Presbyterian Health Plan Dual Plus (HMO D-SNP)
2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Presbyterian Dual Plus (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Presbyterian Dual Plus (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the Evidence of Coverage.

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A. Disclaimers

This is a summary of health services covered by Presbyterian Dual Plus (HMO D-SNP) plans for 2027. This is only a summary. Please read the Evidence of Coverage for the full list of benefits. You may download a copy of the Evidence of Coverage from our website, www.phs.org/medicare, and select Access Forms, Plan Information, & Policies from the Resource panel. You may also request a copy by calling customer service.

- Presbyterian Dual Plus is an HMO Special Needs Plan (SNP) with a Medicare contract and a contract with the State of New Mexico Health Care Authority Medicaid program. Enrollment depends on contract renewal.
- Based on a Model of Care review, Presbyterian Dual Plus (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2028.
- Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.
  ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY: 711) o hable con su proveedor.
  SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-855-592-7737 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
  For more information, visit https://www.phs.org/nondiscrimination.
- Such services are funded in part by the State of New Mexico.
- This document is available for free in Spanish. Customer service has free language interpreter services available for non-English speakers. This information is available in other formats. Contact customer service for more information.
- For more information about Medicare, you can read the Medicare & You handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.

- For more information about Turquoise Care, you can check the New Mexico Health Care Authority website at www.hca.nm.gov or contact the Presbyterian Health Plan Office of the Ombudsman at (505) 923-5780 (TTY 711), 8 a.m. to 8 p.m., seven days a week from October 1 through March 31 and Monday to Friday (except holidays) from April 1 through September 30.
- You can also call the Aging and Long-Term Services Ombudsman at www.aging.nm.gov/ombudsman, 1-866-451-2901, Monday-Friday, 8 a.m.-5 p.m.
- You can get this document for free in other formats, such as large print, braille, or audio. Call the Presbyterian Customer Service Center at (505) 923-7675 or 1-855-465-7737 (TTY 711)8 a.m. to 8 p.m., seven days a week from October 1 through March 31 and Monday to Friday (except holidays) from April 1 through September 30. The call is free.
- To get this document and others in a different language, change your language preferences on MyPRES or contact customer service. You can request documents in an alternate format by contacting customer service. Customer service numbers are listed on the bottom of this page.

B. Frequently Asked Questions (FAQ)

The following table lists frequently asked questions.

FAQ	Answers
What's a Presbyterian Dual Plus (HMO D-SNP)	A Presbyterian Dual Plus (HMO D-SNP) plan is for individuals who are dually eligible for both Medicare and Medicaid. In addition, your Medicaid managed care organization must be Presbyterian Health Plan if you want to enroll in our DSNP plan. You may receive all of your benefits, services, and coverages under both plans.
Will I get the same Medicare and Medicaid benefits in Presbyterian Dual Plus (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from Presbyterian Dual Plus (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your provider and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State agency or specialty mental health and substance use disorder services. When you enroll in Presbyterian Dual Plus (HMO D-SNP), you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Presbyterian Dual Plus (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Presbyterian Dual Plus (HMO D-SNP) to cover your drug if medically necessary. For more information, call customer service at the numbers listed at the bottom of this page.
Can I use the same providers I use now? *(continued on the next page)*	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Presbyterian Dual Plus (HMO D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Presbyterian Dual Plus (HMO D-SNP)'s network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Presbyterian Dual Plus (HMO D-SNP)'s plan.

FAQ	Answers
	• If you're currently under treatment with a provider that's out of Presbyterian Dual Plus (HMO D-SNP)'s network or have an established relationship with a provider that's out of Presbyterian Dual Plus (HMO D-SNP)'s network, call customer service to check about your options for continuing care with that provider. As always, if you have an urgent or emergent medical need, we encourage you to seek care at an appropriate urgent care or emergency facility. For new enrollees, your Medicare Advantage coordinated care plan must provide a minimum 90-day transition period, during which time the new Medicare Advantage plan can't require prior authorization for any active course of treatment, even if the course of treatment was for a service that commenced with an out-of-network provider. To find out if your providers are in the plan's network, call customer service at the numbers listed at the bottom of this page or read Presbyterian Dual Plus (HMO D-SNP)'s *Provider Directory* on the plan's website at www.phs.org/medicare. If Presbyterian Dual Plus (HMO D-SNP) is new for you, we'll work with you to develop a care plan to address your needs.
What's a Presbyterian Dual Plus (HMO D-SNP) care coordinator?	A Presbyterian Dual Plus (HMO D-SNP) care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need. Care Coordination is for members with chronic, long-term, or complex physical or behavioral health needs. Care coordinators work with you, your family or support system, and your providers. Your care coordinator will work with you and others to create a care plan to help you meet your goals. Contact customer service at the numbers listed at the bottom of this page for more information about care coordination.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, an agency may administer these services, and your care coordinator or care team will work with that agency.
What happens if I need a service but no one in Presbyterian Dual Plus (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Presbyterian Dual Plus (HMO D-SNP) will pay for the cost of an out-of-network provider.

