



Preventive Medication List

Preventive care benefits are an essential part of a comprehensive health plan. Under many of our Health Savings Account (Saver) plans, you may not be required to pay the deductible for certain preventive prescription medications.¹ Below is a list of the most commonly prescribed preventive medications. The list isn't all-inclusive and doesn't guarantee coverage. Not all medications are covered by Blue Cross Blue Shield of Massachusetts, and some may be subject to formulary management programs such as Step Therapy and Quality Care Dosing. If you have questions regarding your benefits, please call Member Service at the number on the front of your ID card. This list is up-to-date as of **January 1, 2018**.

ACE Inhibitor	EPISNAP*	DUETACT
BENAZEPRIL	ISUPREL	FARXIGA*
CAPTOPRIL	Alpha/Beta-Adrenergic Blocking Agents	FORTAMET*
ENALAPRIL	CARVEDILOL	GLIMEPIRIDE
EPANED	CARVEDILOL CR	GLIPIZIDE
FOSINOPRIL	LABETALOL	GLIPIZIDE ER
LISINOPRIL	Anaphylaxis Therapy Agents	GLIPIZIDE XL
LOTENSIN	ADRENACLICK	GLIPIZIDE-METFORMIN
MOEXIPRIL	AUVI-Q*	GLUCOPHAGE
PERINDOPRIL	EPINEPHRINE	GLUCOPHAGE XR
QUINAPRIL	EPIPEN 2-PAK	GLUCOTROL
RAMIPRIL	EPIPEN JR 2-PAK	GLUCOTROL XL
TRANDOLAPRIL	Anticoagulants	GLUCOVANCE
ACE Inhibitor Combination	JANTOVEN	GLYBURIDE
AMLODIPINE BESYLATE-BENAZEPRIL	WARFARIN	GLYBURIDE-METFORMIN
BENAZEPRIL-HCT	Antihyperglycemic Agents	GLYNASE
CAPTOPRIL-HCT	ACARBOSE	GLYSET
ENALAPRIL-HCT	ACTOPLUS MET	GLYXAMBI*
FOSINOPRIL-HCT	ACTOPLUS MET XR	INVOKAMET
LISINOPRIL-HCT	AVANDAMET	INVOKANA
LOTENSIN HCT	AVANDARYL	JANUMET
LOTREL	AVANDIA	JANUMET XR
MOEXIPRIL-HCT	BYDUREON	JANUVIA
PRESTALIA*	BYDUREON BCISE	JARDIANCE
QUINAPRIL-HCT	BYETTA	KOMBIGLYZE XR
TRANDOLAPRIL-VERAPAMIL ER	CHLORPROPAMIDE	LANTUS
Adrenergic Agents	CYCLOSET	METFORMIN
ADRENALIN	DALIRESP*	METFORMIN ER*
EPINEPHRINE		METFORMIN FILM COATED ER*

1. Some employers may also exempt the copayment or co-insurance for these same drugs. Check your benefit material to confirm whether this applies for you.

* Non-covered medication. Benefits are only available with an approved formulary exception request.

Antihyperglycemic Agents (Continued)

METFORMIN XR
 MIGLITOL
 NATEGLINIDE
 NESINA*
 ONGLYZA
 OSENI*
 PIOGLITAZONE HCL
 PIOGLITAZONE-GLIMEPIRIDE
 PIOGLITAZONE-METFORMIN
 REPAGLINIDE/METFORMIN
 REPALINIDE
 RIOMET
 SYMLINPEN
 SYNJARDY
 SYNJARDY XR
 TANZEUM*
 TOLAZAMIDE
 TOLBUTAMIDE
 TOUJEO
 TRADJENTA*
 TRULICITY
 VICTOZA

