



BlueCross BlueShield of South Carolina
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Blue Cross and Blue Shield Association

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 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.

A

abacavir tablet
abacavir/lamivudine/zidovudine
acarbose
acebutolol
acetaminophen w/butalbital
acetaminophen w/codeine
acyclovir
adapalene
ADEMPAS *
ADVAIR
albuterol
alendronate
ALKERAN
ALLEGRA OTC †
ALLEGRA-D OTC †
allopurinol
ALPHAGAN P
alprazolam
amantadine
amethia
amethia lo
amiloride
amiloride/hydrochlorothiazide
aminophylline
amidarone
amitriptyline
amitriptyline/chlordiazepoxide
amitriptyline/perphenazine
amlodipine
amlodipine/atorvastatin
amlodipine/benazepril
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
atorvastatin
atovaquone/proguanil
ATRIPLA
atropine solution
aviane
avita
AXIRON
AZASAN
azathioprine
azelastine
AZILECT
azithromycin
AZOPT
AZOR

B

bacitracin
baclofen

BANZEL
BD ULTRAFINE INSULIN SYRINGES
benazepril
benazepril/hydrochlorothiazide
BENICAR
BENICAR HCT
benzonatate
benzoyl peroxide
benztropine
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
cephalexin
cevimeline
chlordiazepoxide
chlorhexidine gluconate
chloroquine phosphate
chlorothiazide
chlorthalidone
chlorpromazine
chlorpropamide
chlorthalidone

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.

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
CLARITIN OTC †
CLARITIN-D OTC †
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
CRIXIVAN
cromolyn sodium #
cryselle
cyclobenzaprine
CYCLOPHOSPHAMIDE CAPSULES
cyclosporine
cyproheptadine

D

dantrolene
dapson
desipramine
desmopressin
desonide
desoximetasone
dexamethasone #
dexmethylphenidate
dextroamphetamine
diazepam
DIAZEPAM CONC
diclofenac potassium
diclofenac sodium
diclofenac sodium
delayed-release/misoprostol
dicloxacillin
dicyclomine
didanosine delayed-release
diethylpropion
diflorasone
diflunisal
digoxin
diiltiazem extended-release
diphenhydramine
diphenoxylate w/atropine
dipyridamole
dipyridamole extended-release/aspirin
disopyramide
divalproex sodium delayed-release
divalproex sodium extended-release
doferilide *
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
EPIPEN
EPIPEN JR
eplerenone
EPZICOM
ERYPED
erythromycin base
erythromycin ethylsuccinate
erythromycin stearate
erythromycin/benzoyl peroxide
erythromycins
escitalopram
esomeprazole delayed-release
estazolam
estradiol
estradiol transdermal
estradiol/norethindrone
estropipate
ethambutol
ethinyl estradiol/drospirenone
ethinyl estradiol/levonorgestrel
ethinyl estradiol/norelgestromin
ethinyl estradiol/norgestimate
ethosuximide
etodolac
etoposide
exemestane

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 #
fluoxetine
fluphenazine
flurbiprofen #
flutamide
fluvastatin
fluvoxamine
FOCALIN XR
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
GLUCAGON 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
hycoscyamine

I

ibandronate
ibuprofen
imatinib *
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
kariva
ketoconazole (except foam)
ketoprofen
ketorolac
KOGENATE FS *
KOMBIGLYZE XR
KRISTALOSE
KUVAN *

L

labetalol
lactulose
lamivudine

lamivudine/zidovudine
lamotrigine
lansoprazole delayed-release
LANTUS
latanoprost #
LETAIRIS *
letrozole
leucovorin calcium
LEUKERAN
leuprolide acetate
levetiracetam
levobunolol #
levofloxacin
levofloxacin ophth solution
levora
levothyroxine
levoxyl
LEXIVA
LIALDA
lidocaine patch
LINZESS
liothyronine
lisinopril
lisinopril/hydrochlorothiazide
lithium carbonate
lithium carbonate extended-release
loperamide
lorazepam
lorazepam intensol
losartan
losartan/hydrochlorothiazide
lovastatin
low-ogestrel
LYRICA
LYSODREN

