



## 2021 ENROLLMENT GUIDE

**Presbyterian Senior Care (HMO)**

**Presbyterian MediCare PPO**

### Contents

Who We Are. . . . .	2
Our Integrated System . . . . .	3
Easy Ways to Access Care. . . . .	4
Managing the Health of Our Members. . . . .	5
Medicare Basics. . . . .	6
What You Should Know. . . . .	7
Presbyterian Senior Care (HMO) Summary of Benefits . . . . .	8
Presbyterian MediCare PPO Summary of Benefits. . . . .	13
Extra Help / Low-Income Subsidy . . . . .	18
Dental Coverage Worth Smiling About. . . . .	19
Enjoy Better Hearing and Comprehensive Care. . . . .	20
More Plan Advantages for Presbyterian Members. . . . .	21
Prescription Drug Formulary. . . . .	23
Providers and Pharmacies. . . . .	24
When You Can Enroll. . . . .	25
How to Enroll . . . . .	26
Presbyterian Senior Care (HMO) Individual Enrollment Request Form . . . . .	27
Presbyterian MediCare PPO Individual Enrollment Request Form. . . . .	31
Sales Appointment Confirmation Form. . . . .	35
Presbyterian Enrollment Receipt . . . . .	36
Pre-Enrollment Checklist. . . . .	37
What to Expect After Enrollment. . . . .	38

# 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 600,000 enrolled in Medicare Advantage, Medicaid, and Commercial/Individual plans.

## Presbyterian by the Numbers

**112** years  
of serving  
New Mexicans



**9** hospitals in  
**7** communities



More than **1,100**  
providers in  
Presbyterian  
Medical Group



Nearly  
**900,000**  
individual  
customers  
(and counting)



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



**600,000**  
Presbyterian  
Health Plan  
members, which  
includes nearly  
42,000 Medicare  
Advantage  
members



# ABOUT US

## Our Integrated System



As part of an integrated healthcare system, Presbyterian offers patients throughout New Mexico access to dedicated primary care providers, as well as highly specialized care, including cancer care, heart and vascular care, and behavioral health

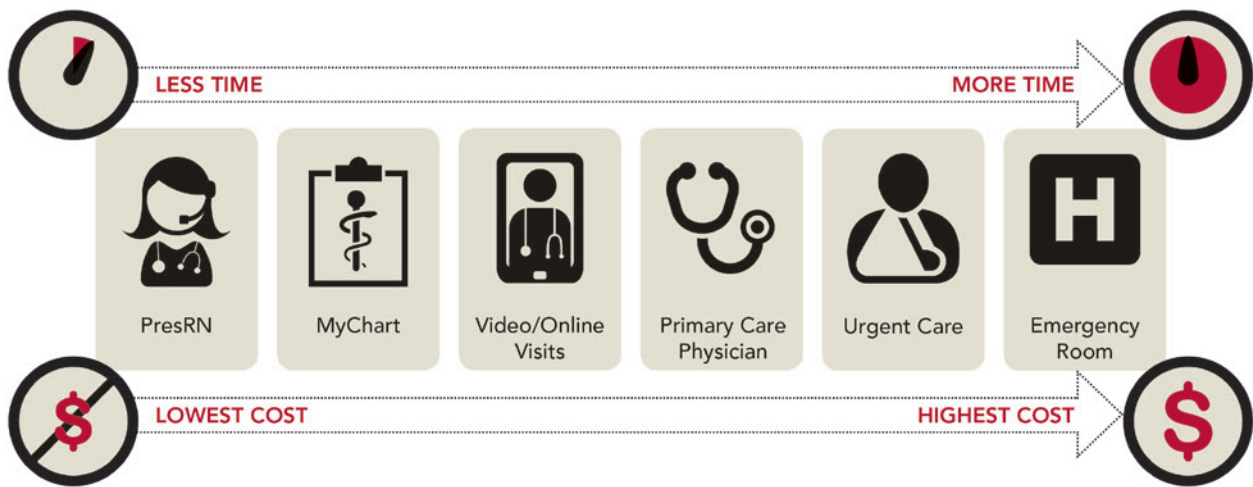
### 24/7 Urgent and Emergency Care Under One Roof in Albuquerque and Santa Fe

Residents in Albuquerque and Santa Fe don't have to guess if a condition is an emergency because medical staff decide the level of care needed. Both urgent and emergency care are open 24 hours a day at two PRESNow locations in Albuquerque's Northeast Heights and the Westside. In Santa Fe, the Presbyterian Santa Fe Medical Center at 4801 Beckner Rd. on Santa Fe's south side now offers both options all day, every day.



# ABOUT US

## Easy Ways to Access Care



**PresRN** is a great starting point, giving you direct access to medical advice 24 hours a day, 7 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.

**Video Visits** offer a no-cost, convenient option to see a medical provider anytime – day or night – for non-emergency medical conditions via secure video through a smartphone, tablet or computer webcam. **Online Visits** are also available for patients who have visited a Presbyterian facility. Visit [www.phs.org](http://www.phs.org) and select “**Get Care Today.**”

**Primary care physicians** can treat most health problems. They may be a general/family practice physician, internal medicine physician, gynecologist, physician assistant, or nurse practitioner.

**Urgent care** clinics provide care for minor illness and injuries that are not an emergency. For added convenience, Presbyterian now offers same-day, scheduled appointments.

