

Foomka codsiga ka-qaybgalka ee Medicare Prescription Payment Plan

Medicare Prescription Payment Plan waa ikhtiyaar lacag-bixineed ikhtiyaari ah oo la shaqeeya caymiskaaga daawada ee hadda jira si uu kaaga caawiyo inaad maareyso kharashyadaada daawada Qaybta D ee Medicare ee ka baxay jeebkaaga adoo ku faafinaya sanadka kalandarka oo dhan (Janaayo–Diseembar). **Ikhtiyaarkan lacag-bixinta wuxuu kaa caawin karaa inaad maareyso kharashyadaada, laakiin kuma badbaadiso lacag ama hoos uma dhigto kharashyadaada daawada.** Ikhtiyaarkan lacag-bixinta waxaa laga yaabaa inaanay ahayn doorashada kuugu fiican haddii aad ka hesho caawimo bixinta kharashyadaada daawada dhakhtarku qoray iyada oo loo marayo barnaamijyada sida Extra Help ee ka socota Medicare ama Barnaamijka Caawinta Daawooyinka ee Gobolka (State Pharmaceutical Assistance Program, SPAP). Wac qorshahaaga si aad u hesho macluumaad dheeraad ah.

Dhammaan meelaha loo qoondeeyey mooyaane haddii lagu calaamadiyo inay ikhtiyaari yihiin

Magaca Koowaad _____ Magaca Dambe _____ Xarafka Koowaad ee Magaca Dhexe (Ikhtiyari) _____

Lambarka Medicare (____ - ____ - ____)

____/____/____ (____) - _____
Taariikhda Dhalashada (MM/DD/YYYY) Lambarka Taleefanka

Deganaansho Joogto Ah Cinwaanka Wadada (Ha qorin cinwaanka Sanduuqa PO mooyaane haddii aad la tacaalayso hoy la'aan).

Magaalada _____ Degmada (Ikhtiyaari) _____ Gobolka _____ Koodhka SIBKA _____

Cinwaanka boostada, haddii uu ka duwan yahay cinwaankaaga joogtada ah (Sanduuqa PO waa la oggol yahay):

Magaalada _____ Gobolka _____ Koodhka SIBKA _____

Waxaan rabaa inaan ka qaybqaato Medicare Prescription Payment Plan:

- Sanadka Hadda Jira
- Sanadka Qorshaha Soo socda

Akhri oo saxiix hoos:

- Waxaan fahamsanahay in foomkan uu yahay codsi ah in aan ka qaybqaato Medicare Prescription Payment Plan. Providence Medicare Advantage Plans ayaa ila soo xiriiri doona haddii ay u baahdaan macluumaad dheeraad ah.
- Waxaan fahamsanahay in saxiixitaanka foomkan ay ka dhigan tahay inaan akhriyay oo fahmay foomka.
- **Providence Medicare Advantage Plans waxay ii soo diri doontaa si ay iigu ogeysiiyaan goorta ka-qaybgalkayga Medicare Prescription Payment Plan ay firfircoon tahay.** Ilaa wakhtigaas, waxaan fahamsanahay inaan ahayn ka qaybqaataha Medicare Prescription Payment Plan.
- Waxaan fahamsanahay in haddii aan ku sii jiro isla qorshaha caafimaadka ama daawada, Providence Medicare Advantage Plans ay si toos ah u cusbooneysiin doonto ka qaybgalkayga Medicare Prescription Payment Plan bilowga sanad kasta oo kalandar ah, ilaa aan la xiriiro Providence Medicare Advantage Plans si aan uga baxo.

Saxiixa

____/____/____

Taariikhda Maanta

Haddii aad foomkan u buuxinayso qof kale, buuxi qaybta hoose. Saxiixaagu waxa uu caddaynayaa in lagu oggolaaday iyadoo la raacayo sharciga Gobolka si aad u buuxiso foomkan ka qaybgalka oo aad haysato dukumeentiyada awooddan la heli karo haddii Medicare uu ku weydiyo.

Magaca

Cinwaanka (Wadada, Magaalada, Gobolka, Koodhka SIBKA):

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Lambarka Taleefanka

Xiriirka aad la leedahay ka-qaybgalaha

Sida loo gudbiyo foomkan:

U gudbi foomkaaga oo dhammaystiran cinwaanka hoose:

Capital Rx
Attn: M3P Elections
9450 SW Gemini Dr., Suite 87234
Beaverton, Oregon 97008-7105

Codsiyada doorashada sidoo kale waxaa lagu soo diri karaa iimayl ahaan: M3P-Election@cap-rx.com

Waxaad sidoo kale ka dhammaystiri kartaa codsiga ka-qaybgalka Xariirka Onlaynka Ah ee Capital Rx: **www.ProvidenceHealthAssurance.com/M3P**, ama naga soo wac lambarka **1-855-742-2779 (TTY: 711)** 24 saacadood maalintii, 7 maalmood usbuucii, si aad codsigaaga ugu gudbisno taleefan ahaan.

Haddii aad qabto su'aalo ama aad u baahan tahay caawimaad si aad u buuxiso foomkan, naga soo wac lambarka **1-855-742-2779**, 24 saacadood maalintii, 7 maalmood usbuucii. Isticmaalayaasha TTY waxay wici karaan 711.