

# Covered Drugs At \$0 Cost Share<sup>1,2,3</sup>

April 1, 2020

Under the health reform law (Affordable Care Act), benefit plans must cover certain Preventive Care Medications at 100% - without charging a copay, coinsurance or deductible.

These products include:

- U.S. Preventive Services Task Force A & B Recommendation medications
- Food and Drug Administration (FDA)-approved prescription and Over-The-Counter (OTC) birth control (contraceptives) for women
- Flu shot and other vaccines

To follow this law, an updated list of no-cost Preventative Care Medications is being provided. You

can use your member ID card to get the products on this list for no cost if they are:

- Prescribed by a health care professional
- Age- and condition-appropriate
- Filled at a network pharmacy

These products are available at no cost to you on both standard and high-deductible or consumer-driven health plans.

If you get these drugs or products from an out-of-network pharmacy, you will have to pay the full cost for them. Male forms of birth control are not currently considered Preventive Care Medications under the Affordable Care Act.

## U.S. Preventive Services Task Force A & B Recommendation Medications and Supplements<sup>4</sup>

A prescription is required to get these medications and supplements at no cost – even though most are available over the counter (OTC).

Medication/Supplement	Reason
OTC	
Aspirin – 81 mg	Prevent preeclampsia during pregnancy
Aspirin – 81 & 325 mg	Prevent cardiovascular disease and colon cancer
Folic acid 400 & 800 mcg Prenatal vitamins with 400 – 800 mcg folic acid	Prevent birth defects
Bisacodyl EC Tab	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
Magnesium Citrate Sol	
Prescription	
Generic Colyte 240/22.74 g sold as: PEG-3350/electrolytes Gavilyte-C	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of one \$0-cost fill per year.
Generic Golytely 236/22.7 g sold as: PEG-3350/electrolytes Gavilyte-G	
Generic Nulytely sold as: PEG-3350/NaCl/NaBicarbonate/KCl Gavilyte-N Trilyte	
Fluoride chew tablets, drop (not toothpaste, rinses)	Prevent dental cavities if water source is deficient in fluoride.

## Tobacco Cessation Medications<sup>4</sup>

If you need help to quit smoking or using tobacco products, these preventive medications are available at \$0 cost-share.

To qualify, you need to:

- Be age 18 or older
- Get a prescription for these products from your doctor, even if the products are sold over-the-counter (OTC)
- Fill the prescription at a network pharmacy

Up to 180 days of treatment are covered at no cost each year. Maximum daily dose quantity limits apply.

### Over-the-counter Medications

Nicotine Replacement Gum  
Nicotine Replacement Lozenge  
Nicotine Replacement Patch

### Prescriptions

Bupropion sustained-release  
(generic Zyban) Tablet

***These three prescription medications are covered after members have tried: 1) One over-the-counter nicotine product and 2) Bupropion sustained-release (generic Zyban) separately.***

Chantix Tablet

Nicotrol Inhaler

Nicotrol Nasal Spray

## Breast Cancer Preventive Medications<sup>4</sup>

For members who have a higher chance for breast cancer but have not had breast cancer, these preventive medications are available at \$0 cost share. To qualify, a member must:

- Be age 35 or older
- Be at increased chance for the first occurrence of breast cancer – after risk assessment and counseling

Most plans cover these medications at normal cost-share for the treatment of breast cancer, to prevent breast cancer recurrence and for other indications.

### Breast Cancer Medication (prescription)

raloxifene

tamoxifen

## Statin Preventive Medications<sup>4</sup>

The U.S. Preventive Service Task Force recommends that adults without a history of cardiovascular disease (CVD) – symptomatic coronary artery disease or stroke – use a low-to-moderate-dose statin for the primary prevention of CVD events in individuals who are age 40-75.

