



MEDICARE ADVANTAGE PLANS

2026 SUMMARY OF BENEFITS

January 1, 2026, to
December 31, 2026

**Presbyterian Senior Care
(HMO)
Plans 1, 2, and 3**

 **PRESBYTERIAN**
Health Plan, Inc.

This is a summary of health and drug benefits covered by Presbyterian Senior Care (HMO) plans. To enroll, you must be entitled to Medicare Part A and enrolled in Medicare Part B.

Presbyterian Senior Care (HMO) plans, including Plan 1 without Rx and Plans 2 and 3 with Rx:

Service Areas: Bernalillo, Cibola, Rio Arriba, Sandoval, Santa Fe, Socorro, Torrance, Valencia.

These plans have 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

SUMMARY OF BENEFITS

PRESBYTERIAN SENIOR CARE (HMO) PLANS	PLAN 2 WITH RX YOU PAY	PLAN 3 WITH RX YOU PAY	PLAN 1 WITHOUT RX YOU PAY
Monthly Plan Premium <i>(You must also continue to pay your Medicare Part B premium.)</i>	\$0	\$114	\$0
	Includes prescription drug coverage		Does not include prescription drug coverage
Deductible	\$0	\$0	\$0
Maximum Annual Out-of-Pocket Responsibility <i>(This is the most you pay in a calendar year for covered medical and hospital services. It does not include prescription drugs.)</i>	\$6,000	\$4,000	\$4,250
Inpatient Hospital Care* <i>(per admission)</i> - Days 1 – 5 - Additional Days	\$400 per day \$0	\$350 per day \$0	\$350 per day \$0
Outpatient Hospital Coverage and Ambulatory Surgery Center*	\$350	\$250	\$300
Doctor Visits <i>(no referral required)</i> - Primary Care - Specialists - Telehealth visits (video, telephone or online visits for primary care, specialists and urgent care)	\$0 \$30 \$0	\$0 \$30 \$0	\$0 \$30 \$0
Preventive Care and Routine Physicals	\$0	\$0	\$0
Emergency Care <i>(Waived if admitted to the hospital within 24 hours.)</i>	\$130	\$130	\$130
Urgently Needed Services - In-network - Out-of-network	\$20 \$50	\$10 \$50	\$20 \$50

* Prior authorization required.

SUMMARY OF BENEFITS

PRESBYTERIAN SENIOR CARE (HMO) PLANS	PLAN 2 WITH RX YOU PAY	PLAN 3 WITH RX YOU PAY	PLAN 1 WITHOUT RX YOU PAY
Worldwide Emergency, Urgent, and Ambulance Transportation Coverage (\$50,000 yearly limit/\$100,000 lifetime limit)	20% of total costs	20% of total costs	20% of total costs
Diagnostic Services/Labs/Imaging - Diagnostic tests and procedures - Lab services - MRI, MRA, CAT, PET scans - X-rays	\$0 \$0 \$290 per scan \$30	\$0 \$0 \$250 per scan \$25	\$0 \$0 \$290 per scan \$25
Hearing Services (see page 10 for more information) (Hearing Aid does not go toward maximum out-of-pocket responsibility) - Hearing exam - Hearing aid (from TruHearing®)	\$0 \$499 - \$999	\$0 \$499 - \$999	\$0 \$499 - \$999
Dental Services (see page 8 for more information) - Medicare covered dental - Basic dental services - Optional Comprehensive dental services \$29.30/month premium	\$50 \$0 0%-50%	\$45 \$0 0%-50%	\$50 \$0 0%-50%
Vision Services - Annual routine exam - Eyewear allowance - Diagnosis/treatment of diseases and conditions of eye - Eyewear after cataract surgery	\$0 \$265 allowance \$5 20%	\$0 \$265 allowance \$5 20%	\$0 \$265 allowance \$5 20%
Mental Health Services - Outpatient group therapy visit - Outpatient individual therapy visit (including virtual) - Intensive Outpatient (IOP) - Partial Hospitalization	\$0 \$0 \$0 \$30	\$0 \$0 \$0 \$30	\$0 \$0 \$0 \$30

* Prior authorization required.

