



# 2025 SUMMARY OF BENEFITS

Presbyterian Senior Care (HMO)

AssistPlus with Rx,  
Plan 2 with Rx,  
Plan 3 with Rx,  
Plan 1

This is a summary of health and drug benefits covered by Presbyterian Senior Care (HMO) effective January 1, 2025 to December 31, 2025.

## To enroll in Presbyterian Senior Care (HMO):

- 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, Cibola, Rio Arriba, Sandoval, Santa Fe, Socorro, Torrance or Valencia.

Presbyterian Senior Care (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

## \$0 copay for these valuable benefits and more!

- Primary care
- Basic dental services
- Hearing exam
- Telehealth visits with in-network providers
- PresRN nurse advice line
- Lab services
- Diagnostic tests
- Foot care
- Diabetic test strips and lancets
- Outpatient mental health visits

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## Presbyterian Senior Care (HMO)

	AssistPlus with RX You pay	Plan 2 with Rx You pay	Plan 3 with Rx You pay	Plan 1 You pay
<b>Monthly Plan Premium</b> <i>(You must also continue to pay your Medicare Part B premium.)</i>	\$11.80 If you have a Low Income Subsidy, Medicare may pay plan premium.	\$0	\$118	\$0
	<b>Includes prescription drug coverage</b>			<b>Does not include prescription drug coverage</b>
<b>Deductible</b>	\$590	\$0	\$0	\$0
<b>Maximum Annual Out-of-Pocket Responsibility</b> <i>(This is the most you pay in a calendar year for covered medical and hospital services. It does not include prescription drugs.)</i>	<b>\$5,000</b>	<b>\$5,000</b>	<b>\$3,750</b>	<b>\$4,250</b>
<b>Inpatient Hospital Care*</b> <i>(per admission)</i> <ul style="list-style-type: none"> <li>• Days 1 – 5</li> <li>• Additional Days</li> </ul>	\$375 per day \$0	\$375 per day \$0	\$300 per day \$0	\$350 per day \$0
<b>Outpatient Hospital Coverage and Ambulatory Surgery Center*</b>	\$300	\$300	\$200	\$350
<b>Doctor Visits</b> <i>(no referral required)</i> <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialists</li> <li>• Telehealth visits (video, telephone or online visits for primary care, specialists and urgent care)</li> </ul>	\$0 \$30 \$0	\$0 \$30 \$0	\$0 \$30 \$0	\$0 \$55 \$0
<b>Preventive Care and Routine Physicals</b>	\$0	\$0	\$0	\$0
<b>Emergency Care</b> <i>(worldwide)</i> <i>(Waived if admitted to the hospital within 24 hours.)</i>	\$125	\$125	\$125	\$125

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	AssistPlus with RX You pay	Plan 2 with Rx You pay	Plan 3 with Rx You pay	Plan 1 You pay
<b>Urgently Needed Services</b>				
• In-network	\$20	\$20	\$10	\$20
• Out-of-network	\$55	\$55	\$55	\$55
• Outside of United States	\$125	\$125	\$125	\$125
<b>Diagnostic Services/ Labs/Imaging</b>				
• Diagnostic tests and procedures	\$0	\$0	\$0	\$0
• Lab services	\$0	\$0	\$0	\$0
• MRI, CAT scan	\$275	\$275	\$250	\$325
• X-rays	\$30	\$30	\$25	\$25
<b>Hearing Services</b> <i>(does not go toward maximum out-of-pocket responsibility)</i>				
• Hearing exam	\$0	\$0	\$0	\$0
• Hearing aid (from TruHearing®)	\$499 - \$999	\$499 - \$999	\$499 - \$999	\$499 - \$999
<b>Dental Services</b>				
• Medicare covered dental	\$50	\$50	\$45	\$55
• Basic dental services	\$0	\$0	\$0	\$0
• Comprehensive dental services <b>\$25.90/month premium</b>	0%-50% coinsurance for services	0%-50% coinsurance for services	0%-50% coinsurance for services	0%-50% coinsurance for services
<b>Vision Services</b>				
• Annual routine exam	\$0	\$0	\$0	\$0
• Eyewear allowance	\$265 allowance	\$265 allowance	\$250 allowance	\$250 allowance
• Diagnosis/treatment of diseases and conditions of eye	\$5	\$5	\$15	\$15
• Eyewear after cataract surgery	20%	20%	20%	20%
<b>Mental Health Services</b>				
• Outpatient group therapy visit	\$0	\$0	\$0	\$0
• Outpatient individual therapy visit (including virtual)	\$0	\$0	\$0	\$0
<b>Skilled Nursing Facility (SNF)*</b>				
• Days 1 - 20	\$0 per day	\$0 per day	\$0 per day	\$0 per day
• Days 21 - 100	\$195 per day	\$195 per day	\$185 per day	\$185 per day

