



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  
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  
atazanavir capsules  
atenolol  
atenolol/chlorthalidone  
atomoxetine  
atorvastatin  
atovaquone/proguanil  
ATRIPLA  
atropine solution  
ATROVENT HFA  
AUBAGIO \*  
aviane  
avita  
AZASAN  
azathioprine  
azelastine  
azithromycin  
AZOPT

## B

bacitracin  
baclofen #  
BANZEL  
BD ULTRAFINE INSULIN SYRINGES  
AND NEEDLES  
benazepril  
benazepril/hydrochlorothiazide  
benzonatate  
benzoyl peroxide #  
benztropine  
betamethasone dipropionate  
betamethasone valerate  
BETASERON \*  
betaxolol  
bethanechol  
BETOPTIC S  
BEVESPI AEROSPHERE  
bexarotene \*  
bicalutamide  
BIDIL  
BIKTARVY  
bisoprolol  
bisoprolol/hydrochlorothiazide  
BLEPHAMIDE OPHTH OINT  
BOSULIF \*  
Breo ELLIPTA  
brimonidine  
bromocriptine  
budesonide delayed-release capsules  
budesonide suspension  
bumetanide  
buprenorphine

bupropion  
bupropion extended-release  
buspirone  
butalbital/aspirin/caffeine  
butorphanol  
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

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.

\*\* Listing does not include generic FORTAMET and generic GLUMETZA

† 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.

# Select drugs from certain manufacturers are excluded.

## Novolin Relion is not preferred

cetirizine (generic Rx and OTC covered)  
 cetirizine/pseudoephedrine extended-release OTC  
 cevimeline  
 chlorthalidone  
 chlorhexidine gluconate  
 chloroquine phosphate  
 chlorothiazide  
 chlorpromazine  
 chlorpropamide  
 chlorthalidone  
 chlorzoxazone  
 cholestyramine  
 cholestyramine light  
 choline magnesium trisilicilate  
 ciclopirox  
 cilostazol  
 CIMDUO  
 cimetidine  
 CINVANTI  
 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  
 clomiphen  
 clomipramine  
 clonazepam  
 clonidine  
 clopidogrel  
 clorazepate  
 clotrimazole  
 clozapine orally disintegrating tablet  
 colchicine  
 colesevelam  
 COMBIGAN  
 COMBIVENT RESPIMAT  
 COMPLERA  
 COPAXONE \*  
 CORTIFOAM  
 cortisone acetate  
 COSENTYX \*  
 CREON  
 CRIVIVAN  
 cromolyn sodium  
 cryselle  
 cyclobenzaprine #  
 CYCLOPHOSPHAMIDE CAPSULES  
 cyclosporine  
 cyproheptadine

## D

dantrolene  
 dapson  
 DESCOVY  
 desipramine  
 desmopressin  
 desonide  
 desoximetasone  
 dexamethasone  
 dexmethylphenidate  
 dexmethylphenidate extended-release  
 dextroamphetamine  
 diazepam  
 DIAZEPAM CONC  
 diclofenac potassium  
 diclofenac sodium delayed-release  
 diclofenac sodium delayed-release/  
 misoprostol  
 dicloxacillin  
 dicyclomine  
 didanosine delayed-release  
 diethylpropion  
 diflorasone  
 diflunisal  
 digoxin  
 diltiazem extended-release  
 diphenhydramine

diphenoxylate w/atropine  
 dipyrindamole  
 dipyrindamole extended-release/aspirin  
 disopyramide  
 divalproex sodium delayed-release  
 divalproex sodium extended-release  
 dofetilide \*  
 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  
 efavirenz  
 ELIDEL  
 ELIQUIS  
 EMCYT  
 EMTRIVA  
 enalapril  
 enalapril/hydrochlorothiazide  
 ENBREL \*  
 enoxaparin  
 enpresse  
 entacapone  
 entecavir  
 EPCLUSA \*  
 epinephrine auto-injector #  
 eplerenone  
 ERLEADA \*  
 erythromycin base  
 erythromycin ethylsuccinate  
 erythromycin stearate  
 erythromycin/benzoyl peroxide  
 erythromycins  
 escitalopram  
 estazolam  
 estradiol  
 estradiol transdermal  
 estradiol/norethindrone  
 ethambutol  
 ethinyl estradiol/drospirenone  
 ethinyl estradiol/levonorgestrel  
 ethinyl estradiol/norelgestromin  
 ethinyl estradiol/norgestimate  
 ethosuximide  
 etodolac #  
 etoposide  
 exemestane  
 ezetimibe

