

**Introduction to the Summary of Benefits for  
Presbyterian MediCare PPO  
January 1, 2007 - December 31, 2007  
New Mexico**

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Thank you for your interest in Presbyterian MediCare PPO. Our plan is offered by Presbyterian Insurance Company, Inc., 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.

***Sandia Plan***

**ABLE?**

The service area for this plan includes: Bernalillo, Caron, 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, Tarrant, Union, Valencia Counties, NM. You must live in one of these places to join the plan.

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

You can join Presbyterian MediCare PPO Rx 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 not eligible to enroll in Presbyterian MediCare PPO.

**Presbyterian MediCare PPO**  
**January 1, 2007 - December 31, 2007**  
**New Mexico**

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**WHERE IS PRESBYTERIAN MEDICARE PPO AVAILABLE?**

The service area for this plan includes: Sierra, 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, Sandoval, San Juan, San Miguel, , Santa Fe, , Socorro, Taos, Torrance, Union, Valencia Counties, NM. You must live in one of these places 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 not eligible to enroll in Presbyterian MediCare PPO.

### **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 does cover both Medicare Part B prescription drugs and Part D prescription drugs.

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

Presbyterian MediCare PPO has 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 uses 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 web site 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, 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/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

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

Customer Service Hours:  
Monday - Sunday, 8:00 a.m. - 8:00 p.m. Mountain

Current members should call (505) 923-6060 or (800)-797-5343  
(TTY/TDD (888)-625-8818)

Prospective members should call (505) 923-5565 or (800)-347-4766.  
(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.

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

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>Presbyterian Medicare PPO Sandia Plan IN NETWORK</b>	<b>Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK</b>
<b>IMPORTANT INFORMATION</b>			
<b>1 - Premium and Other Important Information</b>	You pay the Medicare Part B premium of \$93.50 each month.	<p>Your premium contribution is determined by your employer group.</p> <p>You also continue to pay the Medicare Part B premium of \$93.50 each month.</p> <p>If there is no note on an out-of-network service, then the note describes the in-network service. Contact plan for details on the covered out-of-network service.</p>	

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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>IMPORTANT INFORMATION (continued)</b>			
<p><b>2 - Doctor and Hospital Choice</b></p> <p>(For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>You can go to doctors, specialists, and hospitals in or out of the network. Higher costs apply for out-of-network services.</p> <p>You do NOT need a referral to go to network doctors, specialists and hospitals.</p> <p>A separate doctor office visit copayment may apply for certain services.</p>	<p>You can go to doctors, specialists, and hospitals in or out of the network. Higher costs apply for out-of-network services.</p> <p>You do NOT need a referral to go to network doctors, specialists and hospitals.</p> <p>A separate doctor office visit copayment may apply for certain services.</p>

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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>INPATIENT CARE</b>			
<b>3 - Inpatient Hospital Care</b>  (includes Substance Abuse and Rehabilitation Services)	You pay for each benefit period (3):  Days 1 - 60: an initial deductible of \$ 992  Days 61 - 90: \$248 each day  Days 91 - 150: \$ 496 each lifetime reserve day (4)  Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. (4)	You pay one initial deductible of \$250 for services received at a network hospital.  There is no copayment for Inpatient Hospital services received at a network hospital.  You are covered for unlimited days each benefit period.(3)  Except in an emergency, your provider must obtain authorization from Presbyterian MediCare PPO.	Authorizations are not required for out-of-network services  You pay a deductible of \$750.  Inpatient Hospital deductible is per benefit period. You are covered for unlimited days each benefit period.(3)

(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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.

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

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 Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>INPATIENT CARE (continued)</b>			
<b>4 - Inpatient Mental HealthCare</b>	<p>You pay the same deductible and copayments as inpatient hospital care (above) except Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.</p>	<p>You pay one initial deductible of \$250 for services received at a network hospital.</p> <p>There is no copayment for services received at a network hospital.</p> <p>Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your provider must obtain authorization from Presbyterian MediCare PPO.</p>	<p>Authorizations are not required for out of network services.</p> <p>You pay a deductible of \$750.</p> <p>Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.</p>



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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>INPATIENT CARE (continued)</b>			
<b>5 - Skilled Nursing Facility</b>  (in a Medicare-certified skilled nursing facility)	You pay for each benefit period (3), following at least a 3-day covered hospital stay:  Days 1 - 20: \$0 for each day  Days 21 - 100: \$ 124 for each day  There is a limit of 100 days for each benefit period. (3)	You pay:  -\$0 each day for day(s) 1 - 100 for a stay at a Skilled Nursing Facility.  No prior hospital stay is required.  You are covered for 100 days each benefit period.(3)  Authorization rules may apply for services. Contact plan for details.	You pay:  -\$0 each day for day(s) 1 – 20  -\$115 each day for day(s) 21 – 100 for a stay at a Skilled Nursing Facility.  No prior hospital stay is required.  You are covered for 100 days each benefit period.(3)

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(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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.