\* Prior authorization required.

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	AssistPlus with RX You pay	Plan 2 with Rx You pay	Plan 3 with Rx You pay	Plan 1 You pay
<b>Rehabilitation Services</b> <ul style="list-style-type: none"> <li>• Cardiac and Pulmonary rehab (limited to 36 visits/year)</li> <li>• Occupational, Physical, and Speech and Language therapy visits (\$0 for telehealth visits)</li> </ul>	\$0 \$20	\$0 \$20	\$0 \$15	\$0 \$25
<b>Ambulance (ground and air)</b>	\$350	\$350	\$325	\$350
<b>Routine Transportation</b>	No charge for 36 one-way trips	Not covered	Not covered	Not covered
<b>Over-the-Counter (OTC) Debit Card</b> <ul style="list-style-type: none"> <li>• You will receive an OTC debit card that can be used to purchase non-prescription medications and health-related items.</li> <li>• Any unused balance is carried over from month to month until the end of the year.</li> <li>• You may use the OTC debit card at Walgreens, Walmart, CVS, Dollar General and other stores in the network.</li> <li>• You also have the option of ordering online at <a href="http://mypres.phs.org">mypres.phs.org</a> or on the HealthyBenefits + Mobile App or by telephone from a catalog.</li> </ul>	\$45 per quarter	\$20 per quarter	\$20 per quarter	Not Covered
<b>Medicare Part B Drugs*</b> <ul style="list-style-type: none"> <li>• Chemotherapy Drugs and other drugs administered by a medical professional</li> <li>• Purchased at a retail pharmacy</li> </ul>	20% \$10	20% \$10	20% \$10	20% \$15
<b>Foot Care (podiatry services)</b> <ul style="list-style-type: none"> <li>• Foot exams and treatment (Medicare covered)</li> </ul>	\$0	\$0	\$0	\$0
<b>Medical Equipment/Supplies*</b> <ul style="list-style-type: none"> <li>• Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>• Prosthetics</li> </ul>	20% 20%	20% 20%	20% 20%	20% 20%

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<b>Diabetic Services and Supplies</b> <ul style="list-style-type: none"> <li>• Test strips, lancets and meters (coverage limited to Accu-Chek branded products)</li> <li>• Continuous Glucose Monitors (CGM) (coverage limited to Freestyle Libre products)</li> </ul>	\$0  20%	\$0  20%	\$0  20%	\$0  20%
<b>Wellness Programs</b> (e.g., fitness)	\$0 SilverSneakers® Fitness Program is included. For participating locations visit <a href="http://www.silversneakers.com">www.silversneakers.com</a> .			
<b>Acupuncture</b> <ul style="list-style-type: none"> <li>• Medicare covered</li> <li>• Routine (limited to 25 visits/year)</li> </ul>	\$25 \$25	\$25 \$25	\$25 \$25	\$25 \$25
<b>Chiropractic</b> <ul style="list-style-type: none"> <li>• To correct subluxation (limited to 20 visits/year)</li> <li>• Routine (limited to 25 visits/year)</li> </ul>	\$20 \$20	\$20 \$20	\$20 \$20	\$20 \$20
<b>Home Health Care*</b>	\$0	\$0	\$0	\$0
<b>Kidney Dialysis</b>	20%	20%	20%	20%
<b>Radiation Therapy*</b>	20%	20%	20%	20%
<b>Meals</b>  Up to 30 meals delivered to your home during the 30-day period following an inpatient hospital stay.	\$0 This program is designed to keep you healthy and strong while you are recovering from a hospital stay. This benefit is offered through Meals on Wheels.			

