



MEDICARE ADVANTAGE PLANS

2026 SUMMARY OF BENEFITS

January 1, 2026, to
December 31, 2026

**Presbyterian Dual Plus
(HMO D-SNP) plans,
including**

H3204-013-004

H3204-013-005

H3204-013-006

 **PRESBYTERIAN**
Health Plan, Inc.

This is a summary of health and drug benefits covered by Presbyterian Dual Plus (HMO D-SNP) plans.

The **Presbyterian Dual-Eligible Special Needs (HMO D-SNP) plans** provide all the benefits and services that Original Medicare does, plus much more. These plans are designed for beneficiaries who are eligible for both Medicare and Medicaid.

Depending on your zip code and for those who qualify, your plan **may*** include::

- Presbyterian Healthy Benefits+ Card for CMS-approved over-the-counter nonprescription drugs and health-related items
- Grocery and healthy food benefit
- Comprehensive dental
- Hearing exams and hearing aids
- 24/7 Telehealth
- Vision exams and eyeglasses or contact lenses
- SilverSneakers® fitness program
- Routine chiropractic care
- Transportation

**Review the Summary of Benefits for all plan details*

(Enrollment requirements continued on next page)

SUMMARY OF BENEFITS

Presbyterian Dual Plus (HMO D-SNP) Plans

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

- You must be entitled to Medicare Part A and enrolled in Medicare Part B.
- As long as you live in New Mexico, Presbyterian has you covered.

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.
- **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.
- **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) PLANS	004	006	005
Service Area	Bernalillo, Doña Ana, Sandoval, Santa Fe, Valencia	Catron, Cibola, Colfax, De Baca, Eddy, Grant, Guadalupe, Harding, Hidalgo, Lea, Lincoln, Los Alamos, Luna, Mora, Otero, Rio Arriba, San Miguel, Sierra, Socorro, Taos, Torrance, Union	Chaves, Curry, McKinley, Quay, Roosevelt, San Juan
PRESBYTERIAN DUAL PLUS (HMO D-SNP) PLANS	004 YOU PAY	006 YOU PAY	005 YOU PAY
Monthly Plan Premium	\$0 Based on your level of Low-Income Subsidy status		
Deductible	\$0		
Maximum Annual Out-of-Pocket Responsibility	\$9,250	\$9,250	\$8,500
You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services			
Inpatient Hospital Care*	\$0 copay		
Outpatient Surgery*	\$0 copay		
Doctor Visits <ul style="list-style-type: none"> • Primary Care • Specialists • Video Visits 	\$0 copay		
Preventive Care	\$0 copay		
Emergency Care <i>(This copay is waived if admitted to the hospital.)</i>	\$0 copay		
Urgently Needed Services	\$0 copay		
Diagnostic Services/ Labs/Imaging*	\$0 copay		

* Prior authorization required.

SUMMARY OF BENEFITS

PRESBYTERIAN DUAL PLUS (HMO D-SNP) PLANS	004 YOU PAY	006 YOU PAY	005 YOU PAY
Hearing Services <ul style="list-style-type: none"> Annual routine exam 	\$0 copay		
Routine Dental Services	\$3,000 maximum annual allowance Dentures covered every 5 years	\$1,800 maximum annual allowance Dentures covered every 5 years	Not Covered
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 \$0 copay		
Mental Health Services* <ul style="list-style-type: none"> Inpatient visit Outpatient group therapy visit Outpatient individual therapy visit Intensive Outpatient (IOP) Partial Hospitalization 	Same as Inpatient Hospital Care \$0 copay \$0 copay \$0 copay \$0 copay		
Skilled Nursing Facility (SNF)* <ul style="list-style-type: none"> Days 1 - 100 Days 101 and beyond 	\$0 copay per day 100% of the costs		
Rehabilitation Services <ul style="list-style-type: none"> Cardiac and Pulmonary rehab (<i>limited to 36 visits/year</i>) Occupational, Physical, and Speech and Language therapy visits 	\$0 copay \$0 copay		
Ambulance	\$0 copay		

* Prior authorization required.

