



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
abiraterone *
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
amidaron
amitriptyline #
amitriptyline/chlordiazepoxide
amitriptyline/perphenazine
amlodipine
amlodipine/atorvastatin
amlodipine/benzapril
amlodipine/olmesartan
amoxicillin
amoxicillin/clavulanate

amphetamine/dextroamphetamine
mixed salts
amphetamine/dextroamphetamine
mixed salts extended-release
ampicillin
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
azelaic acid
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
capecitabine *
captopril
captopril/hydrochlorothiazide
carbamazepine
carbamazepine extended-release
carbidopa/levodopa
carbidopa/levodopa/entacapone
carisoprodol
cartia xt
carvedilol
cefaclor
cefadroxil
cefdinir
cefuroxime #
celecoxib
cephalexin
cetirizine
(generic Rx and OTC covered)
cetirizine/pseudoephedrine
extended-release OTC
cevimeline
chlordiazepoxide

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

chlorhexidine gluconate
 chloroquine phosphate
 chlorothiazide
 chlorpromazine
 chlorpropamide
 chlorthalidone
 chlorzoxazone #
 cholestyramine
 cholestyramine light
 choline magnesium trisalcylate
 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
 clomiphene
 clomipramine
 clonazepam
 clonidine
 clopidogrel
 clorazepate
 clotrimazole
 clozapine orally disintegrating tablet
 colchicine
 colesevelam
 COMBIGAN
 COMBIVENT RESPIMAT
 COMPLERA
 COPAXONE *
 CORTIFOAM
 cortisone acetate
 COSENTYX *
 CREON
 CRIVIXAN
 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
 dipyridamole
 dipyridamole 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
 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/norelgestrel
 ethinyl estradiol/norgestimate
 ethosuximide
 etodolac #
 etoposide
 exemestane
 ezetimibe

F

famotidine
 famotidine suspension
 FARXIGA
 felodipine extended-release
 FEMRING
 fenofibrate
 fentanyl patch
 FINACEA FOAM
 finasteride
 FIRVANQ
 flecainide
 FLONASE ALLERGY RELIEF OTC †
 FLOVENT DISKUS
 FLOVENT HFA
 fluconazole
 fludrocortisone
 flunisolide
 fluocinonide
 fluocinonide (except cream 0.1%)
 fluocinonide emollient
 fluorometholone
 fluorouracil #
 fluoxetine
 fluphenazine
 flurbiprofen
 flutamide
 fluvastatin
 fluvoxamine
 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 *
 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 *
 KRISTALLOSE
 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
 mesalamine suppository
 metaproterenol
 metformin
 metformin extended-release **
 methazolamide
 methimazole
 methocarbamol
 methotrexate
 methylclothiazide
 methyl dopa
 methylphenidate
 methylphenidate extended-release
 methylprednisolone
 metoclopramide
 metolazone
 metoprolol succinate extended-release
 metoprolol tartrate
 metronidazole #
 metronidazole vaginal gel
 microgestin
 microgestin fe

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 # 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

midazolam
midodrine
minocycline
minoxidil
mirtazapine
misoprostol
moexipril/hydrochlorothiazide
mometasone
montelukast
morphine #
morphine extended-release
MOVANTIK
MOVIPREP
moxifloxacin #
mupirocin (except cream)
mycophenolate
MYLERAN

N

nabumetone
nadolol
naloxone
naltrexone
naproxen #
naproxen sodium #
natriptan
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
ONETOUCH
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 #
phendimetrazine
phenelzine
phenobarbital #
phentermine hcl
phenytoin sodium extended
phytonadione
pilocarpine
pimecrolimus
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
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 REDHALER

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
SEREVENT
sertraline
sevelamer carbonate
sildenafil *
silver sulfadiazine
simvastatin
sirolimus *
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
triarterene/hydrochlorothiazide
triazolam
trifluoperazine
trihexyphenidyl
trimethobenzamide/benzocaine
trimethoprim
trinessa
tri-sprintec
trivora
trosium
trosium extended-release
TRULICITY
TRUVADA
TYKERB *

U

UPTRAVI *
ursodiol

V

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

W

warfarin

X

XARELTO
XELJANZ *
XELJANZ XR *
XIGDUO XR
XIIDRA
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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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 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 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 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

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 tagasalín, 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, 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)

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)

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)