



2024 ENROLLMENT GUIDE

Presbyterian Dual Plus (HMO D-SNP)

H3204-013-004

Thank you for your interest in Presbyterian Dual Plus (HMO D-SNP) Medicare Advantage Plan. Presbyterian offers you the value that comes with our integrated system of providers, hospitals and health plan – all working together to keep you healthy and provide new and innovative services.

Plan Highlights

- More benefits than Original Medicare (Part A and Part B)
- \$3,000 in dental coverage annually
- \$1,260 Over-the-counter (OTC) Benefit Card, Catalog or Online Ordering benefit
- \$2,000 Hearing Aid Allowance
- Transportation Benefit (50 one-way trips)
- \$275 annual vision benefit
- No-cost telehealth visits to see a medical provider anytime for non-emergencies
- Preventive services
- \$0 diabetic supplies
- Routine acupuncture and chiropractic care
- Gym memberships included through SilverSneakers®
- A convenient and secure website to manage your plan online through myPRES

TABLE OF CONTENTS

| | |
|---|-----------|
| ABOUT US | 3 |
| Who We Are | 3 |
| Our Integrated System | 4 |
| Easy Ways to Access Care | 5 |
| Managing the Health of Our Members | 6 |
| MEDICARE BASICS | 7 |
| SUMMARY OF BENEFITS | 9 |
| PRESCRIPTION DRUG FORMULARY | 19 |
| PROVIDERS AND PHARMACIES | 20 |
| GET ENROLLED | 21 |
| When You Can Enroll | 21 |
| How to Enroll | 22 |
| Presbyterian Dual Plus (HMO D-SNP) Pre-Enrollment Checklist | 23 |
| Individual Enrollment Request Form | 24 |
| Sales Appointment Confirmation Form | 33 |
| Presbyterian Enrollment Receipt | 35 |
| What to Expect After Enrollment | 37 |

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. If you need language assistance, services are available at no cost. Call (505) 923-5420, 1-855-592-7737 (TTY: 711).

ATENCIÓN: Si usted prefiere hablar en español, están a su disposición servicios gratuitos de ayuda lingüística. Llame al (505) 923-5420, 1-855-592-7737 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíłnih (505) 923-5420, 1-855-592-7737 (TTY: 711).

For more information, visit <https://www.phs.org/pages/nondiscrimination.aspx>.

ABOUT US

Who We Are

- Founded in New Mexico in 1908, Presbyterian Healthcare Services is a locally owned, not-for-profit healthcare system of nine hospitals, a medical group, and a health plan.
- Presbyterian's health system serves one in three New Mexico residents in our clinics, hospitals and as members of our health plan.
- Owned by Presbyterian Healthcare Services, Presbyterian Health Plan, Inc. was formed in 1985 and now has more than 640,000 members enrolled in Medicare Advantage, Medicaid, and Commercial/Individual plans.

Presbyterian by the Numbers

115 years
of serving
New Mexicans



9 hospitals in
8 communities



More than **1,200**
providers in
Presbyterian
Medical Group



950,000
individual
customers
(and counting)



Nearly **13,000**
employees –
New Mexico's
largest private
employer



More than
640,000
Presbyterian
Health Plan
members, which
includes nearly
42,000 Medicare
Advantage members



ABOUT US

Our Integrated System



As part of an integrated healthcare system, Presbyterian offers patients throughout New Mexico access to dedicated primary care providers, as well as highly specialized care, including cancer care, heart and vascular care, and behavioral health.

Provider Network Highlights

New Mexico

- All Presbyterian Hospitals and Medical Group clinics (www.phs.org/directory).
- Other facilities in our provider Dual Plus provider network:
 - Ben Archer Health Center
 - Christus St. Vincent Hospital and Physician Group
 - First Choice Community Healthcare
 - Gerald Champion Regional Medical Center
 - Gila Regional Medical Center
 - La Clinica De Familia
 - La Familia Medical Center

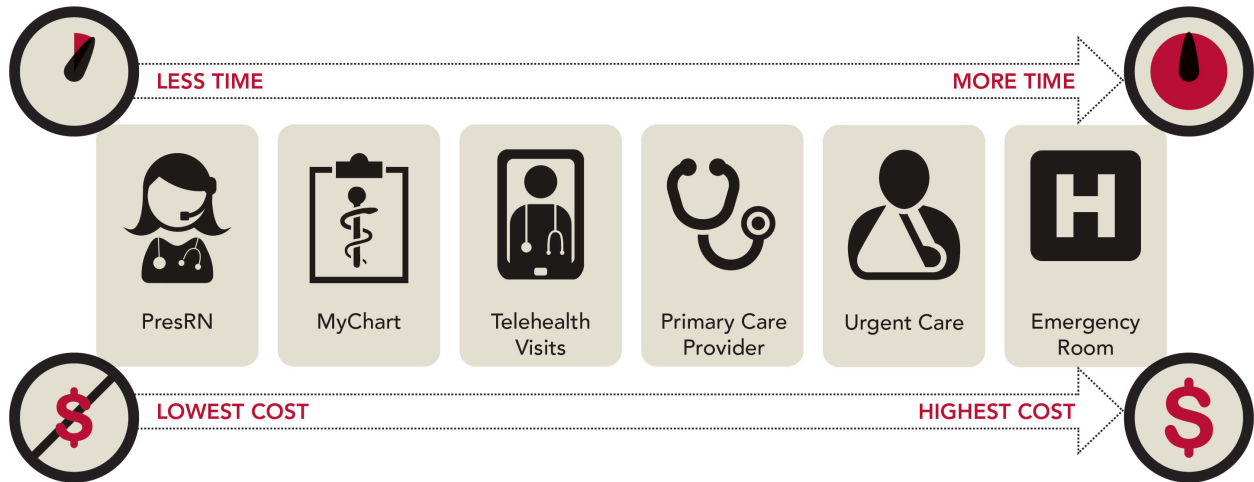
- Lovelace Hospitals and Medical Group
- Memorial Medical Center
- MountainView Regional Medical Center
- Mimbres Memorial Hospital
- Sierra Vista Hospital
- Three Crosses Regional Hospital
- UNM Hospital and Medical Group