Antihyperlipidemic Agents

ALTOPREV*
 ATORVASTATIN
 FLUVASTATIN
 LIVALO*
 LOVASTATIN
 PRAVASTATIN
 ROSUVASTATIN
 SIMVASTATIN

Antihyperlipidemic Agents Combination

ADVICOR
 AMLODIPINE-ATORVASTATIN
 CADUET*
 LIPTRUZET*
 SIMCOR
 VYTORIN*

Antihyperlipidemic Miscellaneous

ANTARA*
 CHOLESTYRAMINE
 COLESTID
 COLESTIPOL
 ENDUR-ACIN
 FENOFIBRATE
 FENOFIBRIC ACID

FENOGLIDE*
 FIBRICOR
 GEMFIBROZIL
 LIPOFEN*
 LOFIBRA*
 LOPID
 LOVAZA*
 NIACIN
 NIACIN ER
 NIACOR
 NIASPAN
 OMEGA-3 ACID
 PREVALITE
 QUESTRAN
 SLO-NIACIN
 TRICOR*
 TRIGLIDE*
 TRILIPIX*
 WELCHOL*
 ZETIA*

Antihypertensives

CATAPRES
 CLONIDINE
 CLONIDINE
 CLORPRES
 GUANFACINE
 METHYLDOPA
 METHYLDOPATE
 RESERPINE
 TENEX

Antihypertensives Miscellaneous

AMTURNIDE
 TEKAMLO*
 TEKTURN HCT*
 TEKTURN*
 VALTURN*

Antimalarial Agents

ATOVAQUONE-PROGUANIL
 CHLOROQUINE PHOSPHATE
 MALARONE
 MEFLOQUINE
 PRIMAQUINE

Antineoplastic

ANASTROZOLE
 ARIMIDEX
 AROMASIN
 EXEMESTANE
 FARESTON

FEMARA
 LETROZOLE
 TAMOXIFEN

Antisera

BIVIGAM
 CARIMUNE NF
 CYTOGAM
 FLEBOGAMMA DIF
 GAMASTAN S-D
 GAMMAGARD LIQUID
 GAMMAGARD S-D
 GAMMAKED
 GAMMAPLEX
 GAMUNEX
 GAMUNEX-C
 HIZENTRA
 HYQVIA
 OCTAGAM
 PRIVIGEN
 VARIZIG

Antiviral

AMANTADINE
 FLUMADINE
 OSELTAMIVIR
 RELENZA
 RIMANTADINE
 TAMIFLU

ARB Blockers

CANDESARTAN
 EDARBI*
 EPROSARTAN
 IRBESARTAN
 LOSARTAN
 OLMESARTAN
 TELMISARTAN
 VALSARTAN

ARB Combinations

AMLODIPINE-VALSARTAN
 AMLODIPINE-VALSARTAN-HCTZ
 CANDESARTAN-HCTZ
 EDARBYCLOR
 IRBESARTAN-HCTZ
 LOSARTAN-HCTZ
 OLMESARTAN-HCTZ
 OLMESARTAN-AMLODIPINE-HCTZ
 TELMISARTAN-AMLODIPINE
 TWYNSTA*
 VALSARTAN-HCTZ

* Non-covered medication. Benefits are only available with an approved formulary exception request.