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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>INPATIENT CARE (continued)</b>			
<b>6 - Home Health Care</b>  (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	There is no copayment for all covered home health visits.	You pay \$0 for Medicare-covered home health visits.  Authorization rules may apply for services. Contact plan for details.	You pay \$0 for out-of-network home health visits.
<b>7 - Hospice</b>	You pay part of the cost for outpatient drugs and inpatient respite care.  You must receive care from a Medicare-certified hospice.	You must receive care from a Medicare-certified hospice.	You must receive care from a Medicare-certified hospice.

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<b>OUTPATIENT CARE</b>			
<b>8 - Doctor Office Visits</b>	You pay 20% of Medicare-approved amounts. (1)(2)	<p>You pay \$10 for each primary care doctor office visit for Medicare-covered services.</p> <p>You pay \$25 for each specialist visit for Medicare-covered services.</p> <p>See 32 - Physical Exams for more information.</p>	<p>You pay \$25 for each out-of-network Primary Care Doctor office visit.</p> <p>You pay a \$50 out-of-network specialist visit.</p> <p>See 32 - Physical Exams for more information.</p>

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(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

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<b>OUTPATIENT CARE (continued)</b>			
<b>9 - Chiropractic Services</b>	<p>You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers.</p> <p>You pay 100% for routine care.</p> <p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>You pay \$25 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).</p> <p>You pay 100% for routine care.</p>	<p>You pay \$35 for out-of-network Chiropractic services.</p> <p>You pay 100% for routine care.</p>

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<b>OUTPATIENT CARE (continued)</b>			
<b>10 - Podiatry Services</b>	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p> <p>You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p>You pay 100% for routine care.</p>	<p>You pay \$25 for each Medicare-covered visit (medically necessary foot care).</p> <p>You pay 100% for routine care.</p>	<p>You pay \$35 for out-of-network podiatry services.</p> <p>You pay 100% for routine care.</p>
<b>11 - Outpatient Mental Health Care</b>	<p>You pay 50% of Medicare-approved amounts with the exception of certain situations and services for which you pay 20% of approved charges. (1)(2)</p>	<p>For Medicare-covered Mental Health services, you pay \$20 for each individual/group therapy visit.</p>	<p>You pay 50% of the cost for out-of-network Mental Health services.</p> <p>You pay 50% of the cost for out-of-network Mental Health services with a psychiatrist.</p>
<b>12 - Outpatient Substance Abuse Care</b>	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>For Medicare-covered services, you pay \$20 for each individual/group visit.</p>	<p>You pay 20% of the cost of out-of-network outpatient substance abuse services.</p>

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<b>OUTPATIENT CARE (continued)</b>			
<b>13 - Outpatient Services/Surgery</b>	<p>You pay 20% of Medicare-approved amounts for the doctor. (1)(2)</p> <p>You pay 20% of outpatient facility charges. (1)(2)</p>	<p>You pay \$75 for each Medicare-covered visit to an ambulatory surgical center.</p> <p>You pay \$75 for each Medicare-covered visit to an outpatient hospital facility.</p>	<p>You pay 20% of the cost for services at an out-of-network ambulatory surgical center.</p> <p>You pay 20% of the cost for services at an out-of-network outpatient hospital facility.</p>

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<b>OUTPATIENT CARE (continued)</b>			
<b>14 - Ambulance Services</b>  <b>(medically necessary ambulance services)</b>	You pay 20% of Medicare-approved amounts or applicable fee schedule charge. (1)(2)	You pay \$50 for Medicare-covered ambulance services.  Not waived if admitted.  Authorization rules may apply for services. Contact plan for details.	You pay \$50 for out-of-network ambulance services.  Not waived if admitted.
<b>15 - Emergency Care</b>  (You may go to any emergency room if you reasonably believe you need emergency care.)	You pay 20% of the facility charge or applicable Copayment for each emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. (1)(2)  You pay 20% of doctor charges. (1)(2)  NOT covered outside the U.S. except under limited circumstances	You pay \$50 for each Medicare-covered emergency room visit.  Not waived if admitted.  Worldwide coverage.	You pay \$50 for out-of-network Medicare-covered benefits.  Not waived if admitted.  Worldwide coverage.

