

**BCBSMN Small Group BasicRx  
HSA Preventive Drug List**  
Effective January 1, 2025



The following updated Preventive Drug list is available for all new and renewing Small Group HSA-compliant health plans. Members in these plans can receive the following eligible preventive drugs and supplies with no member cost-sharing at in-network pharmacies. This list will be reviewed at least annually and is subject to change at any time. The drugs listed below are grouped into broad categories. Each category includes an alphabetical list of drugs. Generic drugs are shown in lower-case **boldface** type and brand drugs are shown in CAPITAL LETTERS.

DEPRESSION – SELECTIVE SEROTONIN REUPTAKE  
INHIBITORS

- citalopram hydrobromide tab 10 mg, 20 mg, and 40 mg (base equiv)**
- escitalopram oxalate tab 5 mg, 10 mg, and 20 mg (base equiv)**
- fluoxetine hcl cap 10 mg, 20 mg, and 40 mg**
- paroxetine hcl tab 10 mg, 20 mg, 30 mg, and 40 mg**
- sertraline hcl tab 25 mg, 50 mg, and 100 mg**

DIABETES MEDICATIONS

- *Hypoglycemic Agents* -

- BAQSIMI ONE PACK – glucagon nasal powder 3 mg/dose
- BAQSIMI TWO PACK – glucagon nasal powder 3 mg/dose
- GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR – glucagon hcl for inj 1 mg
- GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml and 1 mg/0.2ml
- GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml and 1 mg/0.2ml
- GVOKE KIT – glucagon subcutaneous soln 1 mg/0.2ml
- GVOKE PFS – glucagon subcutaneous soln pref syringe 1 mg/0.2ml
- ZEGALOGUE – dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml
- ZEGALOGUE – dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml

- *Insulin* -

- FIASP – insulin aspart (with niacinamide) inj 100 unit/ml
- FIASP FLEXTOUCH – insulin aspart (with niacinamide) soln pen-inj 100 unit/ml
- FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml
- HUMALOG - insulin lispro inj soln 100 unit/ml
- HUMALOG - insulin lispro soln cartridge 100 unit/ml
- HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)
- HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial) and 200 unit/ml
- HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)
- HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)

- *Insulin* - (*continued*) -

- HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)
- HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)
- HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml
- HUMULIN N – insulin nph (human) (isophane) inj 100 unit/ml
- HUMULIN N KWIKPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml
- HUMULIN R – insulin regular (human) inj 100 unit/ml
- HUMULIN R U-500 (CONCENTRATED) – insulin regular (human) inj 500 unit/ml
- HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml
- HUMULIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)
- HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)
- INSULIN GLARGINE – insulin glargine-yfgn inj 100 unit/ml
- INSULIN GLARGINE – insulin glargine-yfgn soln pen-injector 100 unit/ml
- LEVEMIR – insulin detemir inj 100 unit/ml
- LEVEMIR FLEXPEN – insulin detemir soln pen-injector 100 unit/ml
- LYUMJEV – insulin lispro-aabc inj 100 unit/ml
- LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial) and 200 unit/ml
- LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml
- NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml
- NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml
- NOVOLIN N FLEXPEN RELION – insulin nph (human) (isophane) susp pen-injector 100 unit/ml
- NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/ml
- NOVOLIN R – insulin regular (human) inj 100 unit/ml
- NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/ml
- NOVOLIN R FLEXPEN RELION – insulin regular (human) soln pen-injector 100 unit/ml
- NOVOLIN R RELION – insulin regular (human) inj 100 unit/ml
- NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)