Asthma Agents	SEREVENT DISKUS	NADOLOL-BENDROFLUMETHIAZIDE
ACETYLCYSTEINE	SPIRIVA	PROPRANOLOL-HCT
ADVAIR HFA	STIOLTO RESPIMAT	TENORETIC
AEROSPAN*	STRIVERDI RESPIMAT	ZIAC
AIRDUO RESPICLICK*	SYMBICORT	Blood Modifiers
ALBUTEROL	TERBUTALINE SULFATE	AGGRENOX
ALVESCO*	THEO-24	ASPIRIN-DIPYRIDAMOLE ER
AMINOPHYLLINE	THEOCHRON	BRILINTA*
ANORO ELLIPTA	THEOPHYLLINE	BYVEXXA
ARNUITY ELLIPTA	TUDORZA PRESSAIR	CILOSTAZOL
ASMANEX*	UTIBRON NEOHALER*	CLOPIDOGREL
ASTHMANEFRIN	VENTOLIN HFA*	DIPYRIDAMOLE
ATROVENT HFA	VOSPIRE ER	EFFIENT
BREO ELLIPTA*	XOPENEX*	ELIQUIS
BRONCHIAL MIST	XOPENEX HFA*	PENTOXIFYLLINE
BRONCOMAR-1	ZAFIRLUKAST	PERSANTINE
BRONKAID DUAL ACTION	ZILEUTON ER	PRADAXA
BROVANA*	ZYFLO CR*	SAVAYSA
BUDESONIDE	ZYFLO*	TICLOPIDINE
COMBIVENT	Beta-Blocking Agents	TRENTAL
COMBIVENT RESPIMAT	ACEBUTOLOL	XARELTO
CROMOLYN SODIUM	ATENOLOL	Bone Resorption Inhibitors
DIFIL-G 400	BETAXOLOL	ALENDRONATE
DULERA	BISOPROLOL	ATELVIA*
DUONEB	BYSTOLIC*	BINOSTO
ELIXOPHYLLIN	CORGARD	BONIVA
EPHEDRINE SULFATE	HEMANGEOL	CALCITONIN
FLOVENT	INDERAL XL*	DIDRONEL
FLUTICASONE-SALMETEROL	INNOPRAN XL*	ETIDRONATE
FORADIL	LEVATOL	EVISTA
GASTROCROM	LOPRESSOR*	FORTEO
INCRUSE ELLIPTA	METOPROLOL SUCCINATE	FORTICAL
IPRATROPIUM BROMIDE	METOPROLOL TARTRATE	FOSAMAX PLUS D
IPRATROPIUM-ALBUTEROL	NADOLOL	FOSAMAX TABLETS*
LEVALBUTEROL	PINDOLOL	IBANDRONATE
LUFYLLIN	PROPRANOLOL	MIACALCIN
MAXAIR AUTOHALER*	PROPRANOLOL ER	PROLIA
METAPROTERENOL	SECTRAL	RALOXIFENE
MONTELUKAST	TENORMIN*	RISEDRONATE
PERFORMIST	TIMOLOL	Calcium Channel Blocking Agents
PROAIR HFA	TOPROL XL	ADALAT CC
PROAIR RESPICLICK	ZEBETA	AFEDITAB CR
PROVENTIL HFA	Beta-Blocking Agents Combinations	AMLODIPINE
PULMICORT	ATENOLOL-CHLORTHALIDONE	CALAN
QVAR	BISOPROLOL-HCT	CALAN SR
RACEPINEPHRINE	CORZIDE	CARDENE SR*
S2 RACEPINEPHRINE	DUTOPROL	CARDIZEM CD*
SEEBRI NEOHALER*	METOPROLOL-HCT	CARDIZEM LA*

Calcium Channel Blocking Agents
(Continued)

CARDIZEM*

CARTIA XT

DILACOR XR

DILT-CD

DILTIA XT

DILTIAZEM

DILTIAZEM ER

DILT-XR

DILTZAC ER

DYNACIRC CR*

FELODIPINE ER

ISRADIPINE

MATZIM LA

NICARDIPINE

NIFEDIAC CC

NIFEDICAL XL

NIFEDIPINE

NIFEDIPINE ER

NISOLDIPINE

NORVASC*

PROCARDIA

PROCARDIA XL

SULAR

TAZTIA XT

TIAZAC*

VERAPAMIL

VERAPAMIL ER

VERAPAMIL ER PM

VERAPAMIL SR

VERELAN

VERELAN PM

Diabetic Supplies

ACETEST REAGENT

CLINITEST REAGENT

CONTROL SOLUTION

DIASTIX REAGENT

KETO-DIASTIX REAGENT

KETOSTIX REAGENT

LANCETS

NEEDLES

ONE TOUCH VERIO

ONETOUCH DELICA

ONETOUCH FINEPOINT LANCETS

ONETOUCH LANCETS

ONETOUCH PING

ONETOUCH SURESOFT

ONETOUCH ULTRA CONTROL SOLN

ONETOUCH ULTRA TEST STRIPS

ONETOUCH VERIO

PEN NEEDLES

VGO

Diuretics

AMILORIDE-HCT

BUMETANIDE

CHLOROTHIAZIDE

CHLORTHALIDONE

EDECIN

EPLERENONE

FUROSEMIDE

HYDROCHLOROTHIAZIDE (HCT)