SUMMARY OF BENEFITS

PRESBYTERIAN SENIOR CARE (HMO) PLANS	PLAN 2 WITH RX YOU PAY	PLAN 3 WITH RX YOU PAY	PLAN 1 WITHOUT RX YOU PAY
Skilled Nursing Facility (SNF)* - Days 1 - 20 - Days 21 - 100	\$0 per day \$195 per day	\$0 per day \$185 per day	\$0 per day \$185 per day
Rehabilitation Services - Cardiac and Pulmonary rehab (limited to 36 visits/year) - Occupational, Physical, and Speech and Language therapy visits (\$0 for telehealth visits)	\$0 \$25	\$0 \$15	\$0 \$25
Ambulance (ground and air)	\$350	\$325	\$350
Non-Emergency Transportation	Not covered	Not covered	Not covered
Presbyterian Healthy Benefits+ Card (Over-the-Counter (OTC) Allowance) (see page 7 for more information)	\$25 per quarter	\$25 per quarter	Not covered
Medicare Part B Drugs* - Chemotherapy Drugs and other drugs administered by a medical professional - Purchased at a retail pharmacy	0 - 20% \$10	0 - 20% \$10	0 - 20% \$10
Foot Care (podiatry services) Foot exams and treatment (Medicare covered)	\$0	\$0	\$0
Medical Equipment/Supplies* - Durable Medical Equipment (e.g., wheelchairs, oxygen) - Prosthetics	20% 20%	20% 20%	20% 20%
Diabetic Services and Supplies - Test strips, lancets and meters (coverage limited to Accu-Chek branded products) - Continuous Glucose Monitors* (CGM) (coverage limited to Freestyle Libre products)	\$0 20%	\$0 20%	\$0 20%

* Prior authorization required.

SUMMARY OF BENEFITS

PRESBYTERIAN SENIOR CARE (HMO) PLANS	PLAN 2 WITH RX YOU PAY	PLAN 3 WITH RX YOU PAY	PLAN 1 WITHOUT RX YOU PAY
Fitness Programs (<i>SilverSneakers</i>) (see page 9 for more information)	\$0		
Acupuncture - Medicare covered (<i>limited to 20 visits/year</i>) - Routine (<i>limited to 25 visits/year</i>)	\$25 \$25	\$25 \$25	\$25 \$25
Chiropractic - To correct subluxation (<i>limited to 20 visits/year</i>) - Routine (<i>limited to 25 visits/year</i>)	\$15 \$15	\$15 \$15	\$15 \$15
Home Health Care*	\$0	\$0	\$0
Kidney Dialysis	20%	20%	20%
Radiation Therapy*	20%	20%	20%
Meals Up to 30 meals delivered to your home during the 30-day period following an inpatient hospital or skilled nursing stay.	\$0	\$0	\$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.			
SSBCI - Grocery Benefit (see page 7 for more information)	\$35 per quarter	\$35 per quarter	Not Covered
You may be eligible to receive Special Supplemental Benefits for the Chronically Ill (SSBCI) which means, if you have been diagnosed with a chronic condition of diabetes, congestive heart failure (CHF), hypertension, or hyperlipidemia, you can receive a quarterly benefit for groceries. You must have had an annual wellness visit in the last rolling 12 months. Eligibility is determined by your plan, and you may not be eligible even though you have one of these conditions.			

* Prior authorization required.

SUMMARY OF BENEFITS

Presbyterian Senior Care (HMO) Plans

Prescription drug coverage is a part of 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, and 100-day supplies on tiers 1 and 2, some restrictions apply.
- 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.
- Medicare Prescription Payment Plan** – The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage. It can help you manage your out-of-pocket drug costs by spreading them across monthly payments that vary throughout the year (January - December). To learn more, go to phs.org/Medicare or call (505) 923-6060.
- Catastrophic Coverage** – \$0 for generics and brand names. Catastrophic coverage begins once you have paid \$2,100 out-of-pocket for Part D drugs.