El Paso, Texas

- Sierra Providence Health Network (www.thehospitalsofprovidence.com)

ABOUT US

Easy Ways to Access Care



PresRN is a great starting point, giving you direct, local access to medical advice 24 hours a day, seven days a week, including holidays. There is no charge to call our experienced registered nurses (RNs) for answers to your health or wellness questions. Call **(505) 923-5573** or **1-800-887-9917**.

MyChart is a secure, web-based portal allowing members with a Presbyterian Medical Group provider to send electronic messages to their care team, request prescription renewals, view medical records or test reports, and schedule office or telephone visits.

Any **telehealth service** with an in-network provider is \$0, including Primary Care, Specialist, Urgent Care or Behavioral Health visits. To learn more about these virtual care options, visit **www.phsgetcare.org**.

Primary care providers can treat most health problems. They may be a general/family practice physician, internal medicine physician, gynecologist, physician assistant or nurse practitioner.

Urgent care clinics provide care for minor illness and injuries that are not an emergency. For added convenience, Presbyterian now offers same-day, scheduled appointments.

Emergency rooms are for serious medical emergencies or injuries that require immediate medical attention.

ABOUT US

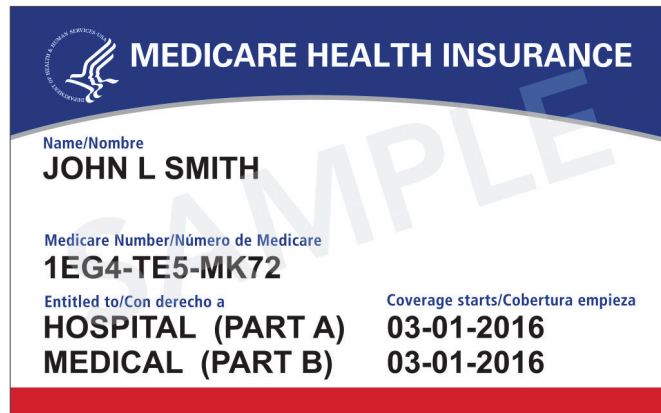
Managing the Health of Our Members

- **Healthy Solutions Program** – A health coach provides education and telephonic or video lifestyle coaching to assist you in managing your chronic condition for asthma, coronary artery disease, diabetes or hypertension.
- **Case management** – Nurses and social workers help you manage your complex medical needs and will help link you with appropriate providers that will work to keep you out of the hospital or emergency room.
- **Utilization management reviews** – Pre-service, urgent concurrent, and post-service reviews ensure you are receiving the most appropriate covered treatments and services for you.
- **Complete Care Clinic** – This program provides comprehensive primary care services for adults with chronic or complex illnesses and helps these patients access care and navigate the medical system. The clinic works closely with other programs such as Presbyterian Home Care, Hospital at Home, and Palliative Care.
- **National Diabetes Prevention Program** – This is a year-long program for eligible members that encourages lifestyle changes to prevent or delay Type 2 diabetes.



MEDICARE BASICS

Medicare is a federal health insurance program administered by the Centers for Medicare & Medicaid Services (CMS) that provides hospital and medical coverage. There are several parts to Medicare coverage, each with different benefits and costs.



Parts of Medicare

Part A

Covers hospitalization, such as inpatient care, hospice care, and some home healthcare, skilled nursing home care and nursing home care. Most people do not have to pay premiums for Part A.

Part B

Covers medical services such as provider's visits (including most provider services while you're in the hospital) and outpatient treatments, as well as medical services and supplies not covered under Part A. Most people pay premiums for Part B.

Part C

Commonly called Medicare Advantage, these plans combine Part A and Part B. Part D may also be included as well as other benefits.

