



Preventive Medication List

Preventive care benefits are an essential part of a comprehensive health plan. That is why 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 preventive medications. The list is not all-inclusive and does not 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, 2017.

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

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)	Antihypertensives	ARB Blockers
REPAGLINIDE/METFORMIN	CATAPRES	CANDESARTAN
REPALINIDE	CLONIDINE	EDARBI*
RIOMET	CLONIDINE	EPROSARTAN
SYMLINPEN	CLORPRES	IRBESARTAN
SYNJARDY	GUANFACINE	LOSARTAN
TANZEUM	METHYLDOPA	TELMISARTAN
TOLAZAMIDE	METHYLDOPATE	VALSARTAN
TOLBUTAMIDE	RESERPINE	
TRADJENTA*	TENEX	ARB Combinations
TRULICITY		AMLODIPINE-VALSARTAN
VICTOZA	Antihypertensives Miscellaneous	AMLODIPINE-VALSARTAN-HCT
XIGDUO XR*	AMTURNIDE	CANDESARTAN-HCT
	TEKAMLO*	EDARBYCLOR
Antihyperlipidemic Agents	TEKTURNA HCT*	IRBESARTAN-HCT
ALTOPREV*	TEKTURNA*	LOSARTAN-HCT
ATORVASTATIN	VALTURNA*	TELMISARTAN-AMLODIPINE
FLUVASTATIN		TWYNSTA*
LIVALO*	Antimalarial Agents	VALSARTAN-HCT
LOVASTATIN	ATOVAQUONE-PROGUANIL	Asthma Agents
PRAVASTATIN	CHLOROQUINE PHOSPHATE	ACCUNEB*
ROSUVASTATIN	MALARONE	ACETYLCYSTEINE
SIMVASTATIN	MEFLOQUINE	ADVAIR
	PRIMAQUINE	AEROSPAN*
Antihyperlipidemic Agents Combination	Antineoplastic	ALBUTEROL
ADVICOR	ANASTROZOLE	ALVESCO*
AMLODIPINE-ATORVASTATIN	ARIMIDEX	AMINOPHYLLINE
CADUET*	AROMASIN	ANORO ELLIPTA
LIPTRUZET*	EXEMESTANE	ARCAPTA NEOHALER*
SIMCOR	FEMARA	ARNUITY ELLIPTA
VYTORIN*	LETROZOLE	ASMANEX*
		ASTHMANEFRIN
Antihyperlipidemic Miscellaneous	Antisera	ATROVENT HFA
ANTARA*	BIVIGAM	BREO ELLIPTA*
CHOLESTYRAMINE	CARIMUNE NF	BRONCHIAL MIST
COLESTID	CYTOGAM	BRONCOMAR-1
COLESTIPOL	FLEBOGAMMA DIF	BRONKAID DUAL ACTION
ENDUR-ACIN	GAMASTAN S-D	BROVANA*
FENOFIBRATE	GAMMAGARD LIQUID	BUDESONIDE
FENOFIBRIC ACID	GAMMAGARD S-D	COMBIVENT
FENOGLIDE*	GAMMAKED	COMBIVENT RESPIMAT
FIBRICOR	GAMMAPLEX	CROMOLYN SODIUM
GEMFIBROZIL	GAMUNEX	DIFIL-G 400
LIPOFEN*	GAMUNEX-C	DULERA
LOFIBRA*	HIZENTRA	DUONEB
LOPID	HYQVIA	ELIXOPHYLLIN
LOVAZA*	OCTAGAM	EPHEDRINE SULFATE
NIACIN	PRIVIGEN	FLOVENT
NIACIN ER	VARIZIG	FORADIL
NIACOR		GASTROCROM
NIASPAN	Antiviral	INCRUSE ELLIPTA
OMEGA-3 ACID	AMANTADINE	IPRATROPIUM BROMIDE
PREVALITE	FLUMADINE	IPRATROPIUM-ALBUTEROL
QUESTRAN	RELENZA	LEVALBUTEROL
SLO-NIACIN	RIMANTADINE	LUFYLLIN
TRICOR*	SYNAGIS	MAXAIR AUTOHALER*
TRIGLIDE*	TAMIFLU	METAPROTERENOL
TRILIPIX*		
WELCHOL*		
ZETIA		