FAQ	Answers
Where is Presbyterian Dual Plus (HMO D-SNP) available?	Our service area includes New Mexico. **Presbyterian Dual Plus (HMO D-SNP) 004:** Bernalillo, Dona Ana, Sandoval, Santa Fe, and Valencia **Presbyterian Dual Plus (HMO D-SNP) 005:** Chaves, Colfax, Curry, Luna, McKinley, Quay, Roosevelt, and San Juan. **Presbyterian Dual Plus (HMO D-SNP) 006:** Catron, Cibola, De Baca, Eddy, Grant, Guadalupe, Harding, Hidalgo, Lea, Lincoln, Los Alamos, Mora, Otero, Rio Arriba, San Miguel, Sierra, Socorro, Taos, Torrance, and Union. Call customer service at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.
What is a prior authorization?	Prior authorization means an approval from Presbyterian Dual Plus (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Presbyterian Dual Plus (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. Presbyterian Dual Plus (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Presbyterian Dual Plus (HMO D-SNP) before the service is provided. Refer to **Chapter 3**, of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage* to learn which services require prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call customer service at the numbers listed at the bottom of this page for help.
What is a referral?	A referral means that your primary care provider (PCP) may give you approval to go to someone that isn't your PCP. A referral is different than a prior authorization. If you don't get a referral from your *PCP*, Presbyterian Dual Plus (HMO D-SNP) may not cover the services. Presbyterian Dual Plus (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. Refer to the *Evidence of Coverage* to learn more about when you'll need to get a referral from your PCP.

FAQ	Answers
Do I pay a monthly amount (also called a premium) under Presbyterian Dual Plus (HMO D-SNP)?	No. Because you have Medicaid, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Presbyterian Dual Plus (HMO D-SNP)?	No. You don't pay deductibles in Presbyterian Dual Plus (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Presbyterian Dual Plus (HMO D-SNP)?	There's no cost-sharing for medical services in Presbyterian Dual Plus (HMO D-SNP), so your annual out-of-pocket costs will be $0.

