Blue Cross and Blue Shield of Minnesota
FlexRx and FlexRx Plus Preventive Drug List
Large Group
Effective January 1, 2027

Your employer may have elected to include a Preventive Drug coverage feature with your prescription benefit plan. Below is the list of medications available under your Preventive Drug coverage. The actual cost of the medication will be applied toward the preventive benefit offered by your employer, allowing you to receive coverage even if you have not met your deductible.

This list may not apply to your coverage. Check your coverage or other plan information for benefit details. Should this list apply to your benefit plan, your employer may not cover all categories included in this list. In addition, medications noted as "Supplemental" may not be included in your Preventive Drug coverage.

Please refer to your specific coverage. Coverage information may be included in a Benefit Booklet, Certificate of Coverage, Contract, Member Handbook, or prescription drug endorsement. Or, you may call the number on the back of your member ID card if you have questions about your coverage.

Generic prescription drugs are shown in lower-case boldface type. Brand prescription drugs are shown in capital letters.

This list will be reviewed at least annually and is subject to change at any time.

ANTI-ANGINA

isosorbide dinitrate tab 10 mg
isosorbide dinitrate tab 20 mg
isosorbide dinitrate tab 30 mg
isosorbide dinitrate tab 5 mg
isosorbide mononitrate tab 10 mg
isosorbide mononitrate tab 20 mg
isosorbide mononitrate tab er 24hr 120 mg
isosorbide mononitrate tab er 24hr 30 mg
isosorbide mononitrate tab er 24hr 60 mg
nitroglycerin oint 2%
nitroglycerin sl tab 0.3 mg
nitroglycerin sl tab 0.4 mg
nitroglycerin sl tab 0.6 mg
nitroglycerin td patch 24hr 0.1 mg/hr
nitroglycerin td patch 24hr 0.2 mg/hr
nitroglycerin td patch 24hr 0.4 mg/hr
nitroglycerin td patch 24hr 0.6 mg/hr
NITRO-TIME CAP 2.5 MG ER
NITRO-TIME CAP 6.5 MG ER
NITRO-TIME CAP 9 MG ER

ANTI-ARRHYTHMICS

amiodarone hcl tab 100 mg
amiodarone hcl tab 200 mg
amiodarone hcl tab 400 mg
digoxin tab 125 mcg (0.125 mg)

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Product names listed are the property of their respective owners.

digoxin tab 250 mcg (0.25 mg)
disopyramide phosphate cap 100 mg
disopyramide phosphate cap 150 mg
flecainide acetate tab 100 mg
flecainide acetate tab 150 mg
flecainide acetate tab 50 mg
mexiletine hcl cap 150 mg
mexiletine hcl cap 200 mg
mexiletine hcl cap 250 mg
propafenone hcl cap er 12hr 225 mg
propafenone hcl cap er 12hr 325 mg
propafenone hcl cap er 12hr 425 mg
propafenone hcl tab 150 mg
propafenone hcl tab 225 mg
propafenone hcl tab 300 mg
quinidine gluconate tab er 324 mg
QUINIDINE SULFATE TAB 200 MG
QUINIDINE SULFATE TAB 300 MG
sotalol hcl (afib/afl) tab 120 mg
sotalol hcl (afib/afl) tab 160 mg
sotalol hcl (afib/afl) tab 80 mg
sotalol hcl tab 120 mg
sotalol hcl tab 160 mg
sotalol hcl tab 240 mg
sotalol hcl tab 80 mg

ANTI-COAGULANTS/ANTI-PLATELETS

anagrelide hcl cap 0.5 mg
anagrelide hcl cap 1 mg
cilostazol tab 100 mg
cilostazol tab 50 mg
clopidogrel bisulfate tab 75 mg
dipyridamole tab 25 mg
dipyridamole tab 50 mg
dipyridamole tab 75 mg
ELIQUIS CAP 0.15 MG
ELIQUIS STARTER PACK TAB 5 MG
ELIQUIS TAB 0.5 MG
ELIQUIS TAB 1.5 MG
ELIQUIS TAB 2 MG
ELIQUIS TAB 2.5 MG
ELIQUIS TAB 5 MG
prasugrel hcl tab 10 mg
prasugrel hcl tab 5 mg
rivaroxaban for susp 1 mg/ml
rivaroxaban tab 2.5 mg
ticagrelor tab 60 mg
ticagrelor tab 90 mg
warfarin sodium tab 1 mg
warfarin sodium tab 10 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
XARELTO STARTER PACK TAB 15 MG & 20 MG
XARELTO SUSPENSION 1 MG/ML
XARELTO TAB 10 MG
XARELTO TAB 15 MG
XARELTO TAB 2.5 MG
XARELTO TAB 20 MG