## DIABETES MEDICATIONS (continued)

### *- Insulin -*

NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen- inj 100 unit/ml (70-30)  
NOVOLIN 70/30 FLEXPEN RELION – insulin nph & regular susp pen-inj 100 unit/ml (70-30)  
NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/ml (70-30)  
NOVOLOG – insulin aspart inj 100 unit/ml  
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml  
NOVOLOG FLEXPEN RELION – insulin aspart soln pen-injector 100 unit/ml  
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml  
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)  
NOVOLOG MIX 70/30 PREFILLED FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)  
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)  
NOVOLOG MIX 70/30 RELION – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)  
NOVOLOG RELION – insulin aspart inj 100 unit/ml  
RELION R – insulin regular (human) inj 100 unit/ml  
SEMGLEE – insulin glargine-yfgn inj 100 unit/ml  
SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/ml  
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)  
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)  
TRESIBA – insulin degludec inj 100 unit/ml  
TRESIBA FLEXTOUCH – insulin degludec soln pen-inj 100 unit/ml and 200 unit/ml

### *- Insulin Combinations -*

SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen- inj 100-33 unit-mcg/ml  
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml

### *- Orals only -*

**acarbose tab 25 mg, 50 mg, and 100 mg**  
FARXIGA – dapagliflozin propanediol tab 5 mg and 10 mg (base equivalent)  
**glimepiride tab 1 mg, 2 mg, and 4 mg glipizide tab 5 mg and 10 mg**  
**glipizide tab er 24hr 2.5 mg, 5 mg, and 10 mg glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, and 5-500 mg**  
GLYBURIDE MICRONIZED – glyburide micronized tab 1.5 mg, 3 mg, and 6 mg  
**glyburide tab 1.25 mg, 2.5 mg, and 5 mg**  
**glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, and 5-500 mg**  
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg and 25-5 mg  
JANUMET – sitagliptin-metformin hcl tab 50-500 mg and 50-1000 mg

### *- Orals only - (continued) -*

JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg, and 100-1000 mg  
JANUVIA – sitagliptin phosphate tab 25 mg, 50 mg, and 100 mg (base equiv)  
JARDIANCE – empagliflozin tab 10 mg and 25 mg  
**metformin hcl tab 500 mg, 850 mg, and 1000 mg**  
**metformin hcl tab er 24hr 500 mg and 750 mg**  
**pioglitazone hcl tab 15 mg, 30 mg, and 45 mg (base equiv)**  
**repaglinide tab 0.5 mg, 1 mg, and 2 mg**  
RYBELSUS – semaglutide tab 3 mg, 7 mg, and 14 mg  
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, and 12.5-1000 mg  
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg, and 25-1000 mg  
5-2.5-1000 mg, 10-5-1000 mg, 12.5-2.5-1000 mg, 25-5-1000 mg  
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr  
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg, 10-500 mg, and 10-1000 mg

### *- Other Diabetic Injectables -*

MOUNJARO – tirzepatide soln pen-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml  
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml, 2 mg/3ml), 1 mg/dose (4 mg/3ml), and 2 mg/dose (8 mg/3ml)  
TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, and 4.5 mg/0.5ml

## DIABETIC SUPPLIES

### *- Basic Supplies -*

Calibration Liquid: Contour brand calibration liquid  
Glucose Test Strips: Contour brand test strips associated with the Bayer line of glucose meters  
Insulin Syringes  
Lancets  
Lancet Devices  
Pen Needles

## HIGH BLOOD PRESSURE

**acebutolol hcl cap 200 mg and 400 mg**  
**amiloride hcl tab 5 mg**  
AMILORIDE/HYDROCHLOROTHIAMIDE – amiloride-hydrochlorothiazide tab 5-50 mg  
**amlodipine besylate tab 2.5 mg, 5 mg, and 10 mg (base equivalent)**  
**amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, and 10-40 mg**  
**amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg 10-20 mg, and 10-40mg**  
**amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, and 10-320 mg**  
**atenolol tab 25 mg, 50 mg, and 100 mg**  
**atenolol & chlorthalidone tab 50-25 mg and 100-25 mg**

