



Section I - Introduction to Summary of Benefits

Thank you for your interest in Physicians Health Choice Select HMO. Our plan is offered by PHYSICIANS HEALTH CHOICE OF NEW MEXICO/PHYSICIANS HEALTH CHOICE, a Medicare Advantage Health Maintenance Organization HMO. This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare. All cost sharing in this summary of benefits is based on your level of Medicaid eligibility. Please call Physicians Health Choice Select HMO to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Physicians Health Choice Select HMO 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 Physicians Health Choice Select HMO. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time. Please call Physicians Health Choice Select HMO at the number listed at the end of this introduction or **1 800 MEDICARE (1 800 633.4227)** for more information. **TTY/TDD 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 Physicians Health Choice Select HMO 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 PHYSICIANS HEALTH CHOICE SELECT HMO AVAILABLE?

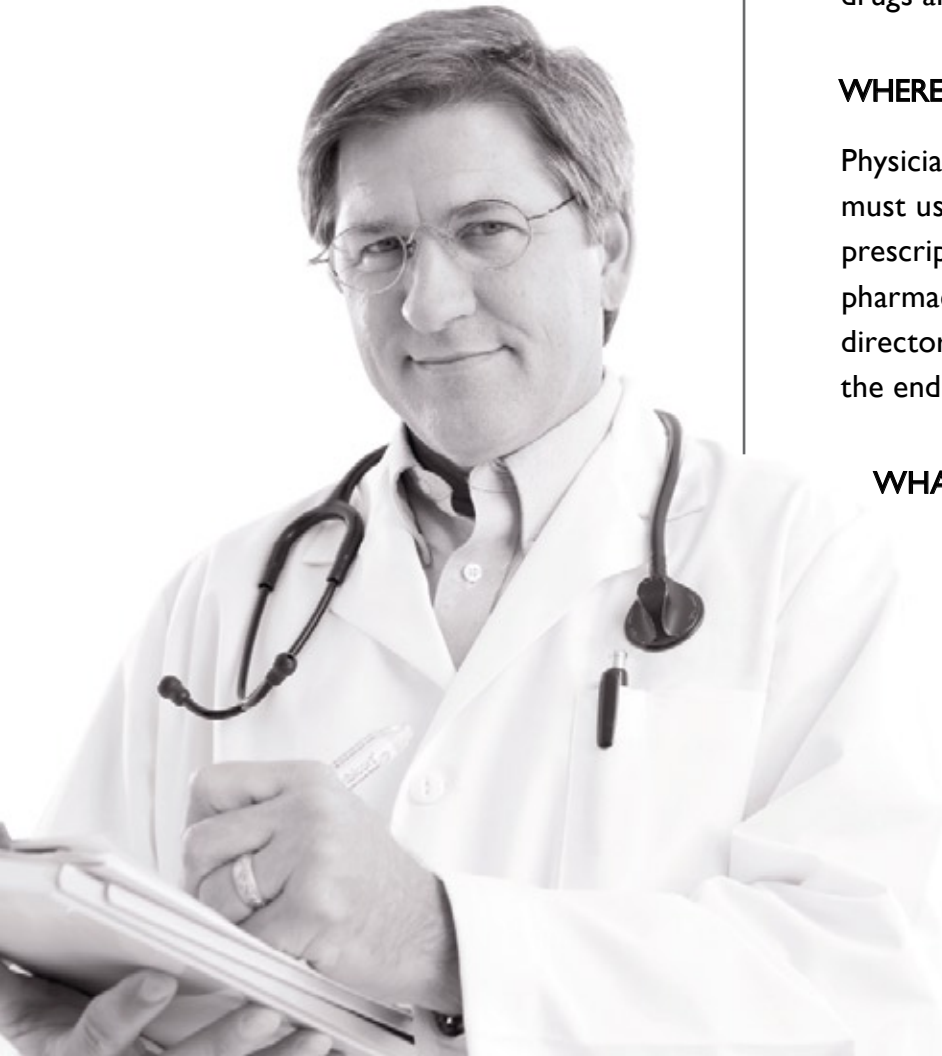
The service area for this plan includes: Dona Ana and Otero Counties, New Mexico. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN PHYSICIANS HEALTH CHOICE SELECT HMO?

You can join Physicians Health Choice Select HMO 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 generally are not eligible to enroll in Physicians Health Choice Select HMO unless they are members of our organization and have been since their dialysis began. You must also receive assistance from the state to join this plan. Please call plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

Physicians Health Choice Select HMO has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list visit us at PHCcares.com. 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?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Physicians Health Choice Select HMO nor the Original Medicare Plan will pay for these services.

