



Presbyterian MediCare PPO Plan 1  
offered by Presbyterian Insurance Company, Inc.

# 2023

## Annual Notice of Changes



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



**October 1 through March 31:**  
8 a.m. - 8 p.m., Sunday - Saturday

**April 1 through September 30:**  
8 a.m. - 8 p.m., Monday - Friday



info@phs.org

[www.phs.org/Medicare](http://www.phs.org/Medicare)

Thank you for allowing Presbyterian MediCare PPO to be your partner in health! This document outlines the changes you can expect for the 2023 plan year. We also want to make sure you have access to important information such as your health plan's Provider Directory, Formulary, and Evidence of Coverage (EOC). See below for details on where to find the most current list of providers, pharmacies, and covered prescription drugs in your network, 24/7.

Visit [www.phs.org/Medicare](http://www.phs.org/Medicare) and select, "For Members" for information on how to access your:

- **Provider and Pharmacy Directory**

The Provider and Pharmacy Directory lists all of the current in-network providers and pharmacies available through your health plan. You can find an up-to-date list of providers and pharmacies in our network, anytime.

- **Formulary**

The Formulary lists generic and brand-name prescription drugs and the coverage amount or copayment you will need to pay for each prescription. Formularies will be available on October 15, 2022.

- **Evidence of Coverage (EOC)**

The Evidence of Coverage is your contract with Presbyterian which explains your coverage, what we must do, your rights, and what you have to do as a member of our plan. EOCs will be available on October 15, 2022.

## Contact Us

The Presbyterian Customer Service Center is here to help. If you would like any of these materials mailed to you, please contact us at:



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



**October 1 to March 31:**

8 a.m. to 8 p.m., seven days a week  
(except holidays)

**April 1 to September 30:**

8 a.m. to 8 p.m., Monday to Friday  
(except holidays)



[info@phs.org](mailto:info@phs.org)



## Presbyterian MediCare PPO Plan 1 offered by Presbyterian Insurance Company, Inc.

### Annual Notice of Changes for 2023

You are currently enrolled as a member of Presbyterian MediCare PPO Plan 1. Next year, there will be some changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.phs.org/Medicare](http://www.phs.org/Medicare). You may also call customer service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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#### What to do now

##### 1. ASK: Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Think about how much you will spend on premiums, deductibles, and cost sharing
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- ☐ Think about your overall health care costs.
- ☐ Think about whether you are happy with our plan.

##### 2. COMPARE: Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2023* handbook.
- ☐ Once you narrow your choices to a preferred plan, confirm your costs and coverage on the plan's website.

### 3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in Presbyterian MediCare PPO Plan 1.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Presbyterian MediCare PPO Plan 1.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### **Additional Resources**

- This document is available for free in Spanish.
- Please contact our Presbyterian Customer Service Center (customer service) at (505) 923-6060 or 1-800-797-5343 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., seven days a week (except holidays) from **October 1 through March 31**, and Monday to Friday (except holidays) from **April 1 through September 30**. Customer service has free language interpreter services available for non-English speakers.
- This information is available in other formats. Contact the plan for more information.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About Presbyterian MediCare PPO Plan 1**

- Presbyterian MediCare PPO is a Medicare Advantage Plan with a Medicare contract. Enrollment in Presbyterian MediCare PPO depends on contract renewal.
- When this document says "we," "us," or "our," it means Presbyterian Insurance Company, Inc. When it says "plan" or "our plan," it means Presbyterian MediCare PPO Plan 1.