### Statins available at \$0 cost-share

atorvastatin (generic Lipitor) 10 & 20 mg

fluvastatin/er (generic Lescol) 20, 40 & 80 mg

lovastatin (generic Mevacor) 10, 20 & 40 mg

pravastatin (generic Prevachol) 10, 20, 40 & 80 mg

prosvastatin (generic Crestor) 5 & 10 mg

simvastatin (generic Zocor) 5, 10, 20 & 40 mg

## Women's Health: Birth Control Products

### Birth Control Caps & Diaphragms (Cervical)

Caya  
Femcap  
Omniflex  
Wide Seal

### Combination Birth Control Pills

#### Four Phase Birth Control Pills:

Natazia

#### Generic Alesse & Levite sold as:

Afirmelle  
Aubra  
Aubra Eq  
Aviane  
Delyla  
Falmina  
Larissia  
Lessina  
Levonor/Ethin 0.1-0.02  
Lutera  
Orsythia  
Sronyx  
Vienva

#### Generic Beyaz sold as:

Drospire/Eth Estr/Lev  
Rajani

#### Generic Brevicon 0.5/35 & Modicon 0.5/35 sold as:

Necon 0.5/35  
Nortrel 0.5/35  
Wera 0.5/35

#### Generic Cyclessa Pak sold as:

Caziant Pak  
Cesia Pak  
Velivet Pak

#### Generic Demulen 1/35 sold as:

Ethy Eth Est 1-35  
Kelnor 1/35

#### Generic Demulen 1/50 sold as:

Ethinodiol 1-50  
Kelnor 1/50

#### Generic Desogen-28 & Ortho-Cept sold as:

Apri  
Cyred  
Cyred EQ  
Deso/ethinyl estradiol  
Emoquette  
Enskyce  
Isibloom  
Juleber  
Kalliga

Reclipsen  
Solia

#### Generic Estrostep FE sold as:

Tilia FE  
Tri-Legest FE

#### Generic Femcon FE chewable sold as:

Nore/Eth/Fer CHW  
Wymzya FE CHW  
Zenchent FE CHW

#### Generic Generess FE CHW sold as:

Kaitlib FE CHW  
Layolis FE CHW  
Noreth/Ethin FE CHW

#### Generic Loestrin 24 FE sold as:

Aurovela 24 FE  
Blisovi 24 FE  
Hailey 24 FE  
Junel 24 FE  
Larin 24 FE  
Noreth/Ethin Tab FE 1/20  
Tarina 24 FE

#### Generic Loestrin 1/20 sold as:

Aurovela 1/20  
Junel 1/20  
Larin 1/20  
Microgestin 1/20  
Noreth/Ethin 1/20

#### Generic Loestrin 1.5/30 sold as:

Aurovela 1.5/30  
Hailey 1.5/30  
Junel 1.5/30  
Larin 1.5/30  
Microgestin 1.5/30

#### Generic Loestrin FE 1/20 sold as:

Aurovela FE 1/20  
Blisovi FE 1/20  
Gildess FE 1/20  
Junel FE 1/20  
Larin FE 1/20  
Microgestin FE 1/20  
Noreth/Ethin FE 1/20  
Tarina FE 1/20

#### Generic Loestrin FE 1.5/30 sold as:

Aurovela FE 1.5/30  
Blisovi FE 1.5/30  
Gildess FE 1.5/30  
Junel FE 1.5/30  
Larin FE 1.5/30  
Microgestin FE 1.5/30

#### Brand Lo Loestrin FE 1/10

#### Generic Lo/Ovral-28 sold as:

Cryselle-28  
Elinest  
Low-Ogestrel

#### Generic Loseasonique sold as:

Amethia Lo  
Camrese Lo  
Levonorgestrel and Ethinyl Estradiol

#### Generic Lybrel 90-20Mcg sold as:

Amethyst 90-20 mcg  
Levo-Eth Est 90-20 mcg

#### Generic Minastrin 24 CHW FE sold as:

Melodetta CHW 24 FE  
Mibelas 24 CHW FE  
Noreth/Ethin CHW FE 1/20

#### Generic Mircette 28 Day sold as:

Azurette  
Bekyree  
Deso/ethinyl estradiol  
Kariva  
Kimidess  
Pimtrea  
Simliya  
Viorele

#### Generic Nordette-28 sold as:

Altavera  
Ayuna  
Chateal  
Chateal Eq  
Kurvelo  
Levonor/ethinyl estradiol  
Levora-28  
Lillow  
Marlissa  
Portia-28

#### Generic Ortho-Cyclen 0.25/35 sold as:

Estarylla  
Femynor  
Mili 0.25/35  
Mono-Linyah  
Mononessa  
Norgestimate & Ethinyl Estradiol 0.25 mg-  
35 mcg  
Previfem  
Sprintec 28  
Vylibra