INDAPAMIDE

LASIX

MAXZIDE-25 MG

METHYCLOTHIAZIDE

METOLAZONE

MICROZIDE

SODIUM DIURIL

SPIRONOLACTONE

SPIRONOLACTONE-HCT

TORSEMIDE

TRIAMTERENE-HCT

TRIAMTERENE-HCT

ZAROXOLYN

Estrogen Receptor Modulators

FARESTON

SOLTAMOX

TAMOXIFEN

Folic Acid Preparations

FA-8

FOLIC ACID

Hyperglycemics

DEX4 GLUCOSE

GLUCAGEN

GLUCAGON EMERGENCY KIT

GLUCO BURST

GLUCO SHOT

GLUCOSE

GLUCOSE BITS

GLUCOSE GEL

GLUTOSE 15

GLUTOSE 45

INSTA-GLUCOSE

PROGLYCEM

RELION*

TRUEPLUS GLUCOSE

Insulins

AFREZZA

APIDRA SOLOSTAR*

APIDRA*

HUMALOG

HUMULIN N

HUMULIN R

LANTUS

LANTUS SOLOSTAR

LEVEMIR*

NOVOLIN N*

NOVOLIN R*

NOVOLOG*

TOUJEO SOLOSTAR

TRESIBA*

Prenatal Vitamin

ATABEX EC

BAL-CARE DHA

BAL-CARE DHA ESSENTIAL

CADEAU DHA

CALCIUM PNV

CENTRUM SPECIALIST PRENATAL

CITRANATAL 90 DHA

CITRANATAL ASSURE

CITRANATAL B-CALM

CITRANATAL DHA

CITRANATAL HARMONY

CITRANATAL RX

CLASSIC PRENATAL

C-NATE DHA

COMPLETE NATAL DHA

COMPLETENATE

CONCEPT DHA

CONCEPT OB

PRENATAL

PRENATAL MULTI-DHA

PRENATAL VITAMINS

WOMEN'S PRENATAL + DHA

DAILY PRENATAL

DOTHELLE DHA

DUET DHA 400

DUET DHA BALANCED

ELITE OB DHA

ELITE-OB 400

ELITE-OB

ENBRACE HR

EXPECTA PRENATAL

Prenatal Vitamin (Continued)

EXTRA-VIRT PLUS DHA	OBSTETRIX EC	PRENATAL FORMULA-DHA
FOLET ONE	OBSTETRIX ONE	PRENATAL
FOLIVANE-OB	OBTREX DHA	PRENATAL LOW IRON
DAILY PRENATAL	O-CAL FA	PRENATAL LOW IRON
PRENATAL VITAMINS	O-CAL PRENATAL	PRENATAL MULTI + DHA
PRENATAL VITAMINS	ONE A DAY WOMEN'S PRENATAL DHA	PRENATAL MULTI + DHA
HEMENATAL OB + DHA	ONE A DAY WOMEN'S PRENATAL DHA	PRENATAL MULTI
HEMENATAL OB	ONE A DAY WOMEN'S PRENATAL DHA	PRENATAL MULTI
ONE DAILY PRENATAL	ONE A DAY WOMEN'S PRENATAL 1	PRENATAL MULTI-DHA
PRENATAL	P-D NATAL PLUS WITH FOLIC ACID	PRENATAL MULTIVITAMIN
KOSHER PRENATAL PLUS IRON	PERRY PRENATAL	PRENATAL MULTIVITAMIN
KOSHER PRENATAL PLUS IRON	PNV 29-1	PRENATAL MULTIVITAMIN-DHA
KPN	PNV OB+DHA	PRENATAL ONE DAILY
KPN	PRENATAL PLUS	PRENATAL PLUS
KPN	PRENATAL PLUS	PRENATAL PLUS
LEVOMEFOLATE DHA	PRENATAL PLUS	PRENATAL PLUS
MARNATAL-F	PNV-DHA + DOCUSATE	PRENATAL PLUS
MINI PRENATAL	PNV-DHA	PRENATAL PLUS
MINI PRENATAL	PNV-FERROUS FUMARATE-DOCU-FA	PRENATAL PLUS
MINI PRENATAL	PNV-OMEGA	PRENATAL PLUS-DHA
MTERYTI	PNV-SELECT	PRENATAL PLUS-DHA
MTERYTI FOLIC 5	PNV-VP-U	PRENATAL PLUS-DHA
MYNATAL ADVANCE	PR NATAL 400	PRENATAL
MYNATAL	PR NATAL 400 EC	PRENATAL
MYNATAL PLUS	PR NATAL 430	PRENATAL VITAMINS
MYNATAL	PR NATAL 430 EC	PRENATAL
MYNATAL-Z	PREFERA OB	PRENATAL VITAMINS
MYNATE 90 PLUS	PREFERA-OB ONE	PRENATAL VITAMINS
NATACHEW	PREFERA-OB PLUS DHA	PRENATAL VITAMINS
NATELLE ONE	PRENA1 CHEW	PRENATAL VITAMINS
NEEVODHA	PRENA1 PEARL	PRENATAL
NESTABS ABC	PRENA1 TRUE	PRENATAL
NESTABS DHA	PRENAISSANCE	PRENATAL VITAMINS
NESTABS ONE	PRENAISSANCE PLUS	PRENATAL VITAMINS
NESTABS	PRENATA	PRENATAL
NEWGEN	PRENATABS FA	PRENATAL
NEXA PLUS	PRENATABS RX	PRENATAL
NEXA PLUS	PRENATAL + DHA	PRENATAL
NIVA-PLUS	PRENATAL VITAMIN + DHA	PRENATAL VITAMINS
OB COMPLETE	PRENATAL 19	PRENATAL
OB COMPLETE GOLD	PRENATAL 19	PRENATAL
OB COMPLETE ONE	PRENATAL 19	PRENATAL
OB COMPLETE PETITE	PRENATAL 19	PRENATAL VITAMIN PLUS LOW IRON
OB COMPLETE PREMIER	PRENATAL COMPLETE	PRENATAL VITAMIN PLUS LOW IRON
OB COMPLETE WITH DHA	PRENATAL FORMULA	PRENATAL VITAMIN PLUS LOW IRON
OBSTETRIX DHA	PRENATAL FORMULA	PRENATAL VITAMIN
OBSTETRIX DHA	PRENATAL FORMULA	PRENATAL VITAMIN

