



## Presbyterian MediCare PPO

### 2009 Summary of Benefits

*Plan 1*

*Plan 2 with Rx*

*Plan 3 with Rx*

 **PRESBYTERIAN**



**Introduction to the Summary of Benefits for  
Presbyterian MediCare PPO  
January 1, 2009 through December 31, 2009  
New Mexico**

Thank you for your interest in Presbyterian MediCare PPO. Our plan is offered by Presbyterian Insurance Company, Inc. / Presbyterian MediCare PPO, a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover, or list every limitation or exclusion. To get a complete list of our benefits, please call Presbyterian MediCare PPO and ask for the "Evidence of Coverage."

**YOU HAVE CHOICES IN YOUR HEALTH CARE**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Presbyterian MediCare PPO. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Presbyterian MediCare PPO at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

**HOW CAN I COMPARE MY OPTIONS?**

You can compare Presbyterian MediCare PPO and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers. Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

**WHERE IS PRESBYTERIAN MEDICARE PPO AVAILABLE?**

The service area for this plan includes: Bernalillo, Catron, Chaves, Cibola, Colfax, Curry, DeBaca, Dona Ana, Eddy, Grant, Guadalupe, Harding, Hidalgo, Lea, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Quay, Rio Arriba, Roosevelt, San Juan, San Miguel, Sandoval, Santa Fe, Sierra, Socorro, Taos, Torrance, Union, Valencia counties, NM. You must live in one of these areas to join the plan.

**WHO IS ELIGIBLE TO JOIN PRESBYTERIAN MEDICARE PPO?**

You can join Presbyterian MediCare PPO if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in Presbyterian MediCare PPO unless they are members of our organization and have been since their dialysis began.

**CAN I CHOOSE MY DOCTORS?**

Presbyterian MediCare PPO has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list or visit us at [www.phs.org](http://www.phs.org). Our customer service number is listed at the end of this introduction.

## **WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?**

You can go to doctors, specialists, or hospitals in or out-of-network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out-of-network. For more information, please call the customer service number at the end of this introduction.

## **DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

- Presbyterian MediCare PPO Plan 1 does cover Medicare Part B prescription drugs. Presbyterian MediCare PPO Plan 1 does NOT cover Medicare Part D prescription drugs.
- Presbyterian MediCare PPO Plan 2 with Rx and Presbyterian MediCare PPO Plan 3 with Rx cover both Medicare Part B prescription drugs and Part D prescription drugs.

## **WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Presbyterian MediCare PPO for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alpha or Epogen®): By injection if you have End-Stage Renal Disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through Durable Medical Equipment (DME).

## **WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?**

Presbyterian MediCare PPO Plan 2 with Rx and Presbyterian MediCare Plan 3 with Rx have formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions, if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List or visit us at [www.phs.org](http://www.phs.org). Our customer service number is listed at the end of this introduction.

## **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

Presbyterian MediCare PPO Plan 2 with Rx and Presbyterian MediCare Plan 3 with Rx use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to cover limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our website at [www.phs.org](http://www.phs.org).

If you are currently taking a drug that is not on our formulary, or subject to additional requirement or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

### **HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?**

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Presbyterian MediCare PPO Plan 2 with Rx or Presbyterian MediCare PPO Plan 3 with Rx, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

### **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Advantage plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Presbyterian MediCare PPO Plan 2 with Rx or Presbyterian MediCare PPO Plan 3 with Rx, you have the right to request a coverage determination, which includes; the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

### **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Presbyterian MediCare PPO for more details.

Please call Presbyterian MediCare PPO for more information about Presbyterian MediCare PPO.  
Visit us at [www.phs.org](http://www.phs.org) or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Mountain

Current members should call toll-free (800)-797-5343.  
Prospective members should call toll-free (800)-347-4766.

Current members should call locally (505) 923-6060. (TTY/TDD (888)-625-8818)  
Prospective members should call locally (505) 923-5565. (TTY/TDD (888)-625-6429)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.  
Or, visit [www.medicare.gov](http://www.medicare.gov) on the Web.

If you have special needs, this document may be available in other formats.

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>IMPORTANT INFORMATION</b>				
<b>1 – Premium and Other Important Information</b>	<p>In 2008 the monthly Part B Premium was \$96.40 and will change for 2009 and the yearly Part B deductible amount was \$135 and will change for 2009.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p><b>General</b> \$49 monthly plan premium in addition to your monthly Medicare Part B premium.</p>	<p><b>General</b> \$84 monthly plan premium in addition to your monthly Medicare Part B premium.</p>	<p><b>General</b> \$105 monthly plan premium in addition to your monthly Medicare Part B premium.</p>
<b>2 – Doctor and Hospital Choice</b>  (For more information, see Emergency – #15 and Urgently Needed Care – #16)	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b> Referral required for network specialist (for certain benefits).</p> <p>You may have to pay certain co-payment for certain doctor office visits.</p>	<p><b>In-Network</b> Referral required for network specialist (for certain benefits).</p> <p>You may have to pay certain co-payment for certain doctor office visits.</p>	<p><b>In-Network</b> Referral required for network specialist (for certain benefits).</p> <p>You may have to pay certain co-payment for certain doctor office visits.</p>
<b>INPATIENT CARE</b>				
<b>3 – Inpatient Hospital Care</b>  (Includes substance abuse and rehabilitation services.)	<p>In 2008 the amounts for each benefit period were :</p> <p>Days 1 - 60: \$1,024 deductible</p> <p>Days 61 - 90: \$256 per day</p> <p>Days 91 - 150: \$512 per lifetime reserve day. (4)</p>	<p><b>In-Network</b> \$350 for each Medicare-covered hospital stay.</p> <p>\$0 co-payment for additional hospital days.</p> <p>No limit to the number days by the plan each benefit period.</p>	<p><b>In-Network</b> \$550 for each Medicare-covered hospital stay.</p> <p>\$0 co-payment for additional hospital days.</p> <p>No limit to the number days by the plan each benefit period.</p>	<p><b>In-Network</b> \$350 for each Medicare-covered hospital stay.</p> <p>\$0 co-payment for additional hospital days.</p> <p>No limit to the number days by the plan each benefit period.</p>

(4) Lifetime reserve days can only be used once.