C. List of Covered Services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need hospital care *(continued on the next page)*	Inpatient hospital stay	$0	Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a provider's order. The day before you're discharged is your last inpatient day. Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior Authorization is required.
	Outpatient hospital services, including observation	$0	We cover medically necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury. For outpatient hospital observation services to be covered, they must meet Medicare criteria and be considered reasonable and necessary. Observation services are covered only when provided by the order of a physician or another person authorized by state licensure law and hospital staff bylaws to admit patients to the hospital or order outpatient tests.
	Ambulatory surgical center (ASC) services	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
	Provider or surgeon care	$0	Covered services include: • Medically necessary medical care or surgery services you get in a physician's office, certified ambulatory surgical center, hospital outpatient department, or any other location • Consultation, diagnosis, and treatment by a specialist • Basic hearing and balance exams performed by your specialist, if your provider orders it to see if you need medical treatment • Second opinion by another network provider prior to surgery
You want a provider	Visits to treat an injury or illness	$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	
	Wellness visits, such as a physical	$0	
	"Welcome to Medicare" Annual Wellness Visit (preventive visit one time only)	$0	
	Specialist care	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need emergency care	Emergency room services	$0	Emergency room services are available out-of-network without prior authorization requirements.
	Urgent care	$0	Urgent care services are available out-of-network without prior authorization requirements.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior Authorization may be required.
	Lab tests and diagnostic procedures, such as blood work	$0	
You need hearing/ auditory services	Hearing screenings	$0	
	Hearing aids	You pay $0 and your benefit includes: **Plan 004:** $2,000 every 24 months **Plan 005:** $1,500 every 36 months **Plan 006:** $2,000 every 24 months	Must use a TruHearing provider. Call 1-833-759-6823 to schedule an appointment (for TTY, dial 711).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care	You pay $0 and your benefit includes: **Plan 004:** $3,000 maximum annual allowance **Plan 005:** Not covered **Plan 006:** $1,800 maximum annual allowance	Presbyterian Dual Plus (DSNP-HMO) helps you take care of your teeth and gums. You must choose a dentist from the Dental Care Practitioners section of the *Presbyterian Provider Directory* on our website at https://www.phs.org/health-plans/turquoise-care-medicaid under Plan Documents.
	Restorative and emergency dental care	$0	You must choose a dental provider from our provider directory.
	Dentures	You pay $0 and your benefit includes: **Plan 004:** Covered every 5 years **Plan 005:** Not covered **Plan 006:** Covered every 5 years	You must choose a dental provider from our provider directory.
You need eye care	Eye exams	$0	• Diagnosis and treatment of diseases and conditions of eye • Eyeglasses or contact lenses after cataract surgery
	Routine eye exams and Glasses or contact lenses	You pay $0 and your benefit includes: **Plan 004:** $275 eyewear allowance **Plan 005:** $200 eyewear allowance **Plan 006:** $275 eyewear allowance	• Annual routine exam
	Other vision care	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need behavioral health services	Behavioral health services	$0	You may receive an unlimited number of individual and group therapy counseling sessions.
	Inpatient and outpatient care and community-based services for people who need behavioral health services	$0	Prior Authorization may be required for inpatient and outpatient care. For online behavioral healthcare, visit www.phs.org/virtual-pres and select the Virtual Talk Therapy tile for Talk Therapy and Medication Management options. For an emergency or if you are experiencing any kind of emotional crisis, mental health, or substance use concern, call or text the New Mexico Crisis and Access Line (NMCAL) at 988 or chat online at https://988lifeline.org/chat. For health education materials on tools, resources, and support programs, please visit the Wellness and Health Information page at www.phs.org/HealthWellness.
You need substance use disorder services	Substance use disorder services	$0	Prior Authorization may be required. We provide treatment and counseling services to diagnose and treat substance use disorder, coverage includes: • Group therapy visits • Individual therapy visits
You need a place to live with people available to help you	Skilled nursing care	$0	Prior Authorization is required.
	Nursing home care	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	
You need help getting to health services	Ambulance services	$0	
	Emergency transportation	$0	If you need emergency transportation for a life-threatening situation, call 911 or the emergency telephone number in your area.
	Transportation to medical appointments and services	You pay $0 and your benefit includes: **Plan 004:** 50 one-way trips per year to medical, dental and pharmacy approved visits **Plan 005:** Not covered **Plan 006:** 30 one-way trips per year to medical, dental and pharmacy approved visits Medicaid also provides unlimited transportation benefits for Medicaid covered rides.	You can't get same-day transportation if you forgot to arrange a ride for a scheduled appointment. If you need a ride to your appointment, call the Presbyterian Customer Service Center Monday through Friday, 8 a.m. to 5 p.m. You may also call the transportation partner directly at (505) 923-6300 or toll-free at 1-855-774-7737. You can also use your smart phone to schedule a ride. To register for this service, please visit your app store to select the Modivcare app at no cost.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need drugs to treat your illness or condition *(continued on the next page)*	Medicare Part B drugs	$0	Part B drugs include drugs given by your provider in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Evidence of Coverage* for more information on these drugs.
