



Blue Cross Blue Shield of Massachusetts Formulary: Health Savings Account (HSA) Preventive Medication List

Last Updated: January 1, 2020

The following list includes preventive medications that are covered by HSA-qualified “Saver” plans¹ with the Blue Cross Blue Shield of Massachusetts Formulary. You may not be required to pay the deductible² for some of these medications, which are commonly prescribed to help you stay healthy and prevent complications or secondary conditions.

This isn’t a complete list of covered medications, and inclusion on this list doesn’t guarantee coverage.³ You must have a valid prescription from a licensed health provider to receive coverage for these medications. Some medications may also be subject to pharmacy management programs, such as Step Therapy, Prior Authorization, or Quality Care Dosing, or have other coverage requirements.

NOTE: Some medications on this list may be considered non-covered, including new medications under review by Blue Cross. Your doctor may request an exception for a non-covered medication when medically necessary.⁴

Learn More About Your Coverage

For more information about these medications, look them up using the Medication Lookup tool at bluecrossma.com/medications.

1. Blue Cross Blue Shield of Massachusetts plans that are HSA-qualified include the term “Saver” in the plan name. For example: Blue Care Elect Saver or HMO Blue New England Saver \$2,000.

2. Some employers may also exempt the copayment or co-insurance. Check your benefit materials for details.

3. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.

4. If approved, you’d pay the highest tier cost.

HSA Preventive Medications

Drug Class	Medication Name	
ACE Inhibitor	BENZAEPRIIL	MOEXIPRIIL
	CAPTOPRIIL	PERINDOPRIIL
	ENALAPRIIL	QBRELIS
	ENALAPRIILAT	QUINAPRIIL
	EPANED	RAMIPRIIL
	FOSINOPRIIL	TRANDOLAPRIIL
	LISINOPRIIL	

Drug Class	Medication Name	
ACE Inhibitor Combination	AMLODIPINE-BENAZEPRIL	LISINOPRIL-HCT
	BENAZEPRIL-HCT	MOEXIPRIL-HCT
	CAPTOPRIL-HCT	PRESTALIA
	ENALAPRIL-HCT	QUINAPRIL-HCT
	FOSINOPRIL-HCT	TRANDOLAPRIL-VERAPAMIL ER
Anaphylaxis Therapy Agents — Adrenergic Agents	ADRENACLICK	EPIPEN
	ADRENALIN	EPISNAP
	ADYPHREN KIT	ISUPREL
	AUVI-Q	SYMJEPI
	EPINEPHRINE	
Alpha/Beta-Adrenergic Blocking Agents	CARVEDILOL	LABETALOL
	CARVEDILOL ER	
Antihyperglycemic Agents	ACARBOSE	INVOKANA
	ALOGLIPTIN	JANUMET
	ALOGLIPTIN-METFORMIN	JANUMET XR
	ALOGLIPTIN-PIOGLITAZONE	JANUVIA
	BYDUREON	JARDIANCE
	BYDUREON BCISE	JENTADUETO
	BYETTA	JENTADUETO XR
	CYCLOSET	KAZANO
	DM2 KIT	KOMBIGLYZE XR
	DUETACT	METFORMIN
	FARXIGA	METFORMIN ER
	FORTAMET	METFORMIN FILM COATED ER
	GLIMEPIRIDE	METFORMIN XR
	GLIPIZIDE	MIGLITOL
	GLIPIZIDE ER	NATEGLINIDE
	GLIPIZIDE XL	NESINA
	GLIPIZIDE-METFORMIN	ONGLYZA
	GLYBURIDE	OSENI
	GLYBURIDE-METFORMIN	OZEMPIC
	GLYNASE	PIOGLITAZONE HCL
	GLYSET	PIOGLITAZONE-GLIMEPIRIDE
	GLYXAMBI	PIOGLITAZONE-METFORMIN
	INVOKAMET	PRANDIN
	INVOKAMET XR	PRECOSE