DEPRESSION - SELECTIVE SEROTONIN REUPTAKE INHIBITORS

citalopram hydrobromide oral soln 10 mg/5 ml
citalopram hydrobromide tab 10 mg
citalopram hydrobromide tab 20 mg
citalopram hydrobromide tab 40 mg
escitalopram oxalate soln 5 mg/5 ml
escitalopram oxalate tab 10 mg
escitalopram oxalate tab 20 mg
escitalopram oxalate tab 5 mg
fluoxetine hcl cap 10 mg
fluoxetine hcl cap 20 mg
fluoxetine hcl cap 40 mg
fluoxetine hcl solution 20 mg/5 ml
fluoxetine hcl tab 10 mg
paroxetine hcl tab 10 mg
paroxetine hcl tab 20 mg
paroxetine hcl tab 30 mg
paroxetine hcl tab 40 mg
sertraline hcl tab 100 mg
sertraline hcl tab 25 mg
sertraline hcl tab 50 mg

DIABETES MEDICATIONS

acarbose tab 100 mg
acarbose tab 25 mg
acarbose tab 50 mg
BAQSIMI ONE PACK POW 3 MG/DOSE - SUPPLEMENTAL
BAQSIMI TWO PACK POW 3 MG/DOSE - SUPPLEMENTAL
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg
dapagliflozin tab 10 mg
dapagliflozin tab 5 mg
GLARGIN YFGN INJ 100 U - SUPPLEMENTAL
GLARGIN YFGN SOL 100 U - SUPPLEMENTAL
glimepiride tab 1 mg
glimepiride tab 2 mg
glimepiride tab 4 mg
glipizide tab 10 mg
glipizide tab 5 mg
glipizide tab er 24hr 10 mg

Product names listed are the property of their respective owners.

glipizide tab er 24hr 2.5 mg
glipizide tab er 24hr 5 mg
glipizide-metformin hcl tab 2.5-250 mg
glipizide-metformin hcl tab 2.5-500 mg
glipizide-metformin hcl tab 5-500 mg
GLUCAGON EMERGENCY SOL 1 MG - SUPPLEMENTAL
glucagon for inj 1 mg
GLYBURIDE MICRONIZED TAB 1.5 MG - SUPPLEMENTAL
GLYBURIDE MICRONIZED TAB 3 MG - SUPPLEMENTAL
GLYBURIDE MICRONIZED TAB 6 MG - SUPPLEMENTAL
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
GLYXAMBI TAB 10-5 MG - SUPPLEMENTAL
GLYXAMBI TAB 25-5 MG - SUPPLEMENTAL
GVOKE HYPO 1 INJ 0.5 MG/0.1 ML - SUPPLEMENTAL
GVOKE HYPO 1 INJ 1 MG/0.2 ML - SUPPLEMENTAL
GVOKE HYPO 2 INJ 0.5 MG/0.1 ML - SUPPLEMENTAL
GVOKE HYPO 2 INJ 1 MG/0.2 ML - SUPPLEMENTAL
GVOKE KIT SOL 1 MG/0.2 ML - SUPPLEMENTAL
GVOKE PFS INJ 1 MG/0.2 ML - SUPPLEMENTAL
INSULIN GLAR INJ 100 U - SUPPLEMENTAL
INSULIN GLAR SOL 100 U - SUPPLEMENTAL
JANUMET XR TAB 100-1000 MG - SUPPLEMENTAL
JANUMET XR TAB 50-1000 MG - SUPPLEMENTAL
JANUMET XR TAB 50-500 MG - SUPPLEMENTAL
JARDIANCE TAB 10 MG - SUPPLEMENTAL
JARDIANCE TAB 25 MG - SUPPLEMENTAL
metformin hcl tab 1000 mg
metformin hcl tab 500 mg
metformin hcl tab 850 mg
metformin hcl tab er 24hr 500 mg
metformin hcl tab er 24hr 750 mg
MOUNJARO INJ 10 MG/0.5 ML - SUPPLEMENTAL
MOUNJARO INJ 12.5 MG/0.5 ML - SUPPLEMENTAL
MOUNJARO INJ 15 MG/0.5 ML - SUPPLEMENTAL
MOUNJARO INJ 2.5 MG/0.5 ML - SUPPLEMENTAL
MOUNJARO INJ 5 MG/0.5 ML - SUPPLEMENTAL
MOUNJARO INJ 7.5 MG/0.5 ML - SUPPLEMENTAL
nateglinide tab 120 mg
nateglinide tab 60 mg
OZEMPIC INJ 2 MG/3 ML - SUPPLEMENTAL
OZEMPIC INJ 4 MG/3 ML - SUPPLEMENTAL
OZEMPIC INJ 8 MG/3 ML - SUPPLEMENTAL
OZEMPIC TAB 1.5 MG - SUPPLEMENTAL
OZEMPIC TAB 4 MG - SUPPLEMENTAL
OZEMPIC TAB 9 MG - SUPPLEMENTAL
pioglitazone hcl tab 15 mg
pioglitazone hcl tab 30 mg
pioglitazone hcl tab 45 mg

