LET’S TALK PREVENTION

YOUR NO-COST PREVENTIVE SERVICES

Preventive services help you stay healthy. A doctor isn’t someone to see only when you’re sick. Doctors also provide services that help prevent medical problems and help keep you healthy. Staying healthy can help you:

- Live a fuller life
- Save your hard-earned money

Your health plan now offers certain preventive service benefits at no cost to you. This means you don’t have to pay a copay* or coinsurance, even if you haven’t met your deductible. These no-cost benefits are part of the Affordable Care Act (ACA). They include:

- Medicine and supplements to prevent certain health conditions for adults, women and children
- Medicine and products for quitting smoking or chewing tobacco (tobacco cessation)
- Medicine used prior to screenings for certain health conditions in adults
- Vaccines and immunizations to prevent certain illnesses in infants, children and adults
- Contraceptives for women

CVS Caremark® works with your health plan to provide these benefits. The following lists² explain:

- Which medicines, supplements, health-related products or vaccines are covered
- Who they are covered for (such as children up to age six or adults age 65 or older)
- What health condition or illness they help prevent
- Other important information

TIPS FOR USING THE LISTS

- Take these lists with you each time you or your family has a checkup or yearly exam.

Your doctor must write a prescription for these preventive services to be covered by your plan, even if they are listed as over-the-counter.

- The dosage form is how the product is supplied. For example, tablet, capsule, liquid, syrup or chewable tablet.
- “Generic” or “brand name” is listed if only that product type is covered.
- Treatment recommendations may vary. Please call your doctor or pharmacist if you have questions about your health or medicine⁳.
- Other rules and limits may apply. Please contact your health plan to learn about your coverage⁴.
- An exceptions process is available for circumstances that fall outside the listed preventive services – such as, for example, a request for coverage of a brand name product because the listed generic products are not medically appropriate. A process is also available for coverage of preventive services without cost sharing for plan members identifying with a gender that differs from the member’s sex assigned at birth – such as, for example, a request for coverage of contraceptives or primary prevention of breast cancer for transgender members.

LEGEND:

chew = chewable
cap = capsule
FE = ferrous sulfate (iron)
EE = ethinyl estradiol
hr = hour
IM = intramuscular
IU = international unit
mcg = microgram
mg = milligram
mL = milliliter
oral = taken by mouth
OTC = over-the-counter product
Rx = prescription product
soln = solution
SR = sustained release
susp = suspension
tab = tablet
TD = transdermal
**Aspirin** to help prevent serious heart and blood vessel problems (cardiovascular disease) and colorectal cancer in adults 50 to 59 years old who are at risk.

Generics and brand name only if a generic isn't available

**Generic dosage forms 81 mg**  
**Aspirin products** (OTC)  
- Aspirin chew tab 81 mg  
- Aspirin tab 81 mg  
- Aspirin tab, delayed-release 81 mg

**Aspirin** to help prevent illness and death from preeclampsia in women‡ who are at least 12 years old, after 12 weeks of pregnancy and are at high risk for the condition.

**Generic dosage forms of 81 mg**  
**Aspirin products** (OTC)  
- Aspirin chew tab 81 mg  
- Aspirin tab 81 mg  
- Aspirin tab, delayed-release 81 mg

**Fluoride Supplements** to help prevent cavities (dental caries) in children five years or younger whose water is low in fluoride.

**All oral dosage forms up to 0.5 mg**  
**Fluoride products** (Rx)  
- Sodium fluoride chew tab 0.25 mg to 0.5 mg  
- Sodium fluoride soln 0.125 mg/drop  
- Sodium fluoride soln 0.25 mg/0.6 mL  
- Sodium fluoride soln 0.25 mg/drop  
- Sodium fluoride soln 0.5 mg/mL  
- Sodium fluoride tab 0.5 mg
### Folic Acid Supplements
To help prevent birth defects in women age 55 or younger who are planning to become pregnant or are able to become pregnant.

