October 2026

CareFirst Family of health care plans

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 lists** 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 OTC.
- 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, limits and exclusions may apply.
- Please contact your health plan to learn about your coverage**.
- 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.

Legend	
chew: chewable	**mL:** milliliter
cap: capsule	**oral:** taken by mouth
FE: ferrous sulfate (iron)	**OTC:** over-the-counter
EE: ethinyl estradiol	**Rx:** prescription product
hr: hour	**soln:** solution
IM: intramuscular	**SR:** sustained release
IU: international unit	**susp:** suspension
mcg: microgram	**tab:** tablet
mg: milligram	**TD:** transdermal

©2026 CVS Health and/or one of its affiliates. All rights reserved. 106-58704D 100126

Preventive Services**

Aspirin to help prevent illness and death from preeclampsia in persons 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 enteric coated tab 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 0.5 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 can become pregnant.

Generic dosage forms

Folic acid products (OTC)**:**

- Folic acid cap 0.8 mg (800 mcg)
- Folic acid tab 0.4 mg (400 mcg)
- Folic acid tab 0.8 mg (800 mcg)

©2026 CVS Health and/or one of its affiliates. All rights reserved. 106-58704D 100126

Preventive Services**

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

Generic nicotine replacement products—patch, gum and lozenges

Brand-name Nicotrol NS (nicotine nasal spray)

Generic bupropion (generic of brand-name, Zyban)—Zyban is NOT covered

Generic varenicline

Tobacco cessation products (OTC and Rx)**:**

- Bupropion HCl tab SR 12 hr 150 mg
- 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
- Nicotrol NS nasal spray 10 mg/mL
- Varenicline tab 0.5 mg and 1 mg
- Varenicline tab 0.5 mg x 11 tabs and 1 mg x 42 pack

Vaccines (Immunizations) to prevent certain illnesses in people of all ages. Recommended doses, ages and populations may vary (Rx)

Children

- COVID-19[1]
- Dengue
- Diphtheria, Tetanus, Pertussis
- Haemophilus Influenzae Type B
- Hepatitis A
- Hepatitis B
- Human Papillomavirus
- Inactivated Poliovirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Respiratory Syncytial Virus (effective 6/1/24)
- Rotavirus
- Smallpox and Monkeypox
- Varicella

Adults

- COVID-19[1]
- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Inactivated Poliovirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Respiratory Syncytial Virus
- Smallpox and Monkeypox
- Tetanus, Diphtheria, Pertussis
- Varicella

1. Covered for populations recommended by the Centers for Disease Control and Prevention (CDC) at the time of administration. Subject to state allocation guidelines and availability.

©2026 CVS Health and/or one of its affiliates. All rights reserved. 106-58704D 100126

Preventive Services**

Bowel Preparation Medicine for cleaning out the bowel before colonoscopy procedures for adults age 45 through 75. 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):

- CLENPIQ (sodium picosulfate, magnesium oxide and anhydrous citric acid) oral solution
- PEG-PREP KIT (bisacodyl, PEG 3350, potassium chloride, sodium bicarbonate and sodium chloride) for oral solution
- SUFLAVE (polyethylene glycol-3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride) for oral solution
- SUTAB (sodium sulfate, magnesium sulfate and potassium chloride) oral tablet
- *Polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid* for oral solution
- *Sodium sulfate, potassium sulfate and magnesium sulfate* 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.

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
- Pitavastatin 1 mg, 2 mg, 4 mg
- Pravastatin 10 mg, 20 mg, 40 mg, 80 mg
- Rosuvastatin 5 mg, 10 mg
- Simvastatin 5 mg, 10 mg, 20 mg, 40 mg

Antiretroviral therapy for preexposure prevention of human immunodeficiency virus (HIV) infection in people who are at an increased risk.
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.

Antiretroviral therapy (Rx):

- Emtricitabine/tenofovir disoproxil fumarate 200 mg-300 mg
- APRETUDE (cabotegravir extended-release injectable suspension)
- DESCOVY (emtricitabine and tenofovir alafenamide) 200 MG-25 MG

Diabetes Prevention Medicine for preventing or delaying diabetes for adults age 35 to 70 who have overweight or obesity.