Prenatal Vitamin (Continued)

PRENATAL VITAMIN	PRENATAL VITAMINS	VITAFOL GUMMIES
PRENATAL VITAMIN	PRENATAL VITAMINS	VITAFOL NANO
PRENATAL VITAMIN	STUART ONE	VITAFOL ULTRA
PRENATAL VITAMINS	PRENATAL	VITAFOL-OB
PRENATAL VITAMINS	TARON-C DHA	VITAFOL-OB+DHA
PRENATAL VITAMINS	TARON-PREX PRENATAL	VITAFOL-ONE
PRENATAL-U	THERANATAL COMPLETE	VITAMEDMD ONE RX
PRENATE AM	THERANATAL	VITAMEDMD REDICHEW RX
PRENATE CHEWABLE	THERANATAL ONE	VITAPEARL
PRENATE DHA	THERANATAL OVAVITE	VITATRUE
PRENATE DHA	THERANATAL PLUS	VOL-NATE
PRENATE ELITE	THRIVITE 19	VOL-PLUS
PRENATE ELITE	THRIVITE RX	VOL-PLUS
PRENATE ELITE	TL-SELECT	VOL-TAB RX
PRENATE ELITE	TRIADVANCE	VP-CH PLUS
PRENATE ENHANCE	TRICARE PRENATAL	VP-CH-PNV
PRENATE ESSENTIAL	TRICARE PRENATAL DHA ONE	VP-GGR-B6
PRENATE ESSENTIAL	TRICARE	VP-HEME OB
PRENATE MINI	TRINATAL GT	VP-HEME ONE
PRENATE PIXIE	TRINATAL RX 1	VP-PNV-DHA
PRENATE RESTORE	TRINATE	ZATEAN-CH
PRENATE STAR	TRISTART DHA	ZATEAN-PN DHA
PREPLUS	TRI-TABS DHA	ZATEAN-PN PLUS
PREPLUS	TRIVEEN-DUO DHA	ZINGIBER
PREPLUS	TRIVEEN-ONE	Vaccines
PREPLUS	TRIVEEN-PRX RNF	ACTHIB
PRETAB	TRUST NATAL DHA	ADACEL TDAP
PRIMACARE	ULTIMATECARE ONE	AFLURIA
PROVIDA DHA	ULTIMATECARE ONE NF	BEXSERO
PROVIDA OB	VEMAVITE-PRX 2	BIOTHRAX
PUREFE OB PLUS	VENA-BAL DHA	BOOSTRIX
PUREFE PLUS	VINACAL B	BOOSTRIX TDAP
PRENATAL	VINATE CARE	CERVARIX
PRENATAL	VINATE DHA RF	COMVAX
ONE DAILY PRENATAL	VINATE II	DAPTACEL DTAP
PRENATAL VITAMINS	VINATE ONE	DIPHThERIA-TETANUS TOXOIDS-PED
RELNATE DHA	VINATE-M	ENGERIX-B ADULT
RIGHT STEP PRENATAL VITAMINS	VIRT-ADVANCE	ENGERIX-B PEDIATRIC-ADOLESCENT
R-NATAL OB	VIRT-C DHA	EZ FLU
SELECT-OB + DHA	VIRT-NATE DHA	FLUARIX
SELECT-OB	VIRT-NATE	FLUARIX QUAD
SELECT-OB	VIRT-PN DHA	FLUBLOK
SE-NATAL 19	VIRT-PN PLUS	FLUCELVAX
SE-NATAL 19	VIRT-PN	FLULAVAL
SIMILAC PRENATAL	VIRTPREX	FLUMIST
SIMILAC PRENATAL	VIRT-SELECT	FLUMIST QUAD
ONE DAILY PRENATAL	VIRT-VITE GT	FLUVIRIN
PRENATAL	VITAFOL FE+	FLUZONE

