Covered Drugs at $0 Cost Share[1,2,3]

Effective July 1, 2026

Under the health reform law (Affordable Care Act), benefit plans must cover certain preventive care medications at 100 percent — without charging a copay, coinsurance or deductible.

These products include:

- U.S. Preventive Services Task Force A and B recommendation medications.
- U.S. Food and Drug Administration (FDA)-approved prescription and over-the-counter (OTC) birth control (contraceptives) for women.
- Flu shots and other vaccines.

To follow this law, an updated list of no-cost preventive care medications is being provided. You can use your member ID card to get the products on this list for no cost if they are:

- Prescribed by a health care professional.
- Age- and condition-appropriate.
- Filled at a network pharmacy.

These products are available at no cost to you on both standard and high-deductible or consumer-driven health plans.

If you get these drugs or products from an out-of-network pharmacy, you will have to pay the full cost for them.

U.S. Preventive Services Task Force A and B Recommendation Medications and Supplements[4]

You need a prescription to get these medications and supplements at no cost, even though most are available over the counter.

Medication/Supplement	Reason
OTC	
Aspirin — 81 mg *(Maximum age: 55)*	To prevent preeclampsia during pregnancy
Folic acid 400 and 800 mcg Prenatal vitamins with 400 – 800 mcg folic acid	To prevent birth defects
Bisacodyl EC Tab *(Minimum Age: 45 – Maximum Age: 75)*	Bowel preparation for colonoscopy needed for preventive colon cancer screening, limit of two $0 fills per year
Magnesium Citrate Sol *(Minimum Age: 45 – Maximum Age: 75)*	Bowel preparation for colonoscopy needed for preventive colon cancer screening, limit of two $0 fills per year
Prescription	
Generic Colyte 240/22.74 g Sold as: PEG-3350/electrolytes, Gavilyte-C *(Minimum Age: 45 – Maximum Age: 75)*	Bowel preparation for colonoscopy needed for preventive colon cancer screening, limit of two $0 fills per year
Generic Golytely 236/22.7 g Sold as: PEG-3350/electrolytes, Gavilyte-G *(Minimum Age: 45 – Maximum Age: 75)*	Bowel preparation for colonoscopy needed for preventive colon cancer screening, limit of two $0 fills per year
Generic Nulytely Sold as: PEG-3350/NaCl/NaBicarbonate/KCl. Gavilyte-N, Trilyte *(Minimum Age: 45 – Maximum Age: 75)*	Bowel preparation for colonoscopy needed for preventive colon cancer screening, limit of two $0 fills per year
Fluoride chew tablets, drops (not toothpaste, rinses); single-ingredient products only	To prevent dental cavities if water source is deficient in fluoride

Tobacco Cessation Medications[4]

If you need help to quit smoking or using tobacco products, these preventive medications are available at $0 cost share.

To qualify, you need to:

- Be age 18 or older.
- Get a prescription for these products from your doctor, even if the products are sold over the counter.
- Fill the prescription at a network pharmacy.

Up to 180 days of treatment are covered at no cost each year. Maximum daily dose quantity limits apply.

OTC Medications

- Nicotine replacement gum
- Nicotine replacement lozenge
- Nicotine replacement patch

Prescriptions

- Bupropion sustained-release (generic Zyban) tablet

These three prescription medications are covered after members have tried 1) one over-the-counter nicotine product and 2) bupropion sustained-release (generic Zyban) separately:

- Varenicline tablet
- Nicotrol inhaler
- Nicotrol nasal spray

Human Immunodeficiency Virus Preventive Medications[4]

For members who have a higher risk of becoming infected with human immunodeficiency virus (HIV) but are not yet infected, these preventive medications are available at $0 cost share.

HIV Preexposure Prophylaxis Medications

- Emtricitabine/tenofovir (generic Truvada)
- Descovy
- Apretude

Breast Cancer Preventive Medications[4]

For members who have a higher risk of breast cancer but have not had breast cancer, these preventive medications are available at $0 cost share. To qualify, a member must be age 35 or older.
Most plans cover these medications at normal cost share for the treatment of breast cancer, to prevent breast cancer recurrence and for other indications.

Breast Cancer Medication (Prescription)

- Anastrozole
- Exemestane
- Raloxifene
- Tamoxifen

Statin Preventive Medications[4]

The U.S. Preventive Service Task Force recommends adults without a history of cardiovascular disease (CVD) — symptomatic coronary artery disease or stroke — use a low-to-moderate-dose statin for the primary prevention of CVD events in people who are ages 40 – 75.