Product names listed are the property of their respective owners.

repaglinide tab 0.5 mg
repaglinide tab 1 mg
repaglinide tab 2 mg
RYBELSUS TAB 1.5 MG - SUPPLEMENTAL
RYBELSUS TAB 14 MG - SUPPLEMENTAL
RYBELSUS TAB 3 MG - SUPPLEMENTAL
RYBELSUS TAB 4 MG - SUPPLEMENTAL
RYBELSUS TAB 7 MG - SUPPLEMENTAL
RYBELSUS TAB 9 MG - SUPPLEMENTAL
SEMGLEE INJ 100 U - SUPPLEMENTAL
SEMGLEE INJ 100 U/ML - SUPPLEMENTAL
SEMGLEE SOL 100 U - SUPPLEMENTAL
sitagliptin phosphate tab 100 mg
sitagliptin phosphate tab 25 mg
sitagliptin phosphate tab 50 mg
sitagliptin phosphate-metformin hcl tab 50-1000 mg
sitagliptin phosphate-metformin hcl tab 50-500 mg
SOLIQUA INJ 100/33 - SUPPLEMENTAL
SYMLINPEN 60 INJ 1000 MCG - SUPPLEMENTAL
SYMLNPEN 120 INJ 1000 MCG - SUPPLEMENTAL
SYNJARDY TAB 12.5-1000 MG - SUPPLEMENTAL
SYNJARDY TAB 12.5-500 MG - SUPPLEMENTAL
SYNJARDY TAB 5-1000 MG - SUPPLEMENTAL
SYNJARDY TAB 5-500 MG - SUPPLEMENTAL
SYNJARDY XR TAB - SUPPLEMENTAL
SYNJARDY XR TAB 10-1000 MG - SUPPLEMENTAL
SYNJARDY XR TAB 25-1000 MG - SUPPLEMENTAL
SYNJARDY XR TAB 5-1000 MG - SUPPLEMENTAL
TRIJARDY XR TAB 10-5-1000 MG - SUPPLEMENTAL
TRIJARDY XR TAB 10-5-1000 MG- SUPPLEMENTAL
TRIJARDY XR TAB 12.5-2.5-1000 MG - SUPPLEMENTAL
TRIJARDY XR TAB 25-5-1000 MG - SUPPLEMENTAL
TRIJARDY XR TAB 5-2.5-1000 MG - SUPPLEMENTAL
TRULICITY INJ 0.75 MG/0.5 ML - SUPPLEMENTAL
TRULICITY INJ 1.5 MG/0.5 ML - SUPPLEMENTAL
TRULICITY INJ 3 MG/0.5 ML - SUPPLEMENTAL
TRULICITY INJ 4.5 MG/0.5 ML - SUPPLEMENTAL
XIGDUO XR TAB 2.5-1000 MG - SUPPLEMENTAL
XULTOPHY INJ 100/3.6 UNIT-MG/ML - SUPPLEMENTAL
ZEGALOGUE 0.6 MG/0.6 ML - SUPPLEMENTAL
ZEGALOGUE INJ 0.6 MG/0.6 ML - SUPPLEMENTAL
FIASP FLEX INJ TOUCH - SUPPLEMENTAL
FIASP INJ 100/ML - SUPPLEMENTAL
FIASP PENFILL INJ U-100 - SUPPLEMENTAL
HUMALOG INJ 100/ML - SUPPLEMENTAL
HUMALOG JR INJ 100/ML - SUPPLEMENTAL
HUMALOG KWPN INJ 100/ML - SUPPLEMENTAL
HUMALOG KWPN INJ 200/ML - SUPPLEMENTAL
HUMALOG MIX INJ 50/50 - SUPPLEMENTAL
HUMALOG MIX INJ 50/50 KWP - SUPPLEMENTAL
HUMALOG MIX INJ 75/25 KWP - SUPPLEMENTAL
HUMALOG MIX SUS 75/25 - SUPPLEMENTAL
HUMALOG TEMPO INJ 100/ML - SUPPLEMENTAL

Product names listed are the property of their respective owners.