## HIGH BLOOD PRESSURE (continued)

benazepril hcl tab 5 mg, 10 mg, 20 mg, and 40 mg  
benazepril & hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, and 20-25 mg  
bisoprolol fumarate tab 5 mg and 10 mg  
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, and 10-6.25 mg  
bumetanide tab 0.5 mg, 1 mg, and 2 mg  
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, and 25 mg  
chlorthalidone tab 25 mg and 50 mg  
clonidine hcl tab 0.1 mg, 0.2 mg, and 0.3 mg  
diltiazem hcl tab 30 mg, 60 mg, 90 mg, and 120 mg  
diltiazem hcl cap er 24hr 120 mg, 180 mg, and 240 mg  
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, and 300 mg  
diltiazem hcl extended-release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, and 420 mg  
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, and 8 mg  
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, and 20 mg  
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg and 10-25 mg  
felodipine tab er 24hr 2.5 mg, 5 mg, and 10 mg  
fosinopril sodium tab 10 mg, 20 mg, and 40 mg  
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg  
furosemide oral soln 10 mg/ml  
furosemide tab 20 mg, 40 mg, and 80 mg  
guanfacine hcl tab 1 mg and 2 mg  
hydralazine hcl tab 10 mg, 25 mg, 50 mg, and 100 mg  
hydrochlorothiazide cap 12.5 mg  
hydrochlorothiazide tab 12.5 mg, 25 mg, and 50 mg  
indapamide tab 1.25 mg and 2.5 mg  
irbesartan tab 75 mg, 150 mg, and 300 mg  
irbesartan-hydrochlorothiazide tab 150-12.5 mg and 300-12.5 mg  
labetalol hcl tab 100 mg, 200 mg, and 300 mg  
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, and 40 mg  
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, and 20-25 mg  
losartan potassium tab 25 mg, 50 mg, and 100 mg  
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, and 100-25 mg  
metolazone tab 2.5 mg, 5 mg, and 10 mg  
metoprolol succinate tab er 24hr 25 mg, 50 mg, 100 mg, and 200 mg (tartrate equiv)  
metoprolol tartrate tab 25 mg, 50 mg, and 100 mg  
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, and 100-50 mg  
minoxidil tab 2.5 mg and 10 mg

## HIGH BLOOD PRESSURE (continued)

moexipril hcl tab 7.5 mg and 15 mg  
nadolol tab 20 mg, 40 mg, and 80 mg  
nifedipine tab er 24hr 30 mg, 60 mg, and 90 mg  
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, and 90 mg  
olmesartan medoxomil tab 5 mg, 20 mg, and 40 mg  
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, and 40-25 mg  
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg  
perindopril erbumine tab 4 mg  
phenoxybenzamine hcl cap 10 mg  
prazosin hcl cap 1 mg, 2 mg, and 5 mg  
propranolol hcl oral soln 20 mg/5 ml  
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml  
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, and 80 mg  
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, and 160 mg  
quinapril hcl tab 5 mg, 10 mg, 20 mg, and 40 mg  
ramipril cap 1.25 mg, 2.5 mg, 5 mg, and 10 mg  
spironolactone tab 25 mg, 50 mg, and 100 mg  
spironolactone & hydrochlorothiazide tab 25-25 mg  
telmisartan tab 20 mg, 40 mg, and 80 mg  
terazosin hcl cap 1 mg, 2 mg, 5 mg, and 10 mg (base equivalent)  
torseamide tab 5 mg, 10 mg, 20 mg, and 100 mg  
trandolapril tab 1 mg, 2 mg, and 4 mg  
triarterene & hydrochlorothiazide cap 37.5-25 mg  
triarterene & hydrochlorothiazide tab 37.5-25 mg and 75-50 mg  
valsartan tab 40 mg, 80 mg, 160 mg, and 320 mg  
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, and 320-25 mg  
verapamil hcl cap er 24hr 120 mg, 180 mg, and 240 mg  
verapamil hcl tab 40 mg, 80 mg, and 120 mg  
verapamil hcl tab er 120 mg, 180 mg, and 240 mg