Statins Available at $0 Cost Share

- Atorvastatin (generic Lipitor) 10 and 20 mg
- Fluvastatin/ER (generic Lescol) 20, 40 and 80 mg
- Lovastatin (generic Mevacor) 10, 20 and 40 mg
- Pravastatin (generic Prevachol) 10, 20, 40 and 80 mg
- Rosuvastatin (generic Crestor) 5 and 10 mg
- Simvastatin (generic Zocor) 5, 10, 20 and 40 mg

Women's Health: Birth Control Products

All generic oral contraceptives (birth control pills) are available at $0 if your plan has Affordable Care Act (ACA) benefits.

Birth Control Caps and Diaphragms (Cervical)

Caya, Femcap, Omniflex, Wide Seal

Combination Birth Control Pills

Four-Phase Birth Control Pills:
Natazia

Generic Alesse and Levlite sold as:
Afirmelle, Aubra/Eq, Aviane, Delyla, Falmina, Larissia, Lessina, Levonor/Ethi 0.1-0.02, Lutera, Orsythia, Sronyx, Vienva

Generic Beyaz sold as:
Drospire/Eth Estr/Lev, Rajani

Generic Brevicon 0.5/35 and Modicon 0.5/35 sold as:
Necon 0.5/35, Nortrel 0.5/35, Wera 0.5/35

Generic Cyclessa Pak sold as:
Caziant Pak, Cesia Pak, Velivet Pak

Generic Demulen 1/35 sold as:
Ethy Eth Est 1-35, Kelnor 1/35

Generic Demulen 1/50 sold as:
Ethynodiol 1-50, Kelnor 1/50

Generic Desogen-28 and Ortho-Cept sold as:
Apri, Cyred/EQ, Deso/ethinyl estradiol, Emoquette, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen, Solia

Generic Estrostep FE sold as:
Tilia FE, Tri-Legest FE

Generic Femcon FE Chewable sold as:
Nore/Eth/Fer CHW, Wymzya FE CHW

Generic Generess FE CHW sold as:
Kaitlib FE CHW, Layolis FE CHW, Noreth/Ethin FE CHW

Generic Loestrin 24 FE sold as:
Aurovela 24 FE, Blisovi 24 FE, Hailey 24 FE, Junel 24 FE, Larin 24 FE, Tarina 24 FE

Generic Loestrin 1/20 sold as:
Aurovela 1/20, Junel 1/20, Larin 1/20, Microgestin 1/20, Noreth/Ethin 1/20

Generic Loestrin 1.5/30 sold as:
Aurovela 1.5/30, Hailey 1.5/30, Junel 1.5/30, Larin 1.5/30, Microgestin 1.5/30

Generic Loestrin FE 1/20 sold as:
Aurovela FE 1/20, Blisovi FE 1/20, Gildess FE 1/20, Junel FE 1/20, Larin FE 1/20, Microgestin FE 1/20, Noreth/Ethin FE 1/20, Tarina FE 1/20

Generic Loestrin FE 1.5/30 sold as:
Aurovela FE 1.5/30, Blisovi FE 1.5/30, Gildess FE 1.5/30, Junel FE 1.5/30, Larin FE 1.5/30, Microgestin FE 1.5/30

Brand Lo Loestrin FE 1/10
(Only covered if the product is included on your health plan's formulary. Please check your plan documents.)

Generic Lo/Ovral-28 sold as:
Cryselle-28, Elinest, Low-Ogestrel

Generic Loseasonique sold as:
Camrese Lo, Levonorgestrel and ethinyl Estradiol

Generic Lybrel 90-20Mcg sold as:
Amethyst 90-20 mcg, Levo-Eth Est 90-20 mcg

Generic Minastrin 24 CHW FE sold as:
Noreth/Ethin CHW FE 1/20

Generic Mircette 28 Day sold as:
Azurette, Deso/ethinyl estradiol, Kariva, Pimtrea, Simliya, Viorele

Generic Nordette-28 sold as:
Altavera, Ayuna, Chateal/Eq, Kurvelo, Levonor/ethinyl estradiol, Levora-28, Marlissa, Portia-28

Generic Ortho-Cyclen 0.25/35 sold as:
Estarylla, Femynor, Mili 0.25/35, Mono-Linyah, Norgestimate and ethinyl estradiol 0.25 mg-35 mcg, Sprintec 28, Vylibra

