



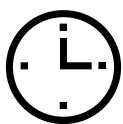
Presbyterian Senior Care Plan 1 (HMO)
offered by Presbyterian Health Plan, Inc.

2022

Annual Notice of Changes



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



October 1 through March 31:
8 a.m. - 8 p.m., Sunday - Saturday

April 1 through September 30:
8 a.m. - 8 p.m., Monday - Friday



info@phs.org

www.phs.org/Medicare

Thank you for allowing Presbyterian Senior Care to be your partner in health! This document outlines the changes you can expect for the 2022 plan year. We also want to make sure you have access to important information such as your health plan's Provider Directory, Formulary, and Evidence of Coverage (EOC). See below for details on where to find the most current list of providers, pharmacies, and covered prescription drugs in your network, 24/7.

Visit www.phs.org/Medicare and select, "For Members" for information on how to access your:

- **Provider and Pharmacy Directory**

The Provider and Pharmacy Directory lists all of the current in-network providers and pharmacies available through your health plan. You can find an up-to-date list of providers and pharmacies in our network, anytime.

- **Formulary**

The Formulary lists generic and brand-name prescription drugs and the coverage amount or copayment you will need to pay for each prescription. Formularies will be available on October 15, 2021.

- **Evidence of Coverage (EOC)**

The Evidence of Coverage is your contract with Presbyterian which explains your coverage, what we must do, your rights, and what you have to do as a member of our plan. EOCs will be available on October 15, 2021.

Contact Us

The Presbyterian Customer Service Center is here to help. If you would like any of these materials mailed to you, please contact us at:



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



October 1 to March 31:

8 a.m. to 8 p.m., seven days a week
(except holidays)

April 1 to September 30:

8 a.m. to 8 p.m., Monday to Friday
(except holidays)



info@phs.org



Presbyterian Senior Care Plan 1 (HMO) offered by Presbyterian Health Plan, Inc.

Annual Notice of Changes for 2022

You are currently enrolled as a member of Presbyterian Senior Care Plan 1 (HMO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
-

What to do now

1. **ASK:** Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 2.4 and for information about benefit and cost changes for our plan.
- ☐ Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 2.3 for information about our *Provider Directory*.
- ☐ Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- ☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- ☐ Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
 - Review the list in the back of your *Medicare & You 2022* handbook.
 - Look in Section 3.2 to learn more about your choices.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.
- 3. CHOOSE:** Decide whether you want to change your plan
- If you don't join another plan by December 7, 2021, you will be enrolled in Presbyterian Senior Care Plan 1 (HMO).
 - To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.
- 4. ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2021**
- If you don't join another plan by December 7, 2021, you will be enrolled in Presbyterian Senior Care Plan 1 (HMO).
 - If you join another plan by **December 7, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Presbyterian Customer Service Center (customer service) at (505) 923-6060 or 1-800-797-5343 for additional information. (TTY users should call 711.) Hours are Sunday through Saturday, 8 a.m. to 8 p.m., 7 days a week. If you are calling from **April 1 through September 30**, our hours are 8 a.m. to 8 p.m., Monday through Friday (except holidays).
- Customer service has free language interpreter services available for non-English speakers.
- This information is available in other formats. Contact the plan for more information.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Presbyterian Senior Care Plan 1 (HMO)

- Presbyterian Senior Care (HMO) is a Medicare Advantage plan with a Medicare contract. Enrollment in Presbyterian Senior Care (HMO) depends on contract renewal.
 - When this booklet says "we," "us," or "our," it means Presbyterian Health Plan, Inc. When it says "plan" or "our plan," it means Presbyterian Senior Care Plan 1 (HMO).
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Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Presbyterian Senior Care Plan 1 (HMO) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at www.phs.org/Medicare. You may also call customer service to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
Monthly plan premium (See Section 2.1 for details.)	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$4,000	\$4,000
Doctor office visits	Primary care visits: You pay a \$5 copayment per visit Specialist visits: You pay a \$50 copayment per visit	Primary care visits: You pay a \$5 copayment per visit Specialist visits: You pay a \$50 copayment per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	Per admission, you pay: \$325 copayment per day for days 1-5. (No charge for the remainder of your stay)	Per admission, you pay: \$325 copayment per day for days 1-5. (No charge for the remainder of your stay)

Annual Notice of Changes for 2022

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SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Presbyterian Senior Care Plan 1 (HMO) in 2022

If you do nothing to change your Medicare coverage by December 7, 2021, we will automatically enroll you in our Presbyterian Senior Care Plan 1 (HMO). This means starting January 1, 2022, you will be getting your medical coverage through Presbyterian Senior Care Plan 1 (HMO). If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare. If you want to change plans, you can do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

The information in this document tells you about the differences between your current benefits in Presbyterian Senior Care Plan 1 (HMO) and the benefits you will have on January 1, 2022 as a member of Presbyterian Senior Care Plan 1 (HMO).