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### Prescription drug coverage is a part of AssistPlus Plan, Plan 2 and Plan 3.

- You may get your drugs at network retail pharmacies and mail order pharmacies.
- Your plan does have a preferred mail order pharmacy that offers a cost savings for 90-day supplies.
- If you reside in a long-term care facility, you pay the same as at a retail pharmacy.
- You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.
- There is no deductible for all Tiers for Plan 2 and Plan 3.
- For **AssistPlus**, if you qualify for Low-Income Subsidy: You Pay: \$0 - \$12.15 for prescription Drugs Tiers 2 - 5 depending on your Low-Income Subsidy Level.
- **Medicare Prescription Payment Plan** – The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January - December). To learn more, go to [phs.org/Medicare](http://phs.org/Medicare) or call (505) 923-6060.

Part D Covered Drugs	Plan 2 and Plan 3		AssistPlus Plan		Catastrophic Coverage AssistPlus Plan, Plan 2 and Plan 3
	30-day supply	90-day mail order (preferred)	30-day supply	90-day mail order (preferred)	
<b>Deductible:</b>	\$0	\$0	If you qualify for Low-Income Subsidy Level, you pay: \$0. If you do not have LIS, you pay \$590 for Tiers 2-5.		\$0 for generics and brand names  Catastrophic coverage begins once you have paid \$2,000 out of pocket for Part D drugs
<b>Tier 1:</b> Preferred Generic	\$0	\$0	\$0	\$0	
<b>Tier 2:</b> Non-Preferred Generic	\$10	\$20	25%	25%	
<b>Tier 3:</b> Preferred Brand	\$45	\$112.50	25%	25%	
<b>Tier 4:</b> Non-Preferred Brand	50%	50%	26%	26%	
<b>Tier 5:</b> Specialty Drugs	33%	NA	25%	NA	

# SUMMARY OF BENEFITS

## Learn more about savings programs and how to qualify.

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

If you qualify for Low-Income Subsidy (LIS), also known as "Extra Help," you may pay reduced copays and deductibles 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.

Monthly Premium (LIS Level 100%)	
\$0	
LIS Qualifying Income Levels for 2024 Your income and resources/assets need to be at or below:	
INDIVIDUAL 2024 Annually Income: \$22,590 Resources/Assets: \$15,720	MARRIED 2024 Annually Income: \$30,660 Resources/Assets: \$31,360

### Important:

- The house you live in, your vehicle(s), life insurance policies, and burial expenses do not count toward the resource/asset limit. Contact Social Security Administration for other income/resource exclusions.
- Income limits may increase in 2025. Income limits may be higher if household size is larger than two.

### 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)
- New Mexico Health Care Authority (HCA), 1-800-283-4465 (TTY 711)

# SUMMARY OF BENEFITS

## Improve Your Fitness with Free SilverSneakers® Memberships

The SilverSneakers Fitness program is included at no additional cost to you.

Visit more than 15,000 participating nationwide locations, including Planet Fitness, Anytime Fitness, Defined Fitness, Chuze Fitness, YMCA and more.

- Enroll at multiple locations at any time.
- Reach and maintain a healthy body weight.
- Take fitness classes at convenient venues.
- Expand your circle of friends and enjoy social activities.

For participating locations visit [www.silversneakers.com](http://www.silversneakers.com).





# SUMMARY OF BENEFITS

## Dental Coverage Worth Smiling About

Your Presbyterian Senior Care HMO plan includes basic preventive dental coverage and the option to purchase comprehensive dental, both with a robust network of in-network dental providers throughout New Mexico. Visit <https://www.dentaquest.com/en/find-a-dentist> for a list of providers.

### Basic Services Included

Basic dental coverage is **included** in your plan and covers all preventive dental services at 100% for in-network services.