**Emergency rooms** are for serious medical emergencies or injuries that require immediate medical attention.

# ABOUT US

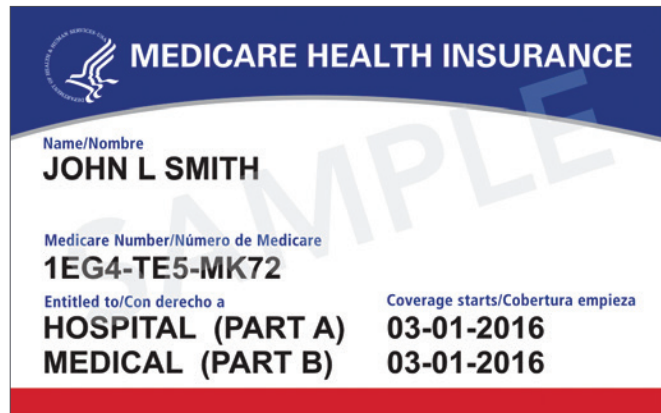
## Managing the Health of Our Members

- **Healthy Solutions Program** – A Health Coach provides education and telephonic or video lifestyle coaching to assist you in managing your chronic condition for asthma, coronary artery disease, diabetes or hypertension.
- **Case management** – Nurses and social workers help you manage your complex medical needs and will help link you with appropriate providers that will work to keep you out of the hospital or emergency room.
- **Utilization management reviews** – Pre-service, urgent concurrent, and post-service reviews ensure you are receiving the most appropriate covered treatments and services for you.
- **Complete Care Clinic** – This program provides comprehensive primary care services for adults with chronic or complex illnesses and helps these patients access care and navigate the medical system. The clinic works closely with other programs such as Presbyterian Home Care, Hospital at Home, and Palliative Care.
- **National Diabetes Prevention Program** – This is a year-long program for eligible members that encourages lifestyle changes to prevent or delay Type 2 diabetes.



# MEDICARE BASICS

Medicare is a federal health insurance program administered by the Centers for Medicare & Medicaid Services (CMS) that provides hospital and medical coverage. There are several parts to Medicare coverage, each with different benefits and costs.



## Parts of Medicare

### Part A

Covers hospitalization, such as inpatient care, hospice care, and some home healthcare, skilled nursing home care and nursing home care. Most people do not have to pay premiums for Part A.

### Part B

Covers medical services such as doctor's visits (including most doctor services while you're in the hospital) and outpatient treatments, as well as medical services and supplies not covered under Part A. Most people pay premiums for Part B.

### Part C

Commonly called Medicare Advantage, these plans combine Part A and Part B. Part D may also be included as well as other benefits.

### Part D

Part D covers prescription drug costs and is available to individuals who have Part A, B or C. Joining a health plan that includes Part D prescription drug coverage is voluntary.

# MEDICARE BASICS

## What You Should Know

### Late Enrollment Penalties

- **Part B** – You may have to pay a late enrollment penalty for Part B if you do not enroll when you first become eligible and then enroll later.
- **Part D** – You may have to pay a late enrollment penalty if you had any period of 63 days or more without drug coverage that is as good as or better than Part D coverage. The penalty amount would be added to your Medicare Advantage plan premium for as long as you have Part D.

### Income Related Monthly Adjusted Amounts (IRMAA)

- In 2020, your Part B and Part D premium may be higher if your income is above \$87,000 a year as an individual. You will be notified if these amounts change in 2021.

### 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.





## 2021 SUMMARY OF BENEFITS

### Presbyterian Senior Care (HMO) Plan 1, Plan 2 with Rx, Plan 3 with Rx

This is a summary of health and drug services covered by Presbyterian Senior Care (HMO) January 1, 2021 to December 31, 2021.

#### To enroll in Presbyterian Senior Care (HMO):

- 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 or Valencia.

Presbyterian Senior Care (HMO) 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.

#### **\$0 copay for these valuable benefits and more!**

- Basic dental services
- Hearing exam
- Video and online visits
- 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)

	Plan 2 with Rx You pay	Plan 3 with Rx You pay	Plan 1 You pay
<b>Monthly Plan Premium</b> <i>(You must also continue to pay your Medicare Part B premium.)</i>	\$0	\$120	\$0
	Includes prescription drug coverage		Does not include prescription drug coverage
<b>Deductible</b>	\$0	\$0	\$0
<b>Maximum Annual Out-of-Pocket Responsibility</b> <i>(This is the most you pay in a calendar year for covered medical and hospital services. It does not include prescription drugs.)</i>	\$4,500	\$3,000	\$4,000
<b>Inpatient Hospital Care*</b> <i>(per admission)</i> <ul style="list-style-type: none"> <li>Days 1 – 5</li> <li>Additional Days</li> </ul>	\$325 per day \$0	\$225 per day \$0	\$325 per day \$0
<b>Ambulatory Surgery Center / Outpatient Surgery*</b>	\$325	\$225	\$325
<b>Doctor Visits</b> <i>(no referral required)</i> <ul style="list-style-type: none"> <li>Primary Care</li> <li>Specialists</li> <li>Video Visits</li> </ul>	\$5 \$50 \$0	\$5 \$40 \$0	\$5 \$50 \$0
<b>Preventive Care</b>	\$0	\$0	\$0
<b>Emergency Care</b> <i>(worldwide)</i> <i>(This copay is waived if admitted to the hospital.)</i>	\$90	\$90	\$90
<b>Urgently Needed Services</b> <ul style="list-style-type: none"> <li>In-network</li> <li>Out-of-network</li> <li>Outside of United States</li> </ul>	\$15 \$65 \$90	\$10 \$65 \$90	\$15 \$65 \$90

\* Prior authorization required.