Part D

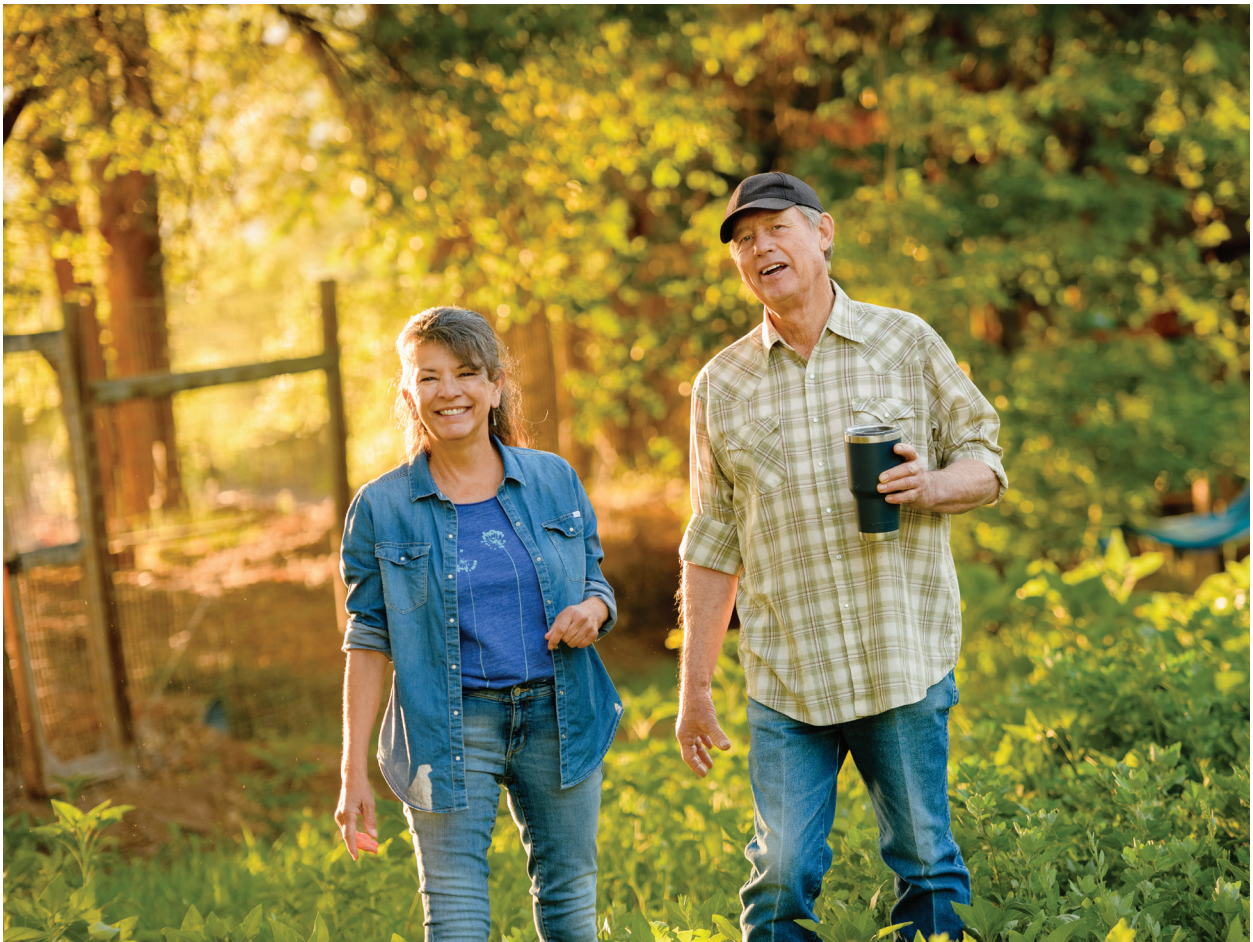
Part D covers prescription drug costs and is available to individuals who have Part A, B or C. Joining a health plan that includes Part D prescription drug coverage is voluntary.

MEDICARE BASICS

What You Should Know

Automatic Disenrollment

Medicare beneficiaries cannot be enrolled in a Medicare Advantage plan and a stand-alone Medicare Part D prescription drug plan with another company at the same time. For example, if you enroll in a separate Part D plan, you will automatically be disenrolled from your Medicare Advantage plan and covered by Original Medicare.





2024 SUMMARY OF BENEFITS

Presbyterian Dual Plus (HMO D-SNP)

H3204-013-004

This is a summary of health and drug benefits covered by Presbyterian Dual Plus (HMO D-SNP) effective January 1, 2024 to December 31, 2024. This plan is a Dual Eligible Special Needs Plan (SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.

To enroll in Presbyterian Dual Plus (HMO D-SNP):

- You must be entitled to Medicare Part A and enrolled in Medicare Part B.
- You must live in one of these New Mexico counties: **Bernalillo, Catron, Cibola, Colfax, DeBaca, Dona Ana, Eddy, Grant, Guadalupe, Harding, Hidalgo, Lea, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Rio Arriba, Sandoval, San Miguel, Santa Fe, Sierra, Socorro, Taos, Torrance, Union, or Valencia.**

(Enrollment requirements continued on next page)

You must be in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copay amounts. You pay nothing, except for Part D prescription drug copays.
- **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copay amounts only. You pay nothing, except for Part D prescription drug copays.
- **Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only. The State Medicaid Office does not pay your cost share. You do not have full Medicaid benefits. There may be some services that do not have a member cost-share amount.
- **Qualifying Individual (QI):** Medicaid pays your part B premium only. The State Medicaid Office does not pay your cost share. You do not have full Medicaid benefits. You pay the cost-share amounts listed in the summary of benefits that follow. There may be some services that do not have a member cost-share amount. The State Medicaid Office does not pay your cost share. You do not have full Medicaid benefits. There may be some services that do not have a member cost-share amount.
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost-share amounts. Generally, your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you must pay cost-sharing when a service or benefit is not covered by Medicaid.
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost share. You do not have full Medicaid benefits. There may be some services that do not have a member cost-share amount.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost-share amounts. Generally, your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

SUMMARY OF BENEFITS

Presbyterian Dual Plus (HMO D-SNP)

| Benefits | You Pay |
|--|---|
| Monthly Plan Premium | \$0 - \$35.60 Based on your level of Low Income Subsidy, your plan premium could be paid by Medicare. |
| Deductible | \$226. You will be notified if Medicare changes this amount for 2024. \$0 if you are enrolled in Medicaid as a Qualified Medicare Beneficiary (QMB). \$0 if you are enrolled in Medicaid with full benefits (non-QMB). (Depending on your level of assistance through the New Mexico Human Services Department.) |
| Maximum Annual Out-of-Pocket | \$8,850 This is the most you will pay in a calendar year for covered medical and hospital services. It does not include prescription drugs. |
| Inpatient Hospital Care* Deductible After Deductible <ul style="list-style-type: none"> • Days 1 – 60 • Days 61 – 90 • Days 91 and beyond | \$1,556 per benefit period \$0 copay per day \$389 copay per day \$778 copay per day You will be notified if Medicare changes this amount in 2024. |
| Outpatient Surgery* | \$0 copay - 20% coinsurance |
| Doctor Visits <ul style="list-style-type: none"> • Primary Care • Specialists • Video Visits | \$0 copay - 20% coinsurance |
| Preventive Care | \$0 copay |

* Prior authorization required.