## ***Annual Notice of Changes for 2023***

### **Table of Contents**

<b>Summary of Important Costs for 2023 .....</b>	<b>4</b>
<b>SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Presbyterian MediCare PPO Plan 1 in 2023 .....</b>	<b>6</b>
<b>SECTION 2 Changes to Benefits and Costs for Next Year .....</b>	<b>6</b>
Section 2.1 – Changes to the Monthly Premium .....	6
Section 2.2 – Changes to Your Maximum Out-of-Pocket Amounts .....	6
Section 2.3 – Changes to the Provider Network.....	7
Section 2.4 – Changes to Benefits and Costs for Medical Services .....	7
<b>SECTION 3 Deciding Which Plan to Choose.....</b>	<b>12</b>
Section 3.1 – If you want to stay in Presbyterian MediCare PPO Plan 1 .....	12
Section 3.2 – If you want to change plans .....	12
<b>SECTION 4 Deadline for Changing Plans.....</b>	<b>13</b>
<b>SECTION 5 Programs That Offer Free Counseling about Medicare .....</b>	<b>13</b>
<b>SECTION 6 Programs That Help Pay for Prescription Drugs .....</b>	<b>13</b>
<b>SECTION 7 Questions?.....</b>	<b>14</b>
Section 7.1 – Getting Help from Presbyterian MediCare PPO Plan 1 .....	14
Section 7.2 – Getting Help from Medicare.....	15

## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Presbyterian MediCare PPO Plan 1 in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<b>Monthly plan premium</b> (See Section 2.1 for details.)	\$43	\$43
<b>Maximum out-of-pocket amounts</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	<b>From in-network providers:</b> \$6,700  <b>From in-network and out-of-network providers combined:</b> \$10,000	<b>From in-network providers:</b> \$6,700  <b>From in-network and out-of-network providers combined:</b> \$10,000
<b>Doctor office visits</b>	<b>Primary care visits:</b> In-network: You pay a \$15 copayment per visit.  Out-of-network: You pay a \$35 copayment per visit.  <b>Specialist visits:</b> In-network: You pay a \$50 copayment per visit.  Out-of-network: You pay a \$60 copayment per visit.	<b>Primary care visits:</b> In-network: You pay a \$15 copayment per visit.  Out-of-network: You pay a \$35 copayment per visit.  <b>Specialist visits:</b> In-network: You pay a \$50 copayment per visit.  Out-of-network: You pay a \$60 copayment per visit.

Cost	2022 (this year)	2023 (next year)
<b>Inpatient hospital stays</b>	<b>In-network:</b> Per admission, you pay a \$325 copayment per day for days 1-5.  <b>Out-of-network:</b> Per admission, you pay a \$500 copayment per day for days 1-5.  (No charge for the remainder of your stay)	<b>In-network:</b> Per admission, you pay a \$325 copayment per day for days 1-5.  <b>Out-of-network:</b> Per admission, you pay a \$500 copayment per day for days 1-5.  (No charge for the remainder of your stay)

## **SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Presbyterian MediCare PPO Plan 1 in 2023**

If you do nothing to change your Medicare coverage by December 7, 2022, we will automatically enroll you in our Presbyterian MediCare PPO Plan 1. This means starting January 1, 2023, you will be getting your medical coverage through Presbyterian MediCare PPO Plan 1. If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

## **SECTION 2 Changes to Benefits and Costs for Next Year**

### **Section 2.1 – Changes to the Monthly Premium**

<b>Cost</b>	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Monthly premium</b>  (You must also continue to pay your Medicare Part B premium.)	\$43	\$43
<b>Optional Supplemental Dental Coverage</b>  This plan premium applies to you only if you enroll in our Comprehensive Dental Plan.	\$19	\$19

### **Section 2.2 – Changes to Your Maximum Out-of-Pocket Amounts**

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.



Cost	2022 (this year)	2023 (next year)
<b>In-network maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$6,700	\$6,700  Once you have paid \$6,700 out-of-pocket for covered services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.
<b>Combined maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$10,000	\$10,000  Once you have paid \$10,000 out-of-pocket for covered services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

## Section 2.3 – Changes to the Provider Network

An updated *Provider Directory* is located on our website at [www.phs.org/Medicare](http://www.phs.org/Medicare). You may also call customer service for updated provider information or to ask us to mail you a *Provider Directory*.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact customer service so we may assist.

## Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
<p><b>Emergency Care</b></p> <p>Emergency care refers to services that are:</p> <ul style="list-style-type: none"> <li>Furnished by a provider qualified to furnish emergency services, and</li> <li>Needed to evaluate or stabilize an emergency medical condition</li> </ul> <p>A medical emergency is when you, or any other prudent layperson with an average knowledge of health and medicine, believe that you have medical symptoms that require immediate medical attention to prevent loss of life, loss of a limb, or loss of function of a limb. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse.</p> <p>Cost-sharing for necessary emergency services furnished out-of-network is the same as for such services furnished in-network.</p>	<p><b>In- and out-of-network:</b></p> <p>You pay a \$90 copayment per emergency department visit</p> <p>This copayment does not apply if you are admitted to the hospital within 24 hours for the same condition.</p> <p>If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized, you must move to a network hospital in order to pay the in-network cost-sharing amount for the part of your stay after you are stabilized. If you stay at the out-of-network hospital, your stay will be covered but you will pay the out-of-network cost-sharing amount for the part of your stay after you are stabilized.</p>	<p><b>In- and out-of-network:</b></p> <p>You pay a \$95 copayment per emergency department visit</p> <p>This copayment does not apply if you are admitted to the hospital within 24 hours for the same condition.</p> <p>If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized, you must move to a network hospital in order to pay the in-network cost-sharing amount for the part of your stay after you are stabilized. If you stay at the out-of-network hospital, your stay will be covered but you will pay the out-of-network cost-sharing amount for the part of your stay after you are stabilized.</p>

Cost	2022 (this year)	2023 (next year)
<b>Emergency Care (continued)</b>		
<p>You have worldwide emergency coverage.</p> <ul style="list-style-type: none"> <li>If you are admitted to the hospital within 24 hours, you do not have to pay your emergency room copayment.</li> <li>Emergent air and ground transportation is covered to the nearest appropriate facility.</li> </ul> <p>You may need to file a claim for reimbursement unless the provider agrees to bill us</p>	<p><b>Out-of-network</b> <b>\$90 copayment</b></p>	<p><b>Out-of-network</b> <b>\$95 copayment</b></p>
<p><b>Outpatient diagnostic tests and therapeutic services and supplies:</b></p> <ul style="list-style-type: none"> <li>Therapeutic Radiological Services</li> </ul>	<p><b>In-network:</b> No Charge</p> <p><b>Out-of-network:</b> You pay a 20% coinsurance</p>	<p><b>In-network:</b> You pay a 20% coinsurance</p> <p><b>Out-of-network:</b> You pay a 20% coinsurance</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Outpatient hospital observation</b></p> <p>Observation services are hospital outpatient services given to determine if you need to be admitted as an inpatient or can be discharged.</p> <p>For outpatient hospital observation services to be covered, they must meet the Medicare criteria and be considered reasonable and necessary. Observation services are covered only when provided by the order of a physician or another individual authorized by state licensure law and hospital staff bylaws to admit patients to the hospital or order outpatient tests.</p> <p><b>Note:</b> Unless the provider has written an order to admit you as an inpatient to the hospital, you are an outpatient and pay the cost-sharing amounts for outpatient hospital services. Even if you stay in the hospital overnight, you might still be considered an “outpatient.” If you are not sure if you are an outpatient, you should ask the hospital staff.</p> <p>You can also find more information in a Medicare fact sheet called “Are You a Hospital Inpatient or Outpatient? If You Have Medicare – Ask!” This fact sheet is available on the Web at <a href="http://www.medicare.gov/Pubs/pdf/11435-Are-You-an-Inpatient-or-Outpatient.pdf">www.medicare.gov/Pubs/pdf/11435-Are-You-an-Inpatient-or-Outpatient.pdf</a> or by calling 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.</p>	<p><b>In-network:</b> You pay a \$90 copayment</p> <p><b>Out-of-network:</b> You pay a 20% coinsurance</p>	<p><b>In-network:</b> You pay a \$95 copayment</p> <p><b>Out-of-network:</b> You pay a 20% coinsurance</p>