# SUMMARY OF BENEFITS

## Presbyterian Senior Care (HMO)

	Plan 2 with Rx You pay	Plan 3 with Rx You pay	Plan 1 You pay
<b>Diagnostic Services/ Labs/Imaging</b> <ul style="list-style-type: none"> <li>Lab services</li> <li>Diagnostic tests and procedures</li> <li>Outpatient x-rays</li> <li>Diagnostic radiology service* (such as CT, MRA, MRI, PET scans)</li> </ul>	\$0 \$0 \$20 \$300	\$0 \$0 \$20 \$250	\$0 \$0 \$20 \$300
<b>Hearing Services</b> <i>(does not go toward maximum out-of-pocket responsibility)</i> <ul style="list-style-type: none"> <li>Hearing exam</li> <li>Hearing aid (from TruHearing)</li> </ul>	\$0 \$699 - \$999	\$0 \$699 - \$999	\$0 \$699 - \$999
<b>Dental Services</b> <ul style="list-style-type: none"> <li>Medicare covered dental</li> <li>Basic dental services</li> </ul>	\$50 \$0	\$40 \$0	\$50 \$0
<b>Vision Services</b> <ul style="list-style-type: none"> <li>Annual routine exam</li> <li>Diagnosis/treatment of diseases and conditions of eye</li> <li>Annual diabetic retinopathy screening</li> <li>Eyeglasses or contact lenses after cataract surgery</li> </ul>	\$0 \$10 \$0 20%	\$0 \$10 \$0 20%	\$0 \$10 \$0 20%
<b>Mental Health Services</b> <ul style="list-style-type: none"> <li>Inpatient visit (Days 1 - 5)* – Additional days</li> <li>Outpatient group therapy visit</li> <li>Outpatient individual therapy visit</li> </ul>	\$325 per day \$0 \$0 \$0	\$225 per day \$0 \$0 \$0	\$325 per day \$0 \$0 \$0
<b>Skilled Nursing Facility (SNF)*</b> <ul style="list-style-type: none"> <li>Days 1 - 20 <i>(Our plan covers up to 100 days in a SNF.)</i></li> </ul>	\$0 per day \$95 per day for days 21-65 \$0 for days 66-100	\$0 per day \$75 per day for days 21-60 \$0 for days 61-100	\$0 per day \$95 per day for days 21-65 \$0 for days 66-100

\* Prior authorization required.

# SUMMARY OF BENEFITS

## Presbyterian Senior Care (HMO)

	Plan 2 with Rx You pay	Plan 3 with Rx You pay	Plan 1 You pay
<b>Rehabilitation Services</b>			
• Cardiac and Pulmonary rehab (limited to 36 visits/year)	\$0	\$0	\$0
• Occupational, Physical, and Speech and Language therapy visits	\$20	\$20	\$20
<b>Ambulance (ground and air)</b>	\$250	\$250	\$250
<b>Routine Transportation</b>	Not covered	Not covered	Not covered
<b>Medicare Part B Drugs*</b>			
• Chemotherapy Drugs and other drugs administered by a medical professional	20%	20%	20%
• Purchased at a retail pharmacy	\$10	\$10	\$10
<b>Foot Care</b> (podiatry services)			
• Foot exams and treatment (Medicare covered)	\$0	\$0	\$0
<b>Medical Equipment/Supplies*</b>			
• Durable Medical Equipment (e.g., wheelchairs, oxygen, continuous glucose monitors/supplies)	20%	20%	20%
• Prosthetics (e.g., braces, artificial limbs)	20%	20%	20%
<b>Wellness Programs</b> (e.g., fitness)	\$0 SilverSneakers® Fitness Program is included. For participating locations visit <a href="http://www.silversneakers.com">www.silversneakers.com</a>		
<b>Acupuncture</b>			
• Medicare covered	\$20	\$20	\$20
• Routine (limited to 25 visits/year)	\$20	\$20	\$20
<b>Chiropractic</b>			
• To correct subluxation	\$20	\$20	\$20
• Routine (limited to 25 visits/year)	\$20	\$20	\$20
<b>Home Health Care*</b>	\$0	\$0	\$0
<b>Kidney Dialysis</b>	20%	20%	20%

\* Prior authorization required.

# SUMMARY OF BENEFITS

## Presbyterian Senior Care (HMO)

### Prescription drug coverage is a part of Plan 2 and Plan 3.

- The drug coverage is identical except in the Coverage Gap.
- There is no deductible for all Tiers.

Coverage Starts Initial coverage limit \$4,130; includes what both <b>you</b> and <b>your plan</b> pay			Coverage Gap		Catastrophic Coverage	
Part D Covered Drugs	30-day supply	90-day mail order (preferred)	Plan 2	Plan 3	Plan 2 and Plan 3	
<b>Tier 1:</b> Preferred Generic	\$0	\$0	25% generic and brand  <i>applies to all tiers</i>	Drugs noted with "GC" are \$0 for Tier 1 and \$10 for Tier 2	\$3.70 or 5% for generics (whichever is greater)	You stay in this stage for the rest of the year.
<b>Tier 2:</b> Non- Preferred Generic	\$10	\$20				
<b>Tier 3:</b> Preferred Brand	\$45	\$112.50		25% generic and brand		
<b>Tier 4:</b> Non- Preferred Brand	\$95	\$285				
<b>Tier 5:</b> Specialty Drugs	33%	NA				
Catastrophic coverage begins after <b>your</b> out-of-pocket costs = \$6,550						



## 2021 SUMMARY OF BENEFITS

### Presbyterian MediCare PPO

This is a summary of health and drug services covered by Presbyterian MediCare PPO January 1, 2021 to December 31, 2021.

#### To enroll in Presbyterian MediCare PPO:

- You must be entitled to Medicare Part A and enrolled in Medicare Part B.
- You must live in New Mexico.

This plan covers services from either in-network or out-of-network providers, as long as the services are covered benefits and are medically necessary. If you choose to receive care from out-of-network providers, there will likely be a higher out-of-pocket cost for you.