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Asthma Agents	Beta-Blocking Agents Combinations (continued)	Calcium Channel Blocking Agents (continued)
MONTELUKAST	PROPRANOLOL-HCT	FELODIPINE ER
PERFORMIST	TENORETIC	ISRADIPINE
PROAIR HFA	ZIAC	MATZIM LA
PROAIR RESPICLICK		NICARDIPINE
PROVENTIL HFA	Blood Modifiers	NIFEDIAC CC
PULMICORT	AGGRENOX	NIFEDICAL XL
QVAR	ASPIRIN-DIPYRIDAMOLE ER	NIFEDIPINE
RACEPINEPHRINE	BRILINTA*	NIFEDIPINE ER
S2 RACEPINEPHRINE	CILOSTAZOL	NISOLDIPINE
SEEBRI NEOHALER*	CLOPIDOGREL	NORVASC*
SEREVENT DISKUS	DIPYRIDAMOLE	PROCARDIA
SPIRIVA	EFFIENT	PROCARDIA XL
STIOLTO RESPIMAT	ELIQUIS	SULAR
STRIVERDI RESPIMAT	PENTOXIFYLLINE	TAZTIA XT
SYMBICORT	PERSANTINE	TIAZAC*
TERBUTALINE SULFATE	PRADAXA	VERAPAMIL
THEO-24	SAVAYSA	VERAPAMIL ER
THEOCHRON	TICLOPIDINE	VERAPAMIL ER PM
THEOPHYLLINE	TRENTAL	VERAPAMIL SR
TUDORZA PRESSAIR	XARELTO	VERELAN
UTIBRON NEOHALER*		VERELAN PM
VENTOLIN HFA*	Bone Resorption Inhibitors	
VOSPIRE ER	ALENDRONATE	Diabetic Supplies
XOPENEX*	ATELVIA*	ACETEST REAGENT
ZAFIRLUKAST	BINOSTO	CLINITEST REAGENT
ZYFLO CR*	BONIVA	CONTROL SOLUTION
ZYFLO*	CALCITONIN	DIASTIX REAGENT
	DIDRONEL	KETO-DIASTIX REAGENT
Beta-Blocking Agents	ETIDRONATE	KETOSTIX REAGENT
ACEBUTOLOL	EVISTA	LANCETS
ATENOLOL	FORTEO	NEEDLES
BETAXOLOL	FORTICAL	ONE TOUCH VERIO
BISOPROLOL	FOSAMAX PLUS D	ONETOUCH DELICA
BYSTOLIC*	FOSAMAX TABLETS*	ONETOUCH FINEPOINT LANCETS
CORGARD	IBANDRONATE	ONETOUCH LANCETS
HEMANGEOL	MIACALCIN	ONETOUCH PING
INDERAL XL*	PROLIA	ONETOUCH SURESOFT
INNOPRAN XL*	RALOXIFENE	ONETOUCH ULTRA CONTROL SOLN
LEVATOL	RISEDRONATE	ONETOUCH ULTRA TEST STRIPS
LOPRESSOR*		ONETOUCH VERIO
METOPROLOL SUCCINATE	Calcium Channel Blocking Agents	PEN NEEDLES
METOPROLOL TARTRATE	ADALAT CC	VGO
NADOLOL	AFEDITAB CR	
PINDOLOL	AMLODIPINE	Diuretics
PROPRANOLOL	CALAN	AMILORIDE-HCT
PROPRANOLOL ER	CALAN SR	BUMETANIDE
SECTRAL	CARDENE SR*	CHLOROTHIAZIDE
TENORMIN*	CARDIZEM CD*	CHLORTHALIDONE
TIMOLOL	CARDIZEM LA*	EDECIN
TOPROL XL	CARDIZEM*	EPLERENONE
ZEBETA	CARTIA XT	FUROSEMIDE
	DILACOR XR	HYDROCHLOROTHIAZIDE (HCT)
Beta-Blocking Agents Combinations	DILT-CD	INDAPAMIDE
ATENOLOL-CHLORTHALIDONE	DILTIA XT	INSPIRA
BISOPROLOL-HCT	DILTIAZEM	LASIX
CORZIDE	DILTIAZEM ER	MAXZIDE-25 MG
DUTOPROL	DILT-XR	METHYCLOTHIAZIDE
METOPROLOL-HCT	DILTZAC ER	
NADOLOL-BENDROFLUMETHIAZIDE	DYNACIRC CR*	