#### Generic Ortho-Novum 1/35-28 & Norinyl 1/35 sold as:

Alyacen 1/35  
Cyclafem 1/35  
Dasetta 1/35

## Women's Health: Birth Control Products continued

Necon 1/35  
Nortrel 1/35  
Pirmella 1/35

### Generic Ortho-Novum 7/7/7-28 sold as:

Alyacen 7/7/7  
Cyclafem 7/7/7  
Dasetta 7/7/7  
Nortrel 7/7/7  
Pirmella 7/7/7

### Generic Ortho Tri-Cyclen sold as:

Norgestimate/Ethinyl Estradiol  
Tri-Estaryll  
Tri Femynor  
Tri-Linyah  
Tri-Mili  
Tri-Previfem  
Tri-Sprintec  
Tri-Vylibra  
Trinessa

### Generic for Ortho Tri-Cyclen Lo sold as:

Norgest/Ethi Estradio  
Tri-Lo-Estaryll  
Tri-Lo-Marzia  
Tri-Lo Mili  
Tri-Lo-Sprintec  
Tri-Vylibra Lo  
Trinessa Lo

### Generic Ovcon-35 sold as:

Balziva  
Briellyn  
Philith  
Vyfemla  
Zenchent

### Generic Ovral sold as:

Ogestrel

### Generic Quartette sold as:

Fayosim  
Levonor/Ethi tab Estradio  
Rivelsa

### Generic Safyral sold as:

Dros/Eth Est tab Levomefo  
Tydemy

### Generic Seasonale sold as:

Introvale  
Jolessa  
Levonor/ethinyl estradiol  
Quasense  
Setlakin

### Generic Seasonique sold as:

Amethia  
Ashlyna  
Camrese  
Daysee  
Levonor/ethi estradio  
Simpesse

### Generic Tri-Norinyl 28 sold as:

Aranelle  
Leena

### Generic Triphasil sold as:

Enpresse-28  
Levonest  
Levonor/Ethi  
Myzilra  
Trivora-28

### Generic Yasmin 28 3-0.03 mg sold as:

Drospir/Ethi 3-0.03 mg  
Ocella 3-0.03 mg  
Syeda 3-0.03 mg  
Zarah 3-0.03 mg  
Zumandimine 3-0.03 mg

### Generic Yaz 3-0.02mg sold as:

Drospir/Ethi 3-0.02  
Drospirenone/ethy est  
Gianvi  
Jasmiel  
Lo-Zumandimi  
Loryna  
Nikki  
Vestura

### Progestin Only Birth Control Pills

#### Generic Ortho Micronor & Nor-QD sold as:

Camila 0.35 mg  
Deblitane  
Errin 0.35 mg  
Heather 0.35 mg  
Incassia 0.35 mg  
Jencycla 0.35 mg  
Jolivette 0.35 mg  
Lyza 0.35 mg  
Nora-Be 0.35 mg  
Norethindron 0.35 mg  
Norlyda 0.35 mg  
Norlyroc  
Sharobel  
Tulana 0.35 mg

Slynd

### Birth Control Rings (Vaginal)

Annovera  
Nuva-Ring

### Birth Control Patches (Transdermal)

#### Generic Ortho Evra sold as:

Xulane

### Birth Control Shots (Injection)

Medroxyprogesterone 150 mg IM  
(Generic Depo-Provera contraceptive)

### Emergency Birth Control

ella  
LeVonorgestrel 1.5 mg, (generic Plan B One-Step)

### Over-The-Counter (OTC) Birth

**Control** (must have a prescription and get it from a network pharmacy for cost to be covered)

Contraceptive films (e.g. VCF Vaginal)

Contraceptive foams (e.g. VCF Vaginal Aer)

Contraceptive gels (e.g. Gynol ii, Shur-Seal, VCF Vaginal)

FC female (female condom)

Generic emergency birth control (e.g. Aftera, EContra EZ, EContra OS, Levonorgestr tab 1.5 mg, My Choice, My Way, New Day, Next Choice, Opcicon, Option 2, React, Take Action)

Today Sponge

### Birth Control IUDs and Implants

Kyleena  
Liletta  
Mirena  
Nexplanon  
Paragard  
Skyla

*Some methods of birth control, such as IUDs and implants, may be available through your medical benefit and not your pharmacy benefit.*

**You can get a 3-month supply of your medication mailed to you with no cost for standard shipping. Just call the phone number on your member ID card and ask for home delivery.**

## Flu shot and other vaccines

Plans must provide coverage without cost sharing for immunizations that are recommended for routine use by the Advisory Committee on Immunization Practices (ACIP), a federal committee comprised of immunization experts that is convened by the Centers for Disease Control and Prevention. Vaccines may be covered by your medical benefit and not your pharmacy benefit.