Part D Covered Drugs	Plan 2		Plan 3	
	30-day supply	90-day or 100-day mail order (preferred)	30-day supply	90-day or 100-day mail order (preferred)
Deductible:	\$0	\$0	\$0	\$0
Tier 1: Preferred Generic	\$0	\$0*	\$0	\$0*
Tier 2: Generic	\$10	\$20*	\$10	\$20*
Tier 3: Preferred Brand	\$45	\$112.50	\$45	\$112.50
Tier 4: Non-Preferred Drug	50%	50%	50%	50%
Tier 5: Specialty Tier	33%	NA	33%	NA

SUMMARY OF BENEFITS

Over-the-Counter Allowance on the Presbyterian Healthy Benefits+ Card for Presbyterian Senior Care (HMO) Plan 2 and Plan 3

With Presbyterian Senior Care (HMO) Plan 2 and Plan 3, you will receive a Presbyterian Healthy Benefits+ card loaded with a quarterly allowance to use on approved over-the counter (OTC) non-prescription medications and other health related items.

- Any unused balance carries over to the next quarter within the calendar year but expires on December 31 each year. The Presbyterian Healthy Benefits+ allowance can be used quarterly or saved and used as it accumulates.
- You are responsible for any amounts spent that exceed the balance on the card at any point in time.
- You can check your account balance, find participating retail stores, and order online at phs.org/myPres or on the Healthy Benefits+ mobile app or by telephone from a catalog.



Grocery Benefit (SSBCI)

You may also be eligible to receive an allowance for a special supplemental grocery benefit if you have been diagnosed with one of the pre-determined chronic conditions listed below:

- Diabetes
- Congestive heart failure (CHF)
- Chronic hypertension
- Chronic hyperlipidemia

You must have had an annual wellness visit in the last rolling 12 months. Eligibility is determined by your plan, and you may not be eligible even though you have one of these conditions.

Allowance will be applied to the Presbyterian Health Benefits+ Card.

	Plan 2	Plan 3	Plan 1
Presbyterian Healthy Benefits+ Card amount	\$25 per quarter	\$25 per quarter	Not Included
Grocery Benefit (SSBCI)	\$35 per quarter	\$35 per quarter	Not Included

SUMMARY OF BENEFITS

DENTAL COVERAGE WORTH SMILING ABOUT



Your Presbyterian Senior Care (HMO) plan includes basic preventive dental coverage and the option to purchase optional 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 - NO COST

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

OPTIONAL COMPREHENSIVE DENTAL PLAN

Optional comprehensive dental coverage is available for an additional monthly premium of **\$29.30 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



**IMPROVE YOUR FITNESS
WITH SilverSneakers®
MEMBERSHIP AT NO COST**

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, Snap Fitness and many more.

- Enroll at multiple locations at any time.
- Reach and maintain a healthy body weight.
- Take fitness classes at convenient venues and online
- Enjoy on-demand video workouts
- Expand your circle of friends and enjoy social activities
- Take advantage of daily workout tips, recipes, health and well-being articles, and more!



For a list of participating locations and available online classes, visit www.silversneakers.com.



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.



2026 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

TruHearing®

VALUE-ADDED ITEMS AND SERVICES



ASSIST AMERICA® GLOBAL EMERGENCY ASSISTANCE SERVICES



Your enrollment through a Presbyterian Medicare Advantage Plan includes a unique global emergency assistance program provided by Assist America®. This program immediately connects you to qualified healthcare providers, hospitals, pharmacies and other services if you experience an emergency while traveling more than 100 miles away from your permanent residence, or in another country, for up to 90 days.

MEDICAL EMERGENCY SERVICES:

- Medical consultation, evaluation and referrals
- Emergency medical evacuation
- Medical repatriation
- Foreign hospital admission assistance
- Prescription assistance
- Medical monitoring

TRAVEL ASSISTANCE SERVICES:

- Compassion visit
- Care of minor children
- Return of mortal remains
- Return of vehicle
- Lost luggage and document assistance
- Legal and interpreter referrals
- Pre-trip information
- Free mobile app

For benefit details, visit 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.

Conditions and Limitations:

Assist America pays for all the transportation services it arranges. Requests for reimbursement for medical transport or other services arranged independently by the member will not be accepted. Assist America is **not responsible for the cost of medical treatments and other non-medical services received by the member upon a referral made by Assist America.**

Other Conditions and Limitations apply.

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 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 and select **Provider Directory** from the **Resource** panel.