Generic Ortho-Novum 1/35-28 and Norinyl 1/35 sold as:
Alyacen 1/35, Dasetta 1/35, Necon 1/35, Nortrel 1/35, Pirmella 1/35

Generic Ortho-Novum 7/7/7-28 sold as:
Alyacen 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Pirmella 7/7/7

Generic Ortho Tri-Cyclen sold as:
Norgestimate/ethinyl estradiol, Tri-Estaryll, Tri Femynor, Tri-Linyah, Tri-Mili, Tri-Sprintec, Tri-Vylibra, Trinessa

Generic for Ortho Tri-Cyclen Lo sold as:
Norgest/ethi estradio, Tri-Lo-Estaryll, Tri-Lo-Marzia, Tri-Lo Mili, Tri-Lo-Sprintec, Tri-Vylibra Lo

Generic Ovcon-35 sold as:
Balziva, Briellyn, Philith, Vyfemla

Generic Quartette sold as:
Fayosim. Levonor/ethi tab Estradio, Rivelsa

Generic Safyral sold as:
Dros/eth est tab, Levomefo, Tydemy

Generic Seasonale sold as:
Introvale, Jolessa, Levonor/ethinyl estradiol, Setlakin

Generic Seasonique sold as:
Amethia, Ashlyna, Camrese, Daysee, Levonor/ethi estradio, Simpesse

Generic Tri-Norinyl 28 sold as:
Aranelle, Leena

Generic Triphasil sold as:
Enpresse-28, Levonest, Levonor/ethi, Trivora-28

Generic Yasmin 28 3-0.03 mg sold as:
Drospir/ethi 3-0.03 mg, Ocella 3-0.03 mg, Syeda 3-0.03 mg, Zumandimine 3-0.03 mg

Generic Yaz 3-0.02mg sold as:
Drospir/Ethi 3-0.02 , rospirenone/ethy est, Gianvi, Jasmiel, Lo-Zumandimi, Loryna, Nikki, Vestura

Progestin-Only Birth Control Pills
Generic Ortho Micronor and Nor-QD sold as:
Camila 0.35 mg, Deblitane, Errin 0.35 mg, Heather 0.35 mg, Incassia 0.35 mg, Jencycla 0.35 mg, Lyza 0.35 mg, Nora-Be 0.35 mg, Norethindron 0.35 mg, Norlyda 0.35 mg, Norlyroc, Sharobel

Slynd

Birth Control Rings (Vaginal)

Annovera, Nuva-Ring (generic covered only)

Birth Control Patches (Transdermal)
Generic Ortho Evra sold as:
Xulane

Birth Control Shots (Injection)
Medroxyprogesterone 150 mg IM (generic Depo-Provera contraceptive)

Emergency Birth Control
Ella, LeVonorgestrel 1.5 mg (generic Plan B One-Step)

Birth Control Intrauterine Devices (IUDs) and Implants
Kyleena, Liletta, Mirena, Nexplanon, Paragard, Skyla
Some methods of birth control, such as IUDs and implants, may be available through your medical benefit and not your pharmacy benefit.

OTC Birth Control (Must have a prescription and get it from a network pharmacy for cost to be covered)
Contraceptive films (e.g., VCF Vaginal), Contraceptive foams (e.g., VCF Vaginal Aer), Contraceptive gels (e.g., Gynol II, Shur-Seal, VCF Vaginal), Male and female condoms, Opill, Generic emergency birth control (e.g., Aftera, EContra EZ, Econtra OS, Levonorgestr tab 1.5 mg, My Choice, My Way, New Day, Next Choice, Opcicon, Option 2, React, Take Action), Today Sponge

You can get a three-month supply of your medication mailed to you with no cost for standard shipping. Just call the phone number on your member ID card and ask for home delivery.

Flu Shots and Other Vaccines

Plans must provide coverage without cost sharing for immunizations recommended for routine use by the Advisory Committee on Immunization Practices, a federal committee of immunization experts that is convened by the Centers for Disease Control and Prevention. Vaccines may be covered by your medical benefit and not your pharmacy benefit.

You can get many vaccines on a walk-in basis by presenting your ID card at the time of service. Members should review their benefit plans to determine coverage for vaccines.

Routine Vaccines[2,7]

Age restrictions or limitations may apply. Check with your network pharmacy for specific age, flu shot and vaccine requirements.

