



# Preferred Drug List (Expanded)

Your prescription benefit provides you and your doctor with many choices. Understanding them will help you make informed health care decisions. It will also enable you to ask your doctor or pharmacist the right questions about your medication needs. We want to make sure you have the information you need to make the best choice for you.

## What is a Preferred Drug List (PDL)?

A PDL is a list of prescription medications chosen for their clinical value and cost-effectiveness by an independent panel of physicians and pharmacists. With our PDL, you and your doctor have the freedom to choose the medication that works best for you. Since there may be more than one drug available for your medical condition, we encourage you to use generic and preferred brand-name drugs whenever possible to help manage your prescription costs.

NOTE: The PDL is subject to change without notice at any time during the year without prior notice to members or physicians. For updated PDL information, use the Preferred Drug List search tool on our website or call 1-888-963-7290.

## Should I use generic drugs?

Absolutely! Generic drugs become available when patents expire on brand-name drugs. They contain the same active ingredients as brand-name drugs, but are not manufactured under a brand name or trademark. The color and shape of the generic drug may be different from its brand-name counterpart, but the active ingredients are the same for both. Generic drugs must meet the same U.S. Food and Drug Administration (FDA) quality standards as the brand-name drugs. You should always ask your doctor to allow a generic substitution if one is available. When you use a generic drug, you get the same quality as the brand-name drug — at a lower cost.

## What is a three-tier benefit?

(Most employers offer a three-tier benefit plan. Refer to your group benefit booklet to see if this applies to you.) Medications in a three-tier benefit structure are divided into three tiers — Tier 1, Tier 2 and Tier 3. Each tier is assigned a copayment or coinsurance amount, which is the amount you pay when you receive a prescription. Refer to your benefit document to find the amounts that apply to you. Tier 1 drugs are generic drugs. Tier 1 drugs in this document are in lowercase letters. For the lowest out-of-pocket expense, you should always consider Tier 1 drugs if you and your doctor decide they are appropriate for you. Tier 2 drugs are preferred brand-name drugs. Tier 2 drugs in this document are listed in all capital letters. Consider Tier 2

## A

abacavir tablet  
 abacavir/lamivudine  
 abacavir/lamivudine/zidovudine  
 acarbose  
 acebutolol  
 acetaminophen w/butalbital  
 acetaminophen w/codeine  
 acyclovir  
 adapalene  
 ADEMPAS \*  
 ADVAIR  
 albuterol  
 alendronate  
 allopurinol  
 ALPHAGAN P  
 alprazolam  
 amantadine  
 amethia  
 amethia lo  
 amiloride  
 amiloride/hydrochlorothiazide  
 aminophylline  
 amiodarone  
 amitriptyline  
 amitriptyline/chlordiazepoxide  
 amitriptyline/perphenazine  
 amlodipine  
 amlodipine/atorvastatin  
 amlodipine/benazepril  
 amlodipine/olmesartan  
 amoxicillin  
 amoxicillin/clavulanate

amphetamine/dextroamphetamine mixed salts  
 amphetamine/dextroamphetamine mixed salts extended-release  
 ampicillin  
 AMPYRA \*  
 anagrelide  
 anastrozole  
 ANDRODERM  
 ANORO ELLIPTA  
 apri  
 APRISO  
 APTIVUS  
 ASMANEX  
 atenolol  
 atenolol/chlorthalidone  
 atomoxetine  
 atorvastatin  
 atovaquone/proguanil  
 ATRIPLA  
 atropine solution  
 aviane  
 avita  
 AZASAN  
 azathioprine  
 azelastine  
 azithromycin  
 AZOPT

## B

bacitracin  
 baclufen  
 BANZEL

drugs if no Tier 1 drug is available to treat your condition. Tier 3 drugs are non-preferred and will usually cost you more. If you are using a Tier 3 drug, talk to your doctor about Tier 1 and 2 drugs that may be appropriate for you.

NOTE: When a generic becomes available, most of the time the brand-name drug will automatically move to the third tier.

## What is a specialty drug benefit?

A specialty drug benefit requires that you pay a different amount (copayment) for specialty drugs, no matter what the status is of the drug on our PDL. If you have a specialty drug benefit, you will pay the specialty drug copayment or coinsurance under your plan for specialty drugs, whether or not you receive a generic, preferred brand or non-preferred brand drug. Refer to your benefit document to find the amounts that apply to you for specialty drugs.