SUMMARY OF BENEFITS

Presbyterian Dual Plus (HMO D-SNP)

| Benefits | You Pay |
|--|---|
| Emergency Care <i>(This copay is waived if admitted to the hospital.)</i> | \$0 - 20% up to \$100 maximum copay |
| Urgently Needed Services | \$0 - 20% up to \$55 maximum copay |
| Diagnostic Services/Labs/Imaging* | \$0 copay - 20% coinsurance |
| Hearing Services <ul style="list-style-type: none"> • Annual routine exam • Hearing aid | \$0 copay \$2,000 maximum allowance every 2 years |
| Routine Dental Services | \$3,000 maximum annual allowance Dentures covered every 5 years |
| Vision Services <ul style="list-style-type: none"> • Annual routine exam • Diagnosis and treatment of diseases and conditions of eye • Eyeglasses or contact lenses after cataract surgery | \$0 copay \$0 copay - 20% coinsurance \$0 copay - 20% coinsurance |
| Mental Health Services* <ul style="list-style-type: none"> • Inpatient visit • Outpatient group therapy visit • Outpatient individual therapy visit | Same as Inpatient Hospital Care \$0 copay - 20% coinsurance \$0 copay - 20% coinsurance |
| Skilled Nursing Facility (SNF)* <ul style="list-style-type: none"> • Days 1 - 20 • Days 21 - 100 • Days 101 and beyond | \$0 copay per day \$194.50 copay per day 100% of the costs You will be notified if Medicare changes this amount in 2024. |

SUMMARY OF BENEFITS

Presbyterian Dual Plus (HMO D-SNP)

| Benefits | You Pay |
|---|--|
| Rehabilitation Services <ul style="list-style-type: none"> • Cardiac and Pulmonary rehab • Occupational, Physical, and Speech and Language therapy visits | \$0 copay - 20% coinsurance \$0 copay - 20% coinsurance |
| Ambulance | \$0 copay - 20% coinsurance |
| Transportation | 50 one-way trips per year to medical, dental and pharmacy approved visits. |
| Medicare Part B Drugs and Chemotherapy | \$0 copay - 20% coinsurance |
| Foot Care <i>(Medicare-covered podiatry services)</i> <ul style="list-style-type: none"> • Foot exams and treatment | \$0 copay - 20% coinsurance |
| Medical Equipment/Supplies* <ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics | \$0 copay - 20% coinsurance \$0 copay - 20% coinsurance |
| Diabetic Services and Supplies <ul style="list-style-type: none"> • Test strips, lancets and meters • Continuous Glucose Monitors (CGM) - coverage limited to Freestyle Libre products | \$0 copay \$0 copay - 20% coinsurance |
| Chiropractic <ul style="list-style-type: none"> • To correct subluxation • Routine <i>(limited to 25 visits/year)</i> | \$0 copay - 20% coinsurance \$0 copay |
| Home Health Care* | \$0 copay |

* Prior authorization required.

SUMMARY OF BENEFITS

Presbyterian Dual Plus (HMO D-SNP) Prescription Coverage

| | |
|------------------------------|--|
| Deductible | Depending on your Low-Income Subsidy Level – You Pay: \$0 - \$545 Tiers 2 - 5 |
| Initial Coverage | <p>Depending on your Low-Income Subsidy Level, you pay the following:</p> <p>Generic drugs (including brand drugs treated as generic), either</p> <ul style="list-style-type: none"> • \$0 copay; or • \$1.55 copay; or • \$4.50 copay <p>For all other drugs, either</p> <ul style="list-style-type: none"> • \$0 copay; or • \$4.60 copay; or • \$11.20 copay <p>You may get your drugs at network retail pharmacies and mail order pharmacies. This plan has a preferred mail order pharmacy that offers a cost savings for 90-day supplies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p> <p>Your copay will be no more than \$35 for a 30-day supply of covered insulins.</p> |
| Catastrophic Coverage | After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, you pay nothing for all drugs. |

SUMMARY OF BENEFITS

Presbyterian Dual Plus (HMO D-SNP)

| Supplemental Benefits | Benefit |
|--|--|
| Meals Up to 20 meals delivered to your home | <ul style="list-style-type: none"> You pay \$0 copay. You will receive up to 20 meals delivered to your home after a hospital stay. This program is uniquely designed to keep you healthy and strong while you are recovering from an inpatient hospital stay. The meal benefit is available during the four-week period following a hospital stay. This benefit is offered through Meals on Wheels. |
| Over-the-Counter (OTC) Debit Card (\$315 quarterly allowance/ \$1,260 annual allowance) | <ul style="list-style-type: none"> You will receive an OTC debit card that can be used to purchase non-prescription medications and health-related items. The OTC debit card is reloaded with \$315 each quarter. Any unused balance is carried over from month to month until the end of the year. You may use the OTC debit card at Walgreens, Walmart, CVS, Dollar General and other stores in the network. You also have the option of ordering online or telephonically from a catalog. |
| Eyewear allowance | You will receive a \$275 allowance every year. |
| Wellness Programs | <p>SilverSneakers® is included. This fitness program can help you live a healthier, more active life through fitness and social connection.</p> <p>This fitness benefit is available online and at participating locations. Membership includes SilverSneakers instructor-led group fitness classes. Classes vary by location and can be found by visiting www.silversneakers.com.</p> |

SUMMARY OF BENEFITS

Good hearing helps you stay connected and involved in life's special moments. That's why we offer a comprehensive hearing care solution through TruHearing®.



