

KeyRx™
Value-Based Design Drug List
HSA Plans Only Preventive Drug List
 Effective January 1, 2025

Preventive medications on this list are covered before deductible and at the following member cost share:

Tier	Retail	90 day Retail/Mail Order
Generics	\$0	\$0
Preferred Brands*	30% coinsurance \$20 minimum \$30 maximum	30% coinsurance \$40 minimum \$60 maximum

***Preferred Insulin products will pay at \$0.**

Your employer has elected to include an HSA Preventive Drug coverage feature with your prescription benefit plan. Below is the list of medications available under your HSA Preventive Drug coverage. Benefits will be provided in accordance with U.S. Department of the Treasury and Internal Revenue Service (IRS) guidance with Health Spending Accounts (HSAs) and qualified High Deductible Health Plans (HDHPs).

KeyRx
Value-Based Benefit Design Drug List
HSA Preventive Drug List
Effective January 1, 2025



Your employer has chosen a Value-Based Benefit Design (VBBD) for your prescription benefit plan. This means you may have lower out-of-pocket costs for drugs in value drug categories included in your VBBD. Value drug categories include drugs that treat certain chronic or long-term conditions.

ANTI-COAGULANTS/ANTI-PLATELETS

anagrelide hcl cap 0.5 mg (Agrylin)
anagrelide hcl cap 1 mg
aspirin-dipyridamole cap er 12hr 25-200 mg
cilostazol tab 50 mg
cilostazol tab 100 mg
clopidogrel bisulfate tab 75 mg (base equiv)
(Plavix)
dabigatran etexilate mesylate cap 75 mg
(etexilate base eq) (Pradaxa)
dabigatran etexilate mesylate cap 110 mg
(etexilate base eq) (Pradaxa)
dabigatran etexilate mesylate cap 150 mg
(etexilate base eq) (Pradaxa)
dipyridamole tab 25 mg
dipyridamole tab 50 mg
dipyridamole tab 75 mg
prasugrel hcl tab 5 mg (base equiv) (Effient)
prasugrel hcl tab 10 mg (base equiv) (Effient)
warfarin sodium tab 1 mg
warfarin sodium tab 2 mg
warfarin sodium tab 2.5 mg
warfarin sodium tab 3 mg
warfarin sodium tab 4 mg
warfarin sodium tab 5 mg
warfarin sodium tab 6 mg
warfarin sodium tab 7.5 mg
warfarin sodium tab 10 mg

DEPRESSION

amitriptyline hcl tab 10 mg
amitriptyline hcl tab 25 mg
amitriptyline hcl tab 50 mg
amitriptyline hcl tab 75 mg
amitriptyline hcl tab 100 mg
amitriptyline hcl tab 150 mg
bupropion hcl tab 75 mg
bupropion hcl tab 100 mg
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)

DEPRESSION (continued)

bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)
citalopram hydrobromide oral soln 10 mg/5ml
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)
desipramine hcl tab 10 mg (Norpramin)
desipramine hcl tab 25 mg (Norpramin)
desipramine hcl tab 50 mg
desipramine hcl tab 75 mg
desipramine hcl tab 100 mg
desipramine hcl tab 150 mg
desvenlafaxine succinate tab er 24hr 25 mg
(base equiv) (Pristiq)
desvenlafaxine succinate tab er 24hr 50 mg
(base equiv) (Pristiq)
desvenlafaxine succinate tab er 24hr 100 mg
(base equiv) (Pristiq)
doxepin hcl cap 10 mg
doxepin hcl cap 25 mg
doxepin hcl cap 50 mg
doxepin hcl cap 75 mg
doxepin hcl cap 100 mg
doxepin hcl cap 150 mg
doxepin hcl conc 10 mg/ml
duloxetine hcl enteric coated pellets cap 20 mg
(base eq) (Cymbalta)
duloxetine hcl enteric coated pellets cap 30 mg
(base eq) (Cymbalta)
duloxetine hcl enteric coated pellets cap 60 mg
(base eq) (Cymbalta)
escitalopram oxalate soln 5 mg/5ml (base equiv)
escitalopram oxalate tab 5 mg (base equiv)
(Lexapro)
escitalopram oxalate tab 10 mg (base equiv)
(Lexapro)