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Diuretics (continued)	Pediatric Vitamin (continued)	Prenatal Vitamin (continued)
METOLAZONE	B-NEXA	OB COMPLETE
MICROZIDE	CALCIUM PNV	OBTREX
SODIUM DIURIL	CAVAN	ONE DAILY PRENATAL
SPIRONOLACTONE	CENTRUM SPECIALIST PRENATAL	ONE-A-DAY WOMEN'S PRENATAL 1
SPIRONOLACTONE-HCT	CHOICE-OB + DHA	PNV
TORSEMIDE	CITRANATAL	POLY-VI-FLOR
TRIAMTERENE-HCT	CLASSIC PRENATAL	PR NATAL
TRIAMTERENE-HCT	C-NATE DHA	PREFERA
ZAROXOLYN	COMPLETE	PRENA1
	CONCEPT	PRENAISSANCE
Estrogen Receptor Modulators	Prenatal Vitamin	PRENAPLUS
FARESTON	DAILY PRENATAL	PRENATA
SOLTAMOX	DOTHELLE DHA	PRENATAL
TAMOXIFEN	DUET DHA	PRENATAL + DHA
Folic Acid Preparations	ELITE-OB	PRENATE
FA-8	ENBRACE HR	PRENEXA
FOLIC ACID	ESCAVITE	PREPLUS
Hyperglycemics	EXPECTA PRENATAL	PREQUE 10
DEX4 GLUCOSE	EXTRA-VIRT PLUS DHA	PRETAB
GLUCAGEN	EZFE FORTE	PROFE FORTE
GLUCAGON EMERGENCY KIT	FOCALGIN	PROTECT NATAL
GLUCO BURST	FOLBECAL	PROVIDA
GLUCO SHOT	FOLCAL DHA	PUREFE
GLUCOSE	FOLCAPS OMEGA-3	QUFLORA
GLUCOSE BITS	FOLET	REAPHIRM
GLUCOSE GEL	FOLINATAL PLUS B	RELNATE DHA
GLUTOSE 15	FOLIVANE	RIGHT STEP PRENATAL VITAMINS
GLUTOSE 45	GESTICARE DHA	R-NATAL OB
INSTA-GLUCOSE	HEMENATAL	RULAVITE DHA
PROGLYCEM	INATAL	SELECT
RELION*	INFANATE	SE-NATAL 19
TRUEPLUS GLUCOSE	KPN	SE-TAN DHA
Insulins	LACTOCAL-F	SETONET
AFREZZA	LEVOMEFOLATE PNV	SIMILAC PRENATAL
APIDRA SOLOSTAR*	L-METHYLFOLATE PNV DHA	STUART
APIDRA*	MACNATAL CN DHA	TARON
HUMALOG	MARNATAL-F	THERANATAL
HUMULIN N	MAXINATE	THRIVITE 19
HUMULIN R	MINI PRENATAL	TL FOLATE
LANTUS	MULTIVITAMIN AND FLUORIDE	TL-ASSURE
LANTUS SOLOSTAR	MULTI-VITAMIN W-FLUORIDE	TL-CARE DHA
LEVEMIR*	MULTI-VITAMIN W-FLUORIDE-IRON	TL-FLUORIVITE
NOVOLIN N*	MYNATAL	TL-SELECT
NOVOLIN R*	NATAL-V RX	TL-SELECT DHA
NOVOLOG*	NATALVIT	TRI RX
TOUJEO SOLOSTAR*	NATELLE ONE	TRIADVANCE
TRESIBA*	NEEVO	TRICARE
Pediatric Vitamin	NESTABS	TRICARE PRENATAL
ACTIVE OB	NEWGEN	TRIMESIS RX
ATABEX EC	NEXA	TRINATAL
BAL-CARE DHA	NIVA-PLUS	TRINATE
	NUTRI-TAB	TRIPLE-VITAMIN W-FLUORIDE
		TRISTART DHA