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<b>INPATIENT CARE (continued)</b>				
<p><b>3 – Inpatient Hospital Care (continued)</b></p> <p>(Includes substance abuse and rehabilitation services.)</p>	<p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital</p> <p>Authorization required for in-network only.</p> <p>Inpatient co-payment is per benefit period.</p> <p><b>Out-of-Network</b> \$750 co-payment for each hospital stay.</p>	<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital</p> <p>Authorization required for in-network only.</p> <p>Inpatient co-payment is per benefit period.</p> <p><b>Out-of-Network</b> \$750 co-payment for each hospital stay.</p>	<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital</p> <p>Authorization required for in-network only.</p> <p>Inpatient co-payment is per benefit period.</p> <p><b>Out-of-Network</b> \$750 co-payment for each hospital stay.</p>
<p><b>4 – Inpatient Mental Health Care</b></p>	<p>Same deductible and co-payment as Inpatient Hospital Care (see “Inpatient Hospital Care” above).</p> <p>190 day limit in a Psychiatric Hospital.</p>	<p><b>In-Network</b> \$350 for each Medicare-covered hospital stay.</p> <p>The amount you pay for each Medicare-covered stay may vary depending on which hospital you go to.</p>	<p><b>In-Network</b> \$550 for each Medicare-covered hospital stay.</p> <p>The amount you pay for each Medicare-covered stay may vary depending on which hospital you go to.</p>	<p><b>In-Network</b> \$350 for each Medicare-covered hospital stay.</p> <p>The amount you pay for each Medicare-covered stay may vary depending on which hospital you go to.</p>

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<b>INPATIENT CARE (continued)</b>				
<b>4 – Inpatient Mental Health Care (continued)</b>		<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital</p> <p>Authorization required for in-network only.</p> <p>Inpatient co-payment is per benefit period.</p> <p><b>Out-of-Network</b> \$750 co-payment for each hospital stay.</p>	<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital</p> <p>Authorization required for in-network only.</p> <p>Inpatient co-payment is per benefit period.</p> <p><b>Out-of-Network</b> \$750 co-payment for each hospital stay.</p>	<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital</p> <p>Authorization required for in-network only.</p> <p>Inpatient co-payment is per benefit period.</p> <p><b>Out-of-Network</b> \$750 co-payment for each hospital stay.</p>
<b>5 – Skilled Nursing Facility (SNF)</b>  (In a Medicare-certified skilled nursing facility)	<p>In 2008 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 - 20: \$0 for per day</p> <p>Days 21 - 100: \$128 per day</p> <p>These amounts will change for 2009</p> <p>100 days for each benefit period.</p>	<p><b>General</b> Authorization is required for in-network only.</p> <p><b>In-Network</b> For SNF stays: You pay \$0 per day for days 1- 20.</p> <p>You pay \$125 per day for days 21- 100.</p> <p>100 days covered for each benefit period.</p> <p>No prior hospital stay is required.</p>	<p><b>General</b> Authorization is required for in-network only.</p> <p><b>In-Network</b> For SNF stays: You pay \$0 per day for days 1- 20.</p> <p>You pay \$125 per day for days 21- 100.</p> <p>100 days covered for each benefit period.</p> <p>No prior hospital stay is required.</p>	<p><b>General</b> Authorization is required for in-network only.</p> <p><b>In-Network</b> For SNF stays: You pay \$0 per day for days 1- 20.</p> <p>You pay \$125 per day for days 21- 100.</p> <p>100 days covered for each benefit period.</p> <p>No prior hospital stay is required.</p>

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<b>INPATIENT CARE (continued)</b>				
<p><b>5 – Skilled Nursing Facility (SNF) (continued)</b></p> <p>(in a Medicare-certified skilled nursing facility)</p>	<p>A “benefit period” starts the day you go into a hospital or Skilled Nursing Facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>Out-of-Network</b> For each SNF stay:</p> <p>Days 1-20: \$0 co-payment per SNF day</p> <p>Days 21 – 100: \$125 co-payment per SNF day.</p>	<p><b>Out-of-Network</b> For each SNF stay:</p> <p>Days 1-20: \$0 co-payment per SNF day</p> <p>Days 21 – 100: \$125 co-payment per SNF day.</p>	<p><b>Out-of-Network</b> For each SNF stay:</p> <p>Days 1-20: \$0 co-payment per SNF day</p> <p>Days 21 – 100: \$125 co-payment per SNF day.</p>
<p><b>6 – Home Health Care</b></p> <p>(Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 co-payment</p>	<p><b>General</b> Authorization rules may apply for services. Contact plan for details.</p> <p><b>In-Network</b> \$0 co-payment for each Medicare-covered home health visit.</p> <p><b>Out-of-Network</b> \$0 co-payment for home health visits.</p>	<p><b>General</b> Authorization rules may apply for services. Contact plan for details.</p> <p><b>In-Network</b> \$0 co-payment for each Medicare-covered home health visit.</p> <p><b>Out-of-Network</b> \$0 co-payment for home health visits.</p>	<p><b>General</b> Authorization rules may apply for services. Contact plan for details.</p> <p><b>In-Network</b> \$0 co-payment for each Medicare-covered home health visit.</p> <p><b>Out-of-Network</b> \$0 co-payment for home health visits.</p>
<p><b>7 – Hospice</b></p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p><b>General</b> You must receive care from a Medicare-certified hospice.</p>	<p><b>In-Network</b> You must receive care from a Medicare-certified hospice.</p>	<p><b>In-Network</b> You must receive care from a Medicare-certified hospice.</p>

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<b>OUTPATIENT CARE</b>				
<b>8 – Doctor Office Visits</b>	20% co-insurance	<p><b>General</b> See “Physical Exams,” for more information.</p> <p><b>In-Network</b> \$20 co-payment for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$35 co-payment for each in-area, network urgent care Medicare-covered benefits.</p> <p>\$30 co-payment for each specialist visit for Medicare-covered benefits.</p> <p><b>Out-of-Network</b> You pay \$35 for each primary care doctor visit.</p> <p>\$50 co-payment for each specialist visit.</p>	<p><b>General</b> See “Physical Exams,” for more information.</p> <p><b>In-Network</b> \$20 co-payment for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$35 co-payment for each in-area, network urgent care Medicare-covered benefits.</p> <p>\$35 co-payment for each specialist visit for Medicare-covered benefits.</p> <p><b>Out-of-Network</b> You pay \$35 for each primary care doctor visit.</p> <p>\$50 co-payment for each specialist visit.</p>	<p><b>General</b> See “Physical Exams,” for more information.</p> <p><b>In-Network</b> \$20 co-payment for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$35 co-payment for each in-area, network urgent care Medicare-covered benefits.</p> <p>\$30 co-payment for each specialist visit for Medicare-covered benefits.</p> <p><b>Out-of-Network</b> You pay \$35 for each primary care doctor visit.</p> <p>\$50 co-payment for each specialist visit.</p>
<b>9 – Chiropractic Services</b>	<p>Routine care not covered.</p> <p>20% co-insurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified provider.</p>	<p>You pay 100% for routine care.</p> <p><b>In-Network</b> \$30 co-payment for each Medicare-covered visit.</p>	<p>You pay 100% for routine care.</p> <p><b>In-Network</b> \$35 co-payment for each Medicare-covered visit.</p>	<p>You pay 100% for routine care.</p> <p><b>In-Network</b> \$30 co-payment for each Medicare-covered visit.</p>