Vaccines

FLUZONE HIGH-DOSE

FLUZONE INTRADERM QUAD

FLUZONE INTRADERMAL

FLUZONE PEDI

FLUZONE QUAD

FLUZONE QUAD PEDI

GARDASIL

GARDASIL 9

HAVRIX

IMOVAX RABIES VACCINE

INFANRIX DTAP

INFANRIX SUSPENSION*

IPOL

IXIARO

KINRIX

MENACTRA

MENHIBRIX

MENOMUNE-A-C-Y-W-135

MENVEO A-C-Y-W-135-DIP

M-M-R II VACCINE

PEDIARIX

PEDVAXHIB

PENTACEL

PNEUMOVAX 23

PREVNAR 13

PROQUAD

QUADRACEL DTAP-IPV

RABAVERT

RECOMBIVAX HB

ROTARIX

ROTATEQ

SHINGRIX

TENIVAC

TETANUS DIPHTHERIA TOXOIDS

TETANUS TOXOID ADSORBED

TRIHIBIT*

TRIPEDIA

TRUMENBA

TWINRIX

TYPHIM VI

VAQTA

VARIVAX VACCINE

VIVOTIF BERNA

ZOSTAVAX

Nondiscrimination Notice

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Blue Cross Blue Shield of Massachusetts provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at **1-800-472-2689** (TTY: **711**); fax at **1-617-246-3616**; or email at **civilrightscordinator@bcbsma.com**.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at **ocrportal.hhs.gov**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697** (TDD).

Complaint forms are available at **hhs.gov**.

Translation Resources | Proficiency of Language Assistance Services

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Chinese/简体中文: 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: 711)。

Haitian Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: 711).

Vietnamese/Tiếng Việt: LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: 711).

Russian/Русский: ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: 711).

Arabic/العربية:

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمة الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": 711).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនជំនាញ៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅជុំនៃកាតសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: 711)។

French/Français: ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : 711).

Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: 711).

Korean/한국어: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: 711)를 사용하여 회원 서비스에 전화하십시오.

Greek/λληνικά: ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: 711).

Polish/Polski: UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

Hindi/हिंदी: ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए नि:शुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711).

Gujarati/ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

Tagalog/Tagalog: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

Japanese/日本語: お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

German/Deutsch: ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

Persian/پارسیان:

اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شمار تلفن مندرج بر روی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

Laos/ລາວ: ຂໍຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ຫາຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánít'i'go saad bee yát'i' éi t'áájíik'e bee níká'a'doowołgo éi ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjij' béésh bee hodílnih (TTY: 711).