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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>OUTPATIENT CARE (continued)</b>			
<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>You pay 20% of Medicare-approved amounts or applicable Copayment. (1)(2)</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>You pay \$25 for each Medicare-covered urgently needed care visit.</p> <p>Not waived if admitted.</p> <p>Worldwide coverage.</p>	<p>You pay \$40 for each Medicare-covered urgently needed care visit.</p> <p>Not waived if admitted.</p> <p>Worldwide coverage.</p>
<p><b>17 – Outpatient Rehabilitation Services</b></p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>You pay \$10 for each Medicare-covered Occupational Therapy visit.</p> <p>You pay \$10 for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>	<p>You pay \$25 for out-of-network Occupational Therapy visit.</p> <p>You pay \$25 for out-of-network Physical Therapy and /or Speech language therapy services.</p>

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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>			
<b>18 - Durable Medical Equipment</b>  (includes wheelchairs, oxygen, etc.)	You pay 20% of Medicare-approved amounts. (1)(2)	You pay \$10 for each Medicare-covered item.  Authorization rules may apply for services. Contact plan for details.	You pay \$25 for durable medical equipment purchased out-of- network.
<b>19 - Prosthetic Devices</b>  (includes braces, artificial limbs and eyes, etc.)	You pay 20% of Medicare-approved amounts. (1)(2)	You pay \$10 for each Medicare-covered item.  Authorization rules may apply for services. Contact plan for details.	You pay \$25 for prosthetic devices purchased out-of- network.

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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES (continued)</b>			
<b>20 – Diabetes Self-Monitoring Training and Supplies</b>  (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	You pay 20% of Medicare-approved amounts. (1)(2)	Formulary restrictions apply to blood glucose test strips and monitors.  You pay \$0 for Medicare-covered Diabetes self-monitoring training.  You pay \$0 for each Medicare-covered Diabetes Supply item.	Formulary restrictions apply to blood glucose test strips and monitors.  You pay 10% of the cost for out-of-network Diabetes self-monitoring.  You pay 10% of the cost for each Diabetes Supply item purchased out-of-network.

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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES (continued)</b>			
<b>21 - Diagnostic Tests, X-Rays, and Lab Services</b>	You pay 20% of Medicare-approved amounts, except for approved lab services. (1)(2)  There is no copayment for Medicare-approved lab services.	You pay:  -\$0 for each Medicare-covered clinical/diagnostic lab service.  -\$0 for each Medicare-covered radiation therapy service.  -\$0 for each Medicare-covered X-ray visit.  Doctor office visit co-payment may apply.	You pay:  -10% of the cost of each out-of-network clinical/diagnostic lab service testing  -20% of the cost for each out-of-network radiation therapy services.  -10% of the cost of out-of-network x-rays.  Doctor office visit co-payment may apply.
<b>PREVENTIVE SERVICES</b>			
<b>22 - Bone Mass Measurement</b> (for people with Medicare who are at risk)	You pay 20% of Medicare-approved amounts. (1)(2)	You pay \$0 for each Medicare-covered Bone Mass Measurement.	You pay \$0 for each out-of-network Bone Mass Measurement.

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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>PREVENTIVE SERVICES (continued)</b>			
<b>23 - Colorectal Screening Exams</b>  (for people with Medicare age 50 and older)	You pay 20% of Medicare-approved amounts. (1)(2)	You pay:  -\$0 for each Medicare-covered Colorectal Screening exam.  -\$0 for each additional screening exam.  You are covered for an unlimited number of Colorectal Screening exams.	You pay:  -\$0 for each out-of-network Colorectal Screening.  -\$0 for each additional screening exam.  You are covered for an unlimited number of Colorectal Screening exams.

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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>PREVENTIVE SERVICES (continued)</b>			
<p><b>24 – Immunizations</b>  (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>There is no copayment for the Pneumonia and Flu vaccines.</p> <p>You pay 20% of Medicare-approved amounts for the Hepatitis B vaccine. (1)(2)</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.</p>	<p>There is no copayment for the Pneumonia and Flu vaccines.</p> <p>Separate office visit copayment may apply if visit is in addition to immunizations.</p> <p>No referral necessary for Medicare-covered influenza and pneumonia vaccines.</p> <p>No referral necessary for other immunizations.</p> <p>You pay \$0 for the Hepatitis B vaccine.</p>	<p>You pay \$0 for each out-of-network Immunization.</p> <p>Separate office visit copayment may apply if visit is in addition to immunizations.</p>

