55 \$55 25% |
| Mental Health Services <ul style="list-style-type: none"> Inpatient visit (Days 1 - 3)* – Additional days Outpatient group therapy visit Outpatient individual therapy visit (including virtual) | \$175 per day \$0 \$0 \$0 | \$225 per day \$0 \$0 \$0 | \$1,000 per admission 50% 50% |
| Skilled Nursing Facility (SNF)* <ul style="list-style-type: none"> Days 1 - 20 Days 21 - 100 <i>(Our plan covers up to 100 days in a SNF.)</i> | \$0 \$0 per day | \$0 \$40 per day | \$0 \$125 per day |
| Rehabilitation Services <ul style="list-style-type: none"> Cardiac and Pulmonary rehab <i>(limit 36 visits)</i> Occupational, Physical, and Speech and Language therapy visits <i>(\$0 for telehealth visits)</i> | \$0 \$20 | \$0 \$20 | \$35 \$35 |
| Ambulance <i>(ground and air)</i> | \$75 | \$75 | \$75 |
| Transportation | Not covered | Not covered | Not covered |

* Prior authorization required.

SUMMARY OF BENEFITS

Presbyterian Senior Care (HMO-POS) UNM Premier Plan and Select Plan

| | Premier Plan In-Network You pay | Select Plan In-Network You pay | Out-of- Network You pay |
|---|--|--------------------------------------|-------------------------------|
| Medicare Part B Drugs:* | | | |
| • Chemotherapy Drugs and other drugs administered by a medical professional | \$50 | \$50 | 20% |
| • Purchased at a retail pharmacy | \$0 | \$0 | 20% |
| Foot Care (<i>podiatry services</i>) | | | |
| • Foot exams and treatment (<i>Medicare covered</i>) | \$0 | \$0 | \$55 |
| • Routine foot care | Not covered | Not covered | Not covered |
| 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 (<i>coverage limited to Accu-Chek branded products</i>) | \$0 | \$0 | 20% |
| • Continuous Glucose Monitors (CGM) (<i>coverage limited to Freestyle Libre products</i>) | \$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 | \$15 | \$15 | \$55 |
| • Routine (<i>limited to 25 visits/year</i>) | \$15 | \$15 | \$55 |
| Chiropractic | | | |
| • To correct subluxation (<i>limited to 20 visits/year</i>) | \$20 | \$20 | \$55 |
| • Routine (<i>limited to 25 visits/year</i>) | \$20 | \$20 | \$55 |
| Home Health Care* | \$0 | \$0 | \$0 |

* Prior authorization required.

SUMMARY OF BENEFITS

UNM Premier and Select Plan Prescription Drug Benefit

There is no coverage limit and no coverage gap with the Premier and Select Plan.

| Part D Covered Drugs | Coverage Starts | | Catastrophic Coverage |
|--------------------------------------|-----------------------------|-------------------------------------|--|
| | 30-day supply | 90-day mail order (preferred) | |
| Tier 1: Preferred Generic | \$0 | \$0 | \$0 for generics and for brand names Catastrophic coverage begins once you have paid \$2,000 out of pocket for Part D drugs |
| Tier 2: Non-Preferred Generic | \$10 | \$20 | |
| Tier 3: Preferred Brand | \$45 | \$90 | |
| Tier 4: Non-Preferred Brand | \$95 | \$190 | |
| Tier 5: Specialty Drugs | 33% with a \$250 maximum | NA | |

- For both the Premier and Select plans, 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.

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, 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

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., 7 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., 7 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 Senior Care (HMO-POS) members, except in emergency situations. Please call our 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 Senior Care (HMO-POS) is a Medicare Advantage plan with a Medicare contract. Enrollment in the plan depends on contract renewal.

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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

LA = Limited Access

QL = Quantity Limits

NDS = Non-Extended Day Supply

ST = Step Therapy

For more information or to download the formulary drug list, visit **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/providers**. Since our network providers can change daily, our online listing can help you find the most current information.

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.

Presbyterian Senior Care (HMO-POS) is a Medicare Advantage plan with a Medicare contract. Enrollment in this plan depends on contract renewal.

**Presbyterian Senior Care (HMO-POS)
2025 Employer/Union Group 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 Presbyterian Medicare Sales 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.
- ☐ For Presbyterian Senior Care (HMO-POS), review the provider directory (or ask your provider) to make sure the providers you see now are in the network. If they are not listed, it means you will likely have to select a new provider.
- ☐ 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, 2026.
- ☐ Our 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 co-pay 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 Senior Care (HMO-POS)
2025 Employer/Union Group Enrollment Request Form

| Section 1 – All fields on this page are required (unless marked optional) | | | |
|--|---|--|-----------|
| Employer Group or Union Name: | | Plan Name: | |
| Group #: | | | |
| 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: | | | |
| <p>Are you the retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">If yes, retirement date (month/date/year): _____</p> <p style="margin-left: 40px;">If no, name of retiree: _____</p> <p>Are you covering a spouse or dependents under this employer or union plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">If yes, name of spouse: _____</p> <p style="margin-left: 40px;">Name of dependents: _____</p> <p>Will you have other prescription drug coverage (like VA, TRICARE) in addition to Presbyterian Senior Care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">If yes, name of other coverage: _____</p> <p style="margin-left: 40px;">Member number for this coverage: _____</p> <p style="margin-left: 40px;">Group number for this coverage: _____</p> | | | |

**Presbyterian Senior Care (HMO-POS)
2025 Employer/Union Group Enrollment Request Form**

IMPORTANT – Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Presbyterian Senior Care.
- By joining this Medicare Advantage (MA) plan, I acknowledge that Presbyterian Senior Care 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 Private Fee-For-Service (PFFS), MA Medical Savings Account (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 Senior Care has worldwide emergency/urgent care services.
- I understand that when my Presbyterian Senior Care coverage begins, I must get all of my medical and prescription drug benefits from Presbyterian Senior Care. Benefits and services provided by Presbyterian Senior Care and contained in my Presbyterian Senior Care “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Presbyterian Senior Care 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:

For individuals helping enrollee with completing this form only:

Name:

Relationship to Enrollee:

Signature:

National Producer Number (agent/Brokers only):

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 Senior Care (HMO-POS)
2025 Employer/Union Group 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, Braille, large print, Audio CD or Data CD are available by request. Please contact Presbyterian Customer Service Center 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 provider (PCP), clinic or health center:

Presbyterian Medicare Advantage 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:



**For Presbyterian Senior Care (HMO)
and Presbyterian UltraFlex (HMO-POS):**

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

(TTY 711)

For Dual Plus (HMO-D-SNP):

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



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.

Notice of Availability

| | |
|--------------------------------|--|
| English | ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider. |
| Spanish Español | ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY: 711) o hable con su proveedor. |
| Navajo Diné | SHOOH: Diné bee yánitt'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiiik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éí t'áá jiiik'eh hóló. Kohjì' 1-855-592-7737 (TTY: 711) hodílnih doodago nika'análwo'í bich'í' hanidzih. |
| Vietnamese Việt | LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-592-7737 (Người khuyết tật: TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn. |
| German Deutsch | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-855-592-7737 (TTY: 711) an oder sprechen Sie mit Ihrem Provider. |
| Chinese Simplified 简体中文 | 注意：如果您使用简体中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以提供无障碍格式版信息。请拨打 1-855-592-7737 (TTY: 711) 或咨询您的服务提供者。 |
| Chinese Traditional 繁體中文 | 注意：如果您使用繁體中文，我們將免費為您提供語言協助服務。我們還免費提供適當的輔助工具和服务，以提供無障礙格式版資訊。請致電 1-855-592-7737 (TTY:711) 或諮詢您的服務提供者。 |
| Japanese 日本語 | 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-855-592-7737 (TTY:711) までお電話ください。または、ご利用の事業者にご相談ください。 |
| Filipino | ATTENTION: Kung marunong kang magsalita ng Filipino, makakagamit ka ng mga libreng serbisyo sa tulong sa wika. Ang mga angkop na karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din nang libre. Tumawag sa 1-855-592-7737 (TTY: 711) o makipag-usap sa iyong provider. |
| Korean 한국어 | 주의: 한국어를 사용하는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 1-855-592-7737(TTY: 711)로 전화하거나 서비스 제공업체에 문의하세요. |

| | |
|-------------------------|---|
| French Français | ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-592-7737 (TTY : 711) ou parlez à votre fournisseur. |
| Tagalog | PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyoong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-592-7737 (TTY: 711) o makipag-usap sa iyong provider. |
| Russian РУССКИЙ | ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-592-7737 (TTY: 711) или обратитесь к своему поставщику услуг. |
| Urdu اردو | توجہ دیں: اگر آپ اردو بولتے ہیں تو، مفت لسانی اعانت کی خدمات آپ کے لیے دستیاب ہیں۔ مناسب ضمنی امداد اور خدمات بھی قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے بلا معاوضہ دستیاب ہیں۔ (1-855-592-7737 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔) |
| Nepali नेपाली | ध्यान दिनुहोस्: तपाईं नेपाली बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक सहायताहरू र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-855-592-7737 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्। |
| Bengali বাংলা | মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ। অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহায়তা এবং পরিষেবাগুলিও বিনামূল্যে পাওয়া যায়। 1-855-592-7737 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন। |
| Hindi हिंदी | ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक सहायताएँ और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-592-7737 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें। |
| Arabic اللغة العربية | تنبيه: إذا كنت تتحدث العربية، فمتاح لك خدمات لغوية بالمجان. و متاح بالمجان أيضًا مساعدات وخدمات إضافية مناسبة لتقديم المعلومات بتنسيقات يسهل الحصول عليها. اتصل بالرقم (1-855-592-7737 (TTY: 711) خدمة الهاتف النصي) أو تحدث إلى مزود الخدمة المعني بك. |
| Turkish Türkçe | DIKKATİNİZE: Türkçe biliyorsanız, ücretsiz dil destek hizmetlerinden faydalanabilirsiniz. Ayrıca ücretsiz olarak, uygun yardımcı araçlarla ve hizmetlerle erişilebilir formatlarda bilgi de sağlanmaktadır. 1-855-592-7737 (TTY (İşitme ve Konuşma Engelli Destek Hattı): 711) numaralı telefondan bize ulaşabilir veya hizmet sağlayıcınız ile görüşebilirsiniz. |

NOTES

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