Generic Drugs = **bold** Brand Drugs = ALL CAPITAL LETTERS

DEPRESSION (continued)

escitalopram oxalate tab 20 mg (base equiv)
(Lexapro)
fluoxetine hcl cap 10 mg (Prozac)
fluoxetine hcl cap 20 mg (Prozac)
fluoxetine hcl cap 40 mg (Prozac)
fluoxetine hcl solution 20 mg/5ml
imipramine hcl tab 10 mg
imipramine hcl tab 25 mg
imipramine hcl tab 50 mg
mirtazapine tab 7.5 mg
mirtazapine tab 15 mg (Remeron)
mirtazapine tab 30 mg (Remeron)
mirtazapine tab 45 mg
mirtazapine orally disintegrating tab 15 mg
(Remeron soltab)
mirtazapine orally disintegrating tab 30 mg
(Remeron soltab)
mirtazapine orally disintegrating tab 45 mg
(Remeron soltab)
nortriptyline hcl cap 10 mg (Pamelor)
nortriptyline hcl cap 25 mg (Pamelor)
nortriptyline hcl cap 50 mg (Pamelor)
nortriptyline hcl cap 75 mg (Pamelor)
nortriptyline hcl soln 10 mg/5ml
paroxetine hcl tab 10 mg (Paxil)
paroxetine hcl tab 20 mg (Paxil)
paroxetine hcl tab 30 mg (Paxil)
paroxetine hcl tab 40 mg (Paxil)
protriptyline hcl tab 5 mg
protriptyline hcl tab 10 mg
sertraline hcl tab 25 mg
sertraline hcl tab 50 mg
sertraline hcl tab 100 mg
sertraline hcl oral concentrate for solution
20 mg/ml (Zoloft)
tranylcypromine sulfate tab 10 mg (Parnate)
trazodone hcl tab 50 mg
trazodone hcl tab 100 mg
trazodone hcl tab 150 mg
trimipramine maleate cap 25 mg
trimipramine maleate cap 50 mg
trimipramine maleate cap 100 mg
venlafaxine hcl tab 25 mg (base equivalent)
venlafaxine hcl tab 37.5 mg (base equivalent)
venlafaxine hcl tab 50 mg (base equivalent)
venlafaxine hcl tab 75 mg (base equivalent)
venlafaxine hcl tab 100 mg (base equivalent)
venlafaxine hcl cap er 24hr 37.5 mg (base
equivalent) (Effexor xr)
venlafaxine hcl cap er 24hr 75 mg (base
equivalent) (Effexor xr)
venlafaxine hcl cap er 24hr 150 mg (base
equivalent) (Effexor xr)

DEPRESSION (continued)

vilazodone hcl tab 10 mg (Viibryd)
vilazodone hcl tab 20 mg (Viibryd)
vilazodone hcl tab 40 mg (Viibryd)

DIABETES MEDICATIONS

Insulin

FIASP – insulin aspart (with niacinamide) inj 100
unit/ml
FIASP FLEXTOUCH – insulin aspart (with
niacinamide) sol 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)
HUMALOG KWIKPEN – insulin lispro soln pen-
injector 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)
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 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)
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 (CONCENTRATE) – insulin
regular (human) inj 500 unit/ml
HUMULIN R U-500 KWIKPEN – insulin regular
(human) soln pen-injector 500 unit/ml
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

Insulin (continued)

LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)
LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-injector 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 RELION – 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 R – insulin regular (human) inj 100 unit/ml
NOVOLIN R RELION – 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 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)
NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/ml (70-30)
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)
NOVOLOG – insulin aspart inj soln 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 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 PENFILL – insulin aspart soln cartridge 100 unit/ml
NOVOLOG RELION – insulin aspart inj soln 100 unit/ml
SEMGLEE – insulin glargine-yfqn inj 100 unit/ml
SEMGLEE – insulin glargine-yfqn soln pen-injector 100 unit/ml
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)

Insulin (continued)

TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)
TRESIBA – insulin degludec inj 100 unit/ml
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml

Preferred Brand GLP-1s - 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

Oral

acarbose tab 25 mg
acarbose tab 50 mg
acarbose tab 100 mg
glimepiride tab 1 mg (Amaryl)
glimepiride tab 2 mg (Amaryl)
glimepiride tab 4 mg (Amaryl)
glipizide tab er 24hr 2.5 mg (Glucotrol xl)
glipizide tab er 24hr 5 mg (Glucotrol xl)
glipizide tab er 24hr 10 mg (Glucotrol xl)
glipizide tab 5 mg
glipizide tab 10 mg
glipizide-metformin hcl tab 2.5-250 mg
glipizide-metformin hcl tab 2.5-500 mg
glipizide-metformin hcl tab 5-500 mg
glyburide tab 1.25 mg
glyburide tab 2.5 mg
glyburide tab 5 mg
glyburide-metformin tab 1.25-250 mg
glyburide-metformin tab 2.5-500 mg
glyburide-metformin tab 5-500 mg
metformin hcl tab 500 mg
metformin hcl tab 850 mg
metformin hcl tab 1000 mg
metformin hcl tab er 24hr 500 mg
metformin hcl tab er 24hr 750 mg
nateglinide tab 60 mg
nateglinide tab 120 mg
pioglitazone hcl tab 15 mg (base equiv) (Actos)
pioglitazone hcl tab 30 mg (base equiv) (Actos)
pioglitazone hcl tab 45 mg (base equiv) (Actos)
pioglitazone hcl-metformin hcl tab 15-500 mg
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)
repaglinide tab 0.5 mg
repaglinide tab 1 mg
repaglinide tab 2 mg

