



2017 Blue Cross High Deductible Health Plan (HDHP) Preventive Drug List

If your health plan includes the HDHP Preventive Drug List option, you just pay a copay for preventive care medications instead of having to meet your plan’s deductible for certain prescription drugs. Prescription drugs on the Blue Cross HDHP Preventive Drug List will be covered as if you already met your deductible, so you are only responsible for paying the appropriate copay. This enhanced benefit to your health plan makes it easier for you to purchase the medications you and your family need to stay healthy today – and tomorrow.

Medications on the Blue Cross HDHP Preventive Drug List help prevent and manage several health concerns.

Some of these conditions, if not prevented or managed, can lead to serious illnesses and complications. Following your doctor’s treatment plan, including taking prescribed medications as directed, can help you live a healthier life today, and avoid a serious illness and high health care costs in the future.

This list contains some of the most commonly prescribed preventive care drugs and is not all-inclusive. This list does not guarantee coverage for preventive care drugs that are not listed.

| Covered Generics (always your lowest copay) | Preferred Covered Brands (may have a reduced copay) | Non-Preferred Covered Brands (always your highest copay) |
|------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|
| Asthma and Other Respiratory Conditions | | |
| albuterol soln | Advair Diskus | Pulmicort Flexhaler |
| budesonide nebulizer soln | Advair HFA | |
| cromolyn sodium | Anoro Ellipta | |
| ipratropium bromide inhaler | Arcapta Neohaler | |
| ipratropium-albuterol | Arnuity Ellipta | |
| levalbuterol | Asmanex | |
| metaproterenol sulfate | Asmanex HFA | |
| montelukast | Breo Ellipta | |
| terbutaline sulfate | Brovana | |
| zafirlukast | Combivent Respimat | |
| | Dulera | |
| | Flovent Diskus | |
| | Flovent HFA | |
| | Perforomist | |
| | ProAir HFA ^{QL} | |
| | ProAir Respiclick ^{QL} | |

| Covered Generics (always your lowest copay) | Preferred Covered Brands (may have a reduced copay) | Non-Preferred Covered Brands (always your highest copay) |
|------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|
| | QVAR | |
| | Serevent Diskus | |
| | Spiriva | |
| | Spiriva Respimat | |
| | Stiolto Respimat | |
| | Striverdi Respimat | |
| | Symbicort | |
| | Tudorza Pressair | |

Conditions Related to Blood Clots

| | | |
|----------------------------|----------|-----------------------|
| anagrelide | Brilinta | Coumadin |
| aspirin/dipyridamole | Effient | Fragmin ^{QL} |
| cilostazol | Eliquis | Pradaxa |
| clopidogrel | Xarelto | |
| dipyridamole | | |
| enoxaparin ^{QL} | | |
| fondaparinux ^{QL} | | |
| Jantoven | | |
| pentoxifylline | | |
| ticlopidine | | |
| warfarin sodium | | |

Contraception

| | | |
|---------------|--|--|
| Altavera | | |
| Alyacen | | |
| Amethia | | |
| Amethia Lo | | |
| Amethyst | | |
| Apri | | |
| Aranelle | | |
| Ashlyna | | |
| Aubra | | |
| Aviane | | |
| Azurette | | |
| Balziva | | |
| Bekyree | | |
| Blisovi 24 FE | | |
| Blisovi FE | | |
| Briellyn | | |
| Camila | | |
| Camrese | | |
| Camrese Lo | | |
| Caziant | | |

| Covered Generics (always your lowest copay) | Preferred Covered Brands (may have a reduced copay) | Non-Preferred Covered Brands (always your highest copay) |
|--------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------|
| Chateal | | |
| Cryselle | | |
| Cyclafem | | |
| Cyclafem 7/7/7 | | |
| Cyred | | |
| Dasetta | | |
| Daysee | | |
| Deblitane | | |
| Delyla | | |
| desogestrel-ethinyl estradiol | | |
| drospirenone-ethinyl estradiol | | |
| Elinest | | |
| Emoquette | | |
| Enskyce | | |
| Enpresse | | |
| Errin | | |
| Estarylla | | |
| Falmina | | |
| Gianvi | | |
| Gildagia | | |
| Gildess | | |
| Gildess FE | | |
| Gildess 24 FE | | |
| Heather | | |
| Introvale | | |
| Jencycla | | |
| Jevantique Lo | | |
| Jolessa | | |
| Jolivette | | |
| Juleber | | |
| Junel 1.5/30 | | |
| Junel 1/20 | | |
| Junel FE 1.5/30 | | |
| Junel FE 1/20 | | |
| Junel FE 24 | | |
| Kaitlib FE | | |
| Kariva | | |
| Kelnor 1/35 | | |
| Kimidess | | |
| Kurveo | | |
| Larin | | |

| Covered Generics (always your lowest copay) | Preferred Covered Brands (may have a reduced copay) | Non-Preferred Covered Brands (always your highest copay) |
|--------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------|
| Larin FE | | |
| Larin 24 FE | | |
| Larissia | | |
| Layolis | | |
| Leena | | |
| Lessina | | |
| Levonest | | |
| levonorgestrel-est estradiol | | |
| Levora | | |
| Lomedia 24 Fe | | |
| Loryna | | |
| Low-Ogestrel | | |
| Lutera | | |
| Lyza | | |
| Marlissa | | |
| medroxyprogesterone acetate | | |
| Microgestin 1.5/30 | | |
| Microgestin 1/20 | | |
| Microgestin FE 1.5/30 | | |
| Microgestin FE 1/20 | | |
| Mono-Linyah | | |
| Mononessa | | |
| Myzilra | | |
| Necon 0.5/35 | | |
| Necon 1/35 | | |
| Necon 1/50 | | |
| Necon 7/7/7 | | |
| Nikki | | |
| Nora-Be | | |
| norethindrone acetate 0.35 | | |
| norgestimate-ethinyl estradiol | | |
| Norlyroc | | |
| Nortrel 0.5/35 | | |
| Nortrel 1/35 | | |
| Nortrel 7/7/7 | | |
| Ocella | | |
| Ogestrel | | |
| Orsythia | | |
| Philith | | |
| Pimtrea | | |
| Pirmella | | |

| Covered Generics (always your lowest copay) | Preferred Covered Brands (may have a reduced copay) | Non-Preferred Covered Brands (always your highest copay) |
|------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|
| Portia | | |
| Previfem | | |
| Quasense | | |
| Reclipsen | | |
| Setlakin | | |
| Sharobel | | |
| Sprintec | | |
| Sronyx | | |
| Syeda | | |
| Tarina FE | | |
| Tilia FE | | |
| Tri-Estarylla | | |
| Tri-Legest FE | | |
| Tri-Linyah | | |
| Trinessa | | |
| Trinessa Lo | | |
| Tri-Previfem | | |
| Tri-Sprintec | | |
| Trivora | | |
| Velivet | | |
| Vestura | | |
| Vienva | | |
| Viorele | | |
| Vyfemia | | |
| Wera | | |
| Wymzya FE | | |
| Xulane | | |
| Zarah | | |
| Zenchent | | |
| Zenchent FE | | |
| Zeosa | | |
| Zovia 1/35 | | |
| Zovia 1/50 | | |

Diabetes

| | | |
|---------------------|-------------------------|--------------------------------------|
| acarbose | Bydureon (pens & vials) | Actoplus Met XR |
| chlorpropamide | Byetta | Afrezza |
| glimepiride | Farxiga | Apidra ST |
| glipizide | Glyxambi | Apidra SoloSTAR ST |
| glipizide ext-rel | Humulin R U-500 | Avandamet |
| glipizide-metformin | Invokana | Avandia |
| glyburide | Janumet | Humalog (pens & vials) ST |

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|------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|
| glyburide micronized | Janumet XR | Humulin (pens & vials) ST |
| glyburide-metformin | Januvia | Riomet |
| Lantus (vials) | Jentadueto | SymlinPen |
| Levemir (vials) | Invokamet | |
| metformin | Lantus SoloSTAR | |
| metformin ext-rel [#] | Levemir (pens) | |
| miglitol | Novolog Flexpen | |
| nateglinide | Toujeo SoloStar | |
| Novolin (vials) | Tradjenta | |
| Novolog (vials) | Trulicity | |
| pioglitazone | Xigduo XR | |
| pioglitazone-glimepiride | | |
| pioglitazone-metformin | | |
| repaglinide | | |
| repaglinide- metformin | | |
| tolazamide | | |
| tolbutamide | | |

Diabetic Supplies

| | | |
|--|-------------------------------------------------------|--|
| | Bayer Contour/Breeze2 diabetic products ^{QL} | |
| | Lifescan One Touch diabetic products ^{QL} | |
| | alcohol preps and lancets ^{QL} | |
| | BD insulin syringes ^{QL} | |

Emotional Health

| | | |
|--------------------------------|---------------------------|--|
| amitriptyline | Latuda ^{PA} | |
| amitriptyline-chlordiazepoxide | Seroquel XR ^{PA} | |
| amitriptyline-perphenazine | Viibryd | |
| amoxapine | | |
| aripiprazole ^{PA} | | |
| bupropion | | |
| bupropion ext-rel | | |
| chlorpromazine | | |
| citalopram | | |
| clomipramine | | |
| clozapine ^{PA} | | |
| desipramine | | |
| doxepin | | |
| duloxetine | | |
| escitalopram | | |
| fluoxetine | | |
| fluphenazine | | |
| fluvoxamine | | |

| Covered Generics (always your lowest copay) | Preferred Covered Brands (may have a reduced copay) | Non-Preferred Covered Brands (always your highest copay) |
|------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|
| haloperidol | | |
| imipramine | | |
| loxapine | | |
| maprotiline | | |
| mirtazapine | | |
| molindone | | |
| nefazodone | | |
| nortriptyline | | |
| olanzapine ^{PA} | | |
| olanzapine-fluoxetine ^{PA} | | |
| paliperidone ER | | |
| paroxetine | | |
| paroxetine ext-rel | | |
| perphenazine | | |
| phenelzine | | |
| pimozide | | |
| protriptyline | | |
| quetiapine ^{PA} | | |
| risperidone ^{PA} | | |
| sertraline | | |
| thioridazine | | |
| thiothixene | | |
| tranylcypromine | | |
| trazodone | | |
| trifluoperazine | | |
| trimipramine | | |
| venlafaxine | | |
| venlafaxine ext-rel | | |
| ziprasidone ^{PA} | | |

High Blood Pressure & Other Heart Conditions

| | | |
|-------------------------|-----------|--|
| acebutolol | Azor | |
| acetazolamide | Bystolic | |
| Afedtab CR | Coreg CR | |
| amiloride | Lanoxin | |
| amiloride-hctz | Tribenzor | |
| amiodarone | | |
| amlodipine | | |
| amlodipine-atorvastatin | | |
| amlodipine-benazepril | | |
| atenolol | | |
| atenolol-chlorthalidone | | |

| Covered Generics (always your lowest copay) | Preferred Covered Brands (may have a reduced copay) | Non-Preferred Covered Brands (always your highest copay) |
|--------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------|
| benazepril | | |
| benazepril-hctz | | |
| betaxolol | | |
| bisoprolol fumarate | | |
| bisoprolol-hctz | | |
| bumetanide | | |
| candesartan | | |
| candesartan-hctz | | |
| captopril | | |
| captopril-hctz | | |
| Cartia XT | | |
| carvedilol | | |
| chlorothiazide | | |
| chlorthalidone | | |
| clonidine tablets | | |
| Clorpres | | |
| digoxin | | |
| diltiazem | | |
| diltiazem 24 HR CD | | |
| diltiazem ext-rel | | |
| Dilt-XR | | |
| disopyramide phosphate | | |
| doxazosin | | |
| enalapril | | |
| enalapril-hctz | | |
| eplerenone | | |
| eprosartan | | |
| felodipine ext-rel | | |
| flecainide acetate | | |
| fosinopril | | |
| fosinopril-hctz | | |
| furosemide | | |
| guanfacine | | |
| hydralazine | | |
| hydrochlorothiazide | | |
| indapamide | | |
| irbesartan | | |
| irbesartan-hctz | | |
| isosorbide dinitrate/mononitrate | | |
| isradipine | | |
| K-effervescent | | |

| Covered Generics (always your lowest copay) | Preferred Covered Brands (may have a reduced copay) | Non-Preferred Covered Brands (always your highest copay) |
|--------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------|
| Klor-Con EF | | |
| Klor-Con M | | |
| Klor-Con 8mEq | | |
| Klor-Con 10mEq | | |
| Klor-Con 20mEq | | |
| labetalol | | |
| lisinopril | | |
| lisinopril-hctz | | |
| losartan | | |
| losartan-hctz | | |
| Matzim LA | | |
| methazolamide | | |
| methyclothiazide | | |
| methyldopa | | |
| methyldopa-hctz | | |
| metolazone | | |
| metoprolol succinate ext-rel | | |
| metoprolol tartrate | | |
| metoprolol-hctz | | |
| mexiletine | | |
| minoxidil | | |
| moexipril | | |
| moexipril-hctz | | |
| nadolol | | |
| nadolol-bendroflumethiazide | | |
| nicardipine | | |
| Nifedical XL | | |
| nifedipine ext-rel | | |
| nimodipine | | |
| nisoldipine ext-rel | | |
| NitroBid | | |
| nitroglycerin | | |
| Nitro-Time | | |
| olmesartan medoxomil | | |
| olmesartan medoxomil-hctz | | |
| Pacerone | | |
| perindopril | | |
| pindolol | | |
| potassium bicarbonate | | |
| potassium chloride | | |
| prazosin | | |

| Covered Generics (always your lowest copay) | Preferred Covered Brands (may have a reduced copay) | Non-Preferred Covered Brands (always your highest copay) |
|------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|
| propafenone | | |
| propranolol | | |
| propranolol ext-rel | | |
| propranolol-hctz | | |
| quinapril | | |
| quinapril-hctz | | |
| quinidine gluconate | | |
| quinidine sulfate | | |
| ramipril | | |
| reserpine | | |
| Sorine | | |
| sotalol | | |
| sotalol AF | | |
| spironolactone | | |
| spironolactone-hctz | | |
| Taztia XT | | |
| telmisartan | | |
| telmisartan-amlodipine | | |
| telmisartan-hctz | | |
| terazosin | | |
| timolol maleate | | |
| toremide | | |
| trandolapril | | |
| trandolapril-verapamil ext-rel | | |
| triamterene-hctz | | |
| valsartan | | |
| valsartan-hctz | | |
| verapamil | | |
| verapamil ER PM | | |
| verapamil ext-rel | | |

High Cholesterol

| | | |
|-----------------|---------|--|
| atorvastatin | Vytorin | |
| cholestyramine | Zetia | |
| colestipol | | |
| fenofibrate | | |
| fenofibric acid | | |
| fluvastatin | | |
| gemfibrozil | | |
| lovastatin | | |
| niacin | | |
| niacin ext-rel | | |

| Covered Generics (always your lowest copay) | Preferred Covered Brands (may have a reduced copay) | Non-Preferred Covered Brands (always your highest copay) |
|------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|
| pravastatin | | |
| Prevalite | | |
| rosuvastatin | | |
| simvastatin | | |