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<b>OUTPATIENT CARE (continued)</b>				
<b>9 – Chiropractic Services (continued)</b>		<p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p> <p><b>Out-of-Network</b> \$50 co-payment for Chiropractic benefits.</p>	<p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p> <p><b>Out-of-Network</b> \$50 co-payment for Chiropractic benefits.</p>	<p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p> <p><b>Out-of-Network</b> \$50 co-payment for Chiropractic benefits.</p>
<b>10 – Podiatry Services</b>	<p>Routine care not covered.</p> <p>20% co-insurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>You pay 100% for routine care.</p> <p><b>In-Network</b> \$30 co-payment for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically necessary foot care.</p> <p><b>Out- of-Network</b> \$50 co-payment for podiatry benefits.</p> <p>Toenail clippings are not covered unless medically necessary.</p>	<p>You pay 100% for routine care.</p> <p><b>In-Network</b> \$35 co-payment for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically necessary foot care.</p> <p><b>Out- of-Network</b> \$50 co-payment for podiatry benefits.</p> <p>Toenail clippings are not covered unless medically necessary.</p>	<p>You pay 100% for routine care.</p> <p><b>In-Network</b> \$30 co-payment for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically necessary foot care.</p> <p><b>Out- of-Network</b> \$50 co-payment for podiatry benefits.</p> <p>Toenail clippings are not covered unless medically necessary.</p>

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<b>OUTPATIENT CARE (continued)</b>				
<b>11 – Outpatient Mental Health Care</b>	50% co-insurance for most outpatient mental health services.	<p><b>In-Network</b> \$30 co-payment for each Medicare-covered individual or group therapy visit.</p> <p><b>Out-of-Network</b> 50% of the cost for mental health benefits.</p> <p>50% of the cost for mental health benefits with a psychiatrist.</p>	<p><b>In-Network</b> \$35 co-payment for each Medicare-covered individual or group therapy visit.</p> <p><b>Out-of-Network</b> 50% of the cost for mental health benefits.</p> <p>50% of the cost for mental health benefits with a psychiatrist.</p>	<p><b>In-Network</b> \$30 co-payment for each Medicare-covered individual or group therapy visit.</p> <p><b>Out-of-Network</b> 50% of the cost for mental health benefits.</p> <p>50% of the cost for mental health benefits with a psychiatrist.</p>
<b>12 – Outpatient Substance Abuse Care</b>	20% co-insurance	<p><b>In-Network</b> \$30 co-payment for Medicare-covered individual or group visits.</p> <p><b>Out-of-Network</b> 50% of the cost for outpatient substance abuse benefits.</p>	<p><b>In-Network</b> \$35 co-payment for Medicare-covered individual or group visits.</p> <p><b>Out-of-Network</b> 50% of the cost for outpatient substance abuse benefits.</p>	<p><b>In-Network</b> \$30 co-payment for Medicare-covered individual or group visits.</p> <p><b>Out-of-Network</b> 50% of the cost for outpatient substance abuse benefits.</p>
<b>13 – Outpatient Services/ Surgery</b>	<p>20% co-insurance for the doctor.</p> <p>20% of outpatient facility.</p>	<p><b>In-Network</b> \$250 co-payment for each Medicare-covered ambulatory surgical center visit.</p> <p>\$250 co-payment for each Medicare-covered outpatient hospital facility visit.</p>	<p><b>In-Network</b> \$275 co-payment for each Medicare-covered ambulatory surgical center visit.</p> <p>\$275 co-payment for each Medicare-covered outpatient hospital facility visit.</p>	<p><b>In-Network</b> \$275 co-payment for each Medicare-covered ambulatory surgical center visit.</p> <p>\$275 co-payment for each Medicare-covered outpatient hospital facility visit.</p>

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<b>OUTPATIENT CARE (continued)</b>				
<b>13 – Outpatient Services/ Surgery (continued)</b>		<p><b>Out-of-Network</b> 20% of the cost for ambulatory surgical center benefits.</p> <p>20% of the cost for outpatient hospital facility benefits.</p>	<p><b>Out-of-Network</b> 20% of the cost for ambulatory surgical center benefits.</p> <p>20% of the cost for outpatient hospital facility benefits.</p>	<p><b>Out-of-Network</b> 20% of the cost for ambulatory surgical center benefits.</p> <p>20% of the cost for outpatient hospital facility benefits.</p>
<b>14 – Ambulance Services</b>  (Medically necessary ambulance services.)	20% co-insurance	<p><b>General</b> Authorization rules may apply.</p> <p>Authorization required for non-emergency Medicare-covered services.</p> <p>Not waived if admitted.</p> <p><b>In-Network</b> \$75 co-payment for Medicare-covered ambulance benefits.</p> <p><b>Out-of-Network</b> \$75 co-payment ambulance benefits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p>Authorization required for non-emergency Medicare-covered services.</p> <p>Not waived if admitted.</p> <p><b>In-Network</b> \$75 co-payment for Medicare-covered ambulance benefits.</p> <p><b>Out-of-Network</b> \$75 co-payment ambulance benefits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p>Authorization required for non-emergency Medicare-covered services.</p> <p>Not waived if admitted.</p> <p><b>In-Network</b> \$75 co-payment for Medicare-covered ambulance benefits.</p> <p><b>Out-of-Network</b> \$75 co-payment ambulance benefits.</p>

## Summary of Benefits

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Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>OUTPATIENT CARE (continued)</b>				
<p><b>15 – Emergency Care</b></p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% co-insurance for the doctor.</p> <p>20% of facility charge, or a set co-payment per emergency room visit.</p> <p>You don't have to pay the emergency room co-payment if you are admitted to the hospital for the same condition within three days of the emergency room visit.</p> <p>NOT covered outside U.S. except under limited circumstances.</p>	<p><b>In-Network</b> \$50 co-payment for Medicare-covered emergency room visits.</p> <p><b>Out-of-Network</b> World-wide coverage.</p> <p>Co-payment not waived if admitted.</p>	<p><b>In-Network</b> \$50 co-payment for Medicare-covered emergency room visits.</p> <p><b>Out-of-Network</b> World-wide coverage.</p> <p>Co-payment not waived if admitted.</p>	<p><b>In-Network</b> \$50 co-payment for Medicare-covered emergency room visits.</p> <p><b>Out-of-Network</b> World-wide coverage.</p> <p>Co-payment not waived if admitted.</p>
<p><b>16 – Urgently Needed Care</b></p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% co-insurance, or a set co-payment.</p> <p>NOT covered outside U.S. except under limited circumstances.</p>	<p><b>General</b> \$35 to \$40 co-payment for Medicare-covered urgently needed care visits.</p> <p>You pay \$35 for services received at in-network Urgent Care Facility.</p> <p>You pay \$40 for services received at an out-of-network Urgent Care Facility.</p> <p>Not waived if admitted.</p> <p>World-wide coverage.</p>	<p><b>General</b> \$35 to \$40 co-payment for Medicare-covered urgently needed care visits.</p> <p>You pay \$35 for services received at in-network Urgent Care Facility.</p> <p>You pay \$40 for services received at an out-of-network Urgent Care Facility.</p> <p>Not waived if admitted.</p> <p>World-wide coverage.</p>	<p><b>General</b> \$35 to \$40 co-payment for Medicare-covered urgently needed care visits.</p> <p>You pay \$35 for services received at in-network Urgent Care Facility.</p> <p>You pay \$40 for services received at an out-of-network Urgent Care Facility.</p> <p>Not waived if admitted.</p> <p>World-wide coverage.</p>