Drug Class	Medication Name	
Antihyperglycemic Agents (Cont.)	QTERN	SYNJARDY
	REPAGLINIDE	SYNJARDY XR
	REPAGLINIDE/METFORMIN	TANZEUM
	RIOMET	TOLAZAMIDE
	RYBELSUS	TOLBUTAMIDE
	SEGLUROMET	TRADJENTA
	SOLIQUA	TRULICITY
	STEGLUJAN	VICTOZA
	STELATRO	XIGDUO XR
	SYMLINPEN	XULTOPHY
Antihyperlipidemic Agents	ALTOPREV	LIVALO
	ATORVASTATIN	LOVASTATIN
	EZALLOR SPRINKLE	PRAVASTATIN
	FLOLIPID	ROSUVASTATIN
	FLUVASTATIN	SIMVASTATIN
	FLUVASTATIN ER	
Antihyperlipidemic Agents Combination	ADVICOR	LIPTRUZET
	AMLODIPINE-ATORVASTATIN	SIMCOR
	EZETIMIBE/SIMVASTATIN	
Antihyperlipidemic Miscellaneous	ANTARA	LOPID
	CHOLESTYRAMINE	LOVAZA
	COLESEVELAM	NIACIN
	COLESTIPOL	NIACIN ER
	ENDUR-ACIN	NIACOR
	EZETIMIBE	NIASPAN
	FENOFIBRATE	OMEGA-3 ACID
	FENOFIBRIC ACID	SLO-NIACIN
	FENOGLIDE	TRICOR
	FIBRICOR	TRIGLIDE
	GEMFIBROZIL	TRIKLO
	LIPOFEN	TRILIPIX
	LOFIBRA	
Antihypertensives	CATAPRES	METHYLDOPA-HCTZ
	CLONIDINE	METHYLDOPATE
	GUANFACINE	RESERPINE
	METHYLDOPA	TENEX

Drug Class	Medication Name	
Antihypertensives Miscellaneous	AMTURNIDE	TEKTURNA
	TEKAMLO	VALTURNA
	TEKTURNA HCT	
Antimalarial Agents	ATOVAQUONE-PROGUANIL	MEFLOQUINE
	CHLOROQUINE PHOSPHATE	PRIMAQUINE
	MALARONE	
Antineoplastic	ANASTROZOLE	FEMARA
	ARIMIDEX	LETROZOLE
	AROMASIN	SOLTAMOX
	EXEMESTANE	TAMOXIFEN
	FARESTON	
Anti-Parkinson	AMANTADINE	OSMOLEX ER
	GOCOVRI	
Antisera	ASCENIV	GAMMAKED
	BIVIGAM	GAMMAPLEX
	CARIMUNE NF	GAMUNEX
	CUTAQUIG	GAMUNEX-C
	CUVITRU	HIZENTRA
	CYTOGAM	HYQVIA
	FLEBOGAMMA DIF	OCTAGAM
	GAMASTAN S-D	PANZYGA
	GAMMAGARD LIQUID	PRIVIGEN
	GAMMAGARD S-D	
Antiviral	FLUMADINE	RIMANTADINE
	OSELTAMIVIR	TAMIFLU
	RELENZA	
ARB Blockers	CANDESARTAN	MICARDIS
	EDARBI	OLMESARTAN
	EPROSARTAN	TELMISARTAN
	IRBESARTAN	VALSARTAN
	LOSARTAN	
ARB Combinations	AMLODIPINE-OLMESARTAN	CANDESARTAN-HCTZ
	AMLODIPINE-VALSARTAN	EDARBYCLOR
	AMLODIPINE-VALSARTAN-HCTZ	EXFORGE HCT
	AZOR	IRBESARTAN-HCTZ
	BYVALSON	LOSARTAN-HCTZ

Drug Class	Medication Name	
ARB Combinations (Cont.)	OLMESARTAN-AMLODIPINE-HCTZ	TRIBENZOR
	OLMESARTAN-HCTZ	TWYNSTA
	TELMISARTAN-AMLODIPINE	VALSARTAN-HCTZ
Asthma Agents	ACETYLCYSTEINE	GASTROCROM
	ADVAIR DISKUS	INCRUSE ELLIPTA
	ADVAIR HFA	IPRATROPIUM BROMIDE
	AEROSPAN	IPRATROPIUM-ALBUTEROL
	AIRDUO RESPICLICK	LEVALBUTEROL
	ALBUTEROL	LEVALBUTEROL TARTRATE HFA
	ALVESCO	LONHALA MAGNAIR
	AMINOPHYLLINE	METAPROTERENOL
	ANORO ELLIPTA	MONTELUKAST
	ARMONAIR RESPICLICK	PERFORMIST
	ARNUITY ELLIPTA	PROAIR HFA
	ASMANEX HFA	PROAIR RESPICLICK
	ASMANEX TWISTHALER	PROVENTIL HFA
	ASTHMANEFRIN	PULMICORT
	ATROVENT HFA	PULMICORT FLEXHALER
	BEVESPI	QVAR
	BREO ELLIPTA	RACEPINEPHRINE
	BRONCHIAL MIST	S2 RACEPINEPHRINE
	BRONKAID DUAL ACTION	SEEBRI NEOHALER
	BROVANA	SEREVENT DISKUS
	BUDESONIDE	SPIRIVA
	COMBIVENT RESPIMAT	STIOLTO RESPIMAT
	CROMOLYN SODIUM	STRIVERDI RESPIMAT
	DALIRESP	SYMBICORT
	DUAKLIR PRESSAIR	TERBUTALINE SULFATE
	DULERA	THEO-24
	DUONEB	THEOCHRON
	ELIXOPHYLLIN	THEOPHYLLINE
	FASENRA	TRELEGY ELLIPTA
	FLOVENT DISKUS	TUDORZA PRESSAIR
	FLOVENT HFA	UTIBRON NEOHALER
	FLUTICASONE-SALMETEROL	VENTOLIN HFA
	FORADIL	WIXELLA INHUB