#### **\$0 copay for these valuable benefits and more!**

- Basic dental services
- Hearing exam
- Video and online visits
- PresRN nurse advice line
- Lab services
- Diagnostic tests
- Foot care
- Diabetic test strips and lancets

# SUMMARY OF BENEFITS

## Presbyterian MediCare PPO

	Plan 1 In-Network	Plan 2 In-Network	Out-of- Network
<b>Monthly Plan Premium</b> (You must also continue to pay your Medicare Part B premium.)	\$56	\$188	
	<b>Does not include prescription drug coverage</b>	<b>Includes prescription drug coverage</b>	
<b>Deductible</b>	\$0	\$0	\$0
<b>Maximum Annual Out-of-Pocket Responsibility</b> (This is the most you pay in a calendar year for covered medical and hospital services. It does not include prescription drugs.)	<b>\$6,700</b>	<b>\$6,700</b>	<b>\$10,000 Combined In- and Out-of-Network Maximum</b>
<b>Inpatient Hospital Care*</b> (per admission) • Days 1 – 5 • Additional Days	\$325 per day per admit \$0	\$325 per day per admit \$0	\$500 per day per admit \$0
<b>Ambulatory Surgery Center / Outpatient Surgery*</b>	\$325	\$325	20%
<b>Doctor Visits</b> (no referral required) • Primary Care • Specialists • Video Visits	\$15 \$50 \$0	\$15 \$50 \$0	\$35 \$60 \$35
<b>Preventive Care</b>	\$0	\$0	\$35
<b>Emergency Care</b> (worldwide) (This copay is waived if admitted to the hospital.)	\$90	\$90	\$90
<b>Urgently Needed Services</b> • In-network • Outside of United States	\$15 \$90	\$15 \$90	\$65 \$90

\* Prior authorization required.

# SUMMARY OF BENEFITS

## Presbyterian MediCare PPO

	Plan 1 In-Network	Plan 2 In-Network	Out-of- Network
<b>Diagnostic Services/Labs/ Imaging</b> <ul style="list-style-type: none"> <li>• Lab services</li> <li>• Diagnostic tests and procedures</li> <li>• Outpatient x-rays</li> <li>• Diagnostic radiology service* (such as CT, MRA, MRI, PET scans)</li> </ul>	\$0 \$0 \$20 \$300	\$0 \$0 \$20 \$300	20% 20% 20% 20%
<b>Hearing Services</b> <i>(does not go toward maximum out-of-pocket responsibility)</i> <ul style="list-style-type: none"> <li>• Hearing exam</li> <li>• Hearing aid <i>(from TruHearing)</i></li> </ul>	\$0 \$699 - \$999	\$0 \$699 - \$999	\$0 Not covered
<b>Dental Services</b> <ul style="list-style-type: none"> <li>• Medicare covered dental</li> <li>• Basic dental services</li> </ul>	\$50 \$0	\$50 \$0	\$60 Fees vary
<b>Vision Services</b> <ul style="list-style-type: none"> <li>• Annual routine exam</li> <li>• Diagnosis/treatment of diseases and conditions of eye</li> <li>• Annual diabetic retinopathy screening</li> <li>• Eyeglasses or contact lenses after cataract surgery</li> </ul>	\$0 \$10 \$0 20%	\$0 \$10 \$0 20%	\$60 \$60 \$60 25%
<b>Mental Health Services</b> <ul style="list-style-type: none"> <li>• Inpatient visit (Days 1 - 5)* – Additional days</li> <li>• Outpatient group therapy visit</li> <li>• Outpatient individual therapy visit</li> </ul>	\$325 per day per admission \$0 \$40 \$40	\$325 per day per admission \$0 \$40 \$40	\$500 per day per admission \$0 50% 50%
<b>Skilled Nursing Facility (SNF)*</b> <ul style="list-style-type: none"> <li>• Days 1 - 20</li> <li>• Days 21 - 100 <i>(Our plan covers up to 100 days in a SNF.)</i></li> </ul>	\$0 per day \$95 per day	\$0 per day \$95 per day	\$0 per day \$150 per day

\* Prior authorization required.

# SUMMARY OF BENEFITS

## Presbyterian MediCare PPO

	Plan 1 In-Network	Plan 2 In-Network	Out-of- Network
<b>Rehabilitation Services</b>			
• Cardiac and Pulmonary rehab (limited to 36 visits/year)	\$0	\$0	\$35
• Occupational, Physical, and Speech and Language therapy visits	\$25	\$25	\$35
<b>Ambulance (ground and air)</b>	\$250	\$250	\$250
<b>Routine Transportation</b>	Not covered	Not covered	Not covered
<b>Medicare Part B Drugs*</b>			
• Chemotherapy Drugs and other drugs administered by a medical professional	20%	20%	20%
• Purchased at a retail pharmacy	\$10	\$10	20%
<b>Foot Care</b> (podiatry services)			
• Foot exams and treatment (Medicare covered)	\$0	\$0	\$60
<b>Medical Equipment/Supplies*</b>			
• Durable Medical Equipment (e.g., wheelchairs, oxygen, continuous glucose monitors/ supplies)	20%	20%	25%
• Prosthetics (e.g., braces, artificial limbs)	20%	20%	25%
<b>Wellness Programs</b> (e.g., fitness)	\$0 SilverSneakers® Fitness Program is included. For participating locations visit <a href="http://www.silversneakers.com">www.silversneakers.com</a>		
<b>Acupuncture</b>			
• Medicare covered	\$20	\$20	\$60
• Routine (limited to 25 visits/year)	\$20	\$20	\$60
<b>Chiropractic</b>			
• To correct subluxation	\$20	\$20	\$60
• Routine (limited to 25 visits/year)	\$20	\$20	\$60
<b>Home Health Care*</b>	\$0	\$0	\$0
<b>Kidney Dialysis</b>	20%	20%	20%

\* Prior authorization required.

# SUMMARY OF BENEFITS

## Presbyterian MediCare PPO

Prescription drug coverage is a part of Plan 2.