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

Physicians Health Choice Select HMO does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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

Physicians Health Choice Select HMO 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 pharmacy directory or visit us at PHCcares.com. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Physicians Health Choice Select HMO uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or 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. We will send a formulary to you and you can see our complete formulary on our Web site at PHCcares.com.



If you are currently taking a drug that is not on our formulary or subject to additional requirements 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 MY PRESCRIPTION DRUG PLAN COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

I-800-MEDICARE (I 800 633.4227)

TTY/TDD users should call I 877 486.2048 24 hours a day/7 days a week

The Social Security Administration at I 800 772.1213 between 7 a.m. and 7 p.m., Monday through Friday. **TTY/TDD users should call I 800 325.0778** or your State Medicaid Office.

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 Physicians Health Choice Select HMO, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If



we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, New Mexico Medical Review Association-Toll Free: 1 (800) 663-6351 / Local: (505) 998-9898.

As a member of Physicians Health Choice Select HMO 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 Physicians Health Choice Select HMO, for more details.

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 Physicians Health Choice Select HMO 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 Alfa 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 DME.



PLAN RATINGS

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call **I-800-MEDICARE (I 800 633.4227)** to obtain a copy of the plan ratings for this plan. TTY/TDD users call **I 877 486.2048**.





Please call PHYSICIANS HEALTH CHOICE for more information about Physicians Health Choice Select HMO.

Visit us at PHCcares.com or, call us:

Customer Service Hours:

Sunday–Saturday	Monday–Friday
November 15, 2009–March 31, 2010	April 1, 2010–November 14, 2010
8:00 a.m.–8:00 p.m.	8:00 a.m.–8:00 p.m.

For questions related to the **Medicare Advantage Program**,

Current and Prospective members should call:

toll-free 866 550.4736	TTY/TDD 866 858.0659
locally 866 550.4736	TTY/TDD 866 858.0659

For questions related to the **Medicare Part D Prescription Drug program**,

Current and Prospective members should call:

toll-free 866 550.4736	TTY/TDD 866 858.0659
locally 866 550.4736	TTY/TDD 866 858.0659

For more information about **Medicare**, please call Medicare at **I-800-MEDICARE (I 800 633.4227)**

TTY users should call I 877 486.2048

You can call 24 hours a day, 7 days a week.

Or, visit 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 PHYSICIANS HEALTH CHOICE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Physicians Health Choice Select HMO
IMPORTANT INFORMATION		
<p>1 - Premium and Other Important Information</p>	<p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility. In 2009 the monthly Part B Premium was \$0 or \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$0 or \$135 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General \$21.40 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.</p> <p>In-Network \$3,350 out-of-pocket limit.</p> <p>All plan services included.</p>
<p>2 - Doctor and Hospital Choice (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>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>No referral required for network doctors, specialists, and hospitals.</p>
INPATIENT CARE		
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period were \$0 or: Days 1 - 60: \$1068 deductible* Days 61 - 90: \$267 per day* Days 91 - 150: \$534 per lifetime reserve day* These amounts will change for 2010.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p>	<p>In-Network \$0 co-pay</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Physicians Health Choice Select HMO
<p>3 - Inpatient Hospital Care (continued)</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. There is no limit to the number of benefit periods you can have.</p>	
<p>4 - Inpatient Mental Health Care</p>	<p>Same deductible and co-pay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network \$0 or \$900 co-pay for each Medicare-covered hospital stay*</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day* Days 21 - 100: \$0 or \$133.50 per day* These amounts will change for 2010.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. 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. There is no limit to the number of benefit periods you can have.</p>	<p>General Authorization rules may apply.</p> <p>In-Network For Medicare-covered SNF stays \$0 or:</p> <p>Days 1 - 20: \$0 co-pay per day*</p> <p>Days 21 - 100: \$75 co-pay per day*</p> <p>For SNF stays:</p> <p>Days 1 - 20: \$0 co-pay per day</p> <p>Days 21 - 100: \$75 co-pay per day</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p>

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Physicians Health Choice Select HMO
<p>6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 co-pay.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for Medicare-covered home health visits.*</p>
<p>7 - Hospice</p>	<p>You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>
<p>OUTPATIENT CARE</p>		
<p>8 - Doctor Office Visits</p>	<p>0% or 20% coinsurance</p>	<p>General See “Physical Exams,” for more information.</p> <p>In-Network \$0 co-pay for each primary care doctor visit for Medicare-covered benefits.*</p> <p>\$0 co-pay for the cost of each in-area, network urgent care Medicare-covered visit.*</p> <p>\$0 or \$5 co-pay for each specialist visit for Medicare-covered benefits.*</p>
<p>9 - Chiropractic Services</p>	<p>Routine care not covered</p> <p>0% or 20% coinsurance 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 providers.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for Medicare-covered chiropractic visits.*</p> <p>Medicare-covered chiropractic visits are 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 providers.</p>