Hearing aids can be expensive – an average of \$2,330 per aid – but this hearing aid benefit makes addressing your hearing loss more affordable. You can save by using your TruHearing \$2,000 allowance on hearing aids every two years.

Example Savings (per pair):

| Sample Product | Avg. Retail Price | TruHearing Price | Allowance | You Pay |
|--------------------------|-------------------|------------------|-----------|---------|
| TruHearing Standard | \$3,438 | \$1,590 | \$2,000 | \$0 |
| Signia® 2AX | \$4,300 | \$1,990 | \$2,000 | \$0 |
| Widex Moment® Sheer™ 110 | \$3,524 | \$1,790 | \$2,000 | \$0 |
| Starkey Evolv® AI 1000 | \$3,600 | \$1,930 | \$2,000 | \$0 |
| Resound Key™ 4 | \$3,440 | \$1,990 | \$2,000 | \$0 |

Prices and products subject to change. For more information, visit TruHearing.com/GetStarted.

All exams and hearing aid purchases must be made through TruHearing.

Call TruHearing to learn more and schedule an appointment.

1-833-759-6823 | TTY 711 | 8 a.m.- 8 p.m., Monday - Friday

Low-Income Subsidy (LIS) and Other Medicare/Medicaid Savings Programs

If you qualify for Low-Income Subsidy (LIS), your prescription drug coverage gap (also known as the donut hole) in your drug coverage is eliminated. You also pay reduced copays for your Part D drugs. Those who qualify for Extra Help may also qualify for Medicare Savings Programs that help pay Part A and/or Part B premiums. Medicaid programs may also lower your copays, depending on the level for which you qualify.

Find Out If You Qualify for Assistance

- 1-800-Medicare (1-800-633-4227), 24 hours a day, seven days a week (TTY 1-877-486-2048)
- Social Security, 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. (TTY 1-800-325-0778). Automated messages are available 24 hours a day.
- NM State Human Services Department, 1-888-997-2583 (TTY 1-855-227-5485)

SUMMARY OF BENEFITS

January 1 – December 31, 2024

SUMMARY OF NEW MEXICO MEDICARE/MEDICAID BENEFITS

Your state Medicaid program is called Centennial Care.

A person who is entitled to both Medicare and medical assistance from a State Medicaid plan is considered a dual eligible. As a dual eligible beneficiary your services are paid first by Medicare and then by Medicaid.

Benefit Coverage

Centennial Care provides a comprehensive package of services that includes behavioral health, physical health, and long-term care services and supports (LTSS). Members meeting a Nursing Facility Level of Care (NF LOC) are able to access LTSS through Community Benefit (CB) services (i.e., home- and community-based services) without a waiver slot. The CB is available through Agency-Based Community Benefit (ABCB) services (services provided by a provider agency) and Self-Directed Community Benefit (SDCB) services (services that a participant can control and direct). Individuals under age 21 who are enrolled in Medicaid or the Children's Health Insurance Program (CHIP) receive Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services.

Under Centennial Care today, most adults who are enrolled in the Medicaid Expansion category receive services under an Alternative Benefit Plan (ABP). The ABP is a comprehensive benefit package that covers all services that are defined under the Patient Protection and Affordable Care Act (ACA) as "essential health benefits," as well as adult dental services. Centennial Care 2.0 proposes to redesign the ABP into a single, comprehensive adult benefit package that would cover both the Medicaid Expansion Category as well as Medicaid adults in the Parent/Caretaker category. The state proposes adding a limited vision benefit to the ABP, and waiving EPSDT services for 19-20-year-olds who are covered under the Adult Expansion or Parent/Caretaker categories. Adults who are considered "medically frail" are exempt from the ABP and may receive the standard Medicaid benefit package, including access to CB services and nursing facility care for individuals who meet the NF LOC criteria. If you are currently entitled to receive full Medicaid benefits, please see your Medicaid member handbook or other state Medicaid documents for full details on your Medicaid benefits, limitations, restrictions, and exclusions.

SUMMARY OF BENEFITS

For more information about Presbyterian Medicare Advantage plans, please call us at the phone numbers below or visit us at www.phs.org/medicare.

Presbyterian Dual Plus Sales Consultants

(505) 923-5264 or 1-866-757-5264 (TTY 711)

Presbyterian Customer Service Center (for members)

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

Hours: 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 see our plan's provider and pharmacy directory if you visit our website at www.phs.org/medicare and select **Provider Directory** from the **Resource** panel.

For coverage and costs of Original Medicare, look in your current **Medicare & You** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

To learn how we safeguard your Protected Health Information and your rights, call us at (505) 923-7675 or 1-855-465-7737 (TTY 711) or visit www.phs.org/medicare and select **Privacy** at the bottom of the page.