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Optional Supplemental Dental Coverage This monthly premium applies to you only if you enroll in our Comprehensive Dental Plan.	\$19	\$9

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B covered services for the rest of the year.

Cost	2021 (this year)	2022 (next year)
Maximum out-of-pocket amount	\$4,000	\$4,000
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.		Once you have paid \$4,000 out-of-pocket for covered services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider Directory* is located on our website at www.phs.org/Medicare. You may also call customer service for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2022 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days’ notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.

- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your 2022 *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
Comprehensive Dental Plan Our optional Comprehensive Dental Plan is in addition to the Basic Dental Plan to which you will be automatically enrolled. The Comprehensive Dental plan offers dental benefits that are not covered by Original Medicare.		
<ul style="list-style-type: none"> • The maximum calendar year benefit is not subject to the plan out of pocket maximum and is based on what you pay and what your plan pays for dental services. 	\$3,000	\$4,000
<ul style="list-style-type: none"> • There is no deductible or waiting period. 		
<ul style="list-style-type: none"> • Fillings, extractions and denture adjustments/repairs. 	You pay a 20-50% coinsurance.	You pay a 20-50% coinsurance.
<ul style="list-style-type: none"> • Major restoratives (for example, crowns, bridges, root canals, dentures, periodontics, and anesthesia). 	Coverage for implants	Implants are not covered

Cost	2021 (this year)	2022 (next year)
<p>Comprehensive Dental Plan (continued)</p> <p>See the <i>Evidence of Coverage</i> (Chapter 4, Section 2.2) for details about the benefits, deductibles, and coinsurance amounts.</p> <p>If you want these optional supplemental dental benefits, you must sign up for them and pay an additional monthly premium. We will send information to you by mail in October and you can also contact customer service. (Phone numbers are in Section 7.1 of this booklet).</p> <p>You can enroll in the Comprehensive Dental Plan anytime and your coverage will become effective the first day of the following month. If you disenroll from the comprehensive plan you cannot re-enroll until the following year.</p>		
	Optional supplemental dental benefit monthly premium: \$19	Optional supplemental dental benefit monthly premium: \$9

Cost	2021 (this year)	2022 (next year)
Physician/Practitioners services, including doctor's office visits		
<ul style="list-style-type: none"> Individual and group sessions for mental health specialty, psychiatric, and outpatient substance use disorder services Outpatient rehabilitation services including physical, occupational, and speech language therapy PCP/other health care professional services, specialist services Urgently needed services 	Cost-sharing for these types of telehealth service category is the same as services rendered in person.	No Charge
<p>You have the option of getting these services through an in-person visit or by telehealth.</p> <p>If you choose to get one of these services by telehealth, you must use a network provider who offers the service by telehealth.</p>		
Vision Care		
Routine eyewear (frames, lenses, contacts, and contact lens fittings)	Not Covered	\$250 allowance every year

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Presbyterian Senior Care Plan 1 (HMO)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our 2022 Presbyterian Senior Care Plan 1 (HMO).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- --or-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Presbyterian Health Plan, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Presbyterian Senior Care Plan 1 (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Presbyterian Senior Care Plan 1 (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact customer service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
 - – OR – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2022.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving

employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2022, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2022. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In New Mexico, the SHIP is called New Mexico Aging and Long-Term Services.

New Mexico Aging and Long-Term Services is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. New Mexico Aging and Long-Term Services counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call New Mexico Aging and Long-Term Services at 1-800-432-2080 or TTY (505) 476-4937. You can learn more about New Mexico Aging and Long-Term Services by visiting their website (www.nmaging.state.nm.us/).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription

drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the New Mexico Department of Health AIDS Drug Assistance Program. Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number by contacting the New Mexico Department of Health AIDS Drug Assistance Program:

New Mexico Department of Health AIDS Drug Assistance Program (ADAP)
1190 S. St. Francis Dr.
Santa Fe, NM 87502

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the New Mexico Department of Health AIDS Drug Assistance Program at (505) 827-2435.

SECTION 7 Questions?

Section 7.1 – Getting Help from Presbyterian Senior Care Plan 1 (HMO)

Questions? We're here to help. Please call customer service at (505) 923-6060 or 1-800-797-5343. (TTY only, call 711). We are available for phone calls Sunday through Saturday, 8 a.m. to 8 p.m., 7 days a week. If you are calling from **April 1 through September 30**, our hours are 8 a.m. to 8 p.m., Monday through Friday (except holidays). Calls to these numbers are free.

Read your 2022 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2022. For details, look in the 2022 *Evidence of Coverage* for Presbyterian Senior Care Plan 1 (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.phs.org/Medicare. You may also call customer service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.phs.org/Medicare. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare).

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Information regarding hospice

For more information about the coordination of your palliative care and hospice program, contact our Care Coordination Department at (505) 923-8858 or 1-866-672-1242 (TTY 711).