## Summary of Benefits

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Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>OUTPATIENT CARE (continued)</b>				
<p><b>17 – Outpatient Rehabilitation Services</b></p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	20% co-insurance	<p><b>General</b> Referral and Authorization is required for in-network only.</p> <p><b>In-Network</b> \$20 co-payment for Medicare-covered Occupational Therapy visits.</p> <p>\$20 co-payment for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p>\$20 for each Medicare-covered cardiac rehabilitation therapy visit.</p> <p><b>Out-of-Network</b> \$35 co-payment for Occupational Therapy benefits.</p> <p>\$35 co-payment for Physical and/or Speech/Language therapy visits.</p>	<p><b>General</b> Referral and Authorization is required for in-network only.</p> <p><b>In-Network</b> \$20 co-payment for Medicare-covered Occupational Therapy visits.</p> <p>\$20 co-payment for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p>\$20 for each Medicare-covered cardiac rehabilitation therapy visit.</p> <p><b>Out-of-Network</b> \$35 co-payment for Occupational Therapy benefits.</p> <p>\$35 co-payment for Physical and/or Speech/Language therapy visits.</p>	<p><b>General</b> Referral and Authorization is required for in-network only.</p> <p><b>In-Network</b> \$20 co-payment for Medicare-covered Occupational Therapy visits.</p> <p>\$20 co-payment for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p>\$20 for each Medicare-covered cardiac rehabilitation therapy visit.</p> <p><b>Out-of-Network</b> \$35 co-payment for Occupational Therapy benefits.</p> <p>\$35 co-payment for Physical and/or Speech/Language therapy visits.</p>

## Summary of Benefits

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Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>				
<p><b>18 – Durable Medical Equipment</b></p> <p>(Includes wheelchairs, oxygen, etc.)</p>	20% co-insurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$20 co-payment for Medicare-covered items.</p> <p><b>Out-of-Network</b> \$50 co-payment for durable medical equipment.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$35 co-payment for Medicare-covered items.</p> <p><b>Out-of-Network</b> \$50 co-payment for durable medical equipment.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$20 co-payment for Medicare-covered items.</p> <p><b>Out-of-Network</b> \$50 co-payment for durable medical equipment.</p>
<p><b>19 – Prosthetic Devices</b></p> <p>(Includes braces, artificial limbs and eyes, etc.)</p>	20% co-insurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$20 co-payment for Medicare-covered items.</p> <p><b>Out-of-Network</b> \$50 co-payment for Prosthetic devices.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$35 co-payment for Medicare-covered items.</p> <p><b>Out-of-Network</b> \$50 co-payment for Prosthetic devices.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$20 co-payment for Medicare-covered items.</p> <p><b>Out-of-Network</b> \$50 co-payment for Prosthetic devices.</p>
<p><b>20 – Diabetes Self-Monitoring Training and Supplies</b></p> <p>(Includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training.)</p>	<p>20% co-insurance</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor.</p>	<p><b>General</b> Authorization is required for in-network services only.</p> <p>Formulary restrictions apply for blood glucose test strips, lancets and monitors.</p>	<p><b>General</b> Authorization is required for in-network services only.</p> <p>Formulary restrictions apply for blood glucose test strips, lancets and monitors.</p>	<p><b>General</b> Authorization is required for in-network services only.</p> <p>Formulary restrictions apply for blood glucose test strips, lancets and monitors.</p>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES (continued)</b>				
<p><b>20 – Diabetes Self-Monitoring Training and Supplies (continued)</b></p> <p>(Includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training.)</p>	<p>These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>An office visit co-payment will apply if services are administered by a physician.</p> <p><b>In-Network</b> \$0 co-payment for diabetes self-monitoring training.</p> <p>\$0 co-payment for nutrition therapy for diabetes.</p> <p>\$0 co-payment diabetes supplies.</p> <p><b>Out-of-Network</b> 10% of the cost for diabetes self-monitoring training.</p> <p>10% of the cost for nutrition therapy for diabetes.</p> <p>10% of the cost for diabetes supplies.</p>	<p>An office visit co-payment will apply if services are administered by a physician.</p> <p><b>In-Network</b> \$0 co-payment for diabetes self-monitoring training.</p> <p>\$0 co-payment for nutrition therapy for diabetes.</p> <p>\$0 co-payment diabetes supplies.</p> <p><b>Out-of-Network</b> 10% of the cost for diabetes self-monitoring training.</p> <p>10% of the cost for nutrition therapy for diabetes.</p> <p>10% of the cost for diabetes supplies.</p>	<p>An office visit co-payment will apply if services are administered by a physician.</p> <p><b>In-Network</b> \$0 co-payment for diabetes self-monitoring training.</p> <p>\$0 co-payment for nutrition therapy for diabetes.</p> <p>\$0 co-payment diabetes supplies.</p> <p><b>Out-of-Network</b> 10% of the cost for diabetes self-monitoring training.</p> <p>10% of the cost for nutrition therapy for diabetes.</p> <p>10% of the cost for diabetes supplies.</p>
<p><b>21 – Diagnostic Tests, X-Rays, and Lab Services</b></p>	<p>20% co-insurance for diagnostic tests and x-rays.</p> <p>\$0 co-payment for Medicare-covered lab services.</p>	<p><b>General</b> Authorization rules may apply.</p> <p>Doctor office visit co-pay may apply.</p>	<p><b>General</b> Authorization rules may apply.</p> <p>Doctor office visit co-pay may apply.</p>	<p><b>General</b> Authorization rules may apply.</p> <p>Doctor office visit co-pay may apply.</p>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES (continued)</b>				
<b>21 – Diagnostic Tests, X-Rays, and Lab Services (continued)</b>	Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	<b>In-Network</b> \$0 co-payment for Medicare-covered lab services.	<b>In-Network</b> \$0 co-payment for Medicare-covered lab services.	<b>In-Network</b> \$0 co-payment for Medicare-covered lab services.
		\$0 co-payment for Medicare-covered diagnostic procedures and tests.	\$0 co-payment for Medicare-covered diagnostic procedures and tests.	\$0 co-payment for Medicare-covered diagnostic procedures and tests.
		\$0 co-payment for Medicare-covered x-rays.	\$0 co-payment for Medicare-covered x-rays.	\$0 co-payment for Medicare-covered x-rays.
		\$0 co-payment for Medicare-covered diagnostic radiology services.	\$0 co-payment for Medicare-covered diagnostic radiology services.	\$0 co-payment for Medicare-covered diagnostic radiology services.
		\$0 co-payment for Medicare-covered therapeutic radiology services.	\$0 co-payment for Medicare-covered therapeutic radiology services.	\$0 co-payment for Medicare-covered therapeutic radiology services.
		<b>Out-of-Network</b> 20% of the cost for therapeutic radiology services.	<b>Out-of-Network</b> 20% of the cost for therapeutic radiology services.	<b>Out-of-Network</b> 20% of the cost for therapeutic radiology services.
		10% of the cost for diagnostic procedures, tests, and lab services.	10% of the cost for diagnostic procedures, tests, and lab services.	10% of the cost for diagnostic procedures, tests, and lab services.
10% of the cost for outpatient x-rays.	10% of the cost for outpatient x-rays.	10% of the cost for outpatient x-rays.		
10% of the cost for diagnostic radiology services.	10% of the cost for diagnostic radiology services.	10% of the cost for diagnostic radiology services.		