HUMULIN INJ 70/30 - SUPPLEMENTAL
HUMULIN INJ 70/30 KWP - SUPPLEMENTAL
HUMULIN N INJ U-100 - SUPPLEMENTAL
HUMULIN N INJ U-100 KWP - SUPPLEMENTAL
HUMULIN R INJ U-100 - SUPPLEMENTAL
HUMULIN R INJ U-500 - SUPPLEMENTAL
HUMULIN R INJ U-500 KWP - SUPPLEMENTAL
LEVEMIR INJ - SUPPLEMENTAL
LEVEMIR INJ FLEXPEN - SUPPLEMENTAL
LYUMJEV INJ 100 UT/ML - SUPPLEMENTAL
LYUMJEV KWPN INJ 100 UT/ML - SUPPLEMENTAL
LYUMJEV KWPN INJ 200 UT/ML - SUPPLEMENTAL
LYUMJEV TEMPO INJ 100 UT/ML - SUPPLEMENTAL
NOVOLIN 70/30 INJ RELION - SUPPLEMENTAL
NOVOLIN INJ 70/30 - SUPPLEMENTAL
NOVOLIN INJ 70/30 FP - SUPPLEMENTAL
NOVOLIN N INJ 100 UNIT - SUPPLEMENTAL
NOVOLIN N INJ RELION - SUPPLEMENTAL
NOVOLIN N INJ U-100 - SUPPLEMENTAL
NOVOLIN R INJ 100 UNIT - SUPPLEMENTAL
NOVOLIN R INJ RELION - SUPPLEMENTAL
NOVOLIN R INJ U-100 - SUPPLEMENTAL
NOVOLOG INJ 100/ML - SUPPLEMENTAL
NOVOLOG INJ FLEX RELION - SUPPLEMENTAL
NOVOLOG INJ FLEXPEN - SUPPLEMENTAL
NOVOLOG INJ PENFILL - SUPPLEMENTAL
NOVOLOG INJ RELION - SUPPLEMENTAL
NOVOLOG MIX INJ 70/30 - SUPPLEMENTAL
NOVOLOG MIX INJ FLEX REL - SUPPLEMENTAL
NOVOLOG MIX INJ FLEXPEN - SUPPLEMENTAL
NOVOLOG RELION INJ 70/30 - SUPPLEMENTAL
TOUJEO MAX INJ 300/ML - SUPPLEMENTAL
TOUJEO SOLO INJ 300/ML - SUPPLEMENTAL
TRESIBA FLEX INJ 100 UNIT - SUPPLEMENTAL
TRESIBA FLEX INJ 200 UNIT - SUPPLEMENTAL
TRESIBA INJ 100 UNIT - SUPPLEMENTAL

DIABETES SUPPLIES

Calibration Liquid
Insulin Pen Needle
Insulin Syringes
Lancet Devices
Lancets
Test Strips (blood glucose) associated with Bayer line of meters: Contour, Contour Next, Contour Next EZ, Contour Next GEN, Contour Next Link, Contour Next One

FLUORIDE

DENTAGEL - sodium fluoride gel 1.1% (0.5% f)
FLUORIDEX DAILY DEFENSE - sodium fluoride paste 1.1%
PREVIDENT 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%
SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)
SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)
SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)

Product names listed are the property of their respective owners.

sodium fluoride cream 1.1%
SODIUM FLUORIDE RINSE 0.2%
SODIUM FLUORIDE SOLN 0.5 MG/ML F (FROM 1.1 MG/ML NAF)
SODIUM FLUORIDE TAB 0.5 MG F (FROM 1.1 MG NAF)
SODIUM FLUORIDE TAB 1 MG F (FROM 2.2 MG NAF)

HEPARINS/LOW MOLECULAR WEIGHT HEPARIN

enoxaparin sodium inj 300 mg/3 ml
enoxaparin sodium inj soln pref syr 100 mg/ml
enoxaparin sodium inj soln pref syr 120 mg/0.8 ml
enoxaparin sodium inj soln pref syr 150 mg/ml
enoxaparin sodium inj soln pref syr 30 mg/0.3 ml
enoxaparin sodium inj soln pref syr 40 mg/0.4 ml
enoxaparin sodium inj soln pref syr 60 mg/0.6 ml
enoxaparin sodium inj soln pref syr 80 mg/0.8 ml