Out-of-network/non-contracted providers are under no obligation to treat Presbyterian Dual Plus members, except in emergency situations. Please call our local Presbyterian Customer Service Center (customer service) number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

To get a complete list of services we cover, please contact the plan or refer to the Evidence of Coverage. You may easily download a copy of the Evidence of Coverage from our website, www.phs.org/medicare, and select **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 (HMO D-SNP) with a Medicare contract and a contract with the State of New Mexico Human Services Department Medicaid program. Enrollment in the plan 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 2025.

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. If you need language assistance, services are available at no cost. Call (505) 923-5420, 1-855-592-7737 (TTY: 711). ATENCIÓN: Si usted prefiere hablar en español, están a su disposición servicios gratuitos de ayuda lingüística. Llame al (505) 923-5420, 1-855-592-7737 (TTY: 711). Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíłnih (505) 923-5420, 1-855-592-7737 (TTY: 711).

PRESCRIPTION DRUG FORMULARY



A formulary is a list of drugs selected by Presbyterian Health Plan, Inc. which represents the prescription therapies believed to be a necessary part of a quality treatment program.

Drugs listed on the formulary are generally covered as long as the drug is medically necessary.

What if your drug is not on our formulary?

- Call us and ask for a list of similar drugs that are covered.
- You can ask us to make an exception to cover your drug. Generally, we will approve your request for an exception as a Tier 5 drug if drugs on our formulary are not as effective at treating your condition.

Quantity limitations and restrictions may apply and are noted in the formulary with the following abbreviations:

| | | | |
|----|-----------------------|-----|---------------------------|
| PA | = Prior Authorization | GC | = Gap Coverage |
| QL | = Quantity Limits | LA | = Limited Access |
| ST | = Step Therapy | NDS | = Non-Extended Day Supply |

For more information or to download the formulary drug list, visit www.phs.org/medicare and click Prescription Drugs.

PROVIDERS AND PHARMACIES

Ways to find your provider

- **Call us** – If you would like a copy of the full printed directory mailed to you, or need help finding your provider, please call (505) 923-7675 or 1-855-465-7737 (TTY 711).
- **Online** – View our online directory at phs.org/medicare/en/Pages/providers.aspx. Since our network providers can change daily, our online listing can help you find the most current information.



GET ENROLLED

When You Can Enroll

New to Medicare

| If you enroll... | Your coverage begins... |
|---|---|
| 1-3 months before your Part A and Part B effective date | The first day of the month of your Part A and Part B effective date |
| The month of your Part A and Part B effective date | The first day of the following month |
| 1-3 months after your Part A and Part B effective date | The first day of the following month |

Annual Enrollment Period

Occurs every year, October 15 through December 7. Changes made during this time are effective January 1.

Medicare Advantage Open Enrollment Period (MA OEP)

Occurs January 1 through March 31. This is your opportunity to change your Medicare Advantage plan. Individuals enrolled in Medicare Advantage plans can switch to:

- Medicare Advantage with Part D
- Medicare Advantage without Part D
- Original Medicare (with or without a stand-alone Part D plan).

The effective date is the first of the following month following receipt of the enrollment request.

Special Election Period (Special Exceptions)

- If you have Medicaid or Low Income Subsidy (LIS) you can enroll in, or disenroll from, a Medicare Advantage plan once per calendar quarter during the first nine months of the year. It may not be used in the fourth quarter of the year (October-December).
- If you gain, lose, or have a change in your Medicaid or LIS-eligible status, you can enroll within three months of the change or notification of such a change, whichever is later.
- If you are moving into the service area, you can enroll during the month prior to your move, the month you move, and up to two months after you move.
- If you are leaving employer or union coverage, you can enroll up to two months after you lose coverage.
- If you involuntarily lost creditable drug coverage, you can enroll up to two months after you lose coverage.
- Other exceptions may apply.

GET ENROLLED

How to Enroll



Enroll online at www.phs.org/medicare

OR ...



Complete the enclosed Individual Enrollment Request Form

- Check which plan you want to enroll in.
- If you and your spouse are enrolling, you'll **each** need to complete an enrollment form.
- If you are enrolling in a plan with a monthly premium, select a payment option.
- Read, sign and date the form.
- Mail, fax or hand-deliver form to:



Mailing Address

Presbyterian Health Plan, Inc.
P.O. Box 27489
Albuquerque, NM 87125-7489
Fax: (505) 923-5385



Street Addresses

The Cooper Center
9521 San Mateo Blvd. NE
Albuquerque, NM 87113

Presbyterian Health Plan
555 Utah Ave., Suite C
Las Cruces, NM 88001

OR ...



Contact a sales representative.

Call (505) 923-5264 or 1-866-757-5264 (TTY 711), 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.

Note: If you enroll in one of our plans and are already enrolled in a Medicare Advantage plan or a stand-alone Prescription Drug Plan, your current plan will automatically terminate when your plan with us becomes effective.

If you are currently enrolled in a Medicare Supplement plan, **you will need to terminate that plan** once you receive confirmation that your new enrollment with us was accepted by Medicare. Do not terminate your Medicare Supplemental coverage until you receive confirmation from our plan that your enrollment was accepted.

**Presbyterian Dual Plus (HMO D-SNP)
2024 Pre-Enrollment Checklist**

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call us at **(505) 923-8458** or **1-800-347-4766**. TTY users can call 711.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC), provides a complete list of coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit **www.phs.org/medicare** or call **(505) 923-8458** or **1-800-347-4766**, TTY users can call 711, to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the providers you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ If your plan has a premium, in addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have TRICARE, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact TRICARE for more information.

