



Presbyterian Dual Plus (HMO D-SNP) offered by Presbyterian Health Plan, Inc.

Contract ID (2025): H3204-016 (AssistPlus)

Contract ID (2026): H3204-013-006

2026 Annual Notice of Changes



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



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

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



info@phs.org

www.phs.org/Medicare

Thank you for allowing Presbyterian Dual Plus to be your partner in health! This document outlines the changes you can expect for the 2026 plan year. We also want to make sure you have access to important information such as your plan's Provider Directory, Formulary, and Evidence of Coverage (EOC). See below for details on where to find the most current list of providers, pharmacies, and covered prescription drugs in your network, 24/7.

Visit www.phs.org/Medicare and select, “For Members” for information on how to access your:

- **Provider and Pharmacy Directory**

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

- **Formulary**

The Formulary lists generic and brand-name prescription drugs and the coverage amount or copayment you will need to pay for each prescription. Formularies will be available on October 15, 2025.

- **Evidence of Coverage (EOC)**

The Evidence of Coverage is your contract with Presbyterian which explains your coverage, what we must do, your rights, and what you have to do as a member of our plan. EOCs will be available on October 25, 2025.

Contact Us

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



(505) 923-7675
1-800-465-7737
(TTY 711)



October 1 to March 31:

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

April 1 to September 30:

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



info@phs.org

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 Dual Plus (HMO D-SNP) offered by Presbyterian Health Plan, Inc.

Annual Notice of Change for 2026

Contract ID: H3204-013-006

You're enrolled as a member of Presbyterian Dual Plus (HMO D-SNP).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Presbyterian Dual Plus (HMO D-SNP).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.phs.org/Medicare or call our Presbyterian Customer Service Center (customer service) at (505) 923-7675 or 1-855-465-7737 (TTY users should call 711.) to get a copy by mail. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.

More Resources

- This material is available for free in Spanish.
- Call Member Services at (505) 923-7675 or 1-855-465-7737 (TTY users should call 711.) for more information. Hours are 8 a.m. to 8 p.m., seven days a week (except holidays) from **October 1 through March 31**, and Monday to Friday (except holidays) from **April 1 through September 30**. This call is free.
- This information is available in other formats. Contact customer service at (505) 923-7675 or 1-855-465-7737 (TTY users should call 711) for information.

About Presbyterian Dual Plus (HMO D-SNP)

- Our plan also has a written agreement with the New Mexico Medicaid program to coordinate your Medicaid benefits.

- When this material says “we,” “us,” or “our,” it means Presbyterian Health Plan, Inc. When it says “plan” or “our plan,” it means *Presbyterian Dual Plus (HMO D-SNP)*. This material tells you about the differences between your current benefits in *Presbyterian Dual plus (HMO D-SNP)* and the benefits you’ll have on January 1, 2026, as a member of *Presbyterian Dual Plus (HMO D-SNP)*.
- On January 1, 2026, Presbyterian Health Plan, Inc. will be transitioning you from Presbyterian Senior Care AssistPlus w/Rx (HMO) to Presbyterian Dual Plus (HMO D-SNP). This material tells you about the differences between your current benefits in Presbyterian Senior Care AssistPlus w/Rx (HMO) and the benefits you’ll have on January 1, 2026, as a member of *Presbyterian Dual Plus (HMO D-SNP)*.
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in *Presbyterian Dual Plus (HMO D-SNP)*.** Starting January 1, 2026, you’ll get your medical and drug coverage through Presbyterian Dual Plus (HMO D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

*These are 2025 cost-sharing amounts and can change for 2026. *Presbyterian Dual Plus (HMO D-SNP)* will provide updated rates as soon as they're released.