## What if my drug is not listed on this Expanded PDL?

This is an alphabetic listing of commonly prescribed drugs on our PDL. If your drug is not listed, it may well be that:

1. Your drug is a generic and all generics are considered preferred drugs,
2. Your drug is not a preferred drug and is available at the highest copayment or coinsurance, or
3. Your drug is preferred but is not included in this list. To look up a specific drug, use the Preferred Drug List search tool on our website, or call 1-888-963-7290.
4. There are a few drugs for which your doctor may need to request prior authorization from us before you can fill the prescription. This is to make sure your benefit plan covers the drugs. Click on the "Prior Authorization List" link on our website for more details.
5. Your drug is available over the counter or is excluded from coverage. For many conditions, an over-the-counter medication may be the most appropriate treatment. Talk to your doctor about over-the-counter alternatives. They may be a good choice for you and may cost you less.

## Please Note

- Keep in mind this list is subject to change.
- Your benefit document defines your actual benefit and may exclude coverage for certain drugs listed in this booklet. Please see your plan's website for a list of excluded drugs.
- Some drugs have quantity limits on them. This means you only can receive a limited amount at one time or during a specific time period. Your pharmacist can tell you if your benefit plan applies any limitations to your prescriptions.

## BD ULTRAFINE INSULIN SYRINGES AND NEEDLES

benazepril  
 benazepril/hydrochlorothiazide  
 benzonatate  
 benzoyl peroxide  
 benzotropine  
 betamethasone dipropionate  
 betamethasone valerate  
 BETASERON \*  
 betaxolol  
 bethanechol  
 BETOPTIC S  
 bexarotene \*  
 bicalutamide  
 BIDIL  
 bisoprolol  
 bisoprolol/hydrochlorothiazide  
 BLEPHAMIDE OPHTH OINT  
 BREO ELLIPTA  
 brimonidine  
 bromocriptine  
 budesonide delayed-release capsules  
 budesonide suspension  
 bumetanide  
 buprenorphine  
 bupropion  
 bupropion extended-release  
 buspirone  
 butalbital/aspirin/caffeine  
 butorphanol  
 BYDUREON  
 BYSTOLIC

## C

cabergoline  
 calcipotriene  
 calcitonin-salmon  
 calcitriol  
 calcium acetate phosphate binder  
 camila  
 camrese  
 camrese lo  
 CANASA  
 capecitabine \*  
 captopril  
 captopril/hydrochlorothiazide  
 carbamazepine  
 carbamazepine extended-release  
 carbidopa/levodopa  
 carbidopa/levodopa/entacapone  
 carisoprodol  
 cartia xt  
 carvedilol  
 cefaclor  
 cefadroxil  
 cefdinir  
 cefuroxime  
 celecoxib  
 cephalixin  
 cetirizine  
 (generic Rx and OTC covered)  
 cetirizine/pseudoephedrine  
 extended-release OTC  
 cevimeline

Drugs listed by generic name indicate generic versions (not brands) are preferred. Generic names are printed in lowercase.

An independent company administers this list on behalf of your health plan.

\* Your copay for these drugs may vary depending on your pharmacy benefit. Log into the website to determine the copay that applies to your drug.

† Your benefit document defines actual benefits available and may exclude over-the-counter (OTC) drug coverage.

Check your benefit information to verify coverage, or view personal benefit information through our website.

‡ Specific to groups that elect coverage for erectile dysfunction only.

# Select drugs from certain manufacturers are excluded.

chlordiazepoxide  
chlorhexidine gluconate  
chloroquine phosphate  
chlorothiazide  
chlorpromazine  
chlorpropamide  
chlorthalidone  
chlorzoxazone  
cholestyramine  
cholestyramine light  
choline magnesium trisilicylate  
CIALIS ‡  
ciclopirox  
cilostazol  
cimetidine  
CIPRODEX  
ciprofloxacin  
ciprofloxacin extended-release  
citalopram  
CITRANATAL 90 DHA  
CITRANATAL DHA  
CITRANATAL RX  
claravis  
clarithromycin  
clarithromycin extended-release  
clemastine  
clidinium/chlordiazepoxide  
CLIMARA PRO  
clindamycin  
clindamycin/benzoyl peroxide  
clobetasol  
clobetasol emollient  
clomiphene  
clomipramine  
clonazepam  
clonidine  
clopidogrel  
clorazepate  
clotrimazole  
clozapine orally disintegrating tablet  
colchicine  
COMBIGAN  
COMBIVENT RESPIMAT  
COMPLERA  
COPAXONE 40 MG \*  
CORTIFOAM  
cortisone acetate  
CREON  
CRIVAN  
cromolyn sodium  
cryselle  
cyclobenzaprine  
CYCLOPHOSPHAMIDE CAPSULES  
cyclosporine  
cyproheptadine