Prescription Drug Deductible	All Tiers
Plan 2	\$335

Initial Coverage Initial coverage limit \$4,130; includes what both <b>you</b> and <b>your plan</b> pay			Coverage Gap	Catastrophic Coverage
Part D Covered Drugs	30-day supply	90-day mail order (preferred)	Plan 2	Plan 2
<b>Tier 1:</b> Preferred Generic	\$4	\$8	25% generic and brand applies to all tiers	\$3.70 or 5% for generics (whichever is greater)
<b>Tier 2:</b> Non-Preferred Generic	\$10	\$20		\$9.20 or 5% for brand names (whichever is greater)  You stay in this stage for the rest of the year.
<b>Tier 3:</b> Preferred Brand	\$45	\$112.50		
<b>Tier 4:</b> Non-Preferred Brand	\$95	\$285		
<b>Tier 5:</b> Specialty Drugs	25%	NA		
Catastrophic coverage begins after <b>your</b> out-of-pocket costs = \$6,550				

# SUMMARY OF BENEFITS

## Extra Help / Low-Income Subsidy (LIS)

**Premium** - Your premium will be reduced based on the LIS level you qualify for. The premium you will pay if you qualify for the 100% LIS level is as follows: Presbyterian Senior Care (HMO) Plan 3 = \$91.80; MediCare PPO Plan 2 = \$159.80.

**Prescription drugs** - If you qualify for Low-Income Subsidy (LIS), your prescription drug coverage gap (also known as the donut hole) in your drug coverage is eliminated. You also pay reduced copays for your Part D drugs.

**LIS qualifying income levels for 2020<sup>1</sup>** – To qualify, your annual income and resources / assets need to be at or below the following:

**Single**

Annual Income<sup>1</sup>: \$19,140

Resources / Assets<sup>2</sup>: \$13,110

**Married**

Annual Income<sup>1</sup>: \$25,860

Resources / Assets<sup>2</sup>: \$26,160

<sup>1</sup> Income limits may change in 2021.

<sup>2</sup> The house you live in, the car you drive, life insurance policies, and burial plots do not count toward the resource / asset limit. Contact Social Security for other income / resource exclusions.

## Medicaid and Other Medicare Savings Programs (MSP)

Those who qualify for Extra Help may also qualify for Medicare Savings Programs that help pay Part A and/or Part B premiums. Medicaid programs may also lower your copays, depending on the level for which you qualify.

### FIND OUT IF YOU QUALIFY FOR ASSISTANCE

Presbyterian offers a personal service that helps you find out if you qualify for these money-saving programs. A trusted partner since 2006, My Advocate™, helps you apply for Extra Help / Low-Income Subsidy and Medicare Savings Programs.

**Call My Advocate™ at 1-866-851-0324.**

You also have the option to contact:

- 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 (TTY 1-800-325-0778)
- NM State Human Services Department, 1-888-997-2583 (TTY 1-855-227-5485)

# SUMMARY OF BENEFITS

## Dental Coverage Worth Smiling About

Your Presbyterian Medicare Advantage Plan now includes dental coverage options, each with a robust network of more than 2,200 in-network dental providers throughout New Mexico. Visit [www.dentaquest.com/find-a-dentist-gov](http://www.dentaquest.com/find-a-dentist-gov) for a list of providers.

### Basic Services Included

Basic dental coverage is **included** in your Medicare Advantage medical 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 **\$19 per member**. Services must be obtained through an in-network provider.

- Members pay 20% for fillings, extractions, and denture adjustments/repairs
- Members pay 50% coverage for major restoratives (for example, crowns, bridges, root canals, dentures, periodontics, implants, anesthesia)
- Maximum \$3,000 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*

### 2021 Hearing Aid Coverage

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

TruHearing Advanced	TruHearing Premium	Routine Exam
32 Channels   6 Programs	48 Channels   6 Programs	TruHearing Network Provider
\$699 copay/aid	\$999 copay/aid	\$0 exam copay

### Your Comprehensive Hearing Benefit Includes:

#### State-of-the-Art Technology

- Enjoy natural, lifelike sound in virtually all listening situations.
- Hear speech clearly, even in noisy environments.
- Stream audio and phone calls directly to your ears from most smartphones.



#### Personalized Care

- Guidance and assistance from a TruHearing consultant.
- Local, professional care from an accredited provider in your area.
- A hearing exam plus three follow-up visits for fitting and adjustments.

#### Help Along Your Way

- A worry-free purchase with a 45-day trial and three-year warranty.
- 48 free batteries per aid included with non-rechargeable models.
- Guides to help you adapt to your new hearing aids at [TruHearing.com/GetStarted](https://www.truhearing.com/GetStarted).

**Call TruHearing to learn more and schedule an appointment.**

**1-866-202-0110 | TTY 711 | 8 a.m. - 8 p.m., Monday - Friday**

# SUMMARY OF BENEFITS

## More Plan Advantages for Presbyterian Members



### 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](http://www.silversneakers.com).



### 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](http://www.assistamerica.com) or call 1-800-872-1414.

# 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](http://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](http://www.phs.org/medicare) and select **Providers** at the top of the page.

For coverage and costs of Original Medicare, look in your current **Medicare & You** handbook. View it online at [www.medicare.gov](http://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](http://www.phs.org/medicare) and select **Privacy Notice** at the bottom of the page.

Out-of-network/non-contracted providers are under no obligation to treat Presbyterian Senior Care (HMO) members or Presbyterian MediCare PPO 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, contact the plan or please refer to the Evidence of Coverage. You may easily download a copy of the Evidence of Coverage from our website, [www.phs.org/medicare](http://www.phs.org/medicare), and select **For Members** at the top of the page. You may also request a copy by calling customer service.

Presbyterian Senior Care (HMO) and Presbyterian MediCare PPO are Medicare Advantage plans with a Medicare contract. Enrollment in the plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information.

# PRESCRIPTION DRUG FORMULARY



A formulary is a list of drugs selected by Presbyterian Health Plan, Inc. which represents the prescription therapies believed to be a necessary part of a quality treatment program.

Drugs listed on the formulary are generally covered as long as the drug is medically necessary.