	2025 (this year)	2026 (next year)
<p>Monthly plan premium*</p> <p>* Your premium can be higher or lower than this amount. Go to Section 1 for details.</p>	\$11.80	\$0
<p>Deductible</p>	\$0	<p>\$257, except for insulin furnished through an item of durable medical equipment.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.</p>
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)</p>	\$5,000	<p>\$9,250</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, 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.</p>
<p>Primary care office visits</p>	\$0 copayment per visit	<p>20% per visit</p> <p>If you are eligible for Medicare cost-sharing</p>

	2025 (this year)	2026 (next year)
		help under Medicaid, you pay nothing.
Specialist office visits	\$30 copayment per visit	<p>20% per visit</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.</p>
<p>Inpatient hospital stays</p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.</p>	<p>Per admission, you pay:</p> <p>\$375 per day for days 1-5</p> <p>\$0 per day for days 60-90</p>	<p>Per Original Medicare Benefit Period, you pay:</p> <p>\$1676 deductible* for each benefit period.</p> <p>Days 1-60: \$0 copay</p> <p>Days 61-90: \$419* copay</p> <p>Days 91 and beyond: \$838* copayment</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay nothing.</p>
<p>Part D drug coverage deductible</p> <p>(Go to Section 1 for details.)</p>	\$590 except for covered insulin products and most adult Part D vaccines	\$550 except for covered insulin products and most adult Part D vaccines

	<p style="text-align: center;">2025 (this year)</p>	<p style="text-align: center;">2026 (next year)</p>
<p>Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)</p>	<p>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</p> <p style="padding-left: 40px;">Drug Tier 1: \$0</p> <p style="padding-left: 40px;">Drug Tier 2: 25%</p> <p style="padding-left: 40px;">Drug Tier 3: 25%</p> <p style="padding-left: 40px;">You pay up to \$35 per month supply of each covered insulin</p> <p style="padding-left: 40px;">Drug Tier 4: 26%</p> <p style="padding-left: 40px;">You pay up to \$35 per month supply of each covered insulin</p> <p style="padding-left: 40px;">Drug Tier 5: 25%</p> <p style="padding-left: 40px;">Catastrophic Coverage Stage:</p> <p style="padding-left: 40px;">During this payment stage, you pay nothing for your covered Part D drugs</p>	<p>Copayment / Coinsurance as applicable during the Initial Coverage Stage:</p> <p style="padding-left: 40px;">Drug Tier 1: \$0</p> <p style="padding-left: 40px;">Drug Tier 2: 25% of the total drug cost</p> <p style="padding-left: 40px;">Drug Tier 3: 25% of the total drug cost</p> <p style="padding-left: 40px;">You pay up to \$35 per month supply of each covered insulin</p> <p style="padding-left: 40px;">Drug Tier 4: 25% of the total drug cost</p> <p style="padding-left: 40px;">You pay up to \$35 per month supply of each covered insulin</p> <p style="padding-left: 40px;">Drug Tier 5: 25% of the total drug cost</p> <p style="padding-left: 40px;">Catastrophic Coverage Stage:</p> <p style="padding-left: 40px;">During this payment stage, you pay nothing for your covered Part D drugs</p>

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	\$11.80	\$0

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum. 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. Your costs for covered medical services (such as copayments and deductibles) count toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count	\$5,000	\$9,250 Once you've paid \$9,250 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year. If you are eligible for Medicare cost-sharing help under Medicaid, 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.

	2025 (this year)	2026 (next year)
toward your maximum out-of-pocket amount.		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* www.phs.org/Medicare to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here’s how to get an updated *Provider Directory*:

- Visit our website at www.phs.org/medicare/providers
- Call Member Services at (505) 923-7675 or 1-855-465-7737 (TTY users should call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at (505) 923-7675 or 1-855-465-7737 (TTY users should call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Provider Directory* www.phs.org/Medicare to see which pharmacies are in our network. Here’s how to get an updated *Provider Directory*:

