



HSA 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, 2019.

ACE Inhibitor	ADYPHREN KIT*	GLUCOTROL XL
BENAZEPRIL	AUVI-Q*	GLYBURIDE
CAPTOPRIL	EPINEPHRINE	GLYBURIDE-METFORMIN
ENALAPRIL	EPIPEN	GLYNASE
ENALAPRILAT	EPISNAP*	GLYSET
EPANED	ISUPREL	GLYXAMBI
FOSINOPRIL	Alpha/Beta-Adrenergic Blocking Agents	INVOKAMET
LISINOPRIL	CARVEDILOL	INVOKAMET XR
LOTENSIN*	CARVEDILOL ER	INVOKANA
MOEXIPRIL	LABETALOL	JANUMET
PERINDOPRIL	Antihyperglycemic Agents	JANUMET XR
QBRELIS*	ACARBOSE	JANUVIA
QUINAPRIL	ACTOPLUS MET	JARDIANCE
RAMIPRIL	ACTOPLUS MET XR	JENTADUETO*
TRANDOLAPRIL	AVANDIA	JENTADUETO XR*
ACE Inhibitor Combination	BYDUREON	KAZANO*
AMLODIPINE BESYLATE-BENAZEPRIL	BYDUREON BCISE	KOMBIGLYZE XR
BENAZEPRIL-HCT	BYETTA	METFORMIN
CAPTOPRIL-HCT	CHLORPROPAMIDE	METFORMIN ER*
ENALAPRIL-HCT	CYCLOSET	METFORMIN FILM COATED ER*
FOSINOPRIL-HCT	DUETACT	METFORMIN XR
LISINOPRIL-HCT	DM2 KIT*	MIGLITOL
LOTENSIN HCT*	FARXIGA*	NATEGLINIDE
LOTREL	FORTAMET*	NESINA*
MOEXIPRIL-HCT	GLIMEPIRIDE	ONGLYZA
PRESTALIA*	GLIPIZIDE	OSENI*
QUINAPRIL-HCT	GLIPIZIDE ER	OZEMPIC*
TRANDOLAPRIL-VERAPAMIL ER	GLIPIZIDE XL	PIOGLITAZONE HCL
Anaphylaxis Therapy Agents – Adrenergic Agents	GLIPIZIDE-METFORMIN	PIOGLITAZONE-GLIMEPIRIDE
ADRENACLICK	GLUCOPHAGE	PIOGLITAZONE-METFORMIN
ADRENALIN	GLUCOPHAGE XR	OTERN*
	GLUCOTROL	REPAGLINIDE/METFORMIN