**Generic dosage forms**
**Folic acid products (OTC)**
- Folic acid tab 0.4 mg (400 mcg)
- Folic acid tab 0.8 mg (800 mcg)
- Folic acid cap 0.8 mg (800 mcg)

### Vitamin D Supplements
To help prevent falls in adults age 65 years or older who are at risk.

**All oral dosage forms to meet dosing range of 600 IU to 800 IU**
**Vitamin D products (OTC)**
- Cholecalciferol cap 400 IU
- Cholecalciferol chew tab 400 IU
- Cholecalciferol drops 400 IU/0.028 mL (per drop)
- Cholecalciferol drops 400 IU/0.03 mL (per drop)
- Cholecalciferol drops 600 IU/0.028 mL (per drop)
- Cholecalciferol oral liquid 1000 IU/10 mL
- Cholecalciferol oral liquid 1200 IU/15 mL
- Cholecalciferol oral liquid 400 IU/mL
- Cholecalciferol tab 400 IU
- Ergocalciferol tab 400 IU

### Tobacco Cessation Products
To help adults who are not pregnant quit tobacco use in order to prevent health problems. Tobacco use includes smoking or chewing tobacco.

**Generic nicotine replacement products** — patch, gum and lozenges
**Brand-name Nicotrol** (nicotine inhalation system)
**Brand-name Nicotrol NS** (nicotine nasal spray)
**Generic bupropion** — (generic of brand-name, Zyban) — Zyban is NOT covered
**Brand-name Chantix** (varenicline tartrate)
**Tobacco cessation products** (OTC and Rx)
- Bupropion HCl tab SR 12 hr 150 mg
- Chantix tab 0.5 mg and 1 mg
- Chantix tab 0.5 mg x 11 tabs and 1 mg x 42 pack
- Nicotine polacrilex gum 2 mg and 4 mg
- Nicotine polacrilex lozenge 2 mg and 4 mg
- Nicotine TD patch 24 hr 21 mg, 14 mg and 7 mg/24 hr
- Nicotrol inhaler system 10 mg
- Nicotrol NS nasal spray 10 mg/mL
Vaccines (immunizations) to prevent certain illnesses in people of all ages.

Recommended doses, ages and populations may vary (Rx)

<table>
<thead>
<tr>
<th>CHILDREN</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus, Pertussis</td>
<td>Hepatitis A</td>
</tr>
<tr>
<td>Haemophilus Influenzae Type B</td>
<td>Hepatitis B</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Herpes Zoster</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Human Papillomavirus</td>
</tr>
<tr>
<td>Human Papillomavirus</td>
<td>Influenza</td>
</tr>
<tr>
<td>Inactivated Poliovirus</td>
<td>Measles, Mumps, Rubella</td>
</tr>
<tr>
<td>Influenza</td>
<td>Meningococcal</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>Pneumococcal</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>Tetanus, Diphtheria, Pertussis</td>
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<tr>
<td>Pneumococcal</td>
<td>Varicella</td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
</tr>
</tbody>
</table>

Bowel Preparation Medicine for cleaning out the bowel before colonoscopy procedures for adults age 50 to 74. Colonoscopies screen for colon and rectal cancers.

Generics are in *italics*. Brand-names are CAPITALIZED

Generics and brand name only if a generic isn’t available
Brand name will no longer be supplied at no cost when the generic becomes available

**Bowel preparation products** (Rx):
- MOVIPREP (polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid) for oral solution
- PREPOPIK (sodium picosulfate, magnesium oxide and anhydrous citric acid) for oral solution
- SUPREP BOWEL PREP KIT (sodium sulfate, potassium sulfate and magnesium sulfate) for oral solution
- Gavilyte-H Kit (bisacodyl, PEG 3350, potassium chloride, sodium bicarbonate, sodium chloride) for oral solution
- Peg-Prep Kit (bisacodyl, PEG 3350, potassium chloride, sodium bicarbonate, sodium chloride) for oral solution

**Statins** to help prevent serious heart and blood vessel problems (cardiovascular disease) in adults age 40 to 75 who are at risk *(effective November 1, 2017)*.