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Physicians Health Choice Select HMO
10 - Podiatry Services	Routine care not covered. 0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network \$0 or \$0 to \$5 co-pay for each Medicare-covered visit.* Medicare-covered podiatry benefits are for medically-necessary foot care.
11 - Outpatient Mental Health Care	0% or 45% coinsurance for most outpatient mental health services.	General Authorization rules may apply. In-Network \$0 or \$5 co-pay for each Medicare-covered individual or group therapy visit.*
12 - Outpatient Substance Abuse Care	0% or 20% coinsurance	In-Network \$0 or \$5 co-pay for Medicare-covered individual or group visits.*
13 - Outpatient Services/Surgery	0% or 20% coinsurance for the doctor 0% or 20% of outpatient facility charges	General Authorization rules may apply. In-Network \$0 co-pay for each Medicare-covered ambulatory surgical center visit.* \$0 co-pay for each Medicare-covered outpatient hospital facility visit.*
14 - Ambulance Services (medically necessary ambulance services)	0% or 20% coinsurance	General Authorization rules may apply. In-Network \$0 or \$100 co-pay for Medicare-covered ambulance benefits.*
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	0% or 20% coinsurance for the doctor 0% or 20% of facility charge You don't have to pay the emergency room co-pay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.	General \$0 or \$50 co-pay for Medicare-covered emergency room visits.* Worldwide coverage.

SECTION II - SUMMARY OF BENEFITS		
Benefit	Original Medicare	Physicians Health Choice Select HMO
15 - Emergency Care (continued)	NOT covered outside the U.S. except under limited circumstances.	If you are admitted to the hospital within 1-day for the same condition, you pay \$0 for the emergency room visit
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	0% or 20% coinsurance NOT covered outside the U.S. except under limited circumstances.	General \$0 or \$30 co-pay for Medicare-covered urgently needed care visits.*
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	0% or 20% coinsurance	General Authorization rules may apply. In-Network \$0 or \$5 co-pay for Medicare-covered Occupational Therapy visits.* \$0 or \$5 co-pay for Medicare-covered Physical and/or Speech/Language Therapy visits.*
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	0% or 20% coinsurance	General Authorization rules may apply. In-Network 0% or 10% of the cost for Medicare-covered items.*
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	0% or 20% coinsurance	General Authorization rules may apply. In-Network \$0 co-pay for Medicare-covered items.*
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	0% or 20% coinsurance 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.	In-Network \$0 co-pay for Diabetes self-monitoring training.* \$0 co-pay for Nutrition Therapy for Diabetes.* \$0 co-pay for Diabetes supplies.*

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Physicians Health Choice Select HMO
<p>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>0% or 20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 co-pay for Medicare-covered lab services</p> <p>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.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for Medicare-covered:</p> <ul style="list-style-type: none"> - lab services* - diagnostic procedures and tests* <p>0% or 10% of the cost for Medicare-covered X-rays.*</p> <p>0% or 10% of the cost for Medicare-covered diagnostic radiology services.*</p> <p>0% or 10% of the cost for Medicare-covered therapeutic radiology services.*</p>
<p>PREVENTIVE SERVICES</p>		
<p>22 - Bone Mass Measurement (for people with Medicare who are at risk)</p>	<p>0% or 20% coinsurance</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>In-Network \$0 co-pay for Medicare-covered bone mass measurement*</p>
<p>23 - Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<p>0% or 20% coinsurance</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p>In-Network \$0 co-pay for Medicare-covered colorectal screenings.*</p>
<p>24 - Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 co-pay for Flu and Pneumonia vaccines</p> <p>0% or 20% coinsurance 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>In-Network \$0 co-pay for Flu and Pneumonia vaccines. \$0 co-pay for Hepatitis B vaccine.*</p> <p>No referral needed for Flu and pneumonia vaccines.</p>