	Medicare Part D Drugs Every drug on our plan's Drug List is in one of five (5) cost-sharing tiers. In general, the higher the tier, the higher your cost for the drug: • Cost-sharing Tier 1 includes preferred generic drugs (lowest tier). • Cost-sharing Tier 2 includes generic drugs. • Cost-sharing Tier 3 includes preferred brand drugs. • Cost-sharing Tier 4 includes non-preferred drugs. • Cost-sharing Tier 5 includes specialty tier drugs (highest tier).	**Generic** LIS Category 1: $5.80 for standard retail/mail order (30-day supply) LIS Category 2: $1.65 for standard retail/mail order (30-day supply) LIS Category 3: $0 for standard retail/mail order (30-day supply) **Brand Name** LIS Category 1: $14.40 for standard retail/mail order (30-day supply) LIS Category 2: $5.00 for standard retail/mail order (30-day supply) LIS Category 3: $0 for standard retail/mail order (30-day supply) Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to Presbyterian Dual Plus (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information. Once you or others on your behalf pay $2,400 you've reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the *Evidence of Coverage* for more information on this stage. You may get your drugs at network retail pharmacies and mail order pharmacies. This plan has a mail-order pharmacy that offers a 100-day supply on tiers 1 and 2 drugs or a 90-day supply for tiers 3 and 4 drugs. If you reside in a long-term care facility, you pay the same as at a **retail pharmacy**. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy. Your copay will be no more than $14.40 for a 30-day supply of covered insulins. Your cost sharing is based on your level of "Extra Help." Please review your Low-Income Subsidy (LIS) Rider for information about your specific cost share.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
			There may be limitations on the types of drugs covered. Please refer to Presbyterian Dual Plus (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information. For more OTC information and online ordering, visit www.phs.org/mypres or call 1-866-757 2043.
	Over-the-counter (OTC) items		Over-the-counter products may be covered under your Medicaid benefit when filled at a pharmacy using a prescription. See "Over the Counter" in "Additional Services."
You need help getting better or have special health needs	Rehabilitation services	$0	
	Medical equipment for home care	$0	
	Dialysis services	$0	
You need foot care	Podiatry services	$0	
	Orthotic services	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact customer service or refer to **Chapter 4** of the *Evidence of Coverage*.	Wheelchairs, crutches, and walkers	$0	
	Nebulizers	$0	
	Oxygen equipment and supplies	$0	
You need help living at home *(continued on the next page)*	Home health services	$0	
	Home modifications such as grab bars	$0	Prior Authorization may be required. Covered for those who qualify for Nursing Facility level of care.
	Adult day health	$0	Prior Authorization may be required. Covered for at least two (2) hours per day for one or more days per week. Covered for those who qualify for Nursing Facility level of care.
	Day habilitation services	$0	
	Services to help you live on your own such as Personal Care Services (PCS)	$0	These services must be medically necessary in order to receive them. Contact your care team to learn how to connect to PCS services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
	Long term services and supports including community benefit services	$0	These services must be medically necessary in order to receive them. Contact your care team to learn how to connect to long term services and supports.
Additional services *(continued on the next page)*	Over-the-Counter (OTC): Presbyterian Healthy Benefits+ Card (OTC)	You pay $0 and your benefit includes: **Plan 004:** $165 quarterly allowance **Plan 005:** Not covered **Plan 006:** $50 quarterly allowance Medicaid may also cover over-the-counter (OTC) products when filled at a pharmacy using a prescription	Over-the-counter (OTC) products include pain relievers, cold medicine, first aid supplies, and other health-related items.
	Grocery Benefit	You pay $0 and your benefit includes: **Plan 004:** $170 per quarter **Plan 005:** Not covered **Plan 006:** $100 per quarter	You may be eligible to receive money for a special supplemental grocery benefit if you have been diagnosed with a chronic condition of diabetes, congestive heart failure (CHF), hypertension, or hyperlipidemia. You must have had an annual wellness visit in the last 12 months. Eligibility is determined by your plan, and you may not be eligible even though you have one of these conditions.
	Chiropractic services	$0 Plan 004 and 006 only	For Medicare-covered and routine chiropractic services. 25 routine visits per year for plans 004 and 006 only.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
	Diabetes supplies and services	$0	For supplies and diabetic shoes or inserts. Standard test strips and lancets are limited to 100 per 90 days for noninsulin dependent members and 300 per 90 days for insulin dependent members, and 200 per 365 days for members using a continuous glucose monitor.
	Prosthetic services	$0	Prior Authorization may be required.
	Radiation therapy	$0	
	Services to help manage your disease	$0	
	Meals Up to 30 meals delivered to your home	$0	• You will receive up to 30 meals delivered to your home after an inpatient hospital or skilled nursing facility stay. • This program is uniquely designed to keep you healthy and strong while you are recovering from your inpatient stay. • The meal benefit is available during the four-week period following a hospital stay. • This benefit is offered through Meals on Wheels.
	Fitness Programs (SilverSneakers©)	$0	