Generic low to moderate intensity statins (Rx):
- Atorvastatin 10 mg, 20 mg
- Fluvastatin 20 mg, 40 mg
- Fluvastatin ER 80 mg
- Lovastatin 10 mg, 20 mg, 40 mg
- Pravastatin 10 mg, 20 mg, 40 mg, 80 mg
- Rosuvastatin 5 mg, 10 mg
- Simvastatin 5 mg, 10 mg, 20 mg, 40 mg
<table>
<thead>
<tr>
<th>BRAND-NAME PRODUCTS FOR REFERENCE ONLY</th>
<th>BRAND-NAME PRODUCTS’ GENERIC EQUIVALENT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alesse</td>
<td>Aubra, Aviane-28, Delyla, Falmina, Larissia, Lessina, Lutera, Orsytia, Sronym, Vienva</td>
</tr>
<tr>
<td>Beyaz</td>
<td>Rajani</td>
</tr>
<tr>
<td>Brevicon</td>
<td>Necon 0.5/35, Nortrel 0.5/35, Wera</td>
</tr>
<tr>
<td>Cyclessa</td>
<td>Caziant, Velivet</td>
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<tr>
<td>Demulen 1/35</td>
<td>Kelnor 1/35, Zovia 1/35E</td>
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<tr>
<td>Demulen 1/50</td>
<td>Ethynodiol 1/50, Zovia 1/50E</td>
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<tr>
<td>Desogen</td>
<td>Apri, Cyred, Emoquette, Enskeyce, Isibloom, Juleber, Reclipsen</td>
</tr>
<tr>
<td>Estrostep FE</td>
<td>Tilia FE, Tri-Legest FE</td>
</tr>
<tr>
<td>Femcon FE</td>
<td>Wymzya FE, Zenchent FE</td>
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<tr>
<td>Generess FE</td>
<td>Kaitlib FE, Layolis FE</td>
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<td>Loestrin 1/20</td>
<td>Junel 1/20, Larin 1/20, Microgestin 1/20</td>
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<td>Blisovi FE 1/20, Junel FE 1/20, Larin FE 1/20, Microgestin FE 1/20, Tarina FE 1/20</td>
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<td>Loestrin 24 FE</td>
<td>Blisovi 24 FE, Junel 24 FE, Larin 24 FE, Lomedia 24 FE, Microgestin 24 FE</td>
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<tr>
<td>Loestrin 1.5/30</td>
<td>Junel 1.5/30, Larin 1.5/30, Microgestin 1.5/30</td>
</tr>
<tr>
<td>Loestrin FE 1.5/30</td>
<td>Blisovi FE 1.5/30, Junel FE 1.5/30, Larin FE 1.5/30, Microgestin FE 1.5/30</td>
</tr>
<tr>
<td>Lo/Ovral</td>
<td>Cryselle-28, Elinest, Low-Ogestrel</td>
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<tr>
<td>LoSeasonique</td>
<td>Amethia Lo, Camrese Lo</td>
</tr>
<tr>
<td>Lybrel</td>
<td>Amethyst</td>
</tr>
<tr>
<td>Minastrin 24 FE</td>
<td>Mibelas 24 FE</td>
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<tr>
<td>Micrilet</td>
<td>Azurrette, Bekyree, Kariva, Kimidess, Pimtrea, Viorele</td>
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<tr>
<td>Modicon</td>
<td>Necon 0.5/35, Nortrel 0.5/35, Wera</td>
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<tr>
<td>Nordette</td>
<td>Altavera, Chateal, Kurvelo, Levora, Lillow, Marlissa, Portia-28</td>
</tr>
<tr>
<td>Norinyl 1 + 35</td>
<td>Alyacen 1/35, Cyclafem 1/35, Dasetta 1/35, Necon 1/35, Nortrel 1/35, Pirmella 1/35</td>
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<tr>
<td>Norinyl 1 + 50</td>
<td>Necon 1/50</td>
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<tr>
<td>Ortho-Cyclen</td>
<td>Estarylla, Femynor, Mono-linyah, Mononessa, Previfem, Sprintec</td>
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<tr>
<td>Ortho-Novum 7/7/7</td>
<td>Alyacen 7/7/7, Cyclafem 7/7/7, Dasetta 7/7/7, Necon 7/7/7, Nortrel 7/7/7, Pirmella 7/7/7</td>
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<tr>
<td>Ortho Tri-Cyclen</td>
<td>Tri-Estarylla, Tri-Femynor, Tri-Linyah, TriNessa, Tri-Previfem, Tri-Sprintec</td>
</tr>
<tr>
<td>Ortho Tri-Cyclen Lo</td>
<td>Tri-Lo Estarylla, Tri-Lo Marzia, Tri-Lo Sprintec, Trinessa Lo</td>
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<tr>
<td>Ovcon-35</td>
<td>Balziva-28, Briellyn, Gildagia, Philibit, Vyfemia, Zenchent</td>
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<tr>
<td>Ovral</td>
<td>Ogestrel 0.5/50</td>
</tr>
<tr>
<td>Quartette</td>
<td>Fayosim, Rivelsa</td>
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<tr>
<td>Seasonale</td>
<td>Introvale, Jolessa, Quasense, Setlakin</td>
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<tr>
<td>Seasonique</td>
<td>Amethia, Ashlyna, Camrese, Daysee</td>
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<tr>
<td>Tri-Norinyl</td>
<td>Aranelle, Leena</td>
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<td>Triphasil</td>
<td>Enpresse, Levonest, Myzilra, Trivora</td>
</tr>
<tr>
<td>Yasmin</td>
<td>Ocella, Syeda, Zarah</td>
</tr>
<tr>
<td>Yaz</td>
<td>Gianvi, Loryna, Nikki, Vestura</td>
</tr>
</tbody>
</table>
## OTHER CONTRACEPTIVES‡