**Presbyterian Dual Plus (HMO D-SNP)
2024 Individual Enrollment Request Form**

| | |
|--|---|
| <p>Who can use this form?</p> <p>People with Medicare who want to join a Medicare Advantage Plan</p> <p>To join a plan, you must:</p> <ul style="list-style-type: none"> • Be a United States citizen or be lawfully present in the United States • Live in the plan's service area <p>Important: To join a Medicare Advantage Plan, you must also have both:</p> <ul style="list-style-type: none"> • Medicare Part A (Hospital Insurance) • Medicare Part B (Medical Insurance) | <p>Reminders:</p> <ul style="list-style-type: none"> • If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7. • If your plan has a premium, your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit. |
| <p>When do I use this form?</p> <p>You can join a plan:</p> <ul style="list-style-type: none"> • Between October 15 to December 7 each year (for coverage starting January 1) • Within three months of first getting Medicare • In certain situations where you're allowed to join or switch plans <p>Visit Medicare.gov to learn more about when you can sign up for a plan.</p> | <p>What happens next?</p> <p>Send your completed and signed form to: Presbyterian Health Plan, Inc. P.O. Box 27489 Albuquerque, NM 87125-7489 Fax: (505) 923-5385</p> <p>Once we process your request to join, we'll contact you.</p> |
| <p>What do I need to complete this form?</p> <ul style="list-style-type: none"> • Your Medicare Number (the number on your red, white and blue Medicare card) • Your permanent address and phone number <p>Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.</p> | <p>How do I get help with this form?</p> <p>Call Presbyterian Dual Plus (HMO D-SNP) at (505) 923-8458 or 1-800-347-4766. TTY users can call 711. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.</p> <p>En español: Llame a Presbyterian Dual Plus (HMO D-SNP) al (505) 923-8458 o 1-800-347-4766/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.</p> <p>Individuals experiencing homelessness</p> <p>If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g. social security checks) may be considered your permanent residence address.</p> |

**Presbyterian Dual Plus (HMO D-SNP)
2024 Individual Enrollment Request Form**

Section 1 – All fields on pages 1 and 2 are required (unless marked optional)

Select the plan you want to join:

This plan is for individuals with both Medicare and Medicaid. Premium is based on your Low Income Subsidy (LIS) level. Your Plan premium could be paid for by Medicare.

Presbyterian Dual Plus (DSNP)

☐ **H3204-013-004 Available in these counties:** Bernalillo, Catron, Cibola, Colfax, De Baca, Doña Ana, Eddy, Grant, Guadalupe, Harding, Hidalgo, Lea, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Rio Arriba, Sandoval, San Miguel, Santa Fe, Sierra, Socorro, Taos, Torrance, Union, or Valencia

☐ **H3204-013-005 Available in these counties:** Chavez, Curry, Quay, Roosevelt or San Juan

FIRST Name: LAST Name: Middle Initial: (Optional)

Birth Date:
(M M / D D / Y Y Y Y)
(____ / ____ / ____)

Sex:
☐ M ☐ F

Phone Number:
(Cell Preferred)
(____)

Email:

Permanent Residence Street Address (Don't enter a P.O. Box):

City:

County:

State:

ZIP Code:

Mailing Address, if different from your permanent address (P.O. Box allowed):

City:

State:

ZIP Code:

Your Medicare information:

Medicare Number: ____ - ____ - ____

Answer these important questions:

1. Are you enrolled in your state Medicaid Program? ☐ Yes ☐ No

If yes, Medicaid number: _____

2. Will you have other prescription drug coverage (like VA, TRICARE) in addition to Presbyterian Dual Plus (HMO D-SNP)? ☐ Yes ☐ No

If yes, name of other coverage: _____

Member number for this coverage: _____

Group number for this coverage: _____

**Presbyterian Dual Plus (HMO D-SNP)
2024 Individual Enrollment Request Form**

IMPORTANT – Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Presbyterian Dual Plus (HMO D-SNP).
- By joining this Medicare Advantage (MA) Plan, I acknowledge that Presbyterian Dual Plus (HMO D-SNP) will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my Presbyterian Dual Plus (HMO D-SNP) coverage begins, I must get all of my medical and prescription drug benefits from Presbyterian Dual Plus (HMO D-SNP). Benefits and services provided by Presbyterian Dual Plus (HMO D-SNP) and contained in my Presbyterian Dual Plus (HMO D-SNP) “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Presbyterian Dual Plus (HMO D-SNP) will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature:

Today's Date:

If you're the authorized representative, sign above and fill out these fields:

Name:

Address:

Phone Number:

Relationship to Enrollee:

Office Use Only:

Name of staff member, agent or broker (if assisted in enrollment):

Broker NPN# _____ Date Received: _____

How was enrollment received: ☐ Walk-in with presentation ☐ In Home with presentation
☐ Seminar/Meeting ☐ Telephonic ☐ Walk-in without presentation
☐ In Home without presentation ☐ Mail in ☐ Email ☐ Faxed ☐ No broker

Plan ID# _____ Effective date of coverage: _____

ICEP/IEP: _____ AEP: _____ SEP (type): _____ Not Eligible: _____

**Presbyterian Dual Plus (HMO D-SNP)
2024 Individual Enrollment Request Form**

Section 2 – All fields on this page are optional Answering these questions is your choice.
You can't be denied coverage because you don't fill them out.