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

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

REPAGLINIDE	NIACIN ER	CYTOGAM
RIOMET	NIACOR	FLEBOGAMMA DIF
SEGLUROMET*	NIASPAN	GAMASTAN S-D
SOLIQUA*	OMEGA-3 ACID	GAMMAGARD LIQUID
STELATRO*	PREVALITE	GAMMAGARD S-D
STEGLUJAN*	QUESTRAN	GAMMAKED
SYMLINPEN	SLO-NIACIN	GAMMAPLEX
SYNJARDY	TRICOR*	GAMUNEX
SYNJARDY XR	TRIGLIDE*	GAMUNEX-C
TANZEUM*	TRILIPIX*	HIZENTRA
TOLAZAMIDE	Antihypertensives	HYQVIA
TOLBUTAMIDE	CATAPRES	OCTAGAM
TRADJENTA*	CLONIDINE	PANZYGA
TRULICITY	CLORPRES	PRIVIGEN
VICTOZA*	GUANFACINE	Antiviral
XIGDUO XR*	METHYLDOPA	FLUMADINE
XULTOPHY*	METHYLDOPA-HCTZ	OSELTAMIVIR
Antihyperlipidemic Agents	METHYLDOPATE	RELENZA
ALTOPREV*	RESERPINE	RIMANTADINE
ATORVASTATIN	TENEX	TAMIFLU
FLUVASTATIN	Antihypertensives Miscellaneous	ARB Blockers
LIVALO*	AMTURNIDE	CANDESARTAN
LOVASTATIN	TEKAMLO*	EDARBI*
PRAVASTATIN	TEKTURNA HCT*	EPROSARTAN
ROSUVASTATIN	TEKTURNA*	IRBESARTAN
SIMVASTATIN	VALTURNA*	LOSARTAN
Antihyperlipidemic Agents Combination	Antimalarial Agents	OLMESARTAN
ADVICOR	ATOVAQUONE-PROGUANIL	TELMISARTAN
AMLODIPINE-ATORVASTATIN	CHLOROQUINE PHOSPHATE	VALSARTAN
CADUET*	MALARONE	ARB Combinations
EZETIMIBE/SIMVASTATIN	MEFLOQUINE	AMLODIPINE-OLMESARTAN
LIPTRUZET*	PRIMAQUINE	AMLODIPINE-VALSARTAN
SIMCOR	Antineoplastic	AMLODIPINE-VALSARTAN-HCTZ
Antihyperlipidemic Miscellaneous	ANASTROZOLE	BYVALSON*
ANTARA*	ARIMIDEX	CANDESARTAN-HCTZ
CHOLESTYRAMINE	AROMASIN	EDARBYCLOR*
COLESEVELAM	EXEMESTANE	EXFORGE HCT*
COLESTID	FARESTON	IRBESARTAN-HCTZ
COLESTIPOL	FEMARA	LOSARTAN-HCTZ
EZETIMIBE	LETROZOLE	OLMESARTAN-HCTZ
FENOFIBRATE	TAMOXIFEN	OLMESARTAN-AMLODIPINE-HCTZ
FENOFIBRIC ACID	Anti-Parkinson	TELMISARTAN-AMLODIPINE
FENOGLIDE*	AMANTADINE	TRIBENZOR*
FIBRICOR*	GOCOVRI*	TWYNSTA*
GEMFIBROZIL	OSMOLEX ER*	VALSARTAN-HCTZ
LIPOFEN*	Antisera	Asthma Agents
LOFIBRA*	BIVIGAM	ACETYLCYSTEINE
LOVAZA*	CARIMUNE NF	ADVAIR HFA
NIACIN	CUVITRU	AEROSPAN*

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AIRDUO RESPICLICK*	SEREVENT DISKUS	METOPROLOL-HCT
ALBUTEROL	SPIRIVA	NADOLOL-BENDROFLUMETHIAZIDE
ALVESCO*	STIOLTO RESPIMAT	PROPRANOLOL-HCT
AMINOPHYLLINE	STRIVERDI RESPIMAT	TENORETIC
ANORO ELLIPTA	SYMBICORT	ZIAC
ARMONAIR RESPICLICK*	TERBUTALINE SULFATE	Blood Modifiers—Anticoagulants
ARNUIITY ELLIPTA	THEO-24	AGGRENOX
ASMANEX*	THEOCHRON	ASPIRIN-DIPYRIDAMOLE ER
ASTHMANEFRIN	THEOPHYLLINE	BRILINTA*
ATROVENT HFA	TRELEGY ELLIPTA*	BYVEXXA
BEVESPI*	TUDORZA PRESSAIR	CILOSTAZOL
BREO ELLIPTA*	UTIBRON NEOHALER*	CLOPIDOGREL
BRONCHIAL MIST	VENTOLIN HFA*	COUMADIN
BRONKAID DUAL ACTION	VOSPIRE ER	DIPYRIDAMOLE
BROVANA*	XOPENEX*	EFFIENT
BUDESONIDE	XOPENEX HFA*	ELIQUIS
COMBIVENT	ZAFIRLUKAST	JANTOVEN
COMBIVENT RESPIMAT	ZILEUTON ER	PENTOXIFYLLINE
CROMOLYN SODIUM	ZYFLO CR*	PERSANTINE
DALIRESP*	ZYFLO*	PRADAXA*
DULERA	Beta-Blocking Agents	PRASUGREL
DUONEB	ACEBUTOLOL	SAVAYSA*
ELIXOPHYLLIN	ATENOLOL	TICLOPIDINE
EPHEDRINE SULFATE	BETAXOLOL	TRENTAL
FASENRA	BISOPROLOL	WARFARIN
FLOVENT DISKUS	BYSTOLIC*	XARELTO
FLOVENT HFA	CORGARD	Bone Resorption Inhibitors
FLUTICASONE-SALMETEROL	ESMOLOL	ALENDRONATE
FORADIL	HEMANGEOL	ATELVIA*
GASTROCROM	INDERAL LA*	BINOSTO*
INCRUSE ELLIPTA	INDERAL XL*	BONIVA*
IPRATROPIUM BROMIDE	INNOPRAN XL*	CALCITONIN
IPRATROPIUM-ALBUTEROL	KASPARGO SPRINKLE*	DIDRONEL
LEVALBUTEROL	LOPRESSOR*	ETIDRONATE
LEVALBUTEROL TARTRATE HFA*	METOPROLOL SUCCINATE	EVISTA
LONHALA MAGNAIR*	METOPROLOL TARTRATE	FORTEO
METAPROTERENOL	NADOLOL	FORTICAL
MONTELUKAST	PINDOLOL	FOSAMAX PLUS D
PERFOROMIST	PROPRANOLOL	FOSAMAX TABLETS*
PROAIR HFA	PROPRANOLOL ER	IBANDRONATE
PROAIR RESPICLICK	TENORMIN*	MIACALCIN
PROVENTIL HFA*	TIMOLOL	PROLIA
PULMICORT	TOPROL XL	RALOXIFENE
PULMICORT FLEXHALER	Beta-Blocking Agents Combinations	RISEDRONATE
QVAR	ATENOLOL-CHLORTHALIDONE	Calcium Channel-Blocking Agents
RACEPINEPHRINE	BISOPROLOL-HCT	ADALAT CC*
S2 RACEPINEPHRINE	CORZIDE	AFEDITAB CR
SEEBRI NEOHALER*	DUTOPROL	AMLODIPINE