Many vaccines can be obtained on a walk-in basis by presenting your ID card at the time of service. Members should review their benefit plan to determine coverage for vaccines.

### Routine vaccines<sup>2,7</sup>

Age restrictions or limitations may apply. Check with your network pharmacy for specific age, flu shot and vaccine requirements.

#### Flu (Influenza)\*

Afluria Quad	Flublok Quad	FluMistv Quad	Fluzone Quad
Fluad	Flucelvax Quad	Fluvirin	Fluzone Quad (pediatric dose)
Fluarix Quad	Flulaval Quad	Fluzone HD	

#### Other Vaccines

##### Hepatitis A\* (Adult and Pediatric)

Havrix  
Vaqta

##### Hepatitis B\* (Adult and Pediatric)

Engerix-B  
Heplisav-B (adult only)  
Recombivax-HB

##### Human Papilloma Virus (HPV)\* — Vaccine prevents HPV related cancers (ages 9 - 26 years)

Gardasil 9

##### Measles, Mumps, Rubella\*

MMR-II

##### Meningococcal\* — Vaccine prevents meningitis Groups A, C, Y and W-135

Menactra  
Menveo

##### Meningococcal\* — Vaccine prevents meningitis Group B

Bexsero  
Trumenba

##### Pneumococcal\* — Vaccine prevents pneumonia

Prevnar13  
Pneumovax 23

##### Tdap\* — Vaccine prevents tetanus, diphtheria, pertussis

Adacel  
Boostrix

##### Tetanus Diphtheria\* — TD

Tenivac

##### Varicella\* — Vaccine prevents chicken pox

Varivax

##### Zoster\* — Vaccine prevents shingles

Shingrix (ages 50 years and older),  
Zostavax (ages 60 years and older)

\*Vaccine type

Ask your employer or check your plan documents for your plan's specific coverage details.

Not all vaccines on this list are available at all network pharmacies. Contact your local network pharmacy to confirm vaccine availability.

## Frequently Asked Questions

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### Pharmacy Benefit Preventive Care Medications Coverage

#### **What Preventive Care Medications are available at no cost?**

Look at the list in this document, login to the website on your ID card, or call the number on your member ID card for a list of medications covered at \$0 cost-share.

Please note, in order to get coverage at no cost for preventive care medications and products (including over-the-counter) you will need a prescription from your doctor.

#### **Are all birth control products available at no cost?**

No, only the products on the list for your plan will be \$0 under the pharmacy benefit.<sup>5</sup> The health reform law allows plans to use reasonable medical management to decide which birth control products will be provided at no cost.

If you choose a product from this list, your cost at the pharmacy will be \$0. If you choose a covered birth control product that is not on the list, a copay or coinsurance may be required. This cost will apply to your deductible if you have one.

#### **What if my doctor says I need birth control that is not on this list?**

This list includes at least one form of birth control from FDA-approved methods typically available through your **pharmacy benefit**. If your doctor prescribes birth control not on our list for medical reasons, your plan will cover that recommended drug or product at no cost to you through our exceptions process. Just call the number on your member ID card and ask how to get coverage. Medical reasons may include side effects, whether the birth control is permanent or can be reversed, and whether you can use the product as required.

Some methods of birth control, such as IUDs and Implants, may be available through your **medical benefit** and not your pharmacy benefit.

#### **Is my plan required to cover contraceptives?**

Some plans may not have coverage for contraceptives if your employer elects a religious exemption. Also, some organizations (Employer Class Members) can choose not to cover contraceptives for religious reasons; your plan may provide or arrange for contraceptive coverage for members of Employer Class Members as allowed by the health reform law.

In either event, you will still have coverage without cost-share of the U.S. Preventive Services Task Force A & B Recommendation medications listed on the Preventive Care Medications list (such as aspirin).

#### **If I'm at risk for preeclampsia during pregnancy, how can I get low-dose aspirin for no cost?**

Low-dose or baby aspirin (81 mg) is available at no cost to pregnant women at risk for preeclampsia. If you are pregnant and at risk for preeclampsia, talk to your doctor about whether low-dose aspirin can help. If so, your doctor can give you a prescription for low-dose aspirin which can be filled at no cost to you at a network retail pharmacy.