Drug Class	Medication Name	
Asthma Agents (Cont.)	XOPENEX	ZAFIRLUKAST
	XOPENEX HFA	ZILEUTON ER
	YUPELRI	
Beta-Blocking Agents	ACEBUTOLOL	LOPRESSOR
	ATENOLOL	METOPROLOL SUCCINATE
	BETAXOLOL	METOPROLOL TARTRATE
	BISOPROLOL	NADOLOL
	BYSTOLIC	PINDOLOL
	ESMOLOL	PROPRANOLOL
	HEMANGEOL	PROPRANOLOL ER
	INNOPRAN XL	TIMOLOL
	KASPARGO SPRINKLE	
Beta-Blocking Agents Combinations	ATENOLOL-CHLORTHALIDONE	NADOLOL-BENDROFLUMETHIAZIDE
	BISOPROLOL-HCT	PROPRANOLOL-HCT
	DUTOPROL	ZIAC
	METOPROLOL-HCT	
Blood Modifiers - Anticoagulants	AGGRENOX	JANTOVEN
	ASPIRIN-DIPYRIDAMOLE ER	PENTOXIFYLLINE
	BRILINTA	PERSANTINE
	BYVEXXA	PRADAXA
	CILOSTAZOL	PRASUGREL
	CLOPIDOGREL	SAVAYSA
	COUMADIN	TICLOPIDINE
	DIPYRIDAMOLE	TRENTAL
	EFFIENT	WARFARIN
	ELIQUIS	XARELTO
Bone Resorption Inhibitors	ALENDRONATE	FORTICAL
	ATELVIA	FOSAMAX PLUS D
	BINOSTO	IBANDRONATE
	CALCITONIN	MIACALCIN
	DIDRONEL	PROLIA
	ETIDRONATE	RALOXIFENE
	EVISTA	RISEDRONATE
	FORTEO	

Drug Class	Medication Name	
Calcium Channel Blocking Agents	AFEDITAB CR	NIFEDIAC CC
	AMLODIPINE	NIFEDICAL XL
	CARTIA XT	NIFEDIPINE
	DILT-CD	NIFEDIPINE ER
	DILTIA XT	NISOLDIPINE
	DILTIAZEM	SULAR
	DILTIAZEM ER	TAZTIA XT
	DILT-XR	TIAZAC
	DILTZAC ER	VERAPAMIL
	FELODIPINE ER	VERAPAMIL ER
	ISRADIPINE	VERAPAMIL ER PM
	MATZIM LA	VERAPAMIL SR
	NICARDIPINE	
	Diabetic Supplies	ACCU-CHEK
ACETEST REAGENT		ONETOUCH FINEPOINT LANCETS
CLINITEST REAGENT		ONETOUCH LANCETS
CONTROL SOLUTION		ONETOUCH PING
DIASTIX REAGENT		ONETOUCH SURESOFT
KETO-DIASTIX REAGENT		ONETOUCH ULTRA CONTROL SOLN
KETOSTIX REAGENT		ONETOUCH ULTRA TEST STRIPS
LANCETS		ONETOUCH VERIO
INSULIN NEEDLES		VGO
INSULIN PEN NEEDLES		
Diuretics		AMILORIDE-HCT
	BUMETANIDE	INSPRA
	CAROSPIR	METHYCLOTHIAZIDE
	CHLOROTHIAZIDE	METOLAZONE
	CHLORTHALIDONE	MICROZIDE
	DIURIL	SODIUM DIURIL
	DYRENIUM	SPIRONOLACTONE
	EDECRIN	SPIRONOLACTONE-HCT
	EPLERENONE	TORSEMIDE
	ETHACRYNIC ACID	TRIAMTERENE-HCT
	FUROSEMIDE	ZAROXOLYN
	HYDROCHLOROTHIAZIDE (HCT)	
Folic Acid Preparations	FA-8	FOLIC ACID