## **What if your drug is not on our formulary?**

- Call us and ask for a list of similar drugs that are covered.
- You can ask us to make an exception to cover your drug. Generally, we will approve your request for an exception as a Tier 5 drug if drugs on our formulary are not as effective at treating your condition.

Quantity limitations and restrictions may apply and are noted in the formulary with the following abbreviations:

PA = Prior Authorization

GC = Gap Coverage

QL = Quantity Limits

LA = Limited Access

ST = Step Therapy

NDS = Non-Extended Day Supply

For more information or to download the formulary drug list, visit [www.phs.org/medicare](http://www.phs.org/medicare) and click Prescription Drugs.

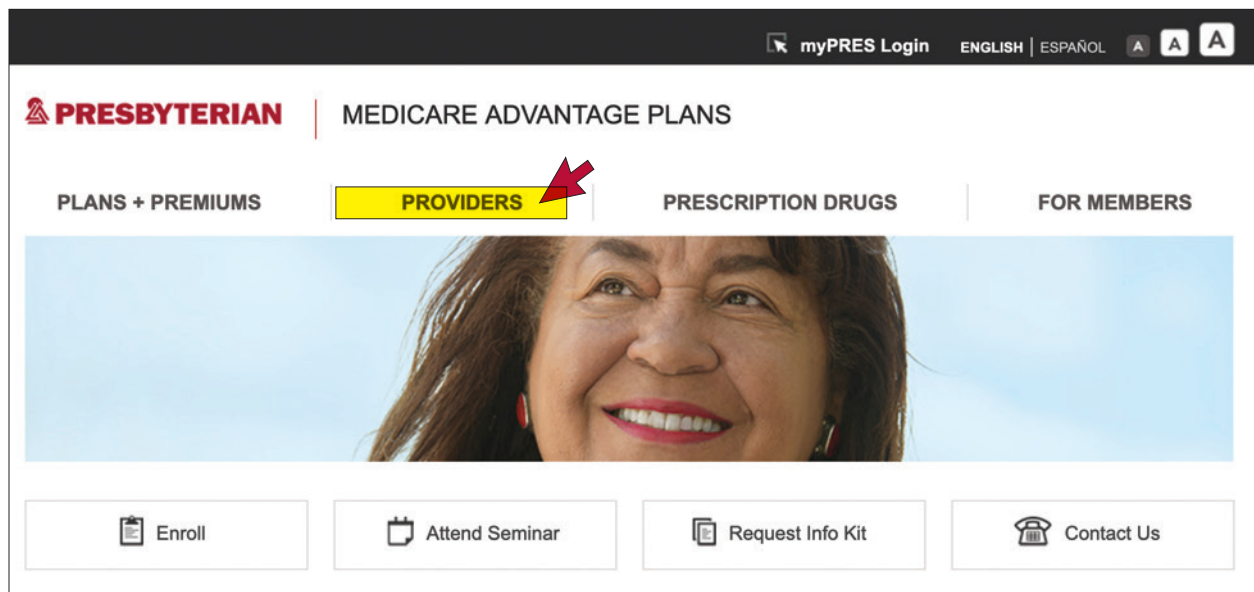
# PROVIDERS AND PHARMACIES

The enclosed list is an index by practitioner name, provider group name and pharmacy name in alphabetical order as of July 2020.

This listing is subject to change. Some providers and pharmacies may have been added or removed from our network after this listing was printed. We do not guarantee that each provider is accepting new patients.

## Here are other ways to find your doctor.

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



# GET ENROLLED

## When You Can Enroll

### New to Medicare

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

### Annual Enrollment Period

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

### Medicare Advantage Open Enrollment Period (MA OEP)

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

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

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

### Special Election Period (Special Exceptions)

- If you have Medicaid or Low Income Subsidy (LIS) you can enroll in, or disenroll from, a Medicare Advantage plan once per calendar quarter during the first nine months of the year. It may not be used in the 4th quarter of the year (October-December).
- If you gain, lose, or have a change in your Medicaid or LIS-eligible status, you can enroll within three months of the change or notification of such a change, whichever is later.
- If you are moving into the service area, you can enroll during the month prior to your move, the month you move, and up to 2 months after you move.
- If you are leaving employer or union coverage, you can enroll up to 2 months after you lose coverage.
- If you involuntarily lost creditable drug coverage, you can enroll up to 2 months after you lose coverage.
- Other exceptions may apply.

# GET ENROLLED

## How to Enroll



Enroll online at [www.phs.org/medicare](http://www.phs.org/medicare)

OR ...



### Complete the enclosed Individual Enrollment Request Form

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



#### Mailing Address

Presbyterian Health Plan, Inc.  
P.O. Box 27489  
Albuquerque, NM 87125-7489  
FAX: (505) 923-5385



#### Street Address

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

OR ...



### Contact a sales representative.

Call (505) 923-8458 or 1-800-347-4766 (TTY 711), 8 a.m. to 8 p.m., seven days a week (except holidays) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