You can see our plan's Formulary and directory if you visit our website at www.phs.org/medicare and select **Prescription Drug Coverage** 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) 923-6060 or 1-800-797-5343 (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 Senior Care (HMO) members, except in emergency situations. Please call our local Presbyterian Customer Service Center (PCSC) number or see your Evidence of Coverage (EOC) 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 EOC from our website, www.phs.org/medicare, and select **Access Forms, Plan Information & Policies** from the **Resource** panel. You may also request a copy by calling customer service.

Presbyterian Senior Care (HMO)/(HMO-POS) are Medicare Advantage plans with a Medicare contract. Enrollment depends on contract renewal.

Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY: 711) o hable con su proveedor.

SHOOH: Diné bee yáníłt'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjì' 1-855-592-7737 (TTY: 711) hodíłnih doodago nika'análwo'í bich'í' hanidziìh.

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

Notice of Availability

English	ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.
Spanish Español	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY: 711) o hable con su proveedor.
Navajo Diné	SHOOH: Diné bee yánifti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohji' 1-855-592-7737 (TTY: 711) hodílnih doodago nika'análwo'í bich'í' hanidziih.
Vietnamese Việt	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-592-7737 (Người khuyết tật: TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.
German Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-855-592-7737 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
Chinese Simplified 简体中文	注意：如果您使用简体中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以提供无障碍格式版信息。请拨打 1-855-592-7737 (TTY: 711) 或咨询您的服务提供者。
Chinese Traditional 繁體中文	注意：如果您使用繁體中文，我們將免費為您提供語言協助服務。我們還免費提供適當的輔助工具和服务，以提供無障礙格式版資訊。請致電 1-855-592-7737 (TTY:711) 或諮詢您的服務提供者。
Japanese 日本語	注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-855-592-7737 (TTY:711) までお電話ください。または、ご利用の事業者にご相談ください。
Filipino	ATTENTION: Kung marunong kang magsalita ng Filipino, makakagamit ka ng mga libreng serbisyo sa tulong sa wika. Ang mga angkop na karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din nang libre. Tumawag sa 1-855-592-7737 (TTY: 711) o makipag-usap sa iyong provider.
Korean 한국어	주의: 한국어를 사용하는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 1-855-592-7737(TTY: 711)로 전화하거나 서비스 제공업체에 문의하세요.

French Français	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-592-7737 (TTY : 711) ou parlez à votre fournisseur.
Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo tulon sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulon at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-592-7737 (TTY: 711) o makipag-usap sa iyong provider.
Russian РУССКИЙ	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-592-7737 (TTY: 711) или обратитесь к своему поставщику услуг.
Urdu اردو	توجہ دیں: اگر آپ اردو بولتے ہیں تو، مفت لسانی اعانت کی خدمات آپ کے لیے دستیاب ہیں۔ مناسب ضمنی امداد اور خدمات بھی قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے بلا معاوضہ دستیاب ہیں۔ (TTY: 711) 1-855-592-7737 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Nepali नेपाली	ध्यान दिनुहोस्: तपाईं नेपाली बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक सहायताहरू र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-855-592-7737 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।
Bengali বাংলা	মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ। অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহায়তা এবং পরিষেবাগুলিও বিনামূল্যে পাওয়া যায়। 1-855-592-7737 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।
Hindi हिंदी	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक सहायताएँ और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-592-7737 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Arabic اللغة العربية	تنبيه: إذا كنت تتحدث العربية، فمتاح لك خدمات لغوية بالمجان. و متاح بالمجان أيضًا مساعدات وخدمات إضافية مناسبة لتقديم المعلومات بتنسيقات يسهل الحصول عليها. اتصل بالرقم (1-855-592-7737 (TTY: 711) خدمة الهاتف النصي) أو تحدث إلى مزود الخدمة المعني بك.
Turkish Türkçe	DİKKATİNİZE: Türkçe biliyorsanız, ücretsiz dil destek hizmetlerinden faydalanabilirsiniz. Ayrıca ücretsiz olarak, uygun yardımcı araçlarla ve hizmetlerle erişilebilir formatlarda bilgi de sağlanmaktadır. 1-855-592-7737 (TTY (İşitme ve Konuşma Engelli Destek Hattı): 711) numaralı telefondan bize ulaşabilir veya hizmet sağlayıcınız ile görüşebilirsiniz.