Preferred Brand GLP-1s – Oral & Other Diab Injectables

MOUNJARO – tirzepatide soln pen-injector 2.5
mg/0.5ml
MOUNJARO – tirzepatide soln pen-injector 5
mg/0.5ml
MOUNJARO – tirzepatide soln pen-injector 7.5
mg/0.5ml
MOUNJARO – tirzepatide soln pen-injector 10
mg/0.5ml
MOUNJARO – tirzepatide soln pen-injector 12.5
mg/0.5ml

Preferred Brand GLP-1s – Oral & Other Diab Injectables (continued)

MOUNJARO – tirzepatide soln pen-injector 15
mg/0.5ml
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5
mg/dose (2 mg/3ml)
OZEMPIC – semaglutide soln pen-inj 1 mg/dose (4
mg/3ml)
OZEMPIC – semaglutide soln pen-inj 2 mg/dose (8
mg/3ml)
RYBELSUS – semaglutide tab 3 mg
RYBELSUS – semaglutide tab 7 mg
RYBELSUS – semaglutide tab 14 mg
TRULICITY – dulaglutide soln pen-injector 0.75
mg/0.5ml

DIABETES MEDICATIONS

Preferred Brand GLP-1s – Oral & Other Diab Injectables (continued)

TRULICITY – dulaglutide soln pen-injector 1.5
mg/0.5ml
TRULICITY – dulaglutide soln pen-injector 3
mg/0.5ml
TRULICITY – dulaglutide soln pen-injector 4.5
mg/0.5ml

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

Hypoglycemic Agents (continued)

GVOKE HYPOPEN 1-PACK – glucagon
subcutaneous solution auto-injector 1 mg/0.2ml
GVOKE HYPOPEN 2-PACK – glucagon
subcutaneous solution auto-injector 0.5
mg/0.1ml
GVOKE HYPOPEN 2-PACK – glucagon
subcutaneous solution auto-injector 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

DIABETIC SUPPLIES

Basic Supplies

Calibration Liquid

ASCENCIA CONTOUR
ASCENCIA CONTOUR NEXT

Insulin Syringes

Lancets
Lancet Devices
Pen Needles

Test Strips & Discs

ASCENCIA CONTOUR
ASCENCIA CONTOUR NEXT

HIGH BLOOD PRESSURE

acebutolol hcl cap 200 mg
acebutolol hcl cap 400 mg
amiloride hcl tab 5 mg
amlodipine besylate tab 2.5 mg (base
equivalent) (Norvasc)
amlodipine besylate tab 5 mg (base equivalent)
(Norvasc)
amlodipine besylate tab 10 mg (base equivalent)
(Norvasc)
amlodipine besylate-benazepril hcl cap 2.5-10
mg
amlodipine besylate-benazepril hcl cap 5-10 mg
(Lotrel)
amlodipine besylate-benazepril hcl cap 5-20 mg
(Lotrel)
amlodipine besylate-benazepril hcl cap 5-40 mg
amlodipine besylate-benazepril hcl cap 10-20
mg (Lotrel)
amlodipine besylate-benazepril hcl cap 10-40
mg (Lotrel)

HIGH BLOOD PRESSURE *(continued)*

amlodipine besylate-olmesartan medoxomil tab
5-20 mg (Azor)
amlodipine besylate-olmesartan medoxomil tab
5-40 mg (Azor)
amlodipine besylate-olmesartan medoxomil tab
10-20 mg (Azor)
amlodipine besylate-olmesartan medoxomil tab
10-40 mg (Azor)
amlodipine besylate-valsartan tab 5-160 mg
(Exforge)
amlodipine besylate-valsartan tab 5-320 mg
(Exforge)
amlodipine besylate-valsartan tab 10-160 mg
(Exforge)
amlodipine besylate-valsartan tab 10-320 mg
(Exforge)
amlodipine-valsartan-hydrochlorothiazide tab
5-160-12.5 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab
5-160-25 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab
10-160-12.5 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab
10-160-25 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab
10-320-25 mg (Exforge hct)
atenolol tab 25 mg (Tenormin)
atenolol tab 50 mg (Tenormin)
atenolol tab 100 mg (Tenormin)
atenolol & chlorthalidone tab 50-25 mg
(Tenoretic 50)
atenolol & chlorthalidone tab 100-25 mg
(Tenoretic 100)
benazepril hcl tab 5 mg
benazepril hcl tab 10 mg (Lotensin)
benazepril hcl tab 20 mg (Lotensin)
benazepril hcl tab 40 mg (Lotensin)
benazepril & hydrochlorothiazide tab 5-6.25 mg
benazepril & hydrochlorothiazide tab 10-12.5 mg
(Lotensin hct)
benazepril & hydrochlorothiazide tab 20-12.5 mg
(Lotensin hct)
benazepril & hydrochlorothiazide tab 20-25 mg
(Lotensin hct)
betaxolol hcl tab 10 mg
betaxolol hcl tab 20 mg
bisoprolol fumarate tab 5 mg
bisoprolol fumarate tab 10 mg
bisoprolol & hydrochlorothiazide tab 2.5-6.25
mg (Ziac)
bisoprolol & hydrochlorothiazide tab 5-6.25 mg
(Ziac)
bisoprolol & hydrochlorothiazide tab 10-6.25 mg
(Ziac)
bumetanide tab 0.5 mg (Bumex)