#### **If I need to take preparation medications before a preventive colonoscopy, how can I get these for no cost?**

If you are scheduled for a preventive colonoscopy, ask your doctor for a prescription for one of the no cost preparation medications. You can fill this prescription at a retail network pharmacy at no cost to you. Note: There is a limit of one \$0-cost fill per year.

#### **What if my doctor prescribes a preparation medication for my preventive colonoscopy that is not on this list?**

You can ask your doctor for a prescription for one of the medications on this list that your doctor feels would work for you. For some medical reasons, your doctor may decide you need a medication that is not on this list to prepare for your preventive colonoscopy. If so, you can request the medication you need by calling the number on your ID card and asking how to get coverage at no cost. Medical reasons may include side effects, and whether you can use the product as required.

If you need a prescription medication to prepare for a colonoscopy that is **not preventive**, these medications may still be covered with a copayment or coinsurance.

#### **How can I get preventive medications to help me stop using tobacco for no cost?**

If you are age 18 or older and want to quit using tobacco products, talk to your doctor about medications that can help. If your doctor decides this therapy is right for you, they may prescribe a generic over-the-counter or prescription medication.

The tobacco cessation products on this list are available at no cost to you if they are:

- Prescribed by your doctor
- Filled at a network pharmacy
- Meet use and quantity guidelines

**If I'm at risk for breast cancer but have not had it, how can I get preventive drugs for \$0 cost-share?**

If you are a member age 35 or older, talk to your doctor about your risk of getting breast cancer if you have not had it.

If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications, such as raloxifene or tamoxifen.<sup>6</sup>

**If I'm at risk for cardiovascular disease, how can I get statin medications at no cost to me?**

If you are a member age 40-75, and at risk for cardiovascular disease, your doctor may offer to prescribe statin medications. Select statins are covered at no cost-share for people who have certain risk factors for cardiovascular disease. For members who don't meet this \$0 cost-share criteria, statins will continue to be covered at the customary cost-share amount for your plan.

**How many Preventive Care Medications can I get?**

Some products have quantity limits based on FDA approved dosing or product packaging. Coverage is limited to up to a 30 day supply at retail pharmacies or up to a 90 day supply from home delivery.

**Will this drug list change?**

Drug lists can and do change, so it's always good to check. You can find the most updated information by:

- Logging in to the website on your ID card, or
- Calling the number on your ID card.

**What if I have a high-deductible or consumer-driven health (CDH) plan?**

The same no cost options on the list applicable to your plan will be available to you. If you fill a prescription for covered birth control products that are not on your plan's no cost drug list, you will need to pay the full cost, until your deductible is reached.

**Are the no cost Preventive Care Medications available at both retail and home delivery pharmacies?**

Preventive Care Medications are available at network retail pharmacies. Most are also available at the OptumRx® home delivery pharmacy for plans with a home delivery benefit.

The OptumRx home delivery pharmacy can mail a 3-month supply of your medication right to you with no cost for standard shipping. That means you can order 4 times a year instead of making 12 trips to pick up your medication. To start using home delivery, just call the number on your member ID card.

**What if the health care reform law requirements for Preventive Care Medication coverage change?**

If the law requiring plans to provide preventive care medications at no cost changes, information on how your costs may change will be available to you by:

- Logging in to the website provided on your ID card, or
- Calling the number on your ID card.

1. Please note this list is subject to change.
2. Always refer to your benefit plan materials to determine your coverage for medications and cost-share. Some medications may not be covered under your specific benefit. Where differences are noted, the benefit plan documents will govern.
3. All branded medications are trademarks or registered trademarks of their respective owners.
4. The listed age limits are based on U.S. Preventive Services Task Force Recommendations; coverage for additional populations may also apply as required.
5. When informed, an issuer must accommodate any member when one of the zero cost contraceptives may be medically inappropriate as determined by the member's health care provider and waive the otherwise applicable cost-sharing for a contraceptive not currently covered at zero cost.
6. If your pharmacy benefit plan is grandfathered under the ACA, these drugs may be covered at the normal cost-share.
7. Not all vaccines on this list are available at all participating pharmacies. Members should contact their participating pharmacy of choice to confirm vaccine availability.



## 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 بـ 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'ida yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'ishjį́ bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdzhíh nínízingo, koji' béešh bee hółne' 1-844-516-6328. (Navajo)