## Summary of Benefits

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Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>PREVENTIVE SERVICES</b>				
<p><b>22 – Bone Mass Measurement</b></p> <p>(For people with Medicare who are at risk)</p>	<p>20% co-insurance</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p><b>In-Network</b> \$0 co-payment for Medicare-covered Bone Mass Measurement.</p> <p><b>Out-of-Network</b> \$0 co-payment for Medicare-covered Bone Mass Measurement.</p>	<p><b>In-Network</b> \$0 co-payment for Medicare-covered Bone Mass Measurement.</p> <p><b>Out-of-Network</b> \$0 co-payment for Medicare-covered Bone Mass Measurement.</p>	<p><b>In-Network</b> \$0 co-payment for Medicare-covered Bone Mass Measurement.</p> <p><b>Out-of-Network</b> \$0 co-payment for Medicare-covered Bone Mass Measurement.</p>
<p><b>23 – Colorectal Screening Exams</b></p> <p>(For people with Medicare age 50 and older)</p>	<p>20% co-insurance</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p><b>In-Network</b> \$0 co-payment for Medicare-covered colorectal screenings.</p> <p><b>Out-of-Network</b> \$0 co-payment for colorectal screenings.</p> <p>If colorectal exam results with a diagnosis that is treated at the time of screening, then the outpatient surgery co-payment applies.</p>	<p><b>In-Network</b> \$0 co-payment for Medicare-covered colorectal screenings.</p> <p><b>Out-of-Network</b> \$0 co-payment for colorectal screenings.</p> <p>If colorectal exam results with a diagnosis that is treated at the time of screening, then the outpatient surgery co-payment applies.</p>	<p><b>In-Network</b> \$0 co-payment for Medicare-covered colorectal screenings.</p> <p><b>Out-of-Network</b> \$0 co-payment for Colorectal screenings.</p> <p>If colorectal exam results with a diagnosis that is treated at the time of screening, then the outpatient surgery co-payment applies.</p>
<p><b>24 – Immunizations</b></p> <p>(Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 co-payment for flu and pneumonia vaccines.</p> <p>20% co-insurance for Hepatitis B vaccine.</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p><b>In-Network</b> \$0 co-payment for flu and pneumonia vaccines.</p> <p>No referral needed for flu and pneumonia vaccines.</p> <p>\$0 co-payment for Hepatitis B vaccine.</p>	<p><b>In-Network</b> \$0 co-payment for flu and pneumonia vaccines.</p> <p>No referral needed for flu and pneumonia vaccines.</p> <p>\$0 co-payment for Hepatitis B vaccine.</p>	<p><b>In-Network</b> \$0 co-payment for flu and pneumonia vaccines.</p> <p>No referral needed for flu and pneumonia vaccines.</p> <p>\$0 co-payment for Hepatitis B vaccine.</p>

## Summary of Benefits

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Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>PREVENTIVE SERVICES (continued)</b>				
<p><b>24 – Immunizations (continued)</b></p> <p>(Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p>		<p>No referral needed for other immunizations.</p> <p>An office visit co-payment will apply if services are administered by a physician.</p> <p>Immunizations must be received through network practitioners.</p> <p><b>Out-of-Network</b> \$0 co-payment for immunizations.</p>	<p>No referral needed for other immunizations.</p> <p>An office visit co-payment will apply if services are administered by a physician.</p> <p>Immunizations must be received through network practitioners.</p> <p><b>Out-of-Network</b> \$0 co-payment for immunizations.</p>	<p>No referral needed for other immunizations.</p> <p>An office visit co-payment will apply if services are administered by a physician.</p> <p>Immunizations must be received through network practitioners.</p> <p><b>Out-of-Network</b> \$0 co-payment for immunizations.</p>
<p><b>25 – Mammograms (Annual Screening)</b></p> <p>(For women with Medicare age 40 and older)</p>	<p>20% co-insurance</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p><b>In-Network</b> \$0 co-payment Medicare-covered screening mammograms.</p> <p><b>Out-of-Network</b> \$0 co-payment for screening mammograms.</p>	<p><b>In-Network</b> \$0 co-payment Medicare-covered screening mammograms.</p> <p><b>Out-of-Network</b> \$0 co-payment for screening mammograms.</p>	<p><b>In-Network</b> \$0 co-payment Medicare-covered screening mammograms.</p> <p><b>Out-of-Network</b> \$0 co-payment for screening mammograms.</p>
<p><b>26 – Pap Smears and Pelvic Exams</b></p> <p>(For women with Medicare.)</p>	<p>\$0 co-payment for pap smears.</p> <p>Covered once every 2 years, covered once a year for women with Medicare at high risk.</p> <p>20% co-insurance for pelvic exams.</p>	<p><b>In-Network</b> \$0 co-payment for Medicare-covered pap smears and pelvic exams.</p> <p><b>Out-of-Network</b> \$0 co-payment for pap smears and pelvic exams.</p>	<p><b>In-Network</b> \$0 co-payment for Medicare-covered pap smears and pelvic exams.</p> <p><b>Out-of-Network</b> \$0 co-payment for pap smears and pelvic exams.</p>	<p><b>In-Network</b> \$0 co-payment for Medicare-covered pap smears and pelvic exams.</p> <p><b>Out-of-Network</b> \$0 co-payment for pap smears and pelvic exams.</p>