HIGH BLOOD PRESSURE *(continued)*

bumetanide tab 1 mg
bumetanide tab 2 mg
candesartan cilexetil tab 4 mg (Atacand)
candesartan cilexetil tab 8 mg (Atacand)
candesartan cilexetil tab 16 mg (Atacand)
candesartan cilexetil tab 32 mg (Atacand)
candesartan cilexetil-hydrochlorothiazide tab
16-12.5 mg (Atacand hct)
candesartan cilexetil-hydrochlorothiazide tab
32-12.5 mg (Atacand hct)
candesartan cilexetil-hydrochlorothiazide tab
32-25 mg (Atacand hct)
captopril tab 12.5 mg
captopril tab 25 mg
captopril tab 50 mg
captopril tab 100 mg
carvedilol tab 3.125 mg (Coreg)
carvedilol tab 6.25 mg (Coreg)
carvedilol tab 12.5 mg (Coreg)
carvedilol tab 25 mg (Coreg)
chlorthalidone tab 25 mg
chlorthalidone tab 50 mg
clonidine hcl tab 0.1 mg
clonidine hcl tab 0.2 mg
clonidine hcl tab 0.3 mg
clonidine td patch weekly 0.1 mg/24hr
(Catapres-tts-1)
clonidine td patch weekly 0.2 mg/24hr
(Catapres-tts-2)
clonidine td patch weekly 0.3 mg/24hr
(Catapres-tts-3)
diltiazem hcl tab 30 mg (Cardizem)
diltiazem hcl tab 60 mg (Cardizem)
diltiazem hcl tab 90 mg
diltiazem hcl tab 120 mg (Cardizem)
diltiazem hcl cap er 12hr 60 mg
diltiazem hcl cap er 12hr 90 mg
diltiazem hcl cap er 12hr 120 mg
diltiazem hcl cap er 24hr 120 mg
diltiazem hcl cap er 24hr 180 mg
diltiazem hcl cap er 24hr 240 mg
diltiazem hcl coated beads cap er 24hr 120 mg
(Cardizem cd)
diltiazem hcl coated beads cap er 24hr 180 mg
(Cardizem cd)
diltiazem hcl coated beads cap er 24hr 240 mg
(Cardizem cd)
diltiazem hcl coated beads cap er 24hr 300 mg
(Cardizem cd)
diltiazem hcl extended-release beads cap er
24hr 120 mg (Tiazac)
diltiazem hcl extended-release beads cap er
24hr 180 mg (Tiazac)
diltiazem hcl extended-release beads cap er
24hr 240 mg (Tiazac)

HIGH BLOOD PRESSURE (continued)

diltiazem hcl extended-release beads cap er 24hr 300 mg (Tiazac)
diltiazem hcl extended-release beads cap er 24hr 360 mg (Tiazac)
diltiazem hcl extended-release beads cap er 24hr 420 mg (Tiazac)
diltiazem hcl extended-release tabs 24hr 120 mg (Cardizem la)
doxazosin mesylate tab 1 mg (Cardura)
doxazosin mesylate tab 2 mg (Cardura)
doxazosin mesylate tab 4 mg (Cardura)
doxazosin mesylate tab 8 mg (Cardura)
enalapril maleate oral soln 1 mg/ml (Epaned)
enalapril maleate tab 2.5 mg (Vasotec)
enalapril maleate tab 5 mg (Vasotec)
enalapril maleate tab 10 mg (Vasotec)
enalapril maleate tab 20 mg (Vasotec)
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)
epplerenone tab 25 mg (Inspra)
epplerenone tab 50 mg (Inspra)
felodipine tab er 24hr 2.5 mg
felodipine tab er 24hr 5 mg
felodipine tab er 24hr 10 mg
fosinopril sodium tab 10 mg
fosinopril sodium tab 20 mg
fosinopril sodium tab 40 mg
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg
furosemide oral soln 10 mg/ml
furosemide tab 20 mg (Lasix)
furosemide tab 40 mg (Lasix)
furosemide tab 80 mg (Lasix)
guanfacine hcl tab 1 mg
guanfacine hcl tab 2 mg
hydralazine hcl tab 10 mg
hydralazine hcl tab 25 mg
hydralazine hcl tab 50 mg
hydralazine hcl tab 100 mg
hydrochlorothiazide cap 12.5 mg
hydrochlorothiazide tab 12.5 mg
hydrochlorothiazide tab 25 mg
hydrochlorothiazide tab 50 mg
indapamide tab 1.25 mg
indapamide tab 2.5 mg
irbesartan tab 75 mg (Avapro)
irbesartan tab 150 mg (Avapro)
irbesartan tab 300 mg (Avapro)
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)