## D

dantrolene  
dapson  
desipramine  
desmopressin  
desonide  
desoximetasone  
dexamethasone  
dexmethylphenidate  
dexmethylphenidate extended-release  
dextroamphetamine  
diazepam  
DIAZEPAM CONC  
diclofenac potassium  
diclofenac sodium  
diclofenac sodium delayed-release/  
misoprostol  
dicloxacillin  
dicyclomine  
didanosine delayed-release  
diethylpropion  
difflorasone  
diflunisal  
digoxin  
diltiazem extended-release  
diphenhydramine  
diphenoxylate w/atropine  
dipyridamole  
dipyridamole extended-release/aspirin  
disopyramide  
divalproex sodium delayed-release  
divalproex sodium extended-release  
doxetilide \*  
donepezil  
donepezil orally disintegrating tablet  
dorzolamide

dorzolamide/timolol  
doxazosin  
doxepin (except cream)  
doxercalciferol  
doxycycline hyclate  
doxycycline monohydrate  
dronabinol  
drospirenone/EE 3/30  
duloxetine delayed-release  
DUREZOL  
dutasteride

## E

econazole  
EDURANT  
ELIDEL  
ELIQUIS  
EMCYT  
EMTRIVA  
enalapril  
enalapril/hydrochlorothiazide  
ENBREL \*  
enoxaparin  
enpresse  
entacapone  
entecavir  
epinephrine auto-injector  
eplerenone  
erythromycin base  
erythromycin ethylsuccinate  
erythromycin stearate  
erythromycin/benzoyl peroxide  
erythromycins  
escitalopram  
estazolam  
estradiol  
estradiol transdermal  
estradiol/norethindrone  
estropipate  
ethambutol  
ethinyl estradiol/drospirenone  
ethinyl estradiol/levonorgestrel  
ethinyl estradiol/norelgestromin  
ethinyl estradiol/norgestimate  
ethosuximide  
etodolac  
etoposide  
ezetimibe  
ezetimibe

## F

famotidine  
famotidine suspension  
FARXIGA  
felodipine extended-release  
FEMRING  
fenofibrate  
fenoprofen  
fentanyl patch  
FINACEA  
finasteride  
flecainide  
FLONASE ALLERGY RELIEF OTC †  
FLOVENT DISKUS  
FLOVENT HFA  
fluconazole  
fludrocortisone  
flunisolide  
fluocinolone  
fluocinonide (except cream 0.1%)  
fluocinonide emollient  
fluorometholone  
fluorouracil #  
flouxetine  
fluphenazine  
flurbiprofen  
flutamide  
fluvastatin  
fluvoxamine  
folic acid  
folic acid/vitamin B6/vitamin B12  
FORTEO \*  
fosinopril  
fosinopril/hydrochlorothiazide  
FOSRENOL  
furosemide  
FUZEON \*

## G

gabapentin

galantamine  
galantamine extended-release  
ganciclovir  
gatifloxacin  
GELNIQUE  
GEL-ONE \*  
gemfibrozil  
gentamicin  
GENVOYA  
gianvi  
GILENYA \*  
glatopa \*  
glimepiride  
glipizide  
glipizide extended-release  
glipizide/metformin  
GLUCAGEN HYPOKIT  
GLUCAGEN EMERGENCY KIT  
glyburide  
glyburide, micronized  
glyburide/metformin  
GONAL-F \*  
griseofulvin ultramicrosize  
guanfacine

## H

halobetasol  
haloperidol  
HEXALEN  
HUMATROPE \*  
HUMIRA \*  
HUMULIN R U-500  
HYALGAN \*  
HYCANTIN CAPSULES \*  
hydralazine  
hydrochlorothiazide  
hydrocodone/acetaminophen  
hydrocodone/ibuprofen  
hydrocortisone  
hydrocortisone valerate  
hydromorphone  
hydromorphone extended-release  
hydroxychloroquine  
hydroxyurea  
hydroxyzine hcl  
hydroxyzine pamoate  
hyoscyamine

## I

ibandronate  
ibuprofen  
imatib \*  
imipramine  
indapamide  
INTELENCE  
INTRON A \*  
INVIRASE  
ipratropium  
ipratropium/albuterol inhalation solution  
irbesartan  
irbesartan/hydrochlorothiazide  
ISENTRESS  
isoniazid  
isosorbide dinitrate  
isosorbide mononitrate  
itraconazole

## J

JANUMET  
JANUMET XR  
JANUVIA  
JARDIANCE  
junel fe

## K

KALETRA TABLET  
kariva  
ketoconazole (except foam)  
ketoprofen  
ketorolac  
KOGENATE FS \*  
KOMBIGLYZE XR  
KRISTALOSE  
KUVAN \*

## L

labetalol

lactulose  
lamivudine  
lamivudine/zidovudine  
lamotrigine  
LANTUS  
latanoprost  
LETAIRIS \*  
letrozole  
leucovorin calcium  
LEUKERAN  
leuprolide acetate  
levetiracetam  
levobunolol  
levofloxacin  
levofloxacin ophth solution  
levora  
levothyroxine  
levoxy  
LEXIVA  
lidocaine patch  
LINZESS  
liothyronine  
lisinopril  
lisinopril/hydrochlorothiazide  
lithium carbonate  
lithium carbonate extended-release  
loperamide  
lopinavir/ritonavir solution  
loratadine OTC  
loratadine/pseudoephedrine  
extended-release OTC  
lorazepam  
lorazepam intensol  
losartan  
losartan/hydrochlorothiazide  
lovastatin  
low-ogestrel  
LYRICA  
LYSODREN

## M

MAKENA \*  
malathion  
MATULANE  
mecizline  
medroxyprogesterone  
medroxyprogesterone injectable  
mefloquine  
megestrol  
meloxicam  
melfalan  
MEPHYTON  
meprobamate  
mercaptopurine  
mesalamine delayed-release  
mesalamine rectal suspension  
metaproterenol  
metformin  
metformin extended-release  
methazolamide  
methimazole  
methocarbamol  
methotrexate  
methylclothiazide  
methyldopa  
methylphenidate  
methylphenidate extended-release  
methylprednisolone  
metipranolol  
metoclopramide  
metolazone  
metoprolol succinate extended-release  
metoprolol tartrate  
metronidazole  
metronidazole vaginal gel  
microgestin  
microgestin fe  
midazolam  
midodrine  
minocycline  
minoxidil  
mirtazapine  
misoprostol  
moxipril/hydrochlorothiazide  
mometasone  
montelukast  
morphine  
morphine extended-release  
MOVIPREP  
moxifloxacin  
mupirocin (except cream)  
mycophenolate

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MYLERAN

## N

nabumetone  
nadolol  
naloxone  
naltrexone  
naproxen  
naproxen sodium  
naratriptan  
NARCAN NASAL SPRAY  
NATACHEW  
NATAFORT  
nateglinide  
necon  
neomycin  
NEULASTA \*  
NEUPRO  
nevirapine  
nevirapine extended-release  
NEXAVAR \*  
niacin  
niacin extended-release  
nicardipine  
nifedipine  
nifedipine extended-release  
nilutamide  
nisoldipine  
nitrofurantoin  
nizatidine  
NORDITROPIN \*  
norethindrone  
nortrel  
nortriptyline  
NORVIR  
NOVOFINE NEEDLES  
NOVOLIN  
NOVOLOG  
NOVOTWIST NEEDLES  
NUVARING  
nystatin

## O

ocella  
ofloxacin  
olanzapine  
olanzapine orally disintegrating tablet  
olmesartan  
olmesartan/amlodipine/  
hydrochlorothiazide  
olmesartan/hydrochlorothiazide  
olopatadine  
omeprazole delayed-release  
ondansetron  
ONETOUGH  
ONGLYZA  
orphenadrine  
oseltamivir capsules  
oxaprozin  
oxazepam  
oxcarbazepine  
oxybutynin  
oxybutynin extended-release  
oxycodone  
oxycodone/acetaminophen  
oxycodone/aspirin  
OXYCONTIN

## P

PANCREAZE  
pantoprazole delayed-release  
paricalcitol  
paroxetine  
paroxetine extended-release  
peg 3350/electrolytes  
PEGASYS \*  
penicillin VK

PENTASA  
pentoxifylline extended-release  
perphenazine  
phenazopyridine  
phendimetrazine  
phenelzine  
phenobarbital  
phentermine hcl  
phenytoin sodium extended  
phytonadione  
pilocarpine  
pindolol  
pioglitazone  
pioglitazone/glimepiride  
pioglitazone/metformin  
piroxicam  
podofilox #  
polymyxin B/trimethoprim  
potassium chloride  
potassium citrate extended-release  
pramipexole  
pravastatin  
prazosin  
PRED MILD  
prednisolone  
prednisone  
prednisone solution  
PREFERAOB  
PREFERAOB + DHA  
PREFERAOB ONE  
PREMARIN  
PREMPHASE  
PREMPRO  
PREZISTA  
primidone  
PROAIR HFA  
PROAIR RESPICLICK  
probenecid  
probenecid w/colchicine  
prochlorperazine  
PROCRIT \*  
progesterone, micronized  
promethazine  
promethazine/codeine  
propranolol  
propranolol extended-release  
propranolol/hydrochlorothiazide  
propylthiouracil  
PULMICORT FLEXHALER  
pyridostigmine

## Q

quetiapine  
quetiapine extended-release  
quinapril  
quinapril/hydrochlorothiazide  
quinine sulfate 324 mg  
QVAR

## R

raloxifene  
ramipril  
RANEXA  
ranitidine  
RAPAMUNE \*  
rasagiline mesylate  
REBETOL SOLUTION \*  
REBIF \*  
RELENZA  
REMODULIN \*  
repaglinide  
REPATHA \*  
RESCRIPTOR  
REYATAZ  
ribavirin \*  
rifampin  
risperidone  
rivastigmine

rizatriptan  
ropinirole  
ropinirole extended-release  
rosuvastatin  
ROZEREM

## S

SAVELLA  
scopolamine transdermal  
selegiline  
SELZENTRY  
SENSIPAR \*  
SEREVENT  
sertraline  
sevelamer carbonate  
sildenafil \*  
silver sulfadiazine  
simvastatin  
sodium fluoride  
sotalol  
SPIRIVA  
SPIRIVA RESPIMAT  
spironolactone  
spironolactone/hydrochlorothiazide  
sprintec  
SPRYCEL \*  
stavudine  
SUBOXONE FILM  
sucralfate  
sulfacetamide/prednisolone  
sulfamethoxazole/trimethoprim  
sulfasalazine  
sulindac  
sumatriptan  
SUPARTZ FX \*  
SUSTIVA  
SUTENT \*  
SYMBICORT  
SYNJARDY

## T

tacrolimus  
TAMIFLU SUSPENSION  
tamoxifen  
tamsulosin  
TARCEVA \*  
TASIGNA \*  
TAZORAC  
TECFIDERA \*  
telmisartan  
telmisartan/amlodipine  
telmisartan/hydrochlorothiazide  
temazepam  
temozolomide \*  
terazosin  
terbinafine  
terconazole  
testosterone solution  
tetracycline  
theophylline  
thioridazine  
thiothixene  
tiagabine  
timolol maleate solution  
tizanidine  
TOBRADEX OINTMENT  
TOBRADEX ST  
tobramycin  
tobramycin/dexamethasone  
tolmetin  
tolterodine  
topiramate  
torsemide  
TOUJEO  
TRACLEER \*  
tramadol  
tramadol/acetaminophen  
trandolapril

tranylcypromine  
TRAVATAN Z  
trazodone  
TRELSTAR \*  
tretinoin  
tretinoin gel microsphere  
TREXALL  
triamcinolone  
triamcinolone nasal  
triarterene/hydrochlorothiazide  
triazolam  
trifluoperazine  
trihexyphenidyl  
trimethobenzamide/benzocaine  
trimethoprim  
trinessa  
tri-previfem  
tri-sprintec  
trivora  
trospium  
trospium extended-release  
TRUVADA  
TYKERB \*

## U

ursodiol

## V

valacyclovir  
valganciclovir  
valproic acid  
valsartan  
valsartan/hydrochlorothiazide  
velivet  
venlafaxine  
VENTAVIS \*  
verapamil extended-release  
VESICARE  
VIBRAMYCIN SUSPENSION  
VIBRAMYCIN SYRUP  
VICTOZA  
VIDEX ORAL SOLUTION  
VIRACEPT  
VIREAD  
vitamin D 50,000 IU  
voriconazole  
VYVANSE

## W

warfarin  
WELCHOL

## X

XARELTO  
XIGDUO XR  
XYREM \*

## Z

zafirlukast  
zaleplon  
ZARXIO \*  
ZIAGEN SOLUTION  
zidovudine  
ZIOPTAN  
ziprasidone  
ZOLADEX \*  
ZOLINZA \*  
zolmitriptan  
zolpidem  
zonisamide  
zovia  
ZYLET

Pharmacy law requires a valid prescription for the purchase of needles and syringes in certain states. If covered in the pharmacy benefit, OTC products require a valid prescription.

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## Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing [contact@hcrcompliance.com](mailto:contact@hcrcompliance.com) or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

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Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

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如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

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Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

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이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

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Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

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Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

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إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

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Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

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Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

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Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

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Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

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あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

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Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

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اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

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Ni da doodago t'áá háida biká'aná nilwo'ígíí díí Béeso Ách'ááh naa'nilígi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'ishíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdzih nínízingo, koji' béésh bee hółne' 1-844-516-6328. (Navajo)