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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>PREVENTIVE SERVICES (continued)</b>			
<b>25 - Mammograms</b> (Annual Screening)  (for women with Medicare age 40 and older)	You pay 20% of Medicare-approved amounts.(2)  No referral necessary for Medicare-covered screenings.	You pay:  -\$ 0 for each Medicare-covered Screening Mammogram.  -\$0 for each additional Screening Mammogram  You are covered for an unlimited number of Screening Mammograms.	You pay:  -\$0 for each out-of-network Screening Mammogram  -\$0 for each additional Screening Mammogram  You are covered for an unlimited number of Screening Mammograms.
<b>26 - Pap Smears and Pelvic Exams</b>  (for women with Medicare)	There is no copayment for a Pap Smear once every 2 years, annually for beneficiaries at high risk.(2)  You pay 20% of Medicare-approved amounts for Pelvic Exams. (2)	You pay:  -\$0 for each Medicare-covered pap smear and pelvic exam.  -\$0 for each additional pap smear and pelvic exam.  You are covered for an unlimited number of pap smears and pelvic exams.	You pay:  -\$0 for each out-of-network pap smear and pelvic exam.  You pay \$0 for each additional out-of-network pap smear and pelvic exam.  You are covered for an unlimited number of pap smears and pelvic exams.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<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>There is no copayment for approved lab services and a copayment of 20% of Medicare-approved amounts for other related services. (1)(2)</p>	<p>You pay \$0 for each Medicare-covered Prostate Cancer Screening Exam.</p>	<p>You pay \$0 for each out-of-network Medicare-covered Prostate Screening Exam.</p> <p>You pay \$0 for each additional out-of-network prostate screening.</p>
<p><b>28 - Outpatient Prescription Drugs</b></p> <p>Drugs covered under Part B (Original Medicare)</p> <p>Drugs covered under Medicare Part D (Prescription Drug Benefit).</p>	<p>You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program</p>	<p>You pay \$0 for Part B-covered drugs.</p> <p>This plan uses 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 coverage 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.</p>	<p>You pay \$0 for Part B-covered drugs.</p> <p>This plan uses 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 coverage 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.</p>

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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>PREVENTIVE SERVICES (continued)</b>			
<p><b>28 - Outpatient Prescription Drugs (continued)</b></p> <p>Deductible Initial Coverage</p> <p>In Network Retail Pharmacy</p>		<p>We will send a formulary to you and you can see our complete formulary on our Web site at <a href="http://www.phs.org">www.phs.org</a>.</p> <p>People who have limited incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact the plan for details.</p> <p>There is no deductible.</p> <p>There is no coverage limit.</p> <p>You pay the following for prescription drugs:</p> <p>-\$5 for a one-month (30 day) supply of Preferred Generic drugs.</p> <p>-\$20 for a one-month (30 day) supply of Preferred Brand drugs.</p> <p>-\$45 for a one month (30 day) supply of Non-Preferred drugs.</p> <p>-\$100 for a one month (30 day) supply of Specialty Drugs.</p>	<p>We will send a formulary to you and you can see our complete formulary on our Web site at <a href="http://www.phs.org">www.phs.org</a>.</p> <p>People who have limited incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact the plan for details.</p> <p>There is no deductible.</p> <p>There is no coverage limit.</p> <p>You pay the following for prescription drugs:</p> <p>-\$5 for a one-month (30 day) supply of Preferred Generic drugs.</p> <p>-\$20 for a one-month (30 day) supply of Preferred Brand drugs.</p> <p>-\$45 for a one month (30 day) supply of Non-Preferred drugs.</p> <p>-\$100 for a one month (30 day) supply of Specialty Drugs.</p>



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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>PREVENTIVE SERVICES (continued)</b>			
<p><b>28 - Outpatient Prescription Drugs (continued)</b>                      In Network Retail Pharmacy continued</p> <p>Mail Order</p> <p>Catastrophic Coverage</p>		<p>-\$15 for a three month (90 day) supply of Preferred Generic drugs.</p> <p>-\$60 for a three month (90 day) supply of Preferred Brand drugs.</p> <p>-\$135 for a three month (90 day) supply of Non-Preferred drugs.</p> <p>-\$10 for a three month (90 day) supply of mail order Preferred Generic drugs.</p> <p>-\$50 for a three month (90 day) supply of mail order Preferred Brand drugs.</p> <p>-\$135 for a three month (90 day) supply of mail order Non-Preferred drugs.</p> <p>After your yearly out-of-pocket drug costs reach \$3,850 you pay the greater of:</p> <p>-2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or 5% coinsurance.</p>	<p>-\$15 for a three month (90 day) supply of Preferred Generic drugs.</p> <p>-\$60 for a three month (90 day) supply of Preferred Brand drugs.</p> <p>-\$135 for a three month (90 day) supply of Non-Preferred drugs.</p> <p>-\$10 for a three month (90 day) supply of mail order Preferred Generic drugs.</p> <p>-\$50 for a three month (90 day) supply of mail order Preferred Brand drugs.</p> <p>-\$135 for a three month (90 day) supply of mail order Non-Preferred drugs.</p> <p>After your yearly out-of-pocket drug costs reach \$3,850 you pay the greater of:</p> <p>-2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or 5% coinsurance.</p>