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Presbyterian Dual Plus (HMO D-SNP) *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Presbyterian Dual Plus (HMO D-SNP) customer service at the numbers listed at the bottom of this page to get one. If you have questions, you can also call customer service or visit www.phs.org/medicare.

D. Benefits covered outside of Presbyterian Dual Plus (HMO D-SNP)

There are some services that you can get that aren't covered by Presbyterian Dual Plus (HMO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call customer service at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your Costs
Certain hospice care services covered outside of Presbyterian Dual Plus (HMO D-SNP)	$0
Psychosocial rehabilitation	$0
Care Coordination	$0
Non-Emergent Medical Transportation	$0
Developmental Disabilities Waiver, Mi Via Waiver, Supports Waiver, Medically Fragile Waiver (if eligible)	$0

E. Services that Presbyterian Dual Plus (HMO D-SNP), Medicare, and Medicaid don't cover

There are some services that you can get that aren't covered by Presbyterian Dual Plus (HMO D-SNP), Medicare, or Medicaid. This isn't a complete list. Call customer service at the numbers listed at the bottom of this page to find out about these services.

Services not covered by Medicare, Medicaid, or a State Agency
Any medical services received outside of the United States
Orthopedic shoes, except when part of a foot brace or are diabetic shoes
Routine foot care
Services that are experimental or investigative
When a service or item is not covered, all services related to the non- covered service or item are excluded

F. Your rights as a member of the plan

As a member of Presbyterian Dual Plus (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the Evidence of Coverage. Your rights include, but aren't limited to, the following:

You have a right to respect, fairness, and dignity. This includes the right to:

- Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
- Get information in other languages and formats (for example, large print, braille, or audio) free of charge
- Be free from any form of physical restraint or seclusion

You have the right to get information about your health care. This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:

- Description of the services we cover
- How to get services
- How much services will cost you
- Names of health care providers and care coordinator

You have the right to make decisions about your care, including refusing treatment. This includes the right to:

- Choose a primary care provider (PCP) and change your PCP at any time during the year
- Use a women's health care provider without a referral
- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they're covered
- Refuse treatment, even if your health care provider advises against it
- top taking medicine, even if your health care provider advises against it
- Ask for a second opinion. Presbyterian Dual Plus (HMO D-SNP) will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive

You have the right to timely access to care that doesn't have any communication or physical access barriers. This includes the right to:

- Get timely medical care
- Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
- Have interpreters to help with communication with your health care providers and your health plan

You have the right to seek emergency and urgent care when you need it. This means you have the right to:

- Get emergency services without prior authorization in an emergency
- Use an out-of-network urgent or emergency care provider, when necessary

You have a right to confidentiality and privacy. This includes the right to:

- Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
- Have your personal health information kept private
- Have privacy during treatment

You have the right to make complaints about your covered services or care. This includes the right to:

- File a complaint or grievance against us or our providers
- File a complaint with Health Care Authority at 1-800-283-4465, the Health Facility Complaints Hotline at 1-800-752-8649 or email Incident.Management@hca.nm.gov or TTY:711. The website www.hca.nm.gov/ has consumer complaint forms, and instructions available online.
- Appeal certain decisions made by State Department of Managed Health Care or our providers
- Ask for a State Hearing
- Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call Presbyterian Dual Plus (HMO D-SNP) customer service at the numbers listed at the bottom of this page.

You can also call the Presbyterian Health Plan Ombudsperson at (505) 923-5780 (TTY 711) 8 a.m. to 8 p.m., seven days a week from October 1 through March 31 and Monday to Friday (except holidays) from April 1 through September 30., or the Aging and Long-Term Services Ombudsman at 1-800-432-2080.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Presbyterian Dual Plus (HMO D-SNP) should cover something we denied, call customer service at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call Presbyterian Dual Plus (HMO D-SNP) customer service at the numbers listed at the bottom of this page.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a provider, hospital or other pharmacy is doing something wrong, please contact us.

Call us at Presbyterian Dual Plus (HMO D-SNP) customer service. Phone numbers are the numbers listed at the bottom of this page.

Or, call the Medicaid Customer Service Center at 1-800-283-4465. TTY users may call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

Or, call the New Mexico Health Care Authority Office of Inspector General at 1-800-228-4802. TTY users may call 711 to report fraud. You may also submit a report online at www.hca.nm.gov/lookingforassistance/report_fraud/.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Presbyterian Dual Plus (HMO D-SNP) customer service:

(505) 923-7675 or 1-855-465-7737, 711 TTY

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

Customer service also has free language interpreter services available for non-English speakers

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call PresRN (Nurse Advise Line). A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the PresRN (Nurse Advise Line) are: 505-923-5573 or 1-800-887-9917, 711 TTY.

Calls to this number are free. 24/7, 365 days a year (including holidays). Presbyterian Dual Plus (HMO D-SNP) also has free language interpreter services available for non-English speakers.

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:

1-855-662-7474 or 988

Calls to this number are free. 24/7, 365 days a year (including holidays).

Presbyterian Dual Plus (HMO D-SNP) also has free language interpreter services available for non-English speakers.



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