

# Hey, Albuquerque

We have \$0 monthly premium Medicare Advantage plans for qualifying Albuquerque residents.

# \$0

**To find out if you might be eligible, answer the following questions.**

**Yes No**

- Are you married with a combined annual income under \$24,360?
- Is your annual income under \$18,090?

If you answered **YES**, you may be eligible to enroll in a \$0 monthly premium Humana Medicare Advantage plan. Don't pay more than you have to!

- Prescription drug coverage
- SilverSneakers fitness program
- Dental, Hearing and Vision coverage
- \$25 Over-the-counter medication allowance\*\*
- \$0 Copay on Tier 1 & 2 drugs for 90 day mail order prescriptions through Humana Pharmacy®, a pharmacy in the network with preferred cost sharing \*\*\*

**Call a Licensed Independent Sales Agent**

**EDUARDO MARTIN**

Metro East Insurance Group

**505-600-9044 (TTY: 711)**

Monday-Friday, 8 a.m. to 5 p.m.

**Yo hablo español.**

## Humana®

## Humana®

Humana is a Medicare Advantage PPO organization with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and member cost share may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services. Applicable to 1754452.

This is not a complete listing of plans available in your service area. For a complete listing, please contact 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day/7 days a week or consult [www.medicare.gov](http://www.medicare.gov).

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## Discrimination is against the law

Humana Inc. and its subsidiaries comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Humana Inc. and its subsidiaries provide free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate, in addition to free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call **505-600-9044** or if you use a **TTY**, call **711**.

If you believe that Humana Inc. and its subsidiaries have 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 with Civil Rights/LEP/ADA/Section 1557 Compliance Officer, 500 W. Main Street -10th floor, Louisville, Kentucky 40202

If you need help filing a grievance, call **505-600-9044** or if you use a **TTY**, call **711**.

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 U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, **1-800-368-1019**,

**800-537-7697 (TDD)**.

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

## Multi-Language Interpreter Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you.

Call **505-600-9044 (TTY: 711)**.... ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **505-600-9044 (TTY: 711)**.... 注意：如果您使用繁體中文，您可以免費獲得語  
援助服務。請致電 **505-600-9044 (TTY: 711)**。... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ  
ngôn ngữ miễn phí dành cho bạn. Gọi số **505-600-9044 (TTY: 711)**.... 주의: 한국어를 사용하시는 경우, 언어  
지원 서비스를 무료로 이용하실 수 있습니다. **505-600-9044 (TTY: 711)** 번으로 전화해 주십시오....PAUNAWA:  
Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walan  
bayad. Tumawag sa **505-600-9044 (TTY: 711)**.... Если вы говорите на русском языке, то вам доступны  
бесплатные услуги перевода. Звоните **505-600-9044 (телетайп: 711)**.... ATANSYON: Si w pale Kreyòl  
Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **505-600-9044 (TTY: 711)**.... ATTENTION:  
Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le  
**505-600-9044 (ATS: 711)**.... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy  
językowej. Zadzwoń pod numer **505-600-9044 (TTY: 711)**.... ATENÇÃO: Se fala português, encontram-se  
disponíveis serviços linguísticos, grátis. Ligue para **505-600-9044 (TTY: 711)**.... ATTENZIONE: In caso  
la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero  
**505-600-9044 (TTY: 711)**... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche  
Hilfsdienstleistungen zur Verfügung. Rufnummer: **505-600-9044 (TTY: 711)**.... 注意事項：日本語を話される  
場合、無料の言語支援をご利用いただけます。 **505-600-9044 (TTY: 711)**まで、お電話にてご連絡ください。...

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با  
تماس بگیرید. **505-600-9044 (TTY: 711)**

Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh,  
éí ná hóló, kojí' hódíílnih **505-600-9044 (TTY: 711)**....

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم  
**505-600-9044** (رقم هاتف الصم والبكم: 711).