Multiple Sclerosis

| | | |
|--|--------------------------------|--|
| | Ampyra ^{PA SPRx} | |
| | Avonex ^{SPRx} | |
| | Copaxone ^{SPRx} | |
| | Gilenya ^{SPRx} | |
| | Rebif ^{SPRx} | |
| | Rebif Rebidose ^{SPRx} | |
| | Tecfidera ^{PA SPRx} | |

Osteoporosis (a bone disease)

| | | |
|-------------------------------|---------------------|----------------|
| alendronate | Miacalcin injection | Fosamax Plus D |
| calcitonin-salmon nasal spray | | |
| Fortical | | |
| ibandronate | | |
| raloxifene | | |
| risedronate | | |

Prenatal Care (Vitamins)

| | | |
|-------------------------------|--|--|
| all generic prenatal vitamins | | |
|-------------------------------|--|--|

Seizure Conditions

| | | |
|--------------------------|-------------|------------------------|
| carbamazepine | Dilantin | Aptiom |
| carbamazepine ER | Qudexy XR | Banzel |
| clonazepam | Oxtellar XR | Celontin |
| diazepam rectal | Trokendi XR | Diastat |
| divalproex delayed-rel | Vimpat | Fycompa tablets |
| divalproex ext-rel | | Onfi |
| Epitol | | Peganone |
| ethosuximide | | Potiga |
| felbamate | | Sabril ^{SPRx} |
| gabapentin | | Spritam |
| lamotrigine | | |
| lamotrigine ext-rel | | |
| lamotrigine ODT | | |
| levetiracetam | | |
| levetiracetam ext-rel | | |
| oxcarbazepine | | |
| phenobarbital | | |
| phenytoin sodium ext-rel | | |

| Covered Generics (always your lowest copay) | Preferred Covered Brands (may have a reduced copay) | Non-Preferred Covered Brands (always your highest copay) |
|------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|
| primidone | | |
| roweepra | | |
| tiagabine | | |
| topiramate | | |
| valproic acid | | |
| zonisamide | | |
| Thyroid Modifiers | | |
| levothyroxine | | |
| Levoxyl | | |
| liothyronine | | |
| methimazole | | |
| Nature-Thyroid | | |
| NP Thyroid | | |
| propylthiouracil | | |
| Unithroid | | |
| Westhroid | | |

Legend

- PA – This drug requires prior authorization.
- ST – Requires other selected drugs to be tried first.
- QL – This drug has quantity limits on amount covered.
- SPRx – Specialty drug. Many plans require you to get this type of drug from a preferred Specialty Pharmacy. Specialty drugs are limited to a thirty (30) day supply per prescription.
- # - Applies to metformin ext-rel products which are generic equivalents for Glucophage XR and Fortamet.

This list is subject to change throughout the year. Please call Member Service at the phone number listed on your BlueCross BlueShield of Tennessee member ID card or visit our website at bcbst.com for the most up-to-date information.

Nondiscrimination Notice

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross 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 (“Nondiscrimination Grievance”). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-565-9140-1 (رقم هاتف الصم والبكم: 800-848-0298-1)

注意：如果-使用繁體中文，-可以免費獲得語言援助服務。
請致電 1-800-565-9140 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-565-9140 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-565-9140 (ATS : 1-800-848-0298).

ປຶດຊາບ: ຖ້າວ່າ ທ່ານ ກວດພົບ ພາສາ ວາວ, ການບໍ່ ວິ ການຊ່ວຍເຫຼືອ ອັດຕະໂນມັດ ພາສາ, ໂດຍບໍ່ ເສັຽຄ່າ, ຄຸ້ມ ນຸມ ພ້ອມ ໃຫ້ ທ່ານ. ໂທ 1-800-565-9140 (TTY:1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 1-800-565-9140 (ፎክስማት ለተሳናቸው: 1-800-848-0298)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-565-9140 (TTY:1-800-848-0298).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-565-9140 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-565-9140 (TTY: 1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-565-9140 (TTY:1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hólq, kojí' hódíłnih 1-800-565-9140 (TTY: 1-800-848-0298).