SUMMARY OF BENEFITS

PRESBYTERIAN DUAL PLUS (HMO D-SNP) PLANS	004 YOU PAY	006 YOU PAY	005 YOU PAY
Non-Emergency Transportation	50 one-way trips per year to medical, dental and pharmacy approved visits	30 one-way trips per year to medical, dental and pharmacy approved visits	Not covered
Medicare Part B Drugs and Chemotherapy	\$0 copay		
Foot Care <i>(Medicare-covered podiatry services)</i> Foot exams and treatment	\$0 copay		
Medical Equipment/Supplies* <ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics • Medical Supplies 	\$0 copay		
Diabetic Services and Supplies <ul style="list-style-type: none"> • Test strips, lancets and meters (coverage limited to Accu-Chek branded products) • Continuous Glucose Monitors (CGM) (coverage limited to Freestyle Libre products) 	\$0 copay		
Chiropractic <ul style="list-style-type: none"> • To correct subluxation (limited to 20 visits/year) • Routine (limited to 25 visits/year) 	\$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 or \$550 (Deductible may be paid on your behalf) Tiers 2 - 5							
Prescription Drug Coverage	Depending on your Low-Income Subsidy Level, you pay the following: <table border="1" data-bbox="545 573 1414 800"> <tr> <td>T1 Preferred Generics</td> <td>\$0</td> </tr> <tr> <td>T2 Generics</td> <td rowspan="4">Generics: \$0-\$5.10 Brand and Specialty: \$0-\$12.65</td> </tr> <tr> <td>T3 Preferred Brand</td> </tr> <tr> <td>T4 Brand</td> </tr> <tr> <td>T5 Specialty</td> </tr> </table> <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 100-day supply on tiers 1 and 2 or 90-day supplies for tiers 3 - 4.</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>	T1 Preferred Generics	\$0	T2 Generics	Generics: \$0-\$5.10 Brand and Specialty: \$0-\$12.65	T3 Preferred Brand	T4 Brand	T5 Specialty
T1 Preferred Generics	\$0							
T2 Generics	Generics: \$0-\$5.10 Brand and Specialty: \$0-\$12.65							
T3 Preferred Brand								
T4 Brand								
T5 Specialty								
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 and (505) 923-7675 or 1-855-465-7737 (TTY 711).							
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,100, you pay nothing for all drugs.							

* Prior authorization required.

SUMMARY OF BENEFITS

Presbyterian Dual Plus (HMO D-SNP) Supplemental Benefits

PRESBYTERIAN DUAL PLUS (HMO D-SNP) PLANS	004 YOU PAY	006 YOU PAY	005 YOU PAY
Meals Up to 30 meals delivered to your home	<ul style="list-style-type: none"> You pay \$0 copay. You will receive up to 30 meals delivered to your home after an inpatient hospital or skilled nursing facility stay. This program is uniquely designed to keep you healthy and strong while you are recovering from your inpatient stay. The meal benefit is available during the four-week period following a hospital stay. This benefit is offered through Meals on Wheels. 		
Presbyterian Healthy Benefits+ Card <i>(see page 8 for more information)</i>	\$165 quarterly allowance/ \$660 annual allowance	\$50 quarterly allowance/ \$200 annual allowance	Not Covered
TruHearing Hearing Aid Allowance <i>(see page 10 for more information)</i>	\$2,000 every 24 months	\$2,000 every 24 months	\$2,000 every 36 months
Eyewear Allowance	You will receive a \$275 allowance every year.		
Fitness Programs (SilverSneakers) <i>(see page 9 for more information)</i>	\$0		
Grocery Benefit <i>(see page 8 for more information)</i>	\$170 per quarter up to \$680 annually	\$100 per quarter up to \$400 annually	Not Covered
<p>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.</p>			

* Prior authorization required.

SUMMARY OF BENEFITS

Over-the-Counter Allowance on the Presbyterian Healthy Benefits+ Card for Presbyterian Dual Plus (HMO D-SNP) Plans

With Presbyterian Dual Plus (HMO D-SNP) Plans 004 and 006, you will receive a Presbyterian Healthy Benefits+ Card, which is an Over-the-counter (OTC) card loaded with a quarterly allowance to use on over-the-counter 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 a quarterly allowance for a special supplemental grocery benefit if you have been diagnosed with one or more of the following chronic conditions:

- 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.

	004	005	006
Presbyterian Healthy Benefits+ Card allowance	\$165 per quarter	Not Included	\$50 per quarter
Grocery Benefit (SSBCI) allowance	\$170 per quarter up to \$680 annually	Not Included	\$100 per quarter up to \$400 annually

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

Presbyterian Dual Plus (HMO D-SNP) 004	Presbyterian Dual Plus (HMO D-SNP) 006	Presbyterian Dual Plus (HMO D-SNP) 005	Routine Exam All Plans
\$2,000 Maximum allowance every 24 months	\$2,000 Maximum allowance every 24 months	\$2,000 Maximum allowance every 36 months	\$0 exam copay TruHearing Network Provider

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/Presbyteriansnp.

Call TruHearing to learn more and schedule an appointment.
1-833-759-6823 | TTY 711 | 8 a.m. - 8 p.m., Monday - Friday



SUMMARY OF BENEFITS

January 1 – December 31, 2026

SUMMARY OF NEW MEXICO MEDICARE/MEDICAID BENEFITS

Your state Medicaid program is called Turquoise 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

Turquoise 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 Turquoise 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. Turquoise Care 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)

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) 923-7675 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.

You can see our plan's Formulary and Pharmacy 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) 923-7675 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 (PCSC) 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 **Access 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 (SNP) with a Medicare contract and a contract with the State of New Mexico Health Care Authority Medicaid program. Enrollment 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 2028.

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 yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'j' ahoot'i'ígíí éí t'áá jiiik'eh hóló. Kohjji' 1-855-592-7737 (TTY: 711) hodíłnih doodago nika'análwo'í bich'j' hanidziih. 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 yáníłt'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiiik'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'j' ahoot'i'ígíí éí t'áá jiiik'eh hóló. Kohji' 1-855-592-7737 (TTY: 711) hodíłnih doodago nika'análwo'í bich'j' 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 libheng 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 serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong 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	DiKKATİNİZE: 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.