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CALAN	ONETOUCH PING	PROGLYCEM
CALAN SR	ONETOUCH SURESOFT	RELION*
CARDENE SR*	ONETOUCH ULTRA CONTROL SOLN	TRUEPLUS GLUCOSE
CARDIZEM CD*	ONETOUCH ULTRA TEST STRIPS	Insulins
CARDIZEM LA*	ONETOUCH VERIO	ADLYXIN*
CARDIZEM*	PEN NEEDLES	ADMELOG*
CARTIA XT	VGO	AFREZZA
DILT-CD	Diuretics	APIDRA SOLOSTAR*
DILTIA XT	AMILORIDE-HCT	APIDRA*
DILTIAZEM	BUMETANIDE	BASAGLAR
DILTIAZEM ER	CAROSPIR	FIASP*
DILT-XR	CHLOROTHIAZIDE	HUMALOG
DILTZAC ER	CHLORTHALIDONE	HUMULIN
FELODIPINE ER	DYRENIUM	LANTUS
ISRADIPINE	EDECIN	LANTUS SOLOSTAR
MATZIM LA	EPLERENONE	LEVEMIR*
NICARDIPINE	ETHACRYNIC ACID	NOVOLIN*
NIFEDIAC CC	FUROSEMIDE	NOVOLOG*
NIFEDICAL XL	HYDROCHLOROTHIAZIDE - HCT	TOUJEO SOLOSTAR
NIFEDIPINE	INDAPAMIDE	TRESIBA*
NIFEDIPINE ER	INSPRA	Prenatal Vitamins
NISOLDIPINE	LASIX	ATABEX EC
NORVASC*	MAXZIDE-25 MG	BAL-CARE DHA
PROCARDIA	METHYLOTHIAZIDE	BAL-CARE DHA ESSENTIAL
PROCARDIA XL	METOLAZONE	CADEAU DHA
SULAR*	MICROZIDE	CALCIUM PNV
TAZTIA XT	SODIUM DIURIL	CENTRUM SPECIALIST PRENATAL
TIAZAC*	SPIRONOLACTONE	CITRANATAL 90 DHA
VERAPAMIL	SPIRONOLACTONE-HCT	CITRANATAL ASSURE
VERAPAMIL ER	TORSEMIDE	CITRANATAL B-CALM
VERAPAMIL ER PM	TRIAMTERENE-HCT	CITRANATAL DHA
VERAPAMIL SR	ZAROXOLYN	CITRANATAL HARMONY
VERELAN	Folic Acid Preparations	CITRANATAL RX
VERELAN PM	FA-8	CLASSIC PRENATAL
Diabetic Supplies	FOLIC ACID	C-NATE DHA
ACCU-CHEK*	Hyperglycemics	COMPLETE NATAL DHA
ACETEST REAGENT	DEX4 GLUCOSE	COMPLETENATE
CLINITEST REAGENT	GLUCAGEN	CONCEPT DHA
CONTROL SOLUTION	GLUCAGON EMERGENCY KIT	CONCEPT OB
DIASTIX REAGENT	GLUCO BURST	DAILY PRENATAL
KETO-DIASTIX REAGENT	GLUCO SHOT	DOTHELLE DHA
KETOSTIX REAGENT	GLUCOSE	DUET DHA 400
LANCETS	GLUCOSE BITS	DUET DHA BALANCED
INSULIN NEEDLES	GLUCOSE GEL	ELITE OB DHA
ONETOUCH DELICA	GLUTOSE 15	ELITE-OB 400
ONETOUCH FINEPOINT LANCETS	GLUTOSE 45	ELITE-OB
ONETOUCH LANCETS	INSTA-GLUCOSE	ENBRACE HR