M

MAKENA *
malathion
MATULANE
meclizine
medroxyprogesterone
medroxyprogesterone injectable
mefloquine
megestrol
meloxicam
MEPHYTON
meprobamate
mercaptopurine
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
moexipril/hydrochlorothiazide
mometasone
montelukast
morphine
morphine extended-release
MOVIPREP
mupirocin (except cream)
mycophenolate
MYLERAN

N

nabumetone
nadolol
naloxone

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

Select drugs from certain manufacturers are excluded.

naltrexone
naproxen
naproxen sodium
naratriptan
NARCAN NASAL SPRAY
NATACHEW
NATAFORT
nateglinide
necon
neomycin
NEULASTA *
NEUPRO
nevirapine
nevirapine extended-release
NEXAVAR *
NEXIUM 24HR OTC †
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
omeprazole delayed-release
ondansetron
ONETOUCH
ONGLYZA
OPANA ER
orphenadrine
oxaprozin
oxazepam
oxcarbazepine
oxybutynin
oxybutynin extended-release
oxycodone
oxycodone/acetaminophen
oxycodone/aspirin
OXYCONTIN

P

PANCREAZE
pantoprazole delayed-release
paricalcitol
paroxetine
paroxetine extended-release
PATADAY
peg 3350/electrolytes
PEGASYS *
penicillin VK
PENTASA
pentoxifylline extended-release
perphenazine
phenazopyridine
phenidimetrazine
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
PREVACID 24HR OTC †
PREZISTA
PRILOSEC OTC †
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
quinapril
quinapril/hydrochlorothiazide
quinine sulfate 324 mg
QVAR

R

raloxifene
ramipril
RANEXA
ranitidine
RAPAMUNE *
REBETOL SOLUTION *
REBIF *
RELENZA
REMODULIN *
RENVELA
repaglinide
REPATHA *
RESCRIPTOR
REYATAZ
RHEUMATREX
ribavirin *
rifampin
risperidone
rivastigmine
rizatriptan
ropinirole
ropinirole extended-release
ROZEREM

S

SAVELLA

selegiline
SELZENTRY
SENSIPAR *
SEREVENT
SEROQUEL XR
sertraline
sildenafil *
silver sulfadiazine
simvastatin
sodium fluoride
sotalol
SPIRIVA
SPIRIVA RESPIMAT
spironolactone
spironolactone/hydrochlorothiazide
sprintec
SPRYCEL *
stavudine
STRATTERA
SUBOXONE FILM
sucralfate
sulfacetamide/prednisolone #
sulfamethoxazole/trimethoprim
sulfasalazine
sulindac
sumatriptan
SUPARTZ FX *
SUSTIVA
SUTENT *
SYMBICORT
SYNJARDY

T

tacrolimus
TAMIFLU
tamoxifen
tamsulosin
TARCEVA *
TASIGNA *
TAZORAC
TECFIDERA *
telmisartan
telmisartan/amlodipine
telmisartan/hydrochlorothiazide
temazepam
temozolomide *
terazosin
terbinafine
terconazole
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
TRANSDERM SCOP
tranylcypromine
TRAVATAN Z
trazodone
TRELSTAR *
tretinoin
tretinoin gel microsphere
TREXALL
triamcinolone
triamcinolone nasal

triamterene/hydrochlorothiazide
triazolam
TRIBENZOR
trifluoperazine
trihexyphenidyl
trimethobenzamide/benzocaine
trimethoprim
trinessa
tri-previfem
tri-sprintec
trivora
trossium
trossium extended-release
TRUVADA
TYKERB *

U

ursodiol

V

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

W

warfarin
WELCHOL

X

XARELTO
XIGDUO XR
XYREM *

Z

zafirlukast
zaleplon
ZARXIO *
ZEGERID OTC †
ZETIA
ZIAGEN SOLUTION
zidovudine
ZIOPTAN
ziprasidone
ZOLADEX *
ZOLINZA *
zolmitriptan
zolpidem
zonisamide
zovia
ZYLET
ZYRTEC OTC †
ZYRTEC-D OTC †

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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‡ Specific to groups that elect coverage for erectile dysfunction only.
Select drugs from certain manufacturers are excluded.

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.

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 online at 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).

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)

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，請撥電話 [在此插入數字 1-844-396-0188]。 (Chinese)

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)

이 건보법에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

Kung ikaw, o ang iyong tinutulongan, 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)

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)

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)

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

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)

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)

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)

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)

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)

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)