HIGH BLOOD PRESSURE

acebutolol hcl cap 200 mg
acebutolol hcl cap 400 mg
amiloride hcl tab 5 mg
AMILORIDE/HCTZ TAB 5-50 MG
amlodipine besylate tab 10 mg
amlodipine besylate tab 2.5 mg
amlodipine besylate tab 5 mg
amlodipine besylate-benazepril hcl cap 10-20 mg
amlodipine besylate-benazepril hcl cap 10-40 mg
amlodipine besylate-benazepril hcl cap 2.5-10 mg
amlodipine besylate-benazepril hcl cap 5-10 mg
amlodipine besylate-benazepril hcl cap 5-20 mg
amlodipine besylate-benazepril hcl cap 5-40 mg
amlodipine besylate-olmesartan medoxomil tab 10-20 mg
amlodipine besylate-olmesartan medoxomil tab 10-40 mg
amlodipine besylate-olmesartan medoxomil tab 5-20 mg
amlodipine besylate-olmesartan medoxomil tab 5-40 mg
amlodipine besylate-valsartan tab 10-160 mg
amlodipine besylate-valsartan tab 10-320 mg
amlodipine besylate-valsartan tab 5-160 mg
amlodipine besylate-valsartan tab 5-320 mg
atenolol & chlorthalidone tab 100-25 mg
atenolol & chlorthalidone tab 50-25 mg
atenolol tab 100 mg
atenolol tab 25 mg
atenolol tab 50 mg
benazepril & hydrochlorothiazide tab 10-12.5 mg
benazepril & hydrochlorothiazide tab 20-12.5 mg
benazepril & hydrochlorothiazide tab 20-25 mg
benazepril & hydrochlorothiazide tab 5-6.25 mg
benazepril hcl tab 10 mg
benazepril hcl tab 20 mg
benazepril hcl tab 40 mg
benazepril hcl tab 5 mg
bisoprolol & hydrochlorothiazide tab 10-6.25 mg
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg

Product names listed are the property of their respective owners.

bisoprolol & hydrochlorothiazide tab 5-6.25 mg
bisoprolol fumarate tab 10 mg
bisoprolol fumarate tab 5 mg
bumetanide tab 0.5 mg
bumetanide tab 1 mg
bumetanide tab 2 mg
candesartan cilexetil tab 16 mg
candesartan cilexetil tab 32 mg
candesartan cilexetil tab 4 mg
candesartan cilexetil tab 8 mg
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg
captopril tab 100 mg
captopril tab 12.5 mg
captopril tab 25 mg
captopril tab 50 mg
CAPTOPRIL/HCTZ TAB 25-15 MG
CAPTOPRIL/HCTZ TAB 25-25 MG
CAPTOPRIL/HCTZ TAB 50-15 MG
CAPTOPRIL/HCTZ TAB 50-25 MG
carvedilol tab 12.5 mg
carvedilol tab 25 mg
carvedilol tab 3.125 mg
carvedilol tab 6.25 mg
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
clonidine td patch weekly 0.2 mg/24hr
clonidine td patch weekly 0.3 mg/24hr
diltiazem hcl cap er 12hr 120 mg
diltiazem hcl cap er 12hr 60 mg
diltiazem hcl cap er 12hr 90 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
diltiazem hcl coated beads cap er 24hr 180 mg
diltiazem hcl coated beads cap er 24hr 240 mg
diltiazem hcl coated beads cap er 24hr 300 mg
diltiazem hcl coated beads cap er 24hr 360 mg
diltiazem hcl extended release beads cap er 24hr 120 mg
diltiazem hcl extended release beads cap er 24hr 180 mg
diltiazem hcl extended release beads cap er 24hr 240 mg
diltiazem hcl extended release beads cap er 24hr 300 mg
diltiazem hcl extended release beads cap er 24hr 360 mg
diltiazem hcl extended release beads cap er 24hr 420 mg
diltiazem hcl tab 120 mg
diltiazem hcl tab 30 mg
diltiazem hcl tab 60 mg

Product names listed are the property of their respective owners.