- Generic and brand name only if a generic isn’t available
- Generics are in *italics*. Brand-names are CAPITALIZED
- Brand name will no longer be supplied at no cost when the generic becomes available
- Brand names listed in [blue] and in brackets are for your reference only

### Brand-Name Oral Contraceptives (Rx)
- LO LOESTRIN FE
- NATAZIA
- NECON 10/11
- SAFYRAL
- TAYTULLA

### Intrauterine Devices, Subdermal Rods and Vaginal Rings (Rx)
- NEXPLANON
- MIRENA
- SKYLA
- LILETTA
- KYLEENA
- PARAGARD T 380A
- NUVARING

### Transdermal Patches (Rx)
- Xulane

### Injectables (Rx)
- DEPO-SUBQ-PROVERA 104
- *Medroxyprogesterone acetate 150 mg [DEPO-PROVERA]*

### Barrier Methods (Rx)
- **Diaphragms**
  - MILEX WIDE-SEAL
  - OMNIFLEX COIL SPRING SILICONE
  - CAYA
- **Cervical Caps**
  - FEMCAP
  - PRENTIF

### Emergency Contraception
- ELLA (Rx)
- *Levonorgestrel 1.5 mg tablet* (Rx or OTC) Aftera, Econtra EZ, Fallback Solo, Next Choice, My Way, Opcicon, Option 2, Take Action, React [PLAN B]

### Female Condoms (OTC)
- FC-2

### Vaginal Sponge (OTC)
- TODAY

### Spermicides (OTC)
- ENCORE VAGINAL SUPPOSITORIES
- GYNOL II GEL 3%
- *Nonoxynol-9 vaginal gel 4%, VCF Vaginal Contraceptive Gel [CONCEPTROL GEL 4%]*
- SHUR-SEAL GEL 2%
- VCF VAGINAL FILM 28%
- VCF VAGINAL FOAM 12.5%

## BREAST CANCER PREVENTION

**Primary Prevention of Breast Cancer** in women 35 years of age and older, who are at an increased risk.

### Generic, oral tablets (Rx)
- Raloxifene HCl tab 60 mg
- Tamoxifen citrate tab 10 mg and 20 mg
FOOTNOTES

*Copay, copayment, or coinsurance means the amount, out-of-pocket, a member is required to pay for a prescription in accordance with a plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a plan.

†Recommendations, ages, and populations may vary. Products listed may be updated periodically. List does not guarantee coverage. Vaccines, immunizations and intrauterine devices may be covered through your medical or pharmacy benefit. Consult your plan for a complete coverage and list details.

‡Female or members capable of pregnancy.

#Female or members at increased risk of breast cancer.

Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

This list represents branded products in CAPS, branded generics in uppercase and lowercase italics, and generic products in lowercase italics.

Some strengths or dosage forms may not be included in the high deductible health plan-health savings account (HDHP-HSA) Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any question above coverage.

Additional medications may be included in this list from time to time in compliance with ACA requirements and/or Internal Revenue Service (IRS) guidance.

This Preventive Drug List has been adopted by the referenced health plan. This Preventive Services list and the HDHP-HSA Preventive Therapy Drug List should be modified as necessary or desired by the plan sponsor based on the advice of the plan sponsor’s counsel.
Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights
Mailing Address: P.O. Box 8894
Baltimore, Maryland 21224

Email Address: civilrightscoordinator@carefirst.com

Telephone Number: 410-528-7820
Fax Number: 410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

English: When an agent answers, indicate the language you need.

Español: Determine su idioma y luego indique 0.

Foreign Language Assistance: If you want to communicate in a different language, please call 855-258-6518 and wait on the phone until prompted to push 0. When an agent answers, indicate the language you need.

Russian: Если вы хотите общаться на другом языке, позвоните 855-258-6518 и дождитесь, когда вас прозвонят. Когда агент ответит, укажите желаемый язык общения.

Tagalog: Pagsumagot ng ahente, sabihin ang wika na kailangan mo.