Drug Class	Medication Name	
Hyperglycemics	BAQSIMI	GLUCOSE GEL
	DEX4 GLUCOSE	GLUTOSE 15
	GLUCAGEN	GLUTOSE 45
	GLUCAGON EMERGENCY KIT	GVOKE
	GLUCO BURST	INSTA-GLUCOSE
	GLUCO SHOT	PROGLYCEM
	GLUCOSE	RELION GLUCOSE
	GLUCOSE BITS	TRUEPLUS GLUCOSE
Insulins	ADLYXIN	INSULIN LISPRO
	ADMELOG	LANTUS
	AFREZZA	LANTUS SOLOSTAR
	APIDRA	LEVEMIR
	APIDRA SOLOSTAR	NOVOLIN
	BASAGLAR	NOVOLOG
	FIASP	RELION
	HUMALOG	TOUJEO SOLOSTAR
	HUMULIN	TRESIBA
Opioid Antagonists	NALOXONE	NARCAN
Prenatal Vitamins	ALIVE PRENATAL	CONCEPT DHA
	AZESCO	CONCEPT OB
	BAL-CARE DHA	DAILY PRENATAL
	BAL-CARE DHA ESSENTIAL	DUET DHA 400
	BRAINSTRONG PRENATAL	DUET DHA BALANCED
	CADEAU DHA	EXPECTA PRENATAL
	CALCIUM PNV	FOLIVANE-OB
	CENTRUM SPECIALIST PRENATAL	KOSHER PRENATAL PLUS IRON
	CITRANATAL 90 DHA	KPN
	CITRANATAL ASSURE	LEVOMEFOLATE DHA
	CITRANATAL B-CALM	MARNATAL-F
	CITRANATAL DHA	MINI PRENATAL
	CITRANATAL HARMONY	MTERYTI
	CITRANATAL RX	MTERYTI FOLIC 5
	CLASSIC PRENATAL	MYNATAL
	C-NATE DHA	MYNATAL ADVANCE
	COMPLETE NATAL DHA	MYNATAL PLUS
	COMPLETENATE	MYNATAL -Z

Drug Class	Medication Name	
Prenatal Vitamins (Cont.)	MYNATE 90 PLUS	PREFERA-OB PLUS DHA
	NATACHEW	PREGENNA
	NESTABS ABC	PRENA1 CHEW
	NESTABS DHA	PRENA1 PEARL
	NEWGEN	PRENA1 TRUE
	NEXA PLUS	PRENAISSANCE
	NIVA-PLUS	PRENAISSANCE PLUS
	OB COMPLETE	PRENATA
	OB COMPLETE GOLD	PRENATABS FA
	OB COMPLETE ONE	PRENATABS RX
	OB COMPLETE PETITE	PRENATAL
	OB COMPLETE PREMIER	PRENATAL 19
	OB COMPLETE WITH DHA	PRENATAL COMPLETE
	OBSTETRIX DHA	PRENATAL FORMULA
	OBSTETRIX EC	PRENATAL FORMULA-DHA
	OBTREX DHA	PRENATAL LOW IRON
	O-CAL PRENATAL	PRENATAL + DHA
	ONE-A-DAY WOMEN'S PRENATAL 1	PRENATAL MULTI
	ONE-A-DAY WOMEN'S PRENATAL DHA	PRENATAL MULTI + DHA
	ONE DAILY PRENATAL	PRENATAL MULTIVITAMIN
	P-D NATAL PLUS WITH FOLIC ACID	PRENATAL MULTIVITAMIN-DHA
	PERRY PRENATAL	PRENATAL ONE DAILY
	PNV 29-1	PRENATAL PLUS
	PNV OB+DHA	PRENATAL PLUS-DHA
	PNV-DHA	PRENATAL VITAMINS
	PNV-DHA + DOCUSATE	PRENATAL VITAMIN + DHA
	PNV-FERROUS FUMARATE-DOCU-FA	PRENATAL VITAMIN PLUS LOW IRON
	PNV-OMEGA	PRENATE AM
	PNV-SELECT	PRENATE CHEWABLE
	PNV-VP-U	PRENATE DHA
	PR NATAL 400	PRENATE ELITE
	PR NATAL 400 EC	PRENATE ENHANCE
	PR NATAL 430	PRENATE ESSENTIAL
	PR NATAL 430 EC	PRENATE MINI
	PREFERA-OB	PRENATE PIXIE
	PREFERA-OB ONE	PRENATE RESTORE