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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>PREVENTIVE SERVICES (continued)</b>			
<b>28 - Outpatient Prescription Drugs (continued)</b>		<p>You may incur a cost in addition to the copay if you select a higher cost drug when a lesser cost drug is available.</p> <p>In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that medical condition.</p> <p>Certain prescription drugs will have maximum quantity limits.</p> <p>Your provider must get prior authorization from Presbyterian MediCare PPO for certain prescription drugs.</p> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy.</p> <p>You may also incur an additional cost for drugs received at an out-of-network pharmacy. Please contact the plan for details.</p>	<p>You may incur a cost in addition to the copay if you select a higher cost drug when a lesser cost drug is available.</p> <p>In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that medical condition.</p> <p>Certain prescription drugs will have maximum quantity limits.</p> <p>Your provider must get prior authorization from Presbyterian MediCare PPO for certain prescription drugs.</p> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy.</p> <p>You may also incur an additional cost for drugs received at an out-of-network pharmacy. Please contact the plan for details.</p>

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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER)</b>			
<b>29 - Dental Services</b>	In general, you pay 100% for dental services.	In general, you pay 100% for preventative dental services.  You pay \$20 for each Medicare-covered dental benefit.	In general, you pay 100% for dental services.  You pay \$50 for each out-of-network Medicare-covered dental service.
<b>30 - Hearing Services</b>	You pay 100% for routine hearing exams and hearing aids.  You pay 20% of Medicare-approved amounts for diagnostic hearing exams. (1)(2)	You pay 100% for hearing aids.  You pay: -\$20 for each Medicare-covered hearing exam (diagnostic hearing exams).  -\$20 for each routine hearing test up to 1 test(s) every year.	You pay 100% for hearing aids.  You pay: -\$35 for out-of-network Medicare-covered hearing exam (diagnostic hearing exams).  \$35 for each out-of-network routine hearing test(s) every year.

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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>			
<b>31 - Vision Services</b>	<p>You are covered for one pair of eyeglasses or contact lenses after each cataract surgery. (1)(2)</p> <p>For people with Medicare who are at risk, you are covered for annual glaucoma screenings. (1)(2)</p> <p>You pay 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye. (1)(2)</p> <p>You pay 100% for routine eye exams and glasses.</p>	<p>You pay:</p> <p>-\$10 for Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery).</p> <p>Routine eyewear is not covered.</p> <p>Authorization required for In Network benefits only.</p> <p>-\$20 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye).</p> <p>-\$20 for each Routine eye exam, limited to 1 exam(s) every year.</p>	<p>You pay:</p> <p>-\$25 for out-of-network eye wear. (one pair of eyeglasses or contact lenses after each cataract surgery)</p> <p>-\$50 for out-of-network eye exam</p>

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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>			
<b>32 - Physical Exams</b>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage.</p> <p>This will not include laboratory tests.</p> <p>Please contact your plan for further details.</p> <p>You pay 20% of the Medicare-approved amount. (1)(2)</p>	<p>You pay \$0 for each routine exam.</p> <p>You are covered up to 1 exam(s) every year.</p>	<p>You pay \$30 for each routine exam.</p> <p>You are covered up to 1 exam(s) every year.</p>

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Benefit Category	Original Medicare	Presbyterian Medicare PPO Sandia Plan IN NETWORK	Presbyterian Medicare PPO Sandia Plan OUT OF NETWORK
<b>ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER) (continued)</b>			
<b>Health/Wellness Education</b>	You pay 100%.	You are covered for the following: <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletter</li> <li>- Smoking Cessation</li> <li>- Health Club Membership / Fitness Classes</li> <li>- Nursing Hotline</li> </ul>	You are covered for the following: <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletter</li> <li>- Smoking Cessation</li> <li>- Health Club Membership / Fitness Classes</li> <li>- Nursing Hotline</li> </ul>