All others may call 855-258-6518 and wait in the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.
वार्ता (Bengali) लक्ष्य करने: यह नोटिश आपने बिमा कवालेज लिपिः तर्क से रखें। इसे में लिखी भाषाओं में हस्ताक्षर लिखें।

वार्ता (Bengali) लक्ष्य करने: यह नोटिश आपने बिमा कवालेज लिपिः तर्क से रखें। इसे में लिखी भाषाओं में हस्ताक्षर लिखें।

Bāsɔ̀-wùɖù (Bassa) Tὸ Đǔ̀ Đáːp! Bọ̀ ńi ta bе mɔ̀ bē kē m ṣe bọ̀ ni fù̀-fù̀-tǐ̀n nynɛ̀ jè dyì. Bọ̀ ni a ke bɛ̀dɛ̀ wé jéë bë bë më kë ṣe mɔ̀ më kë nyuेट̆ nyu ḫwë bë wë bëa kē zì. Ė mɔ̀ ni kpë bë më kē bọ̀ ni a ke bọ̀ kpà-kpà m mọ̀ më dyët̆ dë ni Ƅjì̀-wùɖù mù bë më kë së wiːd̆ jò pëd̆. Köɺo ɭo nyc bë më dà fùnn-nobà ni a ṣe ƙaà ƙëd̆ qên nyn. Nyc tɔ̀ sëni m dà nọ̀bà ní a ke: 855-258-6518, kë m më fò tee bë wë kë m gọ̀ ɓë bë më kē nọ̀bà mɔ̀ ke dyì pàdììn ḫwë. J jù kë nyc ṣo dyì m gò jùlä, pò wuɖu m mò pøe dyìe, kë nyc ṣo mù bọ̀ niin bë c ni wuɖu mù zà.

বার্তা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কাফ্যলের সম্পর্কে তথ্য রয়েছে। এই মেসেজটি আপনার পদক্ষেপ নিতে হবে। আপনি নিজের ভাষায় এই তথ্য পাওয়ার এবং সাহায্য পাওয়ার অধিকার আপনার আছে। সমস্যার সম্পর্কে আপনার পরিচালকের সিদ্ধান্ত থেকে ধারণা করতে হবে। আপনার 855-258-6518 নম্বর করে নিম্ন টাভেতে বা বর্ধিত অ্যাকশন করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষায় নাম বলুন এবং আপনাকে পূর্বাঞ্চলীয় সাহায্য সন্মর্ক করা হবে।

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特別期間之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。
**Igbo (Igbo)**

Nnr bama: Ṭọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gj. Ọ nwere ike ụbọchị ndị mkp, ụ nwere ike ihe ihụ tupụ ụfọdụ ụbọchị njedebe. Ị nwere ike ihe ihe na enyem a n’asụụ gj na akwụghị ụgwọ ọ bụla. Ndị otu kwesịrị ikpọ akara ekwenti ị di n’asụụ nke kaadia njiirimara ha. Ndị ozo niile nwere ike ikpọ 855-258-6518 wee chere ụbọchị ahu rụo mgbe amanyere iji 0. Mgbe onye nọchite anya zara, kwuo asụụ i chọọ, a ga-eji kọ gj na onye ọkọwa okwu.

**Deutsch (German)**


**Français (French)**

Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitiez et vous serez mis(e) en relation avec un interprète.

**한국어 (Korean)**

주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 틀면에 있는 전화번호로 연락해 주십시오. 회원이 아니신 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

**Diné Bizaad (Navajo)**

Ge’i: Díí bee i haneʼígií biʼ dahólóh bee éédahózin béeso áchʼáah naanil níkʼístʼiːgií bá. Biʼ dahólóq doo ìiyísíi yoolkááíliígí döó t’aáadoo leʼ ádadooyííliígí da yókeegdo t’aáh doo bee e’e’aahí ájjííjí. Bee ná ahóólʼí ti díí bee i haneʼ döó níkaʼádoowól t’aá nínizaad bee t’aá jiikʼé. Atah danilínígí béesi bee haneʼé bee wóltaʼígií níiʼiizgo bee nee hódolzinígí bikéédéegí bikááʼ bíchʼíi hodooníhiʼjí. Aadóó nááñála’ éi kojí dahóodolníhí 855-258-6518 döó yíi diítsʼíįl yailtʼíígí t’aá niléjíí áádóó éi bikéé’dóó naasbáqs bít adiiilchíi. Ákáʼánídaalwóʼíígií neidiitáágo, saad bee yáníítʼíígí yíi diíki döó ata’ hálneʼé lá níkaʼádooolwól.