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Prenatal Vitamin (continued)	Vaccines	Vaccines (continued)
TRI-TABS DHA	ACTHIB	INFANRIX SUSPENSION*
TRIVEEN	ADACEL TDAP	IPOL
TRI-VI-FLORO	AFLURIA	IXIARO
TRI-VIT WITH FLUORIDE-IRON	BEXSERO	KINRIX
TRI-VITAMIN WITH FLUORIDE	BIOTHRAX	MENACTRA
TRUST NATAL DHA	BOOSTRIX	MENHIBRIX
ULTIMATE	BOOSTRIX TDAP	MENOMUNE-A-C-Y-W-135
ULTIMATECARE	CERVARIX	MENVEO A-C-Y-W-135-DIP
VEMAVITE-PRX 2	COMVAX	M-M-R II VACCINE
VENA-BAL DHA	DAPTACEL DTAP	PEDIARIX
VENATAL	DIPHThERIA-TETANUS TOXOIDS-PED	PEDVAXHIB
VINACAL	ENGERIX-B ADULT	PENTACEL
VINATE	ENGERIX-B PEDIATRIC-ADOLESCENT	PNEUMOVAX 23
VIRT	EZ FLU	PREVNAR 13
VITAFOL	FLUARIX	PROQUAD
VITAMEDMD	FLUARIX QUAD	QUADRACEL DTAP-IPV
VITAPEARL	FLUBLOK	RABAVERT
VITASPIRE	FLUCELVAX	RECOMBIVAX HB
VIVA	FLULAVAL	ROTARIX
V-NATAL	FLUMIST	ROTATEQ
VOL-NATE	FLUMIST QUAD	TENIVAC
VOL-PLUS	FLUVIRIN	TETANUS DIPHThERIA TOXOIDS
VOL-TAB RX	FLUZONE	TETANUS TOXOID ADSORBED
VP CH	FLUZONE HIGH-DOSE	TRIHIBIT*
WOMEN'S PRENATAL + DHA	FLUZONE INTRADERM QUAD	TRIPEDIA
ZATEAN	FLUZONE INTRADERMAL	TRUMENBA
ZINGIBER	FLUZONE PEDI	TWINRIX
	FLUZONE QUAD	TYPHIM VI
	FLUZONE QUAD PEDI	VAQTA
	GARDASIL	VARIVAX VACCINE
	GARDASIL 9	VIVOTIF BERNA
	HAVRIX	YF-VAX
	IMOVAX RABIES VACCINE	ZOSTAVAX

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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 مجانًا بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للسم والبكم (TTY): 711).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកនៃកាតសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (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/Ελληνικά: 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 કૉલ 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:

توجہ: 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).

Lao/ພາສາລາວ: ຂໍຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຜ່ານບໍລິການສະມາຊິກທີ່ໜ້າຄວນໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehji yánílt'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'ígíiji' béésh bee hodiílnih (TTY: 711).