## HIGH CHOLESTEROL

atorvastatin calcium tab 10 mg, 20 mg, 40 mg, and 80 mg (base equivalent)  
ezetimibe tab 10 mg  
fenofibrate micronized cap 67 mg, 134 mg, and 200mg  
fenofibrate tab 48 mg, 54 mg, 145 mg, and 160 mg  
gemfibrozil tab 600 mg  
lovastatin tab 10 mg, 20 mg, and 40 mg  
NEXLETOL - bempedoic acid tab 180 mg  
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg  
pravastatin sodium tab 10 mg, 20 mg, 40 mg, and 80 mg  
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, and 40 mg  
simvastatin tab 5 mg, 10 mg, 20 mg, 40 mg, and 80 mg  
VASCEPA - icosapent ethyl cap 0.5 gm and 1 gm

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## Notice of Nondiscrimination and Accessibility

At Blue Cross and Blue Shield of Minnesota and Blue Plus, we treat everyone fairly. We don't exclude you, or treat you less favorably, because of your race, skin color, national origin, age, disability status, or sex (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes). We follow federal civil rights laws and don't discriminate against anyone based on these traits.

If you communicate best in a language other than English, you can request free language assistance services.

If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge.

**Need these services?** Call **1-855-903-2583**, TTY **711** or call the number on the back of your member identification card.

### Discrimination is against the law.

If we failed to provide services or discriminated in another way based on your race, skin color, national origin, age, disability status, or sex, (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes), you can file a complaint by contacting our Nondiscrimination Civil Rights Coordinator:

**Email:** [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com)  
**Telephone:** 1-800-509-5312  
**Mail:** Blue Cross and Blue Shield of Minnesota  
ATTN: Civil Rights Coordinator P3-2  
PO Box 64560, Eagan, MN 55164-0560

Nondiscrimination complaint forms are available on our website at [bluecrossmn.com/NDL](http://bluecrossmn.com/NDL), or from the Nondiscrimination Civil Rights Coordinator.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services

- electronically through the Office for Civil Rights complaint portal:  
[ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- by mail at: U.S. Department of Health and Human Services,  
200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201
- or by phone at: 1-800-368-1019, 1-800-537-7697 (TDD)