HIGH BLOOD PRESSURE (continued)

irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)
isradipine cap 2.5 mg
isradipine cap 5 mg
labetalol hcl tab 100 mg
labetalol hcl tab 200 mg
labetalol hcl tab 300 mg
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)
lisinopril tab 2.5 mg (Zestril)
lisinopril tab 5 mg (Zestril)
lisinopril tab 10 mg (Zestril)
lisinopril tab 20 mg (Zestril)
lisinopril tab 30 mg (Zestril)
lisinopril tab 40 mg (Zestril)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)
losartan potassium tab 25 mg (Cozaar)
losartan potassium tab 50 mg (Cozaar)
losartan potassium tab 100 mg (Cozaar)
metolazone tab 2.5 mg
metolazone tab 5 mg
metolazone tab 10 mg
metoprolol & hydrochlorothiazide tab 50-25 mg
metoprolol & hydrochlorothiazide tab 100-25 mg
metoprolol & hydrochlorothiazide tab 100-50 mg
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)
metoprolol tartrate tab 25 mg
metoprolol tartrate tab 37.5 mg
metoprolol tartrate tab 50 mg (Lopressor)
metoprolol tartrate tab 75 mg
metoprolol tartrate tab 100 mg (Lopressor)
minoxidil tab 2.5 mg
minoxidil tab 10 mg
moexipril hcl tab 7.5 mg
moexipril hcl tab 15 mg
nadolol tab 20 mg (Corgard)
nadolol tab 40 mg (Corgard)

HIGH BLOOD PRESSURE (continued)

nadolol tab 80 mg
nebivolol hcl tab 2.5 mg (base equivalent)
(Bystolic)
nebivolol hcl tab 5 mg (base equivalent)
(Bystolic)
nebivolol hcl tab 10 mg (base equivalent)
(Bystolic)
nebivolol hcl tab 20 mg (base equivalent)
(Bystolic)
nicardipine hcl cap 20 mg
nicardipine hcl cap 30 mg
nifedipine cap 10 mg
nifedipine cap 20 mg
nifedipine tab er 24hr 30 mg
nifedipine tab er 24hr 60 mg
nifedipine tab er 24hr 90 mg
nifedipine tab er 24hr osmotic release 30 mg
(Procardia xl)
nifedipine tab er 24hr osmotic release 60 mg
(Procardia xl)
nifedipine tab er 24hr osmotic release 90 mg
(Procardia xl)
olmesartan medoxomil tab 5 mg (Benicar)
olmesartan medoxomil tab 20 mg (Benicar)
olmesartan medoxomil tab 40 mg (Benicar)
olmesartan medoxomil-hydrochlorothiazide tab
20-12.5 mg (Benicar hct)
olmesartan medoxomil-hydrochlorothiazide tab
40-12.5 mg (Benicar hct)
olmesartan medoxomil-hydrochlorothiazide tab
40-25 mg (Benicar hct)
olmesartan-amlodipine-hydrochlorothiazide tab
20-5-12.5 mg (Tribenzor)
olmesartan-amlodipine-hydrochlorothiazide tab
40-5-12.5 mg (Tribenzor)
olmesartan-amlodipine-hydrochlorothiazide tab
40-5-25 mg (Tribenzor)
olmesartan-amlodipine-hydrochlorothiazide tab
40-10-12.5 mg (Tribenzor)
olmesartan-amlodipine-hydrochlorothiazide tab
40-10-25 mg (Tribenzor)
perindopril erbumine tab 2 mg
perindopril erbumine tab 4 mg
phenoxybenzamine hcl cap 10 mg (Dibenzyline)
pindolol tab 5 mg
pindolol tab 10 mg
prazosin hcl cap 1 mg (Minipress)
prazosin hcl cap 2 mg (Minipress)
prazosin hcl cap 5 mg (Minipress)
propranolol hcl oral soln 20 mg/5ml
propranolol hcl tab 10 mg
propranolol hcl tab 20 mg
propranolol hcl tab 40 mg
propranolol hcl tab 60 mg
propranolol hcl tab 80 mg