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

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

## 2021 Presbyterian Senior Care (HMO) Individual Enrollment Request Form

<p><b>Who can use this form?</b> People with Medicare who want to join a Medicare Advantage Plan</p> <p><b>To join a plan, you must:</b></p> <ul style="list-style-type: none"> <li>• Be a United States citizen or be lawfully present in the U.S.</li> <li>• Live in the plan's service area</li> </ul> <p><b>Important:</b> To join a Medicare Advantage Plan, you must also have both:</p> <ul style="list-style-type: none"> <li>• Medicare Part A (Hospital Insurance)</li> <li>• Medicare Part B (Medical Insurance)</li> </ul>	<p><b>Reminders:</b></p> <ul style="list-style-type: none"> <li>• If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7.</li> <li>• Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.</li> </ul>
<p><b>When do I use this form?</b> You can join a plan:</p> <ul style="list-style-type: none"> <li>• Between October 15 – December 7 each year (for coverage starting January 1)</li> <li>• Within 3 months of first getting Medicare</li> <li>• In certain situations where you're allowed to join or switch plans</li> </ul> <p>Visit Medicare.gov to learn more about when you can sign up for a plan.</p>	<p><b>What happens next?</b> Send your completed and signed form to: Presbyterian Health Plan, Inc. P.O. Box 27489 Albuquerque, NM 87125 Fax: (505) 923-5385</p> <p>Once we process your request to join, we contact you.</p>
<p><b>What do I need to complete this form?</b></p> <ul style="list-style-type: none"> <li>• Your Medicare Number (the number on your red, white and blue Medicare card)</li> <li>• Your permanent address and phone number</li> </ul> <p><b>Note:</b> You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.</p>	<p><b>How do I get help with this form?</b> Call Presbyterian Senior Care at (505) 923-6060 or 1-800-797-5343. TTY users can call 711.</p> <p>Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.</p> <p><b>En español:</b> Llame a Presbyterian Senior Care al (505) 923-6060 or 1-800-797-5343/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.</p>

## 2021 Presbyterian Senior Care (HMO) Individual Enrollment Request Form

Section 1 – All fields on pages 1 and 2 are required (unless marked optional)			
<b>Select the plan you want to join:</b>			
<b>Part D Drugs are included:</b>			
<input type="checkbox"/> Presbyterian Senior Care Plan 2 with Rx - \$0 per month <input type="checkbox"/> Presbyterian Senior Care Plan 3 with Rx - \$120 per month			
<b>Part D Drugs are not included:</b>			
<input type="checkbox"/> Presbyterian Senior Care Plan 1- \$0 per month			
<b>Optional Supplemental Benefit:</b>			
<input type="checkbox"/> Comprehensive Dental - \$19 per month			
FIRST Name:		LAST Name:	
		Middle Initial:	
Birth Date: ( _ _ / _ _ / _ _ _ _ ) ( M M / D D / Y Y Y Y )		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone Number: (   )
Email (optional):			
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:	County:	State:	ZIP Code:
Your Medicare information:			
Medicare Number: _ _ _ _ - _ _ _ - _ _ _ _			
Answer this important question:			
Will you have other prescription drug coverage (like VA, TRICARE) in addition to Presbyterian Senior Care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of other coverage: _____ Member number for this coverage: _____ Group number for this coverage: _____			

**2021 Presbyterian Senior Care (HMO) Individual 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 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).
- 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 people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- 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:

## 2021 Presbyterian Senior Care (HMO) Individual Enrollment Request Form

### Section 2 – All fields on this page are optional

Answering these questions is your choice.

You can't be denied coverage because you don't fill them out.

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

☐ Spanish ☐ Other \_\_\_\_\_

Select one if you want us to send you information in an accessible format.

☐ Braille ☐ Large print ☐ Audio CD

Please contact Presbyterian Senior Care at (505) 923-6060 or 1-800-797-5343 if you need information in an accessible format other than what's listed above. 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.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

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

### Paying your plan premiums

You can pay your plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT) or credit card each month.

You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month. Please select a payment option:

☐ Get a bill.

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

Please enclose a VOIDED check or provide the following:

Account holder name: \_\_\_\_\_

Bank routing number: \_\_\_\_\_ Bank account number: \_\_\_\_\_

Account type: ☐ Checking ☐ Saving

☐ Credit Card. Please provide the following information:

Type of Card: \_\_\_\_\_

Name of Account holder as it appears on card: \_\_\_\_\_

Account number: \_\_\_\_\_ Expiration Date: \_\_ / \_\_ / \_\_ (MM/YYYY)

☐ Automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: ☐ Social Security ☐ RRB

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

## 2021 Presbyterian MediCare PPO Individual Enrollment Request Form

<p><b>Who can use this form?</b> People with Medicare who want to join a Medicare Advantage Plan</p> <p><b>To join a plan, you must:</b></p> <ul style="list-style-type: none"> <li>• Be a United States citizen or be lawfully present in the U.S.</li> <li>• Live in the plan's service area</li> </ul> <p><b>Important:</b> To join a Medicare Advantage Plan, you must also have both:</p> <ul style="list-style-type: none"> <li>• Medicare Part A (Hospital Insurance)</li> <li>• Medicare Part B (Medical Insurance)</li> </ul>	<p><b>Reminders:</b></p> <ul style="list-style-type: none"> <li>• If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7.</li> <li>• Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.</li> </ul>
<p><b>When do I use this form?</b> You can join a plan:</p> <ul style="list-style-type: none"> <li>• Between October 15 – December 7 each year (for coverage starting January 1)</li> <li>• Within 3 months of first getting Medicare</li> <li>• In certain situations where you're allowed to join or switch plans</li> </ul> <p>Visit Medicare.gov to learn more about when you can sign up for a plan.</p>	<p><b>What happens next?</b> Send your completed and signed form to: Presbyterian Insurance Co., Inc. P.O. Box 26267 Albuquerque, NM 87125-6267 Fax: (505) 923-5385</p> <p>Once we process your request to join, we contact you.</p>
<p><b>What do I need to complete this form?</b></p> <ul style="list-style-type: none"> <li>• Your Medicare Number (the number on your red, white and blue Medicare card)</li> <li>• Your permanent address and phone number</li> </ul> <p><b>Note:</b> You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.</p>	<p><b>How do I get help with this form?</b> Call Presbyterian MediCare PPO at (505) 923-6060 or 1-800-797-5343. TTY users can call 711.</p> <p>Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.</p> <p><b>En español:</b> Llame a Presbyterian MediCare PPO al (505) 923-6060 or 1-800-797-5343/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.</p>