## Summary of Benefits

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Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>PREVENTIVE SERVICES (continued)</b>				
<p><b>27 – Prostate Cancer Screening Exams</b></p> <p>(For men with Medicare age 50 and older.)</p>	<p>20% co-insurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% co-insurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p><b>In-Network</b> \$0 co-payment for Medicare-covered prostate cancer screening.</p> <p><b>Out-of-Network</b> \$0 co-payment for prostate cancer screening.</p>	<p><b>In-Network</b> \$0 co-payment for Medicare-covered prostate cancer screening.</p> <p><b>Out-of-Network</b> \$0 co-payment for prostate cancer screening.</p>	<p><b>In-Network</b> \$0 co-payment for Medicare-covered prostate cancer screening.</p> <p><b>Out-of-Network</b> \$0 co-payment for prostate cancer screening.</p>
<p><b>28 – End Stage Renal Disease (ESRD)</b></p>	<p>20% co-insurance for dialysis.</p> <p>20% co-insurance for nutrition therapy for end-stage renal disease.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><b>General</b> Authorization rules may apply. Please contact plan for details.</p> <p>Out-of-area renal dialysis services do not require authorization.</p> <p><b>In-Network</b> \$0 co-payment for renal dialysis.</p> <p>\$0 co-payment for nutrition therapy for end-stage renal disease.</p> <p><b>Out-of-Network</b> \$0 co-payment renal dialysis.</p> <p>10% of the cost for nutrition therapy for end-stage renal disease.</p>	<p><b>General</b> Authorization rules may apply. Please contact plan for details.</p> <p>Out-of-area renal dialysis services do not require authorization.</p> <p><b>In-Network</b> \$0 co-payment for renal dialysis.</p> <p>\$0 co-payment for nutrition therapy for end-stage renal disease.</p> <p><b>Out-of-Network</b> \$0 co-payment renal dialysis.</p> <p>10% of the cost for nutrition therapy for end-stage renal disease.</p>	<p><b>General</b> Authorization rules may apply. Please contact plan for details.</p> <p>Out-of-area renal dialysis services do not require authorization.</p> <p><b>In-Network</b> \$0 co-payment for renal dialysis.</p> <p>\$0 co-payment for nutrition therapy for end-stage renal disease.</p> <p><b>Out-of-Network</b> \$0 co-payment renal dialysis.</p> <p>10% of the cost for nutrition therapy for end-stage renal disease.</p>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER)</b>				
<b>29 – Prescription Drugs</b>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all you Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan that offers prescription drug coverage.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> Most drugs not covered. \$0 co-payment for Part B covered drugs (not including Part B covered chemotherapy drugs).</p> <p>\$0 for Part B covered chemotherapy drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan does not offer prescription drug coverage.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> \$0 co-payment for Part B covered drugs (not including Part B covered chemotherapy drugs).</p> <p>\$0 for Part B covered chemotherapy drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.phs.org/resources/documents/formulary.pdf">http://www.phs.org/resources/documents/formulary.pdf</a> on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> \$0 co-payment for Part B covered drugs (not including Part B covered chemotherapy drugs).</p> <p>\$0 for Part B covered chemotherapy drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.phs.org/resources/documents/formulary.pdf">http://www.phs.org/resources/documents/formulary.pdf</a> on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>				
<b>29 – Prescription Drugs (continued)</b>			<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and Washington DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Presbyterian MediCare PPO Plan 2 with Rx for certain drugs.</p>	<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and Washington DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Presbyterian MediCare PPO Plan 3 with Rx for certain drugs.</p>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>				
<b>29 – Prescription Drugs (continued)</b>			<p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>	<p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>				
<b>29 – Prescription Drugs (continued)</b>			<p>You may have to pay more than your normal cost-sharing amount if you choose to use a higher cost drug when a lower cost drug is available. This may also occur if a new, lower cost generic version of a brand name drug is added to the plan's formulary after you enroll.</p> <p><b>In-Network</b> \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy Preferred Generic</p> <ul style="list-style-type: none"> <li>- \$5 co-payment for a one month (30-day) supply of drugs in this tier.</li> <li>- \$15 co-payment for a three month (90-day) supply of drugs in this tier.</li> </ul>	<p>You may have to pay more than your normal cost-sharing amount if you choose to use a higher cost drug when a lower cost drug is available. This may also occur if a new, lower cost generic version of a brand name drug is added to the plan's formulary after you enroll.</p> <p><b>In-Network</b> \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy Preferred Generic</p> <ul style="list-style-type: none"> <li>- \$5 co-payment for a one month (30-day) supply of drugs in this tier.</li> <li>- \$15 co-payment for a three month (90-day) supply of drugs in this tier.</li> </ul>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>				
<b>29 – Prescription Drugs (continued)</b>			<p>Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$35 co-payment for a one month (30-day) supply of drugs in this tier.</li> <li>- \$105 co-payment for a three month (90-day) supply of drugs in this tier.</li> </ul> <p>Non-Preferred</p> <ul style="list-style-type: none"> <li>- \$55 co-payment for a one month (30-day) supply of drugs in this tier.</li> <li>- \$165 co-payment for a three month (90-day) supply of drugs in this tier.</li> </ul> <p>Specialty</p> <ul style="list-style-type: none"> <li>- 25% co-insurance for a one month (30-day) supply of drugs in this tier.</li> </ul> <p>Long Term Care Pharmacy Preferred Generic</p> <ul style="list-style-type: none"> <li>- \$5 co-payment for a one month (34-day) supply of drugs in this tier.</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$35 co-payment for a one month (34-day) supply of drugs in this tier.</li> </ul>	<p>Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$35 co-payment for a one month (30-day) supply of drugs in this tier.</li> <li>- \$105 co-payment for a three month (90-day) supply of drugs in this tier.</li> </ul> <p>Non-Preferred</p> <ul style="list-style-type: none"> <li>- \$55 co-payment for a one month (30-day) supply of drugs in this tier.</li> <li>- \$165 co-payment for a three month (90-day) supply of drugs in this tier.</li> </ul> <p>Specialty</p> <ul style="list-style-type: none"> <li>- 25% co-insurance for a one month (30-day) supply of drugs in this tier.</li> </ul> <p>Long Term Care Pharmacy Preferred Generic</p> <ul style="list-style-type: none"> <li>- \$5 co-payment for a one month (34-day) supply of drugs in this tier.</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$35 co-payment for a one month (34-day) supply of drugs in this tier.</li> </ul>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>				
<b>29 – Prescription Drugs (continued)</b>			<p>Non-Preferred</p> <ul style="list-style-type: none"> <li>- \$55 co-payment for a one month (34-day) supply of drugs in this tier.</li> </ul> <p>Specialty</p> <ul style="list-style-type: none"> <li>- 25% co-insurance for a one month (34-day) supply of drugs in this tier.</li> </ul> <p>Mail Order</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> <li>- \$10 co-payment for a three month (90-day) supply of drugs in this tier.</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$87.50 co-payment for a three month (90-day) supply of drugs in this tier.</li> </ul> <p>Non-Preferred</p> <ul style="list-style-type: none"> <li>- \$165 co-payment for a three month (90-day) supply of drugs in this tier.</li> </ul> <p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p>	<p>Non-Preferred</p> <ul style="list-style-type: none"> <li>- \$55 co-payment for a one month (34-day) supply of drugs in this tier.</li> </ul> <p>Specialty</p> <ul style="list-style-type: none"> <li>- 25% co-insurance for a one month (34-day) supply of drugs in this tier.</li> </ul> <p>Mail Order</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> <li>- \$10 co-payment for a three month (90-day) supply of drugs in this tier.</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>- \$87.50 co-payment for a three month (90-day) supply of drugs in this tier.</li> </ul> <p>Non-Preferred</p> <ul style="list-style-type: none"> <li>- \$165 co-payment for a three month (90-day) supply of drugs in this tier.</li> </ul> <p>Coverage Gap</p> <p>The plan covers all Preferred Generics through the coverage gap.</p>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>				
<b>29 – Prescription Drugs (continued)</b>				<p>You pay the following:</p> <p>Retail Pharmacy Preferred Generic</p> <ul style="list-style-type: none"> <li>- \$5 co-payment for a one month (30-day) supply of drugs in this tier.</li> <li>- \$15 co-payment for a three month (90-day) supply of drugs in this tier.</li> </ul> <p>Long Term Care Pharmacy Preferred Generic</p> <ul style="list-style-type: none"> <li>- \$5 co-payment for a one month (34-day) supply of drugs in this tier.</li> </ul> <p>Mail Order Preferred Generic</p> <ul style="list-style-type: none"> <li>- \$10 co-payment for a three month (90-day) supply of drugs in this tier.</li> </ul> <p>Please contact the plan for a complete list of drugs covered through the gap.</p> <p>For all other covered drugs, after your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>				