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EXPECTA PRENATAL	PNV-DHA + DOCUSATE	PRENATE PIXIE
EXTRA-VIRT PLUS DHA	PNV-DHA	PRENATE RESTORE
FOLET ONE	PNV-FERROUS FUMARATE-DOCU-FA	PRENATE STAR
FOLIVANE-OB	PNV-OMEGA	PREPLUS
HEMENATAL OB + DHA	PNV-SELECT	PRETAB
HEMENATAL OB	PNV-VP-U	PRIMACARE
KOSHER PRENATAL PLUS IRON	PR NATAL 400	PROVIDA DHA
KPN	PR NATAL 400 EC	PROVIDA OB
LEVOMEFOLATE DHA	PR NATAL 430	PUREFE OB PLUS
MARNATAL-F	PR NATAL 430 EC	PUREFE PLUS
MINI PRENATAL	PREFERA OB	RELNATE DHA
MTERYTI	PREFERA-OB ONE	RIGHT STEP PRENATAL VITAMINS
MTERYTI FOLIC 5	PREFERA-OB PLUS DHA	R-NATAL OB
MYNATAL ADVANCE	PRENA1 CHEW	SELECT-OB + DHA
MYNATAL	PRENA1 PEARL	SELECT-OB
MYNATAL PLUS	PRENA1 TRUE	SE-NATAL 19
MYNATAL-Z	PRENAISSANCE	SIMILAC PRENATAL
MYNATE 90 PLUS	PRENAISSANCE PLUS	STUART ONE
NATACHEW	PRENATA	TARON-C DHA
NATELLE ONE	PRENATABS FA	TARON-PREX PRENATAL
NEEVODHA	PRENATABS RX	THERANATAL COMPLETE
NESTABS ABC	PRENATAL	THERANATAL
NESTABS DHA	PRENATAL VITAMINS	THERANATAL ONE
NESTABS ONE	PRENATAL + DHA	THERANATAL OVAVITE
NESTABS	PRENATAL MULTI-DHA	THERANATAL PLUS
NEWGEN	PRENATAL VITAMIN + DHA	THRIVITE 19
NEXA PLUS	PRENATAL 19	THRIVITE RX
NIVA-PLUS	PRENATAL COMPLETE	TL-SELECT
OB COMPLETE	PRENATAL FORMULA	TRIADVANCE
OB COMPLETE GOLD	PRENATAL FORMULA-DHA	TRICARE PRENATAL
OB COMPLETE ONE	PRENATAL LOW IRON	TRICARE PRENATAL DHA ONE
OB COMPLETE PETITE	PRENATAL MULTI + DHA	TRICARE
OB COMPLETE PREMIER	PRENATAL MULTI	TRINATAL GT
OB COMPLETE WITH DHA	PRENATAL MULTI-DHA	TRINATAL RX 1
OBSTETRIX DHA	PRENATAL MULTIVITAMIN	TRINATE
OBSTETRIX EC	PRENATAL MULTIVITAMIN-DHA	TRISTART DHA
OBSTETRIX ONE	PRENATAL ONE DAILY	TRI-TABS DHA
OBTREX DHA	PRENATAL PLUS	TRIVEEN-DUO DHA
O-CAL FA	PRENATAL PLUS-DHA	TRIVEEN-ONE
O-CAL PRENATAL	PRENATAL VITAMIN PLUS LOW IRON	TRIVEEN-PRX RNF
ONE-A-DAY WOMEN'S PRENATAL DHA	PRENATE AM	TRUST NATAL DHA
ONE-A-DAY WOMEN'S PRENATAL 1	PRENATE CHEWABLE	ULTIMATECARE ONE
ONE DAILY PRENATAL	PRENATE DHA	ULTIMATECARE ONE NF
P-D NATAL PLUS WITH FOLIC ACID	PRENATE ELITE	VEMAVITE-PRX 2
PERRY PRENATAL	PRENATE ENHANCE	VENA-BAL DHA
PNV 29-1	PRENATE ESSENTIAL	VINACAL B
PNV OB+DHA	PRENATE MINI	VINATE CARE

VINATE DHA RF	Vaccines	MENVEO A-C-Y-W-135-DIP
VINATE II	ACTHIB	M-M-R II VACCINE
VINATE ONE	ADACEL TDAP	NABI-HB
VINATE-M	AFLURIA	PEDIARIX
VIRT-ADVANCE	ATGAM	PEDVAXHIB
VIRT-C DHA	BEXSERO	PENTACEL
VIRT-NATE DHA	BIOTHRAX	PNEUMOVAX 23
VIRT-NATE	BOOSTRIX	PREVNAR 13
VIRT-PN DHA	BOOSTRIX TDAP	PROQUAD
VIRT-PN PLUS	CERVARIX	QUADRACEL DTAP-IPV
VIRT-PN	COMVAX	RABAVERT
VIRTPREX	CROFAB	RECOMBIVAX HB
VIRT-SELECT	DAPTACEL DTAP	ROTARIX
VIRT-VITE GT	DIPHThERIA-TETANUS TOXOIDS-PED	ROTATEQ
VITAFOL FE+	ENGERIX-B ADULT	SHINGRIX
VITAFOL GUMMIES	ENGERIX-B PEDIATRIC-ADOLESCENT	STAMARIL
VITAFOL NANO	EZ FLU	TENIVAC
VITAFOL ULTRA	FLUAD	TETANUS DIPHThERIA TOXOIDS
VITAFOL-OB	FLUARIX	TETANUS TOXOID ADSORBED
VITAFOL-OB+DHA	FLUARIX QUAD	TRIHBIBIT*
VITAFOL-ONE	FLUBLOK	TRIPEDIA
VITAMEDMD ONE RX	FLUCELVAX	TRUMENBA
VITAMEDMD REDICHEW RX	FLULAVAL	TWINRIX
VITAPEARL	FLUMIST	TYPHIM VI
VITATRUE	FLUMIST QUAD	VAQTA
VOL-NATE	FLUVIRIN	VARIVAX VACCINE
VOL-PLUS	FLUZONE	VARIZIG
VOL-TAB RX	GARDASIL	VAXCHORA
VP-CH PLUS	GARDASIL 9	VIVOTIF BERNA
VP-CH-PNV	HAVRIX	YF-VAX
VP-GGR-B6	IMOGAM	ZOSTAVAX
VP-HEME OB	IMOVAX RABIES VACCINE	
VP-HEME ONE	INFANRIX DTAP	
VP-PNV-DHA	INFANRIX SUSPENSION*	
WOMEN'S PRENATAL + DHA	IPOL	
ZATEAN-CH	IXIARO	
ZATEAN-PN DHA	KENDRAB	
ZATEAN-PN PLUS	KINRIX	
ZINGIBER	MENACTRA	

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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 مجاناً بالنسبة لك. اتصل بخدمات 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. ໃຫ້ຫາຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໃຫ້ທ່ານໃນບັດຂອງທ່ານ (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).