## F

famotidine  
 famotidine suspension  
 FARXIGA  
 felodipine extended-release  
 FEMRING  
 fenofibrate  
 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  
 flvoxamine

folic acid  
 FORTEO \*  
 fosamprenavir tablets  
 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  
 HARVONI \*  
 HEXALEN  
 HUMATROPE \*  
 HUMIRA \*  
 HUMULIN R U-500  
 HYALGAN \*  
 HYCAMTIN CAPSULES \*  
 hydralazine  
 hydrochlorothiazide  
 hydrocodone/acetaminophen  
 hydrocodone/ibuprofen  
 hydrocortisone  
 hydrocortisone valerate  
 hydromorphone #  
 hydromorphone extended-release  
 hydroxychloroquine  
 hydroxyurea  
 hydroxyzine hcl  
 hydroxyzine pamoate  
 hyoscyamine

## I

ibandronate  
 IBRANCE \*  
 ibuprofen  
 imatinib mesylate \*  
 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  
 KEVZARA \*  
 KISQALI \*  
 KISQALI FEMARA CO-PACK \*  
 KOGENATE FS \*  
 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  
 levoxyl  
 LEXIVA SUSPENSION  
 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  
 MAVYRET \*  
 meclizine  
 medroxyprogesterone  
 medroxyprogesterone injectable  
 mefloquine  
 megestrol  
 meloxicam  
 melphalan  
 meprobamate  
 mercaptopurine  
 mesalamine delayed-release  
 mesalamine rectal suspension  
 metaproterenol  
 metformin  
 metformin extended-release \*\*  
 methazolamide  
 methimazole  
 methocarbamol  
 methotrexate  
 methyclothiazide  
 methyl dopa  
 methylphenidate  
 methylphenidate extended-release  
 methylprednisolone  
 metipranolol  
 metoclopramide  
 metolazone  
 metoprolol succinate extended-release  
 metoprolol tartrate  
 metronidazole #

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\*\* Listing does not include generic FORTAMET and generic GLUMETZA

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# Select drugs from certain manufacturers are excluded.

## Novolin Relion is not preferred

metronidazole vaginal gel  
microgestin  
microgestin fe  
midazolam  
midodrine  
minocycline  
minoxidil  
mirtazapine  
misoprostol  
moexipril/hydrochlorothiazide  
mometasone  
montelukast  
morphine #  
morphine extended-release  
MOVIPREP  
moxifloxacin #  
mupirocin (except cream)  
mycophenolate  
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 CAPSULES, SOLUTION  
NOVOFINE NEEDLES  
NOVOLIN ##  
NOVOLOG  
NOVOTWIST NEEDLES  
NUVARING  
nystatin

## O

ocella  
ODEFSEY  
ofloxacin  
olanzapine  
olanzapine orally disintegrating tablet  
olmesartan  
olmesartan/amlodipine/  
hydrochlorothiazide  
olmesartan/hydrochlorothiazide  
olopatadine  
omeprazole delayed-release  
ondansetron  
ONETOUGH  
OPSUMIT \*  
orphenadrine  
oseltamivir  
OTEZLA \*  
oxaprozin  
oxazepam  
oxcarbazepine  
oxybutynin  
oxybutynin extended-release  
oxycodone  
oxycodone/acetaminophen

oxycodone/aspirin  
OXYCONTIN  
OZEMPIC

## P

PANCREAZE  
pantoprazole delayed-release  
paricalcitol  
paroxetine HCl  
paroxetine HCl extended-release  
peg 3350/electrolytes  
PEGASYS \*  
penicillin VK  
PENTASA  
pentoxifylline extended-release  
perphenazine  
phenazopyridine #  
phenimetrazine  
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 RESPICLIK  
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 REDIHALER

## R

raloxifene  
ramipril  
RANEXA  
ranitidine  
RAPAMUNE \*  
rasagiline mesylate  
REBETOL SOLUTION \*  
REBIF \*  
RELENZA  
repaglinide  
REPATHA \*

RESCRIPTOR  
RESTASIS  
REYATAZ  
ribavirin \*  
rifampin  
risperidone  
ritonavir tablets  
rivastigmine  
rizatriptan  
ropinirole  
ropinirole extended-release  
rosuvastatin  
ROZEREM

## S

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

## T

tacrolimus  
tamoxifen  
tamsulosin  
TARCEVA \*  
TAZORAC  
TECFIDERA \*  
telmisartan  
telmisartan/amlodipine  
telmisartan/hydrochlorothiazide  
temazepam  
temozolomide \*  
tenofovir  
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  
triamterene/hydrochlorothiazide  
triazolam  
trifluoperazine  
trihexyphenidyl  
trimethobenzamide/benzocaine  
trimethoprim  
trinessa  
tri-sprintec  
trivora  
tropium  
tropium extended-release  
TRULICITY  
TRUVADA  
TYKERB \*

## U

UPTRAVI \*  
ursodiol

## V

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

## W

warfarin

## X

XARELTO  
XELJANZ \*  
XELJANZ XR \*  
XIGDUO XR  
XIDRA  
XTANDI \*  
XYREM \*

## Z

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

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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† 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.  
# Select drugs from certain manufacturers are excluded.  
## Novolin Relion is not preferred

## 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)