<b>29 – Prescription Drugs (continued)</b>			<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- A \$2.40 co-payment for generic (including brand drugs treated as generic) and</li> <li>- A \$6.00 co-payment for all other drugs, or</li> <li>- 5% co-insurance.</li> </ul> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Presbyterian MediCare PPO Plan 2 with Rx.</p>	<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- A \$2.40 co-payment for generic (including brand drugs treated as generic) and</li> <li>- A \$6.00 co-payment for all other drugs, or</li> <li>- 5% co-insurance.</li> </ul> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Presbyterian MediCare PPO Plan 3 with Rx.</p>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>				
<b>29 – Prescription Drugs (continued)</b>			<p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p>Out-of-Network Pharmacy Preferred Generic - \$5 co-payment for a one month (30-day) supply of drugs in this tier.</p> <p>Preferred Brand - \$35 co-payment for a one month (30-day) supply of drugs in this tier.</p> <p>Non-Preferred - \$55 co-payment for a one month (30-day) supply of drugs in this tier.</p> <p>Specialty - 25% co-insurance for a one month (30-day) supply of drugs in this tier.</p>	<p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p>Out-of-Network Pharmacy Preferred Generic - \$5 co-payment for a one month (30-day) supply of drugs in this tier.</p> <p>Preferred Brand - \$35 co-payment for a one month (30-day) supply of drugs in this tier.</p> <p>Non-Preferred - \$55 co-payment for a one month (30-day) supply of drugs in this tier.</p> <p>Specialty - 25% co-insurance for a one month (30-day) supply of drugs in this tier.</p>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>				
<b>29 – Prescription Drugs (continued)</b>			<p>Out-of-Network Coverage Gap After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Presbyterian MediCare PPO Plan 2 with Rx for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Presbyterian MediCare PPO Plan 2 with Rx so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>Out-of-Network Coverage Gap The plan covers All Preferred Generics through the gap.</p> <p>You pay the following: Preferred Generic - \$5 co-payment for a one month (30-day) supply of all preferred generics drugs covered in this tier.</p> <p>Preferred Brand - After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Presbyterian MediCare PPO Plan 3 with Rx for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Presbyterian MediCare PPO Plan 3 with Rx so we can add the amounts you spend out-of-network to your total out-of-pocket costs for the year.</p>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>				
<b>29 – Prescription Drugs (continued)</b>				<p>Non-Preferred</p> <ul style="list-style-type: none"> <li>- After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Presbyterian MediCare PPO Plan 3 with Rx for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Presbyterian MediCare PPO Plan 3 with Rx so we can add the amounts you spent out-of-network to your total out-of-pocket.</li> </ul> <p>Specialty</p> <ul style="list-style-type: none"> <li>- After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350.</li> </ul>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>				
<b>29 – Prescription Drugs (continued)</b>			<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>- A \$2.40 co-payment for generic (including brand drugs treated as generic) and</li> <li>- A \$6.00 co-payment for all other drugs, or</li> <li>- 5% co-insurance.</li> </ul>	<p>You will not be reimbursed by Presbyterian MediCare PPO Plan 3 with Rx for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Presbyterian MediCare PPO Plan 3 with Rx so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>- A \$2.40 co-payment for generic (including brand drugs treated as generic) and</li> <li>- A \$6.00 co-payment for all other drugs, or</li> <li>- 5% co-insurance.</li> </ul>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>				
<b>30 – Dental Services</b>	Preventative dental services (such as cleaning) not covered.	<p><b>In-Network</b> In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$30 co-payment for Medicare-covered dental benefits.</p> <p><b>Out-of-Network</b> \$50 co-payment for comprehensive dental benefits.</p>	<p><b>In-Network</b> In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$35 co-payment for Medicare-covered dental benefits.</p> <p><b>Out-of-Network</b> \$50 co-payment for comprehensive dental benefits.</p>	<p><b>In-Network</b> In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$30 co-payment for Medicare-covered dental benefits.</p> <p><b>Out-of-Network</b> \$50 co-payment for comprehensive dental benefits.</p>
<b>31 – Hearing Services</b>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% co-insurance for diagnostic hearing exams.</p>	<p><b>In-Network</b> Hearing aids not covered.</p> <p>\$30 co-payment for diagnostic hearing exams.</p> <p>\$30 co-payment for up to 1 routine hearing test(s) every year.</p> <p><b>Out-of-Network</b> \$50 co-payment for hearing exams.</p> <p>You are covered for one routine hearing exam every calendar year.</p>	<p><b>In-Network</b> Hearing aids not covered.</p> <p>\$35 co-payment for diagnostic hearing exams.</p> <p>\$35 co-payment for up to 1 routine hearing test(s) every year.</p> <p><b>Out-of-Network</b> \$50 co-payment for hearing exams.</p> <p>You are covered for one routine hearing exam every calendar year.</p>	<p><b>In-Network</b> Hearing aids not covered.</p> <p>\$30 co-payment for diagnostic hearing exams.</p> <p>\$30 co-payment for up to 1 routine hearing test(s) every year.</p> <p><b>Out-of-Network</b> \$50 co-payment for hearing exams.</p> <p>You are covered for one routine hearing exam every calendar year.</p>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>				
<b>32 – Vision Services</b>	<p>20% co-insurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><b>In-Network</b> \$20 co-payment for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Medicare-covered eyewear (one pair of eye glasses or contact lenses after each cataract surgery) is covered with a \$20 co-payment.</p> <p>\$30 co-payment for exams to diagnosis and treat diseases and conditions of the eye.</p> <p>\$30 co-payment for up to 1 routine eye exam(s) every year.</p> <p>Authorization Required for in-network services only.</p> <p>Routine eyewear is not covered.</p> <p><b>Out-of-Network</b> \$50 co-payment for eye exams.</p> <p>\$50 co-payment for eyewear.</p>	<p><b>In-Network</b> \$35 co-payment for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Medicare-covered eyewear (one pair of eye glasses or contact lenses after each cataract surgery) is covered with a \$35 co-payment.</p> <p>\$35 co-payment for exams to diagnosis and treat diseases and conditions of the eye.</p> <p>\$35 co-payment for up to 1 routine eye exam(s) every year.</p> <p>Authorization Required for in-network services only.</p> <p>Routine eyewear is not covered.</p> <p><b>Out-of-Network</b> \$50 co-payment for eye exams.</p> <p>\$50 co-payment for eyewear.</p>	<p><b>In-Network</b> \$20 co-payment for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Medicare-covered eyewear (one pair of eye glasses or contact lenses after each cataract surgery) is covered with a \$20 co-payment.</p> <p>\$30 co-payment for exams to diagnosis and treat diseases and conditions of the eye.</p> <p>\$30 co-payment for up to 1 routine eye exam(s) every year.</p> <p>Authorization Required for in-network services only.</p> <p>Routine eyewear is not covered.</p> <p><b>Out-of-Network</b> \$50 co-payment for eye exams.</p> <p>\$50 co-payment for eyewear.</p>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>				
<b>33 – Physical Exams</b>	<p>20% co-insurance for one exam within the first 6 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first six months of your new Part B coverage. The coverage does not include lab tests.</p>	<p><b>In-Network</b> \$0 co-payment for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$0 co-payment for Medicare-covered benefits.</p> <p><b>Out-of-Network</b> \$35 co-payment for routine exams.</p> <p>Limited to 1 routine physical every calendar year.</p> <p>Separate office visit co-payment will apply if other services are received in addition to routine physical.</p> <p>Physicians' services consist of a physical examination (including measurement of height, weight, and blood pressure and an electrocardiogram) with the goal of health promotion and disease detection and includes education, counseling, and referral with respect to screening and other preventive services. This initial examination does not include clinical laboratory tests.</p>	<p><b>In-Network</b> \$0 co-payment for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$0 co-payment for Medicare-covered benefits.</p> <p><b>Out-of-Network</b> \$35 co-payment for routine exams.</p> <p>Limited to 1 routine physical every calendar year.</p> <p>Separate office visit co-payment will apply if other services are received in addition to routine physical.</p> <p>Physicians' services consist of a physical examination (including measurement of height, weight, and blood pressure and an electrocardiogram) with the goal of health promotion and disease detection and includes education, counseling, and referral with respect to screening and other preventive services. This initial examination does not include clinical laboratory tests.</p>	<p><b>In-Network</b> \$0 co-payment for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$0 co-payment for Medicare-covered benefits.</p> <p><b>Out-of-Network</b> \$35 co-payment for routine exams.</p> <p>Limited to 1 routine physical every calendar year.</p> <p>Separate office visit co-payment will apply if other services are received in addition to routine physical.</p> <p>Physicians' services consist of a physical examination (including measurement of height, weight, and blood pressure and an electrocardiogram) with the goal of health promotion and disease detection and includes education, counseling, and referral with respect to screening and other preventive services. This initial examination does not include clinical laboratory tests.</p>