- Oral exams (two every 12 months)
- Cleanings (two every 12 months)
- Dental X-rays (frequency varies by type)
- Fluoride treatments (two every 12 months)
- Periodontal maintenance (four every 12 months)
- Emergency treatment of minor pain



### Comprehensive Plan Optional

Comprehensive dental coverage is available for an additional monthly premium of **\$25.90 per member**. Services must be obtained through an in-network provider.

- Members pay a 20% coinsurance for fillings, extractions, and denture adjustments/repairs
- Members pay a 50% coinsurance for major restoratives (for example, crowns, bridges, root canals, dentures, periodontics, anesthesia)
- Maximum \$4,000 calendar year benefit
- No deductible or waiting period

*This summary provides only a brief description of your dental benefits. Please refer to your Evidence of Coverage for complete details including limitations and exclusions.*

# SUMMARY OF BENEFITS

## Enjoy Better Hearing and Comprehensive Care

Good hearing is important to your overall health. That's why we cover a routine annual hearing exam at no cost to you.



**TruHearing**<sup>®</sup> *Select*

### 2025 Hearing Aid Coverage

Your plan covers up to two hearing aids per year (one per ear per year).

TruHearing Standard	TruHearing Advanced	TruHearing Premium	Routine Exam
16 Channels   7 Styles	32 Channels   11 Styles	48 Channels   14 Styles	TruHearing Network Provider
\$499 copay/aid	\$699 copay/aid	\$999 copay/aid	\$0 exam copay

### Your Comprehensive Hearing Benefit Includes:

#### State-of-the-Art Technology

- Enjoy natural, lifelike sound in virtually all listening situations.
- Hear speech clearly, even in noisy environments.
- Stream audio and phone calls directly to your ears from most smartphones.

#### Personalized Care

- Guidance and assistance from a TruHearing consultant.
- Local, professional care from an accredited provider in your area.
- A hearing exam plus one year of follow-up visits for fitting and adjustments.

#### Help Along Your Way

- A worry-free purchase with a 60-day trial and three-year warranty.
- 80 free batteries per aid included with non-rechargeable models.
- Guides to help you adapt to your new hearing aids at [TruHearing.com/Presbyterian](https://www.truhearing.com/Presbyterian).



**Call TruHearing to learn more and schedule an appointment.**

**1-866-202-0110 | TTY 711 | 8 a.m. - 8 p.m., Monday - Friday**

## VALUE-ADDED ITEMS AND SERVICES

### Travel Worldwide and Be Protected with Assist America®

Enjoy the protection of Assist America's global emergency travel assistance services 24 hours a day, 365 days a year, for up to 90 days. This unique program immediately connects you to doctors, hospitals, pharmacies and other services when experiencing a medical emergency while traveling 100 miles or more away from your permanent residence or in another country.

Services include:

- Emergency medical evacuation and repatriation
- Prescription assistance
- Medical monitoring
- Interpreter and legal referrals
- Return of mortal remains
- Free mobile app and much more



For benefit details, visit [www.assistamerica.com](http://www.assistamerica.com) or call 1-800-872-1414.

*These additional services/items are not part of the plan benefit package or the Medicare benefit.*



# 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](http://www.phs.org/medicare).

## Presbyterian Medicare Sales Consultants

(505) 923-8458 or 1-800-347-4766 (TTY 711)

Hours: 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.

## Presbyterian Customer Service Center (for members)

(505) 923-6060 or 1-800-797-5343 (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](http://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](http://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) 923-6060 or 1-800-797-5343 (TTY 711) or visit [www.phs.org/medicare](http://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 Senior Care (HMO) 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, contact the plan or please refer to the Evidence of Coverage. You may easily download a copy of the Evidence of Coverage from our website, [www.phs.org/medicare](http://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 Senior Care (HMO) is a Medicare Advantage plan with a Medicare contract. Enrollment in the plan depends on contract renewal.

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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 jiił'eh, éí ná hóló, kójj' hódíłłnih (505) 923-5420, 1-855-592-7737 (TTY: 711).

For more information, visit [phs.org/nondiscrimination](http://phs.org/nondiscrimination).

## 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'ííís dóó azee' bínda'í dííkidgo, Dinék'ehjí yadałti'iigi ła' bich'í' hadíídzih. Béésh 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.

**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 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。