HIGH BLOOD PRESSURE (continued)

propranolol hcl cap er 24hr 60 mg (Inderal la)
propranolol hcl cap er 24hr 80 mg (Inderal la)
propranolol hcl cap er 24hr 120 mg (Inderal la)
propranolol hcl cap er 24hr 160 mg (Inderal la)
quinapril hcl tab 5 mg (Accupril)
quinapril hcl tab 10 mg (Accupril)
quinapril hcl tab 20 mg (Accupril)
quinapril hcl tab 40 mg (Accupril)
quinapril-hydrochlorothiazide tab 10-12.5 mg
(Accuretic)
quinapril-hydrochlorothiazide tab 20-12.5 mg
(Accuretic)
quinapril-hydrochlorothiazide tab 20-25 mg
ramipril cap 1.25 mg (Altace)
ramipril cap 2.5 mg (Altace)
ramipril cap 5 mg (Altace)
ramipril cap 10 mg (Altace)
spironolactone tab 25 mg (Aldactone)
spironolactone tab 50 mg (Aldactone)
spironolactone tab 100 mg (Aldactone)
spironolactone & hydrochlorothiazide tab
25-25 mg (Aldactazide)
telmisartan tab 20 mg (Micardis)
telmisartan tab 40 mg (Micardis)
telmisartan tab 80 mg (Micardis)
terazosin hcl cap 1 mg (base equivalent)
terazosin hcl cap 2 mg (base equivalent)
terazosin hcl cap 5 mg (base equivalent)
terazosin hcl cap 10 mg (base equivalent)
timolol maleate tab 10 mg
torsemide tab 5 mg
torsemide tab 10 mg
torsemide tab 20 mg
torsemide tab 100 mg
trandolapril tab 1 mg
trandolapril tab 2 mg
trandolapril tab 4 mg
triamterene & hydrochlorothiazide cap 37.5-25 mg
triamterene & hydrochlorothiazide tab 37.5-25
mg (Maxzide-25)
triamterene & hydrochlorothiazide tab 75-50 mg
(Maxzide)
triamterene cap 50 mg (Dyrenium)
triamterene cap 100 mg (Dyrenium)
valsartan tab 40 mg (Diovan)
valsartan tab 80 mg (Diovan)
valsartan tab 160 mg (Diovan)
valsartan tab 320 mg (Diovan)
valsartan-hydrochlorothiazide tab 80-12.5 mg
(Diovan hct)
valsartan-hydrochlorothiazide tab 160-12.5 mg
(Diovan hct)
valsartan-hydrochlorothiazide tab 160-25 mg
Diovan hct)

HIGH BLOOD PRESSURE (continued)

valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)
verapamil hcl cap er 24hr 120 mg (Verelan)
verapamil hcl cap er 24hr 180 mg (Verelan)
verapamil hcl cap er 24hr 240 mg (Verelan)
verapamil hcl tab er 120 mg (Calan sr)
verapamil hcl tab er 180 mg (Calan sr)
verapamil hcl tab er 240 mg (Calan sr)
verapamil hcl tab 40 mg
verapamil hcl tab 80 mg
verapamil hcl tab 120 mg

HIGH CHOLESTEROL

atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)
cholestyramine light powder 4 gm/dose (Questran light)
cholestyramine powder 4 gm/dose (Questran)
colesevelam hcl tab 625 mg (Welchol)
colestipol hcl granules 5 gm (Colestid flavored)
colestipol hcl granule packets 5 gm (Colestid flavored)
colestipol hcl tab 1 gm (Colestid)
ezetimibe tab 10 mg (Zetia)
ezetimibe-simvastatin tab 10-10 mg (Vytorin)
ezetimibe-simvastatin tab 10-20 mg (Vytorin)
ezetimibe-simvastatin tab 10-40 mg (Vytorin)
ezetimibe-simvastatin tab 10-80 mg (Vytorin)
fenofibrate micronized cap 67 mg
fenofibrate micronized cap 134 mg
fenofibrate micronized cap 200 mg
fenofibrate tab 48 mg (Tricor)
fenofibrate tab 54 mg
fenofibrate tab 145 mg (Tricor)
fenofibrate tab 160 mg
gemfibrozil tab 600 mg (Lopid)
lovastatin tab 10 mg
lovastatin tab 20 mg
lovastatin tab 40 mg
niacin tab er 500 mg (antihyperlipidemic)
niacin tab er 750 mg (antihyperlipidemic)
niacin tab er 1000 mg (antihyperlipidemic)
pravastatin sodium tab 10 mg
pravastatin sodium tab 20 mg
pravastatin sodium tab 40 mg
pravastatin sodium tab 80 mg
rosuvastatin calcium tab 5 mg (Crestor)