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Physicians Health Choice Select HMO
<p>25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>0% or 20% coinsurance No referral needed. 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>In-Network \$0 co-pay for Medicare-covered screening mammograms.*</p>
<p>26 - Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>\$0 co-pay for Pap smears Covered once every 2 years. Covered once a year for women with Medicare at high risk. 0% or 20% coinsurance for Pelvic Exams</p>	<p>In-Network \$0 co-pay for Medicare-covered pap smears and pelvic exams.*</p>
<p>27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>0% or 20% coinsurance for the digital rectal exam. \$0 for the PSA test; 0% or 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network \$0 co-pay for - Medicare-covered prostate cancer screening*</p>
<p>28 - End-Stage Renal Disease</p>	<p>0% or 20% coinsurance for renal dialysis 0% or 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease 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>In-Network \$0 co-pay for renal dialysis* \$0 co-pay for Nutrition Therapy for End-Stage Renal Disease*</p>

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Physicians Health Choice Select HMO
<p>29 - Prescription Drugs</p>	<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 your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B General \$0 yearly deductible for Part B-covered drugs.* 0% or 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.*</p> <p>Drugs covered under Medicare Part D General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at PHCcares.com. Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service). The plan offers national in-network prescription coverage (i.e., this would include 50 states and 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). Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Physicians Health Choice Select HMO for certain drugs.</p>

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Physicians Health Choice Select HMO
<p>29 - Prescription Drugs (continued)</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>In-Network You pay a \$0 yearly deductible.</p> <p>Initial Coverage Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> o A \$0 co-pay or o A \$1.10 co-pay or o A \$2.50 co-pay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> o A \$0 co-pay or o A \$3.30 co-pay or o A \$6.30 co-pay. <p>Retail Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (30-day) supply - three-month (90-day) supply <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p>

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Physicians Health Choice Select HMO
<p>29 - Prescription Drugs (continued)</p>		<p>Long Term Care Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (31-day) supply <p>Mail Order You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - three-month (90-day) supply of all drugs covered in this tier from a preferred mail order pharmacy <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay a \$0 co-pay.</p> <p>Out-of-Network 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 Physicians Health Choice Select HMO.</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> - one-month (30-day) supply <p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by Physicians Health Choice Select HMO up to the full cost of the drug minus the following:</p>

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Physicians Health Choice Select HMO
<p>29 - Prescription Drugs (continued)</p>		<p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> o A \$0 co-pay or o A \$1.10 co-pay or o A \$2.50 co-pay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> o A \$0 co-pay or o A \$3.30 co-pay or o A \$6.30 co-pay. <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed in full for drugs purchased out-of-network.</p>
<p>30 - Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>In-Network \$0 co-pay for Medicare-covered dental benefits.*</p> <p>\$0 co-pay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - up to 1 oral exam(s) every year - up to 1 cleaning(s) every six months - up to 1 fluoride treatment(s) every year - up to 1 dental x-ray(s) every year
<p>31 - Hearing Services</p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>0% or 20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network \$0 co-pay for Medicare-covered diagnostic hearing exams*</p> <p>\$0 co-pay for</p> <ul style="list-style-type: none"> - up to 1 routine hearing test(s) every year - up to 1 fitting-evaluation(s) for a hearing aid every three years

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Physicians Health Choice Select HMO
31 - Hearing Services (continued)		<p>\$0 co-pay for up to 1 hearing aid(s) every three years.</p> <p>\$800 limit for hearing aids every three years.</p>
32 - Vision Services	<p>0% or 20% coinsurance 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>In-Network</p> <p>\$0 co-pay for diagnosis and treatment for diseases and conditions of the eye*</p> <p>- and up to 1 routine eye exam(s) every year</p> <p>\$0 co-pay for</p> <p>- one pair of eyeglasses or contact lenses after cataract surgery *</p> <p>- glasses</p> <p>- contacts</p> <p>\$300 limit for eye wear every two years.</p>
33 - Physical Exams	<p>0% or 20% coinsurance for one exam within the first 12 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 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network</p> <p>\$0 co-pay for routine exams.</p> <p>\$0 co-pay for Medicare-covered benefits.*</p> <p>Limited to 1 exam(s) every year.</p>
Health/Wellness Education	<p>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 coinsurance, and Part B deductible applies.</p>	<p>In-Network</p> <p>The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Nutritional Training - Health Club Membership/Fitness Classes <p>\$0 co-pay for each Medicare-covered smoking cessation counseling session.*</p>

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Physicians Health Choice Select HMO
Transportation (Routine)	Not covered.	In-Network This plan does not cover routine transportation.
Acupuncture	Not covered.	In-Network This plan does not cover Acupuncture.

Comprehensive Written Statement for Prospective Enrollees - Special Needs Plan (SNP)

For information regarding your benefits and cost sharing protections under the Medicaid program, please contact New Mexico Medicaid at 1-888-997-2583.