diltiazem hcl tab 90 mg
doxazosin mesylate tab 1 mg
doxazosin mesylate tab 2 mg
doxazosin mesylate tab 4 mg
doxazosin mesylate tab 8 mg
enalapril maleate & hydrochlorothiazide tab 10-25 mg
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg
enalapril maleate tab 10 mg
enalapril maleate tab 2.5 mg
enalapril maleate tab 20 mg
enalapril maleate tab 5 mg
eplerenone tab 25 mg
eplerenone tab 50 mg
felodipine tab er 24hr 10 mg
felodipine tab er 24hr 2.5 mg
felodipine tab er 24hr 5 mg
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg
fosinopril sodium tab 10 mg
fosinopril sodium tab 20 mg
fosinopril sodium tab 40 mg
furosemide oral soln 10 mg/ml
FUROSEMIDE SOL 10 MG/ML
furosemide tab 20 mg
furosemide tab 40 mg
furosemide tab 80 mg
guanfacine hcl tab 1 mg
guanfacine hcl tab 2 mg
hydralazine hcl tab 10 mg
hydralazine hcl tab 100 mg
hydralazine hcl tab 25 mg
hydralazine hcl tab 50 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 150 mg
irbesartan tab 300 mg
irbesartan tab 75 mg
irbesartan-hydrochlorothiazide tab 150-12.5 mg
irbesartan-hydrochlorothiazide tab 300-12.5 mg
labetalol hcl tab 100 mg
labetalol hcl tab 200 mg
labetalol hcl tab 300 mg
lisinopril & hydrochlorothiazide tab 10-12.5 mg
lisinopril & hydrochlorothiazide tab 20-12.5 mg
lisinopril & hydrochlorothiazide tab 20-25 mg
lisinopril tab 10 mg
lisinopril tab 2.5 mg
lisinopril tab 20 mg
lisinopril tab 30 mg

Product names listed are the property of their respective owners.

lisinopril tab 40 mg
lisinopril tab 5 mg
losartan potassium & hydrochlorothiazide tab 100-12.5 mg
losartan potassium & hydrochlorothiazide tab 100-25 mg
losartan potassium & hydrochlorothiazide tab 50-12.5 mg
losartan potassium tab 100 mg
losartan potassium tab 25 mg
losartan potassium tab 50 mg
methyldopa tab 250 mg
METHYLDOPA TAB 500 MG
metolazone tab 10 mg
metolazone tab 2.5 mg
metolazone tab 5 mg
metoprolol & hydrochlorothiazide tab 100-25 mg
metoprolol & hydrochlorothiazide tab 100-50 mg
metoprolol & hydrochlorothiazide tab 50-25 mg
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)
metoprolol tartrate tab 100 mg
metoprolol tartrate tab 25 mg
metoprolol tartrate tab 50 mg
minoxidil tab 10 mg
minoxidil tab 2.5 mg
moexipril hcl tab 15 mg
moexipril hcl tab 7.5 mg
nadolol tab 20 mg
nadolol tab 40 mg
nadolol tab 80 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
nifedipine tab er 24hr osmotic release 60 mg
nifedipine tab er 24hr osmotic release 90 mg
olmesartan medoxomil tab 20 mg
olmesartan medoxomil tab 40 mg
olmesartan medoxomil tab 5 mg
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg
perindopril erbumine tab 4 mg
PERINDOPRIL TAB 2 MG
PERINDOPRIL TAB 8 MG
phenoxybenzamine hcl cap 10 mg
pindolol tab 10 mg
pindolol tab 5 mg
prazosin hcl cap 1 mg
prazosin hcl cap 2 mg
prazosin hcl cap 5 mg
propranolol hcl cap er 24hr 120 mg
propranolol hcl cap er 24hr 160 mg

Product names listed are the property of their respective owners.

propranolol hcl cap er 24hr 60 mg
propranolol hcl cap er 24hr 80 mg
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
PROPRANOLOL SOL 20 MG/5 ML
PROPRANOLOL SOL 40 MG/5 ML
quinapril hcl tab 10 mg
quinapril hcl tab 20 mg
quinapril hcl tab 40 mg
quinapril hcl tab 5 mg
QUINAPRIL/HCTZ TAB 10-12.5 MG
QUINAPRIL/HCTZ TAB 20-12.5 MG
QUINAPRIL/HCTZ TAB 20-25 MG
ramipril cap 1.25 mg
ramipril cap 10 mg
ramipril cap 2.5 mg
ramipril cap 5 mg
spironolactone tab 100 mg
spironolactone tab 25 mg
spironolactone tab 50 mg
telmisartan tab 20 mg
telmisartan tab 40 mg
telmisartan tab 80 mg
terazosin hcl cap 1 mg
terazosin hcl cap 10 mg
terazosin hcl cap 2 mg
terazosin hcl cap 5 mg
torsemide tab 10 mg
torsemide tab 100 mg
torsemide tab 20 mg
torsemide tab 5 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
triamterene & hydrochlorothiazide tab 75-50 mg
valsartan tab 160 mg
valsartan tab 320 mg
valsartan tab 40 mg
valsartan tab 80 mg
valsartan-hydrochlorothiazide tab 160-12.5 mg
valsartan-hydrochlorothiazide tab 160-25 mg
valsartan-hydrochlorothiazide tab 320-12.5 mg
valsartan-hydrochlorothiazide tab 320-25 mg
valsartan-hydrochlorothiazide tab 80-12.5 mg
verapamil hcl cap er 24hr 120 mg
verapamil hcl cap er 24hr 180 mg
verapamil hcl cap er 24hr 240 mg
verapamil hcl tab 120 mg