- Visit our website at www.phs.org/medicare/providers.
- Call Member Services at (505) 923-7675 or 1-855-465-7737 (TTY users should call 711) to get current pharmacy information or to ask us to mail you a *Provider Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at (505) 923-7675 or 1-855-465-7737 (TTY users should call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2025 (this year)	2026 (next year)
<p>Acupuncture</p> <p>*Medicare covered acupuncture is limited to no more than 20 treatments annually.</p>	<p>You are responsible for a \$25 copayment per visit.</p> <p>Routine acupuncture is limited to 20 visits per year.</p>	<p>For Medicare covered acupuncture services, you will be responsible for a 20% coinsurance.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.</p> <p>For routine acupuncture services, you will be responsible for a \$0 copayment, up to 5 visits per year. Medicaid does not cover routine acupuncture. You will be responsible for the cost of visits that exceed the 5 visit limit.</p>
<p>Ambulance services</p>	<p>You are responsible for a \$350 copayment per trip.</p>	<p>You will be responsible for a 20% coinsurance.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a nothing.</p>
<p>Cardiac rehabilitation services</p>	<p>You are responsible for a \$0 copayment.</p>	<p>You will be responsible for a 20% coinsurance.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.</p>
<p>Chiropractic services</p>	<p>You are responsible for a \$20 copayment.</p>	<p>You will be responsible for a 20% coinsurance.</p>

	2025 (this year)	2026 (next year)
		If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.
Comprehensive Dental	Optional buy-up dental benefit with a monthly premium of \$25.90 Annual benefit limit of \$4,000. 20%-50% of totals costs for services.	Embedded Basic and Comprehensive Dental benefit with \$0 premium Annual benefit limit of \$1,800. No copays or coinsurance for services.
Dental Services	You are responsible for a \$50 copayment.	You will be responsible for a 20% coinsurance. If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.
Diabetes self-management	Covered test strips and lancets are limited to a quantity limit of 100 per 30 days for non-insulin dependent members and 200 per 30 days for insulin dependent members If you use a Continuous Glucose Meter (CGM): quantity limits are not applied to test strips and lancets In-network: No Charge	Covered test strips and lancets are limited to a quantity limit of 100 per 90 days for non-insulin dependent members and 300 per 90 days for insulin dependent members If you use a Continuous Glucose Meter (CGM): test strips and lancets are limited to a quantity of 200 every 365 days In-network: No Charge
Durable medical equipment (DME) and related supplies	You will be responsible for a 20% coinsurance.	You will be responsible for a 20% coinsurance.

	2025 (this year)	2026 (next year)
		If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.
Emergency care	You are responsible for a \$125 copayment.	<p>You will be responsible for a 20% coinsurance up to \$115 on Emergency care.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.</p>
Hearing services	<p>You are responsible for a \$0 copay per Medicare-covered hearing service.</p> <p>You are responsible for a \$0 copay per one (1) routine hearing exam, limited to one per year.</p> <p>You are responsible for a \$499 copay per TruHearing Standard hearing aid.</p> <p>You are responsible for a \$699 copay per TruHearing Advanced hearing aid.</p> <p>You are responsible for a \$999 copay per TruHearing Premium hearing aid.</p>	<p>You will be responsible for a \$0 copay on Medicare-covered hearing services.</p> <p>You will be responsible for a \$0 copay per one (1) routine hearing exam, limited to one per year.</p> <p>You will be responsible for a \$0 copay for up to two (2) TruHearing-branded hearing aids (one per year every 2 years). Limited to \$2,000 every 2 years.</p>
Inpatient Hospital and Inpatient Psychiatric	<p>You are responsible for a \$375 per day for days 1-5</p> <p>There is no charge for the remainder of your covered hospital stay and no limit to</p>	<p>Per Original Medicare Benefit Period, you pay:</p> <p>\$1676* for each benefit period.</p>