## 2021 Presbyterian MediCare PPO Individual Enrollment Request Form

<b>Section 1 – All fields on pages 1 and 2 are required (unless marked optional)</b>			
<b>Select the plan you want to join:</b>			
<b><u>Part D Drugs are included:</u></b> _____ Presbyterian MediCare PPO Plan 2 with Rx - \$188 per month			
<b><u>Part D Drugs are not included:</u></b> _____ Presbyterian MediCare PPO Plan 1- \$56 per month			
<b><u>Optional Supplemental Benefit:</u></b> _____ Comprehensive Dental - \$19 per month			
FIRST Name:		LAST Name:	
Middle Initial:			
Birth Date: ( ____ / ____ / ____ ) ( M M / D D / Y Y Y Y )	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone Number: (     )	Email (optional):
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:	County:	State:	ZIP Code:
<b>Your Medicare information:</b>			
Medicare Number: ____ - ____ - ____			
<b>Answer this important question:</b>			
Will you have other prescription drug coverage (like VA, TRICARE) in addition to Presbyterian MediCare PPO? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, name of other coverage: _____ Member number for this coverage: _____ Group number for this coverage: _____			

**2021 Presbyterian MediCare PPO Individual Enrollment Request Form****IMPORTANT – Read and sign below:**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Presbyterian MediCare PPO.
- By joining this Medicare Advantage Plan, I acknowledge that Presbyterian MediCare PPO will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- 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 people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Presbyterian MediCare PPO coverage begins, I must get all of my medical and prescription drug benefits from Presbyterian MediCare PPO. Benefits and services provided by Presbyterian MediCare PPO and contained in my Presbyterian MediCare PPO "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Presbyterian MediCare PPO will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  - 1) This person is authorized under State law to complete this enrollment, and
  - 2) Documentation of this authority is available upon request by Medicare.

Signature:

Today's date:

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

Name:

Address:

Phone Number:

Relationship to Enrollee:

## 2021 Presbyterian MediCare PPO Individual Enrollment Request Form

### Section 2 – All fields on this page are optional

Answering these questions is your choice.

You can't be denied coverage because you don't fill them out.

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

☐ Spanish   ☐ Other \_\_\_\_\_

Select one if you want us to send you information in an accessible format.

☐ Braille   ☐ Large print   ☐ Audio CD

Please contact Presbyterian MediCare PPO at (505) 923-6060 or 1-800-797-5343 if you need information in an accessible format other than what's listed above. 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.

Do you work?   ☐ Yes   ☐ No

Does your spouse work?   ☐ Yes   ☐ No

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

### Paying your plan premiums

You can pay your plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT) or credit card each month.

You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month. Please select a payment option:

☐ Get a bill.

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

Please enclose a VOIDED check or provide the following:

Account holder name: \_\_\_\_\_

Bank routing number: \_\_\_\_\_ Bank account number: \_\_\_\_\_

Account type:   ☐ Checking   ☐ Saving

☐ Credit Card. Please provide the following information:

Type of Card: \_\_\_\_\_

Name of Account holder as it appears on card: \_\_\_\_\_

Account number: \_\_\_\_\_ Expiration Date: \_\_ / \_\_ / \_\_ (MM/YYYY)

☐ Automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from:   ☐ Social Security   ☐ RRB

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

# GET ENROLLED

## Sales Appointment Confirmation Form

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

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

Beneficiary name: \_\_\_\_\_

Beneficiary signature: \_\_\_\_\_ Date of appointment: \_\_\_\_\_

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to beneficiary: \_\_\_\_\_

### To be completed by Agent:

Agent name: \_\_\_\_\_ Agent phone: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Presbyterian Senior Care (HMO) and Presbyterian MediCare PPO are Medicare Advantage plans with a Medicare contract. Enrollment in Presbyterian Senior Care (HMO) or Presbyterian MediCare PPO depends on contract renewal.

Presbyterian Dual Plus is an HMO Special Needs Plan (SNP) with a Medicare contract and a contract with the State of New Mexico Human Services Department Medicaid program. Enrollment in Presbyterian Dual Plus (HMO D-SNP) depends on contract renewal.

# Presbyterian Enrollment Receipt

---

**To be completed if enrolling with a Licensed Agent.**

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

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

**Applicant 1:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Proposed Effective Date

\_\_\_\_\_  
Plan Name

\_\_\_\_\_  
Plan Type

**Applicant 2:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Proposed Effective Date

\_\_\_\_\_  
Plan Name

\_\_\_\_\_  
Plan Type

**Call your Licensed Agent if you have any questions:**

\_\_\_\_\_  
Licensed Agent Name and NPN Number

\_\_\_\_\_  
Licensed Agent Phone Number

Rx BIN: 610593

Rx PCN: PHPMEDD

Rx GRP: PHS

**If you have additional questions, you can call the Presbyterian Customer Service Center toll-free at 1-855-465-7737 (TTY 711), 8 a.m. to 8 p.m., seven days a week.**

**Please Note:** Enrollment is subject to Medicare approval. If you do not receive your plan verification within 14 days, please call customer service at (505) 923-7675 or 1-855-465-7737 (TTY 711).

# GET ENROLLED

## 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 and speak to a customer service representative at **1-800-797-5343** or **(505) 923-6060** (TTY 711)

### Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [www.phs.org/medicare](http://www.phs.org/medicare) or call **1-800-797-5343** or **(505) 923-6060** (TTY 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ 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.

### 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, 2022.
- ☐ Except in emergency or urgent situations, Presbyterian Senior Care (HMO) does not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ Presbyterian MediCare PPO 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.

# GET ENROLLED

## What to Expect After Enrollment

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



### **Presbyterian Customer Service Center (for members)**

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

Hours: 8 a.m. to 8 p.m., seven days a week from October 1 through March 31 and Monday to Friday (except holidays) from April 1 through September 30.

**Call the Presbyterian Customer Service Center if you need assistance in selecting a Primary Care Provider (PCP).**

Presbyterian Senior Care (HMO) and Presbyterian MediCare PPO are Medicare Advantage plans with a Medicare contract. Enrollment in these plans depends on contract renewal.