Product names listed are the property of their respective owners.

verapamil hcl tab 40 mg
verapamil hcl tab 80 mg
verapamil hcl tab er 120 mg
verapamil hcl tab er 180 mg
verapamil hcl tab er 240 mg

HIGH CHOLESTEROL

atorvastatin calcium tab 10 mg
atorvastatin calcium tab 20 mg
atorvastatin calcium tab 40 mg
atorvastatin calcium tab 80 mg
cholestyramine light powder 4 gm/dose
cholestyramine powder 4 gm/dose
colesevelam hcl tab 625 mg
colestipol hcl granules 5 gm
colestipol hcl tab 1 gm
ezetimibe tab 10 mg
fenofibrate micronized cap 134 mg
fenofibrate micronized cap 200 mg
fenofibrate micronized cap 67 mg
fenofibrate tab 145 mg
fenofibrate tab 160 mg
fenofibrate tab 48 mg
fenofibrate tab 54 mg
gemfibrozil tab 600 mg
lovastatin tab 10 mg
lovastatin tab 20 mg
lovastatin tab 40 mg
NEXLETOL TAB 180 MG
NEXLIZET TAB 180-10 MG
niacin tab er 1000 mg (antihyperlipidemic)
niacin tab er 500 mg (antihyperlipidemic)
niacin tab er 750 mg (antihyperlipidemic)
omega-3-acid ethyl esters cap 1 gm
pravastatin sodium tab 10 mg
pravastatin sodium tab 20 mg
pravastatin sodium tab 40 mg
pravastatin sodium tab 80 mg
rosuvastatin calcium tab 10 mg
rosuvastatin calcium tab 20 mg
rosuvastatin calcium tab 40 mg
rosuvastatin calcium tab 5 mg
simvastatin tab 10 mg
simvastatin tab 20 mg
simvastatin tab 40 mg
simvastatin tab 5 mg
simvastatin tab 80 mg
VASCEPA CAP 0.5 GM
VASCEPA CAP 1 GM

OSTEOPOROSIS

alendronate sodium tab 10 mg
alendronate sodium tab 35 mg

alendronate sodium tab 70 mg
calcitonin (salmon) nasal soln 200 unit/act
ibandronate sodium tab 150 mg
raloxifene hcl tab 60 mg

PRENATAL VITAMINS

PRENATAL 19 CHEW 29-1 MG
PRENATAL 19 CHEW TAB
PRENATAL 19 TAB 29-1 MG
PRENATAL TAB PLUS
PRENATAL-U CAP 106.5-1 MG
TRINATE TAB

RESPIRATORY

acetylcysteine inhal soln 10%
acetylcysteine inhal soln 20%
ADVAIR HFA AER 115-21 MCG/ACT
ADVAIR HFA AER 230-21 MCG/ACT
ADVAIR HFA AER 45-21 MCG/ACT
AIRSUPRA AER 90-80 MCG/ACT
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)
albuterol sulfate soln nebu 0.083% (2.5 mg/3 ml)
albuterol sulfate soln nebu 0.5% (5 mg/ml)
albuterol sulfate soln nebu 0.63 mg/3 ml
albuterol sulfate soln nebu 1.25 mg/3 ml
albuterol sulfate syrup 2 mg/5 ml
ANORO ELLIPTA AER 62.5-25 MCG/ACT
ARNUITY ELPT INH 100 MCG/ACT
ARNUITY ELPT INH 200 MCG/ACT
ARNUITY ELPT INH 50 MCG/ACT
ASMANEX HFA AER 100 MCG/ACT
ASMANEX HFA AER 200 MCG/ACT
ASMANEX HFA AER 50 MCG/ACT
ASMANEX TWISTHALER 120 AER 220 MCG/ACT
ASMANEX TWISTHALER 30 AER 110 MCG/ACT
ASMANEX TWISTHALER 30 AER 220 MCG/ACT
ASMANEX TWISTHALER 60 AER 220 MCG/ACT
ATROVENT HFA AER 17 MCG/ACT
BREO ELLIPTA INH 100-25 MCG/ACT
BREO ELLIPTA INH 200-25 MCG/ACT
BREO ELLIPTA INH 50-25 MCG/ACT
BREZTRI AEROSPHERE
budesonide inhalation susp 0.25 mg/2 ml
budesonide inhalation susp 0.5 mg/2 ml
budesonide inhalation susp 1 mg/2 ml
COMBIVENT AER 20-100 MCG/ACT
cromolyn sodium soln nebu 20 mg/2 ml
DULERA AER 100-5 MCG/ACT
DULERA AER 200-5 MCG/ACT
DULERA AER 50-5 MCG/ACT
FLUTICASONE HFA AER 110 MCG
FLUTICASONE HFA AER 220 MCG
fluticasone propionate hfa inhal aero 44 mcg/act