HIGH CHOLESTEROL (continued)

rosuvastatin calcium tab 10 mg (Crestor)
rosuvastatin calcium tab 20 mg (Crestor)
rosuvastatin calcium tab 40 mg (Crestor)
simvastatin tab 5 mg
simvastatin tab 10 mg (Zocor)
simvastatin tab 20 mg (Zocor)
simvastatin tab 40 mg (Zocor)
simvastatin tab 80 mg

OSTEOPOROSIS

alendronate sodium oral soln 70 mg/75 ml
alendronate sodium tab 10 mg
alendronate sodium tab 35 mg
alendronate sodium tab 70 mg (Fosamax)
calcitonin (salmon) nasal soln 200 unit/act
ibandronate sodium tab 150 mg (base equivalent)
raloxifene hcl tab 60 mg (Evista)
risedronate sodium tab 5 mg
risedronate sodium tab 30 mg
risedronate sodium tab 35 mg (Actonel)
risedronate sodium tab 150 mg (Actonel)

RESPIRATORY

Medications

acetylcysteine inhal soln 10%
acetylcysteine inhal soln 20%
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)
albuterol sulfate soln nebu 0.5% (5 mg/ml)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)
albuterol sulfate syrup 2 mg/5ml
albuterol sulfate tab 2 mg
albuterol sulfate tab 4 mg
ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)
ARNUIITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act
ARNUIITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act

RESPIRATORY (continued)

ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act
ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act
ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act
ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/act (breath activated)
ASMANEX TWISTHALER 14 MET – mometasone furoate inhal powd 220 mcg/act (breath activated)
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 220 mcg/act (breath activated)
ASMANEX TWISTHALER 60 MET – mometasone furoate inhal powd 220 mcg/act (breath activated)
ASMANEX TWISTHALER 120 MET – mometasone furoate inhal powd 220 mcg/act (breath activated)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act
BREZTRI AEROSPHERE – budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)
budesonide inhalation susp 1 mg/2ml (Pulmicort)
COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act
cromolyn sodium soln nebu 20 mg/2ml
DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act
DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act
DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act
FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 55-14 mcg/act
FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 113-14 mcg/act
FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 232-14 mcg/act

RESPIRATORY (continued)

formoterol fumarate soln nebu 20 mcg/2ml (Perforomist)
fluticasone-salmeterol aer powder ba 100-50 mcg/dose (Advair diskus)
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Advair diskus)
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Advair diskus)
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/act (base eq)
ipratropium bromide inhal soln 0.02% ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml
levalbuterol hcl soln nebu concentrate 1.25 mg/0.5ml (base equiv)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)
montelukast sodium chew tab 4 mg (base equiv) (Singulair)
montelukast sodium chew tab 5 mg (base equiv) (Singulair)
montelukast sodium tab 10 mg (base equiv) (Singulair)
QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act
QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act
roflumilast tab 250 mcg (Daliresp)
roflumilast tab 500 mcg (Daliresp)
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act
STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act
STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act
terbutaline sulfate tab 2.5 mg
terbutaline sulfate tab 5 mg
theophylline elixir 80 mg/15ml
theophylline soln 80 mg/15ml
theophylline tab er 12hr 300 mg
theophylline tab er 12hr 450 mg
theophylline tab er 24hr 400 mg
theophylline tab er 24hr 600 mg

RESPIRATORY *(continued)*

TRELEGY ELLIPTA – fluticasone-umeclidinium-
vilanterol aepb 100-62.5-25 mcg/act

TRELEGY ELLIPTA – fluticasone-umeclidinium-
vilanterol aepb 200-62.5-25 mcg/act

VENTOLIN HFA – albuterol sulfate inhal aero
108 mcg/act (90mcg base equiv)

zafirlukast tab 10 mg (Accolate)

zafirlukast tab 20 mg (Accolate)

PREFERRED BRAND DPP4 – ORAL

GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg
GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg
JANUMET – sitagliptin-metformin hcl tab 50-500 mg
JANUMET – sitagliptin-metformin hcl tab 50-1000 mg
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 100-1000 mg
mg JANUVIA – sitagliptin phosphate tab 25 mg (base equiv)
JANUVIA – sitagliptin phosphate tab 50 mg (base equiv)
JANUVIA – sitagliptin phosphate tab 100 mg (base equiv)
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000 mg
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000 mg
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg

PREFERRED BRAND SGLT2 - ORAL

FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent)
FARXIGA – dapagliflozin propanediol tab 10 mg (base equivalent)
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg
GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg
JARDIANCE – empagliflozin tab 10 mg
JARDIANCE – empagliflozin tab 25 mg
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg
SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg
SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg
SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000 mg
mg TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg
mg
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000 mg
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-500 mg
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-1000 mg
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-500 mg
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-1000 mg



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
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, 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
- 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.