Civil rights complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

<p><b>ENGLISH</b>  ATTENTION: If you speak a language other than English, language services are available free of charge. If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge. Call 1-855-903-2583 (TTY 711).</p>	<p><b>廣東話 (Cantonese – Traditional Chinese)</b>  <b>請注意：</b>如果您說廣東話，您可要求免費語言協助服務。如果您有視力、聽力或言語障礙，我們會以最適合您的方式與您溝通。這可能包括使用手語傳譯員、免費提供大字體或點字文件、錄音或其他輔助工具。請致電 1-855-903-2583 聽障熱線 (TTY 711)。</p>
<p><b>ESPAÑOL (Spanish)</b>  ATENCIÓN: Si habla Español, puede solicitar servicios gratuitos de asistencia lingüística. Si tiene una deficiencia visual, auditiva o del habla, podemos comunicarnos de la manera que le resulte mejor a usted. Esto puede incluir el uso de intérpretes de lengua de señas, el suministro de documentos en letra grande o braille, grabaciones de audio u otras ayudas sin cargo. Llame al 1-855-903-2583 (TTY 711).</p>	<p><b>(Arabic) العربية</b>  <b>تنبيه:</b> إذا كنت تتحدث العربية، يمكنك طلب خدمات المساعدة اللغوية المجانية. إذا كنت تعاني من إعاقة بصرية أو سمعية أو نطقية، يمكننا التواصل معك بالطريقة التي تناسبك. وقد يشمل ذلك استخدام مترجمين للغة الإشارة، أو توفير المستندات بحروف كبيرة أو بطريقة برايل، أو تسجيلات صوتية، أو غيرها من الوسائل المساعدة من دون مقابل. اتصل على الرقم 1-855-903-2583 (الهاتف النصي 711).</p>
<p><b>አማርኛ (Amharic)</b>  ትኩረት ይሰጥ፡- አማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ እገዛ አገልግሎቶችን መጠየቅ ይችላሉ። የማየት፣ የመስማት ወይም የመናገር ችግር ካለብዎት ለእርስዎ በተሻለ በሚሠራው መንገድ መግባባት እንችላለን። ይህ ደግሞ የምልክት ቋንቋ አስተርጓሚዎችን መጠቀም፣ በትላልቅ ህትመቶች ወይም በብሬይል የተጻፉ ሰነዶችን፣ የድምፅ ቅጂዎችን ወይም ሌሎች መርጃዎችን ያለ ክፍያ ማቅረብን ይጨምራል። 1-855-903-2583 (TTY 711) ላይ ይደውሉ።</p>	<p><b>FRANÇAIS (French)</b>  ATTENTION : Si vous parlez Français, vous pouvez demander des services d'assistance linguistique gratuits. Si vous avez une déficience visuelle, auditive ou vocale, nous pouvons communiquer de la manière qui vous convient le mieux. Il peut s'agir d'interprètes en langue des signes, de documents en gros caractères ou en braille, d'enregistrements audio ou d'autres aides gratuites. Composez le 1-855-903-2583 (ATS 711).</p>
<p><b>LUS HMOOB (Hmong)</b>  LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob, koj tuaj yeem thov cov kev pab cuam uas pab hom lus tau dawb. Yog hais tias koj qhov muag tsis pom kev zoo, tsis hnov lus, los sis hais tsis tau lus, peb tuaj yeem sib txuas lus hauv ib txoj hau kev uas ua hauj lwm tau zoo tshaj plaws rau koj. Qhov no tej zaum yuav muaj xam nrog kev siv cov neeg txhais lus piav tes, kev muab cov ntaub ntawv luam tawm ua tus ntawv loj los sis Ua Ntawv Su Rau Cov Neeg Tsis Pom Kev Siv Tau (Braille), kev kaw ua suab lus, los sis lwm yam kev pab yam tsis tau them nqi. Hu rau 1-855-903-2583 (TTY 711).</p>	<p><b>SOOMALI (Somali)</b>  XASUUSIN: Haddii aad ku hadasho Soomali, waxaad codsan kartaa adeegyada caawimaadda luqada oo bilaash ah. Haddii aad laxaad la'aan kataahy aragga, maqalka, ama hadalka, waxaanu kugula xidhiidhi karnaa habka adiga kuugu habboon. Tan waxaa ka mid ah in aan isticmaalno turjumaanada luuqada dhegoolaha, in la bixiyo waraaqo ku qoran xarfaha waaweyn ama qoraalka indhoolayaasha, in la sameeyo cajalado la duubay, ama in la helo waxyaabo kale oo caawimaad ah oo bilaash ah. Wac 1-855-903-2583 (TTY 711).</p>
<p><b>ខ្មែរ (Khmer)</b>  ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ អ្នកអាចស្នើសុំសេវាជំនួយបកប្រែភាសាដោយឥតគិតថ្លៃ។ ប្រសិនបើអ្នកមើលមិនឃើញ ស្តាប់មិនឮ ឬនិយាយមិនបាន យើងអាចប្រាស្រ័យទាក់ទងជាមួយអ្នកតាមរបៀបផ្សេងដែលមានប្រសិទ្ធភាពល្អបំផុតសម្រាប់អ្នក។ ការប្រាស្រ័យទាក់ទងនេះអាចមានដូចជាអ្នកបកប្រែភាសាសញ្ញា ការផ្តល់ឯកសារដែលបោះពុម្ពអក្សរធំៗ ឬអក្សរស្តាប ឬការថតទុកជាសំឡេង ឬជំនួយផ្សេងទៀត ដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-855-903-2583 (TTY 711)។</p>	<p><b>한국어 (Korean)</b>  <b>주의:</b> 한국어를 사용하시는 경우 귀하는 무료 언어 지원 서비스를 요청하실 수 있습니다. 시각 장애, 청각 장애 또는 언어 장애가 있는 경우 저희는 귀하에게 가장 적합한 방법으로 연락을 드릴 수 있습니다. 여기에는 수화통역사 이용, 대형 활자 또는 점자로 작성된 문서 제공, 음성 녹음 또는 기타 무료 지원이 포함될 수 있습니다. 1-855-903-2583 (TTY 711)번으로 전화하십시오.</p>

<p><b>ကညီကျိန် (Karen)</b>          ဟ်သုဉ်ဟ်သး- နမ္မာကတိၤ ကညီကျိန် န့ဉ်,          နလုကျိန်ဂ့ၢ်ဝီတိတိၤစၢၤမၤစၢၤလၢတလၢကတိၤလဲ သ့န့ဉ်လီၤ။          နမ္မာအိၣ်ဒီးတၢ်တလၢတပုၤလၢ မဲာ်တၢ်ထံဉ်, တၢ်နၢ်ဟူ, မ့တမ့ၢ်          တၢ်စံးကတိၤတၢ်န့ဉ် ပဆဲးကျၢဆဲးကျိးတၢ်လၢ          ကျဲကဲထီဉ်လီၤထီဉ်အဂ့ၢ်ကတၢ်လၢန့ဉ်လီၤ။ တၢ်အံၤ          ပုဉ်ယုာ်ဒီး တၢ်စူးကါ နီၤခိက့ၢ်ဂီၤကျိန်အပုၤကျိန်ထံတၢ်တဖဉ်,          တၢ်ဟ့ဉ်လံာ်လံာ်တဖဉ်လၢ အလံာ်ဖျၢၣ်ဖးဒိဉ်, မ့တမ့ၢ်          ပုၤမဲာ်ဘျီဉ်အလံာ်, တၢ်ကလုာ်, မ့တမ့ၢ် တၢ်မၤစၢၤဂၤဂၤတဖဉ်          လၢတလၢကတိၤအဘျးလဲန့ဉ်လီၤ။ ကိးလီတဲစိဆူ 1-855-903-2583          (TTY 711) တက့ၢ်။</p>	<p><b>မြန်မာဘာသာ (Burmese)</b>          သတိပြုရန်- သင်သည် မြန်မာဘာသာ စကားကို ပြောပါက၊ အခမဲ့          ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများကို တောင်းဆိုနိုင်ပါသည်။          သင့်တွင် အမြင်အာရုံ၊ အကြားအာရုံ သို့မဟုတ် စကားပြောခြင်း          ချို့ယွင်းမှုရှိနေပါက သင့်အတွက် အသင့်လျော်ဆုံးဖြစ်မည့်နည်းလမ်းဖြင့်          ကျွန်ုပ်တို့ထံသို့ ဆက်သွယ်နိုင်ပါသည်။ ၎င်းတွင်          လက်ဟန်ပြဘာသာစကား စကားပြန်များကို အသုံးပြုခြင်း၊          စာရွက်စာတမ်းများကို ပုံနှိပ်စာလုံးကြီးများ သို့မဟုတ် မျက်မမြင်စာဖြင့်          ပံ့ပိုးပေးခြင်း၊ အသံဖမ်းယူခြင်းများ သို့မဟုတ်          အခြားအထောက်အကူများဖြင့် အခမဲ့ပံ့ပိုးပေးခြင်းတို့ ပါဝင်ပါသည်။          1-855-903-2583 (TTY 711) သို့ ဖုန်းခေါ်ဆိုပါ။</p>
<p><b>OROMOO (Oromo)</b>          Xiyyeffannoon haa kennamu:- Oromo Afaan kan          dubbatan yoo ta'e, tajaajiloota gargaarsa afaanii bilisaa          gaafachuu ni dandeessu. Rakkoo ilaaluu, dhaga'u ykn          dubbachuu yoo qabaattan, karaa isiniif mijatuun haala          isiniif galuun mari'achuu ni dandeenya. Kunis of keessatti          kan qabatu, hiiktota afaan mallattoo fayyadamuun          maxxansa gurguddaa ykn bireeylii, waraabbiwwan          sagalee ykn gargaarsota biroo kaffaltii tokkoo malee          gaafachuu dha. 1-855-903-2583 (TTY 711) irratti bilbilaa.</p>	<p><b>РУССКИЙ (Russian)</b>          ВНИМАНИЕ: Если ваш язык — РУССКИЙ, вы можете запросить          бесплатные услуги языковой поддержки. Если у вас есть          нарушение зрения, слуха или речи, мы можем общаться таким          образом, который лучше всего подходит вам. Это может          включать бесплатное использование переводчиков на языке          жестов, предоставление документов крупным шрифтом или          шрифтом Брайля, использование аудиозаписей или других          вспомогательных средств. Звоните по телефону 1-855-903-2583          (TTY 711).</p>
<p><b>ພາສາລາວ (Lao)</b>          ຄຳໃຈໃສ່: ຖ້າທ່ານເວົ້າ ພາສາລາວ,          ທ່ານສາມາດຂໍບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໃດໆບໍ່ເສຍຄ່າ.          ຖ້າທ່ານມີຄວາມບໍ່ກຳລັງຮຽນສາຍຕາ, ການໄດ້ເຮັດ ຫຼື ການປາກເວົ້າ,          ພວກເຮົາສາມາດສື່ສານດ້ວຍວິທີທີ່ເໝາະສົມກັບທ່ານທີ່ສຸດ.          ອັນນີ້ອາດຈະລວມເຖິງການໃຊ້ນ້ຳຍພາສາມື,          ການຈັດກຽມເອກະສານເປັນໂຕພິມໃຫຍ່ ຫຼື ອັກສອນນູນ,          ການບັນທຶກສຽງ ຫຼື          ການຊ່ວຍເຫຼືອດ້ານສື່ອື່ນໆໃດໆບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທ          1-855-903-2583 (TTY 711).</p>	<p><b>Tagalog (Tagalog)</b>          PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang humingi          ng mga libreng serbisyo na tulong sa wika. Kung may kapansanan          ka sa paningin, pandinig, o pananalita, maaari tayong mag-usap          sa paraan na pinakamabuti para sa iyo. Maaaring kabilang dito          ang paggamit ng mga interpreter ng sign language, pagbibigay ng          mga dokumento na malalaki ang pagkaprinta o Braille, mga audio          recording, o iba pang mga tulong nang walang bayad. Tumawag          sa 1-855-903-2583 (TTY 711).</p>
<p><b>VIETNAMESE (Vietnamese)</b>          LƯU Ý: Nếu quý vị nói Vietnamese, quý vị có thể yêu cầu          dịch vụ hỗ trợ ngôn ngữ miễn phí. Nếu quý vị bị khiếm thị,          khiếm thính hoặc khuyết tật về âm ngữ, chúng tôi có thể          giao tiếp theo cách phù hợp nhất với quý vị. Điều này có          thể bao gồm việc sử dụng thông dịch viên ngôn ngữ ký          hiệu, cung cấp tài liệu dạng bản in cỡ chữ lớn hoặc chữ          nổi, bản ghi âm hoặc các phương tiện hỗ trợ khác miễn          phí. Xin gọi số 1-855-903-2583 (TTY 711).</p>	<p><b>简体中文 (Chinese Simplified)</b>          注意：如果您说普通话，则可以免费申请语言协助服务。          如果您有视力、听力或语言障碍，我们可以用最适合您的方式          与您交流。这可能包括免费提供手语翻译、大字体或盲文文件、          录音或其他辅助工具。请致电 1-855-903-2583（文字电话          711）。</p>