Cost	2022 (this year)	2023 (next year)
<b>Urgently needed services</b> <p>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. Urgently needed services may be furnished by network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible.</p> <p>Cost-sharing for necessary urgently needed services furnished out-of-network is the same as for such services furnished in-network.</p> <p><b>Inside our service area:</b> You must obtain urgent care from network providers, unless our provider network is temporarily unavailable or inaccessible due to an unusual and extraordinary circumstances (for example, major disaster).</p> <p><b>Outside our service area:</b> You have worldwide urgent care coverage when you travel if you need medical attention right away for an unforeseen illness or injury and you reasonably believe that your health would seriously deteriorate if you delayed treatment until you returned to our service area. Look in Chapter 3, Section 3.2 of your <i>Evidence of Coverage</i> for more information.</p>		
	<b>In-network:</b> You pay a \$15 copayment per visit  <b>Out-of-network:</b> You pay a \$65 copayment per visit	<b>In-network:</b> You pay a \$15 copayment per visit  <b>Out-of-network:</b> You pay a \$60 copayment per visit

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Presbyterian MediCare PPO Plan 1

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled as a member of our 2023 Presbyterian MediCare PPO Plan 1.

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2023 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- --OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 7.2).

As a reminder, Presbyterian offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### Step 2: Change your coverage

- **To change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Presbyterian MediCare PPO Plan 1.
  - **To change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Presbyterian MediCare PPO Plan 1.
- **To change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact customer service if you need more information on how to do so.
  - – OR – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New Mexico, the SHIP is called New Mexico Aging and Long-Term Services.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. New Mexico Aging and Long-Term Services counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call New Mexico Aging and Long-Term Services at 1-800-432-2080 or TTY (505) 476-4937. You can learn more about New Mexico Aging and Long-Term Services by visiting their website ([www.nmaging.state.nm.us/](http://www.nmaging.state.nm.us/)).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the New Mexico Department of Health AIDS Drug Assistance Program. Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.
  - If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number by contacting the New Mexico Department of Health AIDS Drug Assistance Program:  
  
New Mexico Department of Health AIDS Drug Assistance Program (ADAP)  
1190 S. St. Francis Dr.  
Santa Fe, NM 87502

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the New Mexico Department of Health AIDS Drug Assistance Program at (505) 827-2435.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Presbyterian MediCare PPO Plan 1

Questions? We're here to help. Please call customer service at (505) 923-6060 or 1-800-797-5343. (TTY only, call 711). We are available for phone calls 8 a.m. to 8 p.m., seven days a week (except holidays) from **October 1 through March 31**, and Monday to Friday (except holidays) from **April 1 through September 30**. Read your 2023 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 *Evidence of Coverage* for Presbyterian MediCare PPO Plan 1. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.phs.org/Medicare](http://www.phs.org/Medicare). You may also call customer service to ask us to mail you an *Evidence of Coverage*.



**Visit our Website**

You can also visit our website at [www.phs.org/Medicare](http://www.phs.org/Medicare). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

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**Section 7.2 – Getting Help from Medicare**

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To get information directly from Medicare:

**Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

**Read *Medicare & You* 2023**

Read the *Medicare & You* 2023 handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-592-7737 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-592-7737 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Navajo (Diné):** Díí ats'íís dóó azee' bínáí dííkidgo, Dinék'ehjí yadałti'iigi ła' bich'í' hadíídzih. Béesh bee hane'é t'áá jíík'e be' hódíílnih, 1-855-592-7737 (TTY: 711).

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-592-7737 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-592-7737 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-592-7737 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-592-7737 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-592-7737 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelman. Unsere Dolmetscher erreichen Sie unter 1-855-592-7737 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-592-7737 (TTY: 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-592-7737 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-592-7737 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाकिया सेवाएँ उपलब्ध हैं. एक दुभाकिया प्राप्त करने के लिए, बस हमें 1-855-592-7737 (TTY: 711) पर फोन करें. कोई व्यक्ति जो कहन्दी बोिता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-592-7737 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-592-7737 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-592-7737 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-592-7737 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-592-7737 (TTY: 711). にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。