Generic diabetes prevention product (Rx):

- Metformin 850 mg

©2026 CVS Health and/or one of its affiliates. All rights reserved. 106-58704D 100126

Women's Health Preventive Services**

Generic Oral Contraceptives†

Brand-Name Products for Reference Only	Brand-Name Products Generic Equivalent(s)
Alesse	Afirmelle, Aubra EQ, Aviane-28, Delyla, Falmina, Lessina, Vienva
Balcoltra	Joyeaux, Minzoya
Demulen 1/35	Kelnor 1/35, Valtya 1/35, Zovia 1/35
Demulen 1/50	Valtya 1/50
Desogen	Apri, Cyred EQ, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen
Estrostep FE	Tilia FE, Tri-Legest FE, Xarah FE
Femcon FE	Wymzya FE, Xelria FE
Generess FE	Galbriela, Kaitlib FE
Loestrin 24 FE	Aurovela 24 FE, Blisovi 24 FE, Hailey 24 FE, Junel 24 FE, Larin 24 FE, Tarina 24 FE
Lo/Ovral	Cryselle-28, Elinest, Low-Ogestrel, Turqoz
LoSeasonique	Camrese Lo, LoJaimiess
Lybrel	Amethyst, Dolishale
Minastrin 24 FE	Charlotte 24 FE, Finzala FE, Mibelas 24 FE
Mircette	Azurette, Kariva, Pimtrea, Simliya, Viorele, Volnea
Modicon	Necon 0.5/35, Nortrel 0.5/35, Wera
Nordette	Altavera, Ayuna, Chateal EQ, Kurvelo, Marlissa, Portia-28
Ortho-Cyclen	Estarylla, Mili, Mono-linyah, Sprintec, Vylibra
Ortho Micronor	Camila, Deblitane, Emzahh, Errin, Heather, Incassia, Jencycla, Lyleq, Lyza, Meleya, Nora-BE, Norlyroc, Orquidea, Sharobel
Ortho-Novum 1/35	Alyacen 1/35, Dasetta 1/35, Nortrel 1/35, Nylia 1/35
Ortho-Novum 7/7/7	Alyacen 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nylia 7/7/7
Ortho Tri-Cyclen	Tri-Estarylla, Tri-Linyah, Tri-Mili, Tri-Sprintec, Tri-Vylibra
Ortho Tri-Cyclen Lo	Tri-Lo Estarylla, Tri-Lo Marzia, Tri-Lo-Mili, Tri-Lo-Sprintec, Tri-Vylibra Lo
Ovcon-35	Balziva-28, Briellyn, Philith, Vyfemla
Quartette	Rivelsa, Rosyrah
Safyral	Tydemy
Seasonale	Iclevia, Introvale, Jolessa, Setlakin
Seasonique	Ashlyna, Camrese, Daysee, Jaimiess, Simpesse
Taytulla	Gemmily, Taysofy
Tri-Norinyl	Aranelle
Triphasil	Levonest
Yasmin	Syeda, Zumandimine
Yaz	Jasmiel, Lo-Zumandimine, Loryna, Nikki, Vestura

©2026 CVS Health and/or one of its affiliates. All rights reserved. 106-58704D 100126

Women's Health Preventive Services**

Other Contraceptives†

Generics 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 **[navy]** and in brackets are for your reference only.

Brand-Name Oral Contraceptives (Rx)

- FEMLYV
- LO LOESTRIN FE
- NATAZIA
- NEXTSTELLIS
- OPILL (Prescription is not required for Opill)
- SLYND
- TYBLUME

Barrier Methods (Rx)

Cervical Caps

- FEMCAP

Diaphragms

- CAYA
- MILEX WIDE-SEAL
- OMNIFLEX COIL SPRING SILICONE

Intrauterine Devices, Subdermal Rods and Vaginal Rings (Rx)

- *Ethinyl estradiol 15 mcg/Etonogestrel 120 mcg vaginal ring, EluRyng*, EnilloRing **[NUVARING]**
- ANNOVERA
- KYLEENA
- LILETTA
- MIRENA
- MIUDELLA
- NEXPLANON
- PARAGARD T 380A
- SKYLA

Emergency Contraception (Rx or OTC)

- *Levonorgestrel 1.5 mg tablet, AfterPill, Aftera, Econtra OS, Her Style, My Choice, My Way, New Day, Opcicon, Option 2, Shewise, Take Action,* **[PLAN B]**
- ELLA

Transdermal Patches (Rx)

- *Xulane*
- *Zafemy*
- *GWYN LO*
- TWIRLA

Condoms (OTC)

- FC-2
- MALE CONDOMS

Injectables (Rx)

- *Medroxyprogesterone acetate 150 mg* **[DEPO-PROVERA]**
- DEPO-SUBQ-PROVERA 104

Vaginal Sponge (OTC)

- TODAY

Vaginal pH Modulators (Rx)

- PHEXX

Spermicides (OTC)

- *Nonoxynol-9 vaginal gel 4%, VCF Vaginal Contraceptive Gel* **[CONCEPTROL GEL 4%]**
- ENCARE VAGINAL SUPPOSITORIES
- GYNOL II GEL 3%
- VCF VAGINAL FILM 28%

©2026 CVS Health and/or one of its affiliates. All rights reserved. 106-58704D 100126

Women's Health Preventive Services**

Breast Cancer Prevention

Primary prevention of breast cancer in women†† 35 years of age and older, who are at an increased risk.

Breast cancer prevention products (Rx)**:**

- Anastrozole tab 1 mg
- Exemestane tab 25 mg
- Raloxifene HCl tab 60 mg
- Tamoxifen citrate tab 10 mg and 20 mg

Preventive Service: Medication-Assisted Treatment for Substance Use Disorder**

Medication-Assisted Treatment (MAT)

To help people who are dependent on opioid drugs. This is generally used as part of a complete treatment program that also includes counseling and behavioral therapy.

Generic dosage forms

Medication-assisted treatment products (Rx)**:**

- Buprenorphine sublingual tab 2 mg, 8 mg
- Buprenorphine-naloxone sublingual tab 2 mg-0.5 mg, 8 mg-2 mg
- Naltrexone tab 50 mg

CareFirst Family of health care plans

- *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. Your prescription benefit plan may not cover certain products or categories, regardless of their appearance in this document. Vaccines, immunizations and intrauterine devices may be covered through your medical or pharmacy benefit. Consult your plan for 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 prscription 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 regardless of their appearance in this document and certain products or categories on the HDHP-HSA Preventive Therapy Drug List may not be covered at $0 cost share. Please check with your plan provider should you have any questions about your HDHP-HSA coverage.
- Additional medications may be included in this list from time to time in compliance with ACA requirements.
- This Preventive Drug List has been adopted by the referenced health plan. This Preventive Services list may be modified as necessary or desired by the plan sponsor based on the advice of the plan sponsor's counsel.

©2026 CVS Health and/or one of its affiliates. All rights reserved. 106-58704D 100126
CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage PPO, Inc. and CareFirst BlueCross BlueShield Group Prescription Drug Plan a business name of CareFirst Advantage PPO, Inc. CareFirst Advantage PPO, Inc. is the independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.
Y0154_H7379_MA03378_C MBR MA03378 (01/26)

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits 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 14858 Lexington, KY 40512
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)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The BLUE CROSS® and BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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 identification card. All others may call 1-855-258-6518 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.

ማሳሰቢያ (Amharic)፦ ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀኖችን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 855-258-5618 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意（Chinese）：此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您将會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به‌صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج‌شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره *855-258-6518* تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d’assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d’obtenir ces informations ainsi qu’une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d’adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu’à l’invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d’être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọ́kwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndi dị óké ḿkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwụghị ụgwọ ọbụla. Ndi òtù ga akpọ ọnụọgụgụ ekwenti dị na àzụ́ ḱáàdị njirimara ndi òtù ha. Ndi ọ̀zọ́ nile nwere íke ịkpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara,kwuo asụsụ ichọrọ, a ga ejikota gi na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínízin (Navajo): Díí bee ił hane'í béeso nich'ą́ąh naa'nil bee nik'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoołkáłí dóó bee ida'ii'aahí háídíí shį́į́ t'áá bich'į'jį' ha'át'íishį́į́ ádadiiliiłígíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsoos nitł'izhí bee béédahóziní bąąh béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáłti'í biba' asdáago niléí ó bił adílchíid hodoo'niidjį'. Naalnishí haadzį́į'go, saad nínízinígíí bee bił hodíilnih dóó ata' yáłti'í bich'į' ni'doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरू सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te manaʻomia ai le faia o se gaioiga i nisi taimi faʻagata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se totogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'ailoa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poleđini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ *855-258-6518* پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائیلاگ پر انتظار کرنا چاہئیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhấn số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.