	<p align="center">2025 (this year)</p>	<p align="center">2026 (next year)</p>
<p>Hospital Services</p>	<p>the number of days covered by the plan based on medical necessity.</p>	<p align="center">Days 1-60: \$0 copay</p> <p align="center">Days 61-90: \$419* copay</p> <p align="center">Days 91 and beyond: \$838* copayment</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>
<p>Intensive Outpatient Program (IOP)</p>	<p>You are responsible for a \$30 copayment per visit</p>	<p align="center">You will be responsible for a 20% coinsurance on IOP.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.</p>
<p>Medicare Part B prescription drugs*</p> <p>*Certain Part B drugs may have a reduced coinsurance per the Inflation Reduction Act (IRA).</p> <p>Some Part B drugs may also be subject to Step Therapy requirements.</p>	<p>You are responsible for a \$10 copayment for Part B drugs purchased through a retail pharmacy.</p> <p>You are responsible for a 20% coinsurance for Part B drugs administered by a provider.</p>	<p align="center">You will be responsible for up to a 20% copay for Part B drugs.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.</p>

	2025 (this year)	2026 (next year)
Medicare Part B Step Therapy Policy	<p>Certain Drugs and/or drug categories that may be subject to Step Therapy.</p> <p>Please visit the link for the most up to date version of our list of Part B Drugs that may be subject to Step Therapy: https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=PEL_00956495</p> <p>* This list is subject to change.</p>	<p>Certain Drugs and/or drug categories that may be subject to Step Therapy.</p> <p>Please visit the link for the most up to date version of our list of Part B Drugs that may be subject to Step Therapy: https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=PEL_00956495</p> <p>* This list is subject to change.</p>
Opioid treatment program services	<p>You are responsible for a \$0 copayment per visit</p>	<p>You will be responsible for a 20% coinsurance for Opioid Treatment services.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.</p>
Outpatient diagnostic tests and therapeutic services and supplies	<p>You will be responsible for a 20% coinsurance</p>	<p>You will be responsible for a 20% coinsurance on Outpatient Diagnostic and Therapeutic services.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.</p>
Outpatient hospital observation	<p>You are responsible for a \$250 copayment per visit.</p>	<p>You will be responsible for a 20% coinsurance for Outpatient .</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>

	2025 (this year)	2026 (next year)
Outpatient hospital services	<p>You pay a \$300 copayment for Outpatient Surgery services when provided in an outpatient or ambulatory surgical center.</p> <p>You pay a \$30 copayment for Partial Hospitalization for Psychiatric Treatment.</p> <p>You pay a \$30 copayment for x-rays and radiology.</p>	<p>You will be responsible for a 20% coinsurance for Outpatient Surgery services.</p> <p>You will be responsible for a 20% coinsurance for Partial Hospitalization for Psychiatric Treatment.</p> <p>You will be responsible for a 20% coinsurance for X-rays and Radiology services.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.</p>
Outpatient rehabilitation services	<p>You are responsible for a \$20 copayment.</p>	<p>You will be responsible for a 20% coinsurance for Outpatient Rehabilitation services.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.</p>
Outpatient substance use disorder services	<p>You are responsible for a \$0 copayment.</p>	<p>You will be responsible for a 20% coinsurance.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.</p>
Over-the-Counter allowance	<p>\$45 per quarter</p>	<p>\$50 per quarter</p>

	2025 (this year)	2026 (next year)
Part D Tier 1 and Tier 2 Coverage	90-day fill	100-day fill
Physician/Practitioner services, including doctor’s office visits	<p>You are responsible for a \$30 copayment for physician specialists.</p> <p>You are responsible for a \$0 copay for primary care providers and other health care professionals.</p>	<p>You will be responsible for a 20% coinsurance.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.</p>
Podiatry services	You are responsible for a \$0 copayment.	<p>You will be responsible for a 20% coinsurance.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.</p>
Prosthetic and orthotic devices and related supplies	<p>0% coinsurance on prosthetic medical supplies such as ostomy supplies, surgical dressing, splints, and casts that cannot be reused by the member</p> <p>All other prosthetic medical supplies will apply the 20% coinsurance</p>	<p>You will be responsible for a 20% coinsurance.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.</p>
Pulmonary rehabilitation services	You are responsible for a \$0 copayment.	<p>You will be responsible for a 20% coinsurance.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a nothing.</p>