Drug Class	Medication Name	
Prenatal Vitamins (Cont.)	PRENATE STAR	ULTIMATECARE ONE NF
	PREPLUS	VEMAVITE-PRX 2
	PRETAB	VINACAL B
	PRIMACARE	VINATE CARE
	PROVIDA DHA	VINATE M
	PROVIDA OB	VINATE ONE
	PUREFE OB PLUS	VIRTPREX
	PUREFE PLUS	VIRT-C DHA
	RELNATE DHA	VIRT-NATE
	RIGHT STEP PRENATAL VITAMINS	VIRT-NATE DHA
	R-NATAL OB	VIRT-PN DHA
	SELECT-OB	VIRT-PN PLUS
	SELECT-OB + DHA	VIRT-SELECT
	SE-NATAL 19	VIRT-VITE GT
	SIMILAC PRENATAL	VITAFOL FE+
	STUART ONE	VITAFOL GUMMIES
	TARON-C DHA	VITAFOL NANO
	TARON-PREX PRENATAL	VITAFOL ULTRA
	THERANATAL	VITAFOL-OB
	THERANATAL COMPLETE	VITAFOL-OB+DHA
	THERANATAL ONE	VITAFOL-ONE
	THERANATAL OVAVITE	VITAMEDMD ONE RX
	THERANATAL PLUS	VITAMEDMD REDICHEW RX
	THRIVITE RX	VITAPEARL
	TRICARE	VITATRUE
	TRINATAL RX 1	VP-PNV DHA
	TRINATE	VP-CH-PNV
	TRINAZ	VP-GGR-B6
	TRISTART DHA	WOMEN'S PRENATAL + DHA
	TRIVEEN-DUO DHA	ZATEAN-CH
	TRIVEEN-PRX RNF	ZATEAN-PN DHA
	TRUST NATAL DHA	ZINGIBER
	ULTIMATECARE ONE	

Drug Class	Medication Name	
Vaccines	ACTHIB	KENDRAB
	ADACEL TDAP	KINRIX
	AFLURIA	MENACTRA
	BEXSERO	MENVEO A-C-Y-W-135-DIP
	BIOTHRAX	M-M-R II VACCINE
	BOOSTRIX	NABI-HB
	BOOSTRIX TDAP	PEDIARIX
	CERVARIX	PEDVAXHIB
	COMVAX	PENTACEL
	CROFAB	PNEUMOVAX 23
	DAPTACEL DTAP	PREVNAR 13
	DIPHTHERIA-TETANUS TOXOIDS-PED	PROQUAD
	ENGERIX-B ADULT	QUADRACEL DTAP-IPV
	ENGERIX-B PEDIATRIC-ADOLESCENT	RABAVERT
	EZ FLU	RECOMBIVAX HB
	FLUAD	ROTARIX
	FLUARIX	ROTATEQ
	FLUARIX QUAD	SHINGRIX
	FLUBLOK	STAMARIL
	FLUCELVAX	TENIVAC
	FLULAVAL	TETANUS DIPHTHERIA TOXOIDS
	FLUMIST	TETANUS TOXOID ADSORBED
	FLUMIST QUAD	TRIHIBIT
	FLUVIRIN	TRIPEDIA
	FLUZONE	TRUMENBA
	GARDASIL	TWINRIX
	GARDASIL 9	TYPHIM VI
	HAVRIX	VAQTA
	IMOGAM	VARIVAX VACCINE
	IMOVAX RABIES VACCINE	VARIZIG
	INFANRIX DTAP	VAXCHORA
	INFANRIX SUSPENSION	VIVOTIF BERNA
	IPOL	YF-VAX
IXIARO	ZOSTAVAX	



MASSACHUSETTS

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/عربي:

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

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក (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:

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

Lao/ພາສາລາວ: ຂໍອວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ ຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

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

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.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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).

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).



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