I may need help accessing care or benefits and would like to be contacted (check all that apply):

- ☐ Find a new primary care provider (PCP)
☐ Transfer prescription/medication (e.g., coverage, cost, mail order)
☐ Care coordination (for example, if you have complex healthcare needs)

As part of your enrollment, do you want to receive any of the following materials via email?

- ☐ Plan Formulary ☐ Summary of Benefits ☐ Evidence of Coverage

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- ☐ No, not of Hispanic, Latino/a or Spanish origin ☐ Yes, Mexican, Mexican American, Chicano/a
☐ Yes, Puerto Rican ☐ Yes, Cuban
☐ Yes, another Hispanic, Latino/a, or Spanish origin ☐ I choose not to answer

What's your race? Select all that apply.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Asian | <input type="checkbox"/> I choose not to answer |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Samoan | | |

All materials are available in Spanish and a machine-readable format through our website or by request. Other options, such as other languages, large print or Braille are available by request. Please contact Presbyterian Dual Plus (HMO D-SNP) **(505) 923-7675** or **1-855-465-7737**. Our office hours are 8 a.m. to 8 p.m., seven days a week from October 1 to March 31, and Monday to Friday (except holidays) from April 1 through September 30. TTY users can call 711. Select one if you want us to send you information in a language other than English.

- ☐ Spanish ☐ Other _____

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP), clinic or health center:

**Presbyterian Dual Plus (HMO D-SNP)
2024 Individual Enrollment Request Form**

Paying Your Plan Premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, "Electronic Funds Transfer (EFT)", credit card each month. You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month. Please select a payment option:

☐ Get a bill.

☐ Electronic Funds transfer (EFT) from your bank account each month.

Please enclose a VOIDED check or provide the following:

Account holder name: _____

Bank routing number: _____ Bank account number: _____

Account type: ☐ Checking ☐ Saving

☐ Credit Card. Please provide the following information:

Type of Card: ☐ Visa ☐ MasterCard ☐ Discover

Name of Account holder as it appears on card: _____

Account number: _____ Expiration Date: __ / __ __ __ (MM/YYYY)

☐ Automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check. I get monthly benefits from: ☐ Social Security ☐ RRB

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **DON'T** pay Presbyterian Senior Care (HMO) the Part D-IRMAA.

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 2025.

GET ENROLLED

Sales Appointment Confirmation Form

By signing this form, you are agreeing to a sales meeting with a sales agent to discuss the Presbyterian Senior Care (HMO/HMO-POS), Presbyterian UltraFlex (HMO-POS), Presbyterian MediCare PPO, and/or Presbyterian Dual Plus (D-SNP) Medicare Advantage plans. The sales agent who will be discussing plan options with you is either employed or contracted by a Medicare Advantage Organization (MAO) or Prescription Drug plan that is not the Federal government, and they may be compensated based on your enrollment in a plan.

You are not obligated to enroll in a plan and signing this form does NOT affect your current or future Medicare enrollment status, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.

Beneficiary name: _____

Beneficiary signature: _____ Date of appointment: _____

If you are the authorized representative, you must sign above and provide the following information:

Name: _____ Address: _____

Phone number: _____ Relationship to beneficiary: _____

To be completed by Agent:

Agent name: _____ Agent phone: _____

Agent's signature: _____ Date: _____

This form is to be delivered to the Presbyterian Medicare Plans with completed Enrollment Form, if applicable.

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 2025.

Presbyterian Dual Plus (HMO D-SNP) Enrollment Receipt

To be completed if enrolling with a licensed agent.

Please use this as your Temporary Proof of Coverage until Medicare has confirmed your enrollment and you receive your Presbyterian member ID card. This receipt is not a guarantee of enrollment.

This copy is for your records only. Please do not resubmit enrollment.

Applicant:

Name: _____

Application Date: _____ Proposed Effective Date: _____

Plan Name: _____ Plan Type: _____

Call your licensed agent if you have any questions:

Licensed Agent Name and National Producer Number

Licensed Agent Phone Number

Rx BIN: 610770

Rx PCN: CRXMD

Rx GRP: PHPCARE

We're here to help. If you have additional questions, you can contact the Presbyterian Customer Service Center at:



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



October 1 - March 31:

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

April 1 - September 30:

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



info@phs.org

Please Note: Enrollment is subject to Medicare approval. If you do not receive your plan verification within 14 days, please call the Presbyterian Customer Service Center at the number above.

GET ENROLLED

What to Expect After Enrollment

1. You will first receive a letter from us notifying you we received your application. Once your application is approved, we'll send you a confirmation letter verifying your enrollment.
2. A Presbyterian Medicare Advantage Member Identification (ID) card will arrive in the mail. Be sure to use this card when you seek services.
3. You will receive in the mail or electronically a detailed handbook of your covered benefits and services called an Evidence of Coverage.
4. You will be asked to complete a health assessment so we can develop a care plan that is right for you.



Presbyterian Customer Service Center (for members)

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

Hours: 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.

Call the Presbyterian Customer Service Center if you need assistance in selecting a primary care provider (PCP).

Presbyterian Dual Plus is an HMO Special Needs Plan (HMO D-SNP) with a Medicare contract and a contract with the State of New Mexico Human Services Department Medicaid program. Enrollment in the plan depends on contract renewal.

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' bíná'í díłkidgo, 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 Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-592-7737 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Y0055_MPC012306_NSR_C_01112023

Form CMS-10802
(Expires 31/12/25)

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 (TTY: 711) 1-855-592-7737. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-592-7737 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता 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、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。