	2025 (this year)	2026 (next year)
Routine Vision Care and Eyewear	<p>No charge for 1 routine vision exam annually.</p> <p>Annual allowance of \$265 for prescription eyewear (frames, lenses and contact lenses) and contact lens fittings.</p>	<p>No charge for 1 routine vision exam annually.</p> <p>Annual allowance of \$275 for prescription eyewear (frames, lenses and contact lenses) and contact lens fittings.</p>
Routine transportation services	<p>You are responsible for a \$0 copayment per trip, limited to 36 one-way trips annually.</p>	<p>You are responsible for a \$0 copayment per trip, limited to 30 one-way trips annually.</p>
Services to treat kidney disease	<p>You pay a 20% coinsurance for dialysis services.</p> <p>\$375 copay per day for days 1-5 per admission. \$0 copay per day for the remainder of your covered hospital stay and no limit to the number of days covered by the plan based on medical necessity.</p> <p>\$0 copay for kidney disease education, self-dialysis training, home dialysis equipment and supplies and certain home support services.</p>	<p>You will be responsible for a 20% coinsurance for dialysis services. \$1,676* for each benefit period.</p> <p style="text-align: center;">Days 1-60: \$0 copay</p> <p style="text-align: center;">Days 61-90: \$419* copay</p> <p style="text-align: center;">Days 91 and beyond: \$838* copayment</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.</p>
Skilled nursing facility (SNF) care	<p>Per admission, you pay: No charge for days 1-20</p> <p>\$195 copayment per day for days 21-100</p> <p>You are responsible for 100% of the costs for days 101 and beyond per admission.</p>	<p>No charge per day for days 1-20</p> <p>\$209.50 per day for days 21-100</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.</p>

	2025 (this year)	2026 (next year)
<p>Special Supplemental Benefits for the Chronically Ill – Grocery Benefit Allowance</p> <p>You may be eligible to receive money for a special supplemental grocery benefit if you have been diagnosed with a chronic condition of diabetes, congestive heart failure (CHF), hypertension, or hyperlipidemia. You must have had an annual wellness visit (AWV) in the last 12 months. Eligibility is determined by your plan, and you may not be eligible even though you have one of these conditions. For help scheduling your annual wellness visit, call our dedicated team</p>	<p>Not covered</p>	<p>Members having one or more qualifying conditions and who complete an Annual Wellness Visit in the last 12 months receive \$100 per quarter, up to \$400 annually, to spend on groceries.</p> <p>Grocery dollars are added to the same card as your Over-the-Counter (OTC) benefit.</p>

	2025 (this year)	2026 (next year)
at (505) 923- 2009 or the number on the back of your member ID card.		
Supervised Exercise Therapy (SET)	You are responsible for a \$0 copayment.	You will be responsible for a 20% coinsurance. If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.
Urgently needed services	In-network: You pay a \$20 copayment per visit Out-of-network: You pay a \$55 copayment per visit	You will be responsible for a 20% coinsurance up to \$40. If you are eligible for Medicare cost-sharing help under Medicaid, you pay nothing.
Worldwide Emergency, Urgent and Transportation Coverage	You pay a \$125 copayment per emergency visit, urgent care visit and transportation.	Not Covered

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically. If you don't see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling customer service at (505) 923-7675 or 1-855-465-7737 (TTY users should call 711) or visiting our website at (www.phs.org/medicare/prescription-drugs.)

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year**

and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call customer service at (505) 923-7675 or 1-855-465-7737 (TTY users should call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and you don't get this material by October 1, 2025, call customer service at (505) 923-7675 or 1-855-465-7737 (TTY users should call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,100 Out-of-Pocket threshold.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don’t count toward out-of-pocket costs.

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	\$590 During this stage, you pay \$0 cost sharing for drugs on Tier 1 – Preferred Generic and the full cost of drugs on Tiers 2, 3, 4 and 5 until you have reached the yearly deductible.	\$550 During this stage, you pay \$0 cost sharing for drugs on Tier 1 – Preferred Generic and the full cost of drugs on Tiers 2, 3, 4 and 5 until you have reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you’ve paid \$2,100 out of pocket for covered Part D drugs, you’ll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
<i>Tier 1-Preferred Generic Drugs</i>	\$0 per month supply	\$0 per month supply
<i>Tier 2- Generic Drugs</i>	25% of the total cost	25% of the total cost
<i>Tier 3- Preferred Brand Drugs</i>	25% of the total cost You pay up to \$35 per month supply of each covered insulin product in this tier.	25% of the total cost You pay up to \$35 per month supply of each covered insulin product in this tier.
<i>Tier 4- Non-Preferred Drugs</i>	26% of the total cost You pay up to \$35 per month supply of each covered insulin product in this tier.	25% of the total cost You pay up to \$35 per month supply of each covered insulin product in this tier.
<i>Tier 5- Specialty Drugs</i>	25% of the total cost Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	25% of the total cost Once you have paid \$2,100 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	<p>The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.</p>	<p>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.</p> <p>To learn more about this payment option, call us at (505) 923-7675 or 1-855-465-7737 (TTY users call 711) or visit www.Medicare.gov.</p>

SECTION 3 How to Change Plans

To stay in Presbyterian Dual Plus (HMO D-SNP), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our *Presbyterian Dual Plus (HMO D-SNP)*.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from *Presbyterian Dual Plus (HMO D-SNP)*.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from *Presbyterian Dual Plus (HMO D-SNP)*.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll Call customer service at (505) 923-7675 or 1-855-465-7737 (TTY users should call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-

486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).

- **To learn more about Original Medicare and the different types of Medicare plans,** visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 6), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Presbyterian health Plan, Inc. offers other Medicare health plans. These other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without separate Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

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

or switch to Original Medicare (with or without Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, seven days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
 - Your State Medicaid office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the *New Mexico Department of Health, AIDS Drug Assistance Program*. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call (505) 479-1573. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan,

regardless of income level. To learn more about this payment option, call us at (505) 923-7675 or 1-855-465-7737 (TTY users should call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Presbyterian Dual Plus (HMO D-SNP)

- **Call customer service at (505) 923-7675 or 1-855-465-7737 (TTY users should call 711.)**

We're available for phone calls 8 a.m. to 8 p.m., seven days a week (except holidays) from **October 1 through March 31**, and Monday to Friday (except holidays) from **April 1 through September 30**. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the *2026 Evidence of Coverage for Presbyterian Dual Plus (HMO D-SNP)*. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.phs.org/Medicare or call customer service at (505) 923-7675 or 1-855-465-7737 (TTY users should call 711.) to ask us to mail you a copy. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.

- **Visit www.phs.org/Medicare**

Our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

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

Call *New Mexico Aging and Long-Term Services* to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call *New Mexico Aging and Long-Term Services* at 1-800-432-2080 or TTY (505) 476-4937. Learn more about *New Mexico Aging and Long-Term Services* by visiting (<https://aging.nm.gov/>)

Get Help from Medicare

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

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

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

Call Turquoise Care (Medicaid) at 1-888-997-2583. TTY users should call 711 for help with Medicaid enrollment or benefit questions.

Notice of Nondiscrimination and Accessibility

Discrimination is Against the Law

Presbyterian Healthcare Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Presbyterian Healthcare Services does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Presbyterian Healthcare Services:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Presbyterian Customer Service Center at **(505) 923-5420, 1-855-592-7737, TTY 711**.

If you believe that Presbyterian Healthcare Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by phone, mail, fax, or email at:

Mailing Address: Presbyterian Privacy Officer and Civil Rights Coordinator
P.O. Box 27489
Albuquerque, NM 87125-7489

Phone/TTY: 1-866-977-3021, TTY 711

Fax: (505) 923-5124

Email: info@phs.org

If you need help filing a grievance, the Presbyterian Privacy Officer and Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

Mailing Address: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Phone/TDD: 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Presbyterian Healthcare Services website: 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 yánífti'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'j' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjí' 1-855-592-7737 (TTY: 711) hodílnih 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 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 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 সहाয়তা 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.