Flu (Influenza)*

- Afluria Quad
- Fluad*
- Fluarix Quad
- Flublok Quad
- Flucelvax Quad
- Flulaval Quad
- FluMist Quad
- Fluzone HD*
- Fluzone Quad

**Only approved for ages 65 years and older.*

Other Vaccines (asterisk (*) indicates vaccine type)

COVID-19*
Pfizer, Moderna, Novavax, Comirnaty

Dengue*
Denvaxia (copay waiver required to determine eligibility)

Hepatitis A* (adult and pediatric)
Havrix, Vaqta

Hepatitis B* (adult and pediatric)
Engerix-B, Heplisav-B (adult only), Recombivax-HB

Human papillomavirus (HPV)* — vaccine prevents HPV-related cancers (ages 9 – 26 years)
Gardasil 9

Measles, Mumps and Rubella*
MMR-II,

Meningococcal* — vaccine prevents meningitis groups A, C, Y and W-135
Menactra, Menveo, Menquadfi

Meningococcal* — vaccine prevents meningitis group B
Bexsero, Trumenba

Pneumococcal* — vaccine prevents pneumonia
Prevnar 13, Prevnar 20, Pneumovax 23, Vaxneuvance

Respiratory Syncytial Virus (RSV)
Abrysvo, Arexvy, Beyfortus

Tdap* — vaccine prevents tetanus, diphtheria and pertussis
Adacel, Boostrix

Tetanus Diphtheria* — TD
Tenivac

Varicella* — vaccine prevents chicken pox
Varivax

Zoster* — vaccine prevents shingles
Shingrix

Ask your employer or check your plan documents for your plan's specific coverage details. Not all vaccines on this list are available at all network pharmacies. Contact your local network pharmacy to confirm vaccine availability.

Frequently Asked Questions — Pharmacy Benefit Preventive Care Medications Coverage

Will this drug list change?
Drug lists can and do change, so it's always good to check. You can find the most updated information by:

- Logging in to the website on your ID card.
- Calling the number on your ID card.

What if I have a high-deductible or consumer-driven health plan?
The same no-cost options on the list applicable to your plan will be available to you. If you fill a prescription for covered birth control products that are not on your plan's no-cost drug list, you will need to pay the full cost until your deductible is reached.

Are the no-cost preventive care medications available at both retail and home delivery pharmacies?
Preventive care medications are available at network retail pharmacies. Most are also available through the Optum Rx®[8] home delivery pharmacy for plans with a home delivery benefit.

The home delivery pharmacy can mail a three-month supply of your medication right to you with no cost for standard shipping. That means you can order four times a year instead of making 12 trips to pick up your medication. To start using home delivery, just call the number on your member ID card.

How many preventive care medications can I get?
Some products have quantity limits based on FDA-approved dosing or product packaging. Coverage is limited to up to a 30-day supply at retail pharmacies or up to a 90-day supply from home delivery.

What if the health care reform law requirements for preventive care medication coverage change?
If the law requiring plans to provide preventive care medications at no cost changes, information on how your costs may change will be available to you by:

- Logging in to the website on your ID card.
- Calling the number on your ID card.

What preventive care medications are available at no cost?
Look at the list in this document, log in to the website on your ID card or call the number on your member ID card for a list of medications covered at $0 cost share.

Please note, to get coverage at no cost for preventive care medications and products, including OTC products, you will need a prescription from your doctor.

Are all birth control products available at no cost?
No, only the products on the list for your plan will be $0 under the pharmacy benefit.[5] The health reform law allows plans to use reasonable medical management to decide which birth control products will be provided at no cost.

If you choose a product from this list, your cost at the pharmacy will be $0. If you choose a covered birth control product that is not on the list, a copay or coinsurance may be required. This cost will apply to your deductible if you have one.

What if my doctor says I need birth control that is not on this list?
This list includes at least one form of birth control from FDA-approved methods typically available through your **pharmacy benefit**. If your doctor prescribes birth control not on our list for medical reasons, your plan will cover that recommended drug or product at no cost to you through our exceptions process.

Just call the number on your member ID card and ask how to get coverage. Medical reasons may include side effects, whether the birth control is permanent or can be reversed, and whether you can use the product as required.

Some methods of birth control, such as IUDs and implants, may be available through your **medical benefit** and not your pharmacy benefit.

Is my plan required to cover contraceptives?
Some plans may not have coverage for contraceptives if your employer elects a religious exemption. Also, some organizations (Employer Class Members) can choose not to cover contraceptives for religious reasons. Your plan may provide or arrange for contraceptive coverage for Employer Class Members as allowed by the health reform law.

In either event, you will still have coverage without cost share of the U.S. Preventive Services Task Force A and B recommendation medications listed on the Preventive Care Medications list (such as aspirin).

If I'm at risk for preeclampsia during pregnancy, how can I get low-dose aspirin for no cost?
Low-dose or baby aspirin (81 mg) is available at no cost to pregnant women at risk for preeclampsia. If you are pregnant and at risk for preeclampsia, talk to your doctor about whether low-dose aspirin can help. If so, your doctor can give you a prescription for low-dose aspirin that can be filled at no cost to you at a network retail pharmacy.

If I need to take preparation medications before a preventive colonoscopy, how can I get these for no cost?
If you are scheduled for a preventive colonoscopy, ask your doctor for a prescription for one of the no-cost preparation medications. You can fill this prescription at a retail network pharmacy at no cost to you. Note: There is a limit of one $0 fill per year.

What if my doctor prescribes a preparation medication for my preventive colonoscopy that is not on this list?
You can ask your doctor for a prescription for one of the medications on this list that your doctor feels would work for you. For some medical reasons, your doctor may decide you need a medication that is not on this list to prepare for your preventive colonoscopy. If so, you can request the medication you need by calling the number on your ID card and asking how to get coverage at no cost. Medical reasons may include side effects and whether you can use the product as required.

If you need a prescription medication to prepare for a colonoscopy that is **not preventive**, these medications may still be covered with a copay or coinsurance.

How can I get preventive medications to help me stop using tobacco for no cost?
If you are age 18 or older and want to quit using tobacco products, talk to your doctor about medications that can help. If your doctor decides this therapy is right for you, he or she may prescribe a generic OTC or prescription medication.

The tobacco cessation products on this list are available at no cost to you if they are:

- Prescribed by your doctor.
- Filled at a network pharmacy.
- Following use and quantity guidelines.

If I'm at risk for HIV but have not been infected, how can I get preventive drugs for $0 cost share?
If you are a member not yet infected with HIV, talk to your doctor about your risk of getting HIV. If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications, such as Truvada, tenofovir 300 mg tablet or Descovy. Your doctor must submit a Health Care Reform — $0 HIV PrEP Preventive Copay Waiver Review Form to request $0 cost share if you meet the coverage criteria.

If I'm at risk for breast cancer but have not had it, how can I get preventive drugs for $0 cost share?
If you are a member age 35 or older, talk to your doctor about your risk of getting breast cancer if you have not had it.

If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications, such as raloxifene or tamoxifen.[6]

If I'm at risk for cardiovascular disease, how can I get statin medications at no cost to me?
If you are a member age 40 – 75 and at risk for cardiovascular disease, your doctor may offer to prescribe statin medications. Select statins are covered at no cost share for people who have certain risk factors for cardiovascular disease. For members who don't meet this $0 cost share criteria, statins will continue to be covered at the customary cost share amount for your plan.

1. Please note this list is subject to change.
2. Always refer to your benefit plan materials to determine your coverage for medications and cost share. Some medications may not be covered under your specific benefit. Where differences are noted, the benefit plan documents will govern.
3. All branded medications are trademarks or registered trademarks of their respective owners.
4. The listed age limits are based on U.S. Preventive Services Task Force recommendations; coverage for additional populations may also apply as required.
5. When informed, an issuer must accommodate any member when one of the zero cost contraceptives may be medically inappropriate as determined by the member's health care provider and waive the otherwise applicable cost sharing for a contraceptive not currently covered at zero cost.
6. If your pharmacy benefit plan is grandfathered under the ACA, these drugs may be covered at the normal cost share.
7. Not all vaccines on this list are available at all participating pharmacies. Members should contact their participating pharmacy of choice to confirm vaccine availability.
8. Optum Rx is an independent company that offers a pharmacy network on behalf of your health plan.

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。(Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đở với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة.للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険 についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره‌ی این برنامه‌ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره‌ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háída bíká'aná nílwo'ígíí díí Béeso Ách'ą́ąh naa'nilígi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'íshíį́ bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'į' ha desdzih nínízingo, kojį' béésh bee hólne' 1-844-516-6328. (Navajo)

Vann du adda ebbah es du am helfa bisht, ennichi questions hend veyyich *deah health plan*, hend diah's recht fa hilf un information greeya in eiyah aykni shprohch unni kosht. Fa shvetza mitt en interpreter, roof deah nummah oh 1-833-584-1829. (Pennsylvania Dutch)