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Presbyterian MediCare PPO for details.

Benefit Category	Original Medicare	Presbyterian MediCare PPO Plan 1	Presbyterian MediCare PPO Plan 2 with Rx	Presbyterian MediCare PPO Plan 3 with Rx
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>				
<b>Health/Wellness Education</b>	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay co-insurance, and Part B deductible applies.	<p><b>In-Network</b> This plan covers health/wellness education benefits.</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nutritional Training</li> <li>- Smoking Cessation</li> <li>- Health club Membership/Fitness Classes</li> <li>- Nursing Hotline</li> </ul> <p><b>Out-of-Network</b> \$0 co-payment for health and wellness services.</p> <p>Some fees may apply for specific classes.</p>	<p><b>In-Network</b> This plan covers health/wellness education benefits.</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nutritional Training</li> <li>- Smoking Cessation</li> <li>- Health club Membership/Fitness Classes</li> <li>- Nursing Hotline</li> </ul> <p><b>Out-of-Network</b> \$0 co-payment for health and wellness services.</p> <p>Some fees may apply for specific classes.</p>	<p><b>In-Network</b> This plan covers health/wellness education benefits.</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nutritional Training</li> <li>- Smoking Cessation</li> <li>- Health club Membership/Fitness Classes</li> <li>- Nursing Hotline</li> </ul> <p><b>Out-of-Network</b> \$0 co-payment for health and wellness services.</p> <p>Some fees may apply for specific classes.</p>
<b>Transportation (Routine)</b>	Not covered	<p><b>In-Network</b> This plan does not cover routine transportation</p>	<p><b>In-Network</b> This plan does not cover routine transportation</p>	<p><b>In-Network</b> This plan does not cover routine transportation</p>
<b>Acupuncture</b>	Not covered.	<p><b>In-Network</b> This plan does not cover Acupuncture</p>	<p><b>In-Network</b> This plan does not cover Acupuncture</p>	<p><b>In-Network</b> This plan does not cover Acupuncture</p>







Presbyterian MediCare PPO

P.O. Box 25361

Albuquerque, NM 87125

Presbyterian Medicare Plan Consultants are available

Monday through Sunday, 8 a.m. to 8 p.m.

Sales: (505) 923-8458 or 1-800-347-4766

TTY Hearing Impaired Access Line: 1-888-625-6429

Member Services Representatives are available

Monday through Sunday, 8 a.m. to 8 p.m.

Member Services: (505) 923-6060 or 1-800-797-5343

TTY Hearing Impaired Access Line: 1-888-625-8818

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