<p>ENGLISH 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>廣東話 (Cantonese – Traditional Chinese) 請注意：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>ESPAÑOL (Spanish) 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>العربية (Arabic) تنبيه: 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>አማርኛ (Amharic) 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>FRANÇAIS (French) 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>LUS HMOOB (Hmong) 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>SOOMALI (Somali) 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>ខ្មែរ (Khmer) ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ អ្នកអាចស្នើសុំសេវាជំនួយបកប្រែភាសាដោយឥតគិតថ្លៃ។ ប្រសិនបើអ្នកមើលមិនឃើញ ស្តាប់មិនឮ ឬនិយាយមិនបាន យើងអាចប្រាស្រ័យទាក់ទងជាមួយអ្នកតាមរបៀបផ្សេងៗដែលមានប្រសិទ្ធភាពបំផុតសម្រាប់អ្នក។ ការប្រាស្រ័យទាក់ទងនេះអាចមានដូចជាអ្នកបកប្រែភាសាសញ្ញា ការផ្តល់ឯកសារដែលបោះពុម្ពអក្សរធំ ឬអក្សរស្តាប់ ឬការថតទុកជាសំឡេង ឬជំនួយផ្សេងទៀត ដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-855-903-2583 (TTY 711)។</p>	<p>한국어 (Korean) 주의: 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>ကညီကျိာ် (Karen) ဟ်သုာ်ဟ်သး- နမုာ်ကတိာ် ကညီကျိာ် နုာ်, နယုကျိာ်ဂုာ်ဝီတိာ်တိစါမေၤစါလၢတလၢာ်ဘူးလဲ သ့န့ၣ်လီၤ နမုာ်အိၣ်ဒီးတၢ်တလၢတပဲၤလၢ မဲာ်တၢ်ထံာ်, တၢ်န့ၣ်ဟ့ၣ်, မ့တမ့ၢ် တၢ်စံးကတိာ်တၢ်န့ၣ် ပဆဲးကျါဆဲးကျိးတၢ်လၢ ကျဲကဲထီၣ်လိာ်ထီၣ်အဂ့ၤကတၢ်လၢန့ၣ်လီၤ တၢ်အံၤ ပာ်ဃုာ်ဒီး တၢ်စူးကျါ နီၣ်ခိက့ၢ်ဂီၤကျိာ်အပုၤကျိာ်ထံာ်တဖၣ်, တၢ်ဟ့ၣ်လံာ်လံာ်တဖၣ်လၢ အလံာ်ဖျါဖးဒိၣ်, မ့တမ့ၢ် ပုၤမဲာ်ဘျီၣ်အလံာ်, တၢ်ကလုာ်, မ့တမ့ၢ် တၢ်မေၤစါဂ့ၤတဖၣ် လၢတလၢာ်အဘူးလဲန့ၣ်လီၤ ကိးလီတဲစိဆူ 1-855-903-2583 (TTY 711) တက့ၢ်</p>	<p>မြန်မာဘာသာ (Burmese) 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>OROMOO (Oromo) Xiyyeffannoon haa kennamu:- Oromo Afaan kan dubbatan yoo ta'e, tajaajiloota gargaarsa afaanii bilisaa gaafachuu ni dandeessu. Rakkoo itaaluu, 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>РУССКИЙ (Russian) 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>ພາສາລາວ (Lao) ຕອກໃຈໃສ່: ຖ້າທ່ານເວົ້າ ພາສາລາວ, ທ່ານສາມາດຂໍບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. ຖ້າທ່ານມີຄວາມບໍ່ກວ້າງໃຈດ້ານສາຍຕາ, ການໂຕ້ອິນ ຫຼື ການປາກເວົ້າ, ພວກເຮົາສາມາດສື່ສານດ້ວຍວິທີທີ່ເໝາະສົມກັບທ່ານທີ່ສຸດ. ອັນນີ້ອາດຈະລວມເຖິງການໃຊ້ພາສາພາສາມື, ການຈັດກຽມເອກະສານເປັນໂຕພິມໃຫຍ່ ຫຼື ອັກສອນນູນ, ການບັນທຶກສຽງ ຫຼື ການຊ່ວຍເຫຼືອດ້ານສື່ອື່ນໆໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທ 1-855-903-2583 (TTY 711).</p>	<p>Tagalog (Tagalog) 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>VIETNAMESE (Vietnamese) 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>简体中文 (Chinese Simplified) 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>