Product names listed are the property of their respective owners.

fluticasone-salmeterol aer powder ba 100-50 mcg/act
fluticasone-salmeterol aer powder ba 250-50 mcg/act
fluticasone-salmeterol aer powder ba 500-50 mcg/act
FLUTICASONE-SALMETEROL INH 113-14 MCG/ACT
FLUTICASONE-SALMETEROL INH 232-14 MCG/ACT
FLUTICASONE-SALMETEROL INH 55-14 MCG/ACT
INCRUSE ELLIPTA INH 62.5 MCG
ipratropium bromide hfa inhal aerosol 17 mcg/act
ipratropium bromide inhal soln 0.02%
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3 ml
levalbuterol hcl soln nebu 0.31 mg/3 ml
levalbuterol hcl soln nebu 0.63 mg/3 ml
levalbuterol hcl soln nebu 1.25 mg/3 ml
levalbuterol hcl soln nebu conc 1.25 mg/0.5 ml
montelukast sodium chew tab 4 mg
montelukast sodium chew tab 5 mg
montelukast sodium oral granules packet 4 mg
montelukast sodium tab 10 mg
QVAR REDIHALER AER 40 MCG
QVAR REDIHALER AER 80 MCG
SEREVENT DISKUS AER 50 MCG
SPIRIVA RESPIMAT AER 1.25 MCG
SPIRIVA RESPIMAT AER 2.5 MCG
STIOLTO AER 2.5-2.5 MCG/ACT
SYMBICORT AER 160-4.5 MCG/ACT
SYMBICORT AER 80-4.5 MCG/ACT
theophylline tab er 12hr 300 mg
theophylline tab er 12hr 450 mg
theophylline tab er 24hr 400 mg
theophylline tab er 24hr 600 mg
TRELEGY AER 100 MCG
TRELEGY AER 200 MCG
VENTOLIN HFA AER
zafirlukast tab 10 mg
zafirlukast tab 20 mg

Abbreviation Key

aer ..... aerosol
cap .....capsules
chew .....chewable
conc ..... concentrate
cr.....controlled release
dr .....delayed release
ec.....enteric coated
equiv ..... equivalent
er .....extended release
gm..... gram
inhal..... inhaler
inj .....injection
liqd..... liquid
mg.....milligram
ml..... milliliter
nebu.....nebulizer
odt. ..... orally disintegrating tablets
oint ..... ointment
ophth ..... ophthalmic
osm .....osmotic release
pack ..... packets
powd ..... powder
pttw .....twice-weekly patch
sl ..... sublingual
soln .....solution
suppos ..... suppositories
susp ..... suspension
tab ..... tablets
td .....transdermal
w/ .....with

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.

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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).

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)。

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).

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).

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 መጠቀምን፣ በትላልቅ ህትመቶች ወይም በብሬይል የተጻፉ ሰነዶችን፣ የድምፅ ቅጂዎችን ወይም ሌሎች መርጃዎችን ያለ ክፍያ ማቅረብን ይጨምራል። 1-855-903-2583 (TTY 711) ላይ ይደውሉ።

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).

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).

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).

ខ្មែរ (Khmer)
ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ អ្នកអាចស្នើសុំសេវាជំនួយបកប្រែភាសាដោយឥតគិតថ្លៃ។ ប្រសិនបើអ្នកមើលមិនឃើញ ស្តាប់មិនឮ ឬនិយាយមិនបាន យើងអាចប្រាស្រ័យទាក់ទងជាមួយអ្នកតាមរបៀបផ្សេងដែលមានប្រសិទ្ធភាពល្អបំផុតសម្រាប់អ្នក។ ការប្រាស្រ័យទាក់ទងនេះអាចមានដូចជាអ្នកបកប្រែភាសាសញ្ញា ