



MEDICARE ADVANTAGE PLANS

2026 SUMMARY OF BENEFITS

January 1, 2026, to
December 31, 2026

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



 **PRESBYTERIAN**
Health Plan, Inc.

This is a summary of health and drug benefits covered by Presbyterian Senior Care (HMO-POS) plans. To enroll, you must be entitled to Medicare Part A and enrolled in Medicare Part B and live in New Mexico.

Presbyterian Senior Care (HMO-POS) plans, include the Presbyterian Senior Care (HMO-POS) UNM Premier and Select plans.

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 <i>(This is the most you pay in a calendar year for covered medical and hospital services. It does not include prescription drugs.)</i>	\$2,500	\$3,000	\$10,000 (combined)
Inpatient Hospital Care* <i>(per admission)</i> <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 in-person copays apply
Preventive Care and Routine Physicals	\$0	\$0	\$35
Emergency Care <i>(This copay is waived if admitted to the hospital.)</i>	\$65	\$75	\$65-\$75
Urgently Needed Services	\$10	\$10	\$65
Diagnostic Services/Labs/Imaging <i>(Prior authorization may be required.)</i> <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% 20% 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>(see page 7 for more information)</i> <i>(Hearing aids do 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 visits Outpatient individual therapy visit <i>(including virtual)</i> Intensive Outpatient Program (IOP) Partial Hospitalization 	\$175 per day \$0 \$0 \$0 \$30 \$30	\$225 per day \$0 \$0 \$0 \$40 \$40	\$1,000 per admission 50% 50% 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
Non-Emergency 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:* <ul style="list-style-type: none"> Chemotherapy Drugs and other drugs administered by a medical professional Purchased at a retail pharmacy 	\$50	\$50	20%
Foot Care (<i>podiatry services</i>) <ul style="list-style-type: none"> Foot exams and treatment (<i>Medicare covered</i>) Routine foot care 	\$0	\$0	\$55
Medical Equipment/Supplies* <ul style="list-style-type: none"> Durable Medical Equipment (<i>e.g., wheelchairs, oxygen</i>) Prosthetics Medical Supplies 	\$20	20%	25%
Diabetic Services and Supplies <ul style="list-style-type: none"> Test strips, lancets and meters (<i>coverage limited to Accu-Chek branded products</i>) Continuous Glucose Monitors* (CGM) (<i>coverage limited to Freestyle Libre products</i>) 	\$0	\$0	20%
Fitness Programs (<i>SilverSneakers</i>) (<i>see page 6 for more information</i>)		\$0	
Acupuncture <ul style="list-style-type: none"> Medicare covered (<i>limited to 20 visits/year</i>) Routine (<i>limited to 25 visits/year</i>) 	\$15	\$15	\$55
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	\$55
Home Health Care*	\$0	\$0	\$0

* Prior authorization required.

SUMMARY OF BENEFITS

Presbyterian Senior Care (HMO-POS) UNM Premier and Select Plans Prescription Drug Coverage

- There is no coverage limit and no coverage gap with the Premier and Select Plan.
- 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, and 100-day supplies on tiers 1 and 2, some restrictions apply*.
- 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 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	30-day supply	90-day or 100-day mail order (preferred)	Catastrophic Coverage
Tier 1: Preferred Generic	\$0	\$0*	\$0 for generics and for brand names Catastrophic coverage begins once you have paid \$2,100 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 Tier	33% with a \$250 maximum	NA	

SUMMARY OF BENEFITS



**IMPROVE YOUR FITNESS
WITH SilverSneakers®
MEMBERSHIP AT NO COST**

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, Snap Fitness and many more.

- Enroll at multiple locations at any time
- Reach and maintain a healthy body weight
- Take fitness classes at convenient venues and online
- Enjoy on-demand video workouts
- Expand your circle of friends and enjoy social activities
- Take advantage of daily workout tips, recipes, health and well-being articles, and more!



For a list of participating locations and available online classes, 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 at no cost to you.



2026 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

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



ASSIST AMERICA® GLOBAL EMERGENCY ASSISTANCE SERVICES



Your enrollment through a Presbyterian Medicare Advantage Plan includes a unique global emergency assistance program provided by Assist America®. This program immediately connects you to qualified healthcare providers, hospitals, pharmacies and other services if you experience an emergency while traveling more than 100 miles away from your permanent residence, or in another country, for up to 90 days.

MEDICAL EMERGENCY SERVICES:

- Medical consultation, evaluation and referrals
- Emergency medical evacuation
- Medical repatriation
- Foreign hospital admission assistance
- Prescription assistance
- Medical monitoring

TRAVEL ASSISTANCE SERVICES:

- Compassion visit
- Care of minor children
- Return of mortal remains
- Return of vehicle
- Lost luggage and document assistance
- Legal and interpreter referrals
- Pre-trip information
- Free mobile app

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.

Conditions and Limitations:

Assist America pays for all the transportation services it arranges. Requests for reimbursement for medical transport or other services arranged independently by the member will not be accepted. Assist America is **not responsible for the cost of medical treatments and other non-medical services received by the member upon a referral made by Assist America.**

Other Conditions and Limitations apply.

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 **Find an In-network Provider** 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 local Presbyterian Customer Service Center (PCSC) number or see your Evidence of Coverage (EOC) 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 (EOC) from our website, www.phs.org, and select arrow on the **Health Plans tab** at the top of the screen and select **Employer-Offered Plans**. Select **University of New Mexico** to access your documents. You may also request a copy by calling customer service.

Presbyterian Senior Care (HMO-POS) is a Medicare Advantage plans with a Medicare contract. Enrollment 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. 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.

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.

SHOOH: Diné bee yáníłt'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'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 jiik'eh hóló. Kohjí' 1-855-592-7737 (TTY: 711) hodíłnih doodago nika'análwo'í bich'í' hanidziih. For more information, visit <https://www.phs.org/nondiscrimination>.

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 yáníłt'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. Kohji' 1-855-592-7737 (TTY: 711) hodíłnih doodago nika'análwo'í bich'í' hanidziih.
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 libheng 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 serbisyong 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۔ (TTY: 711) 1-855-592-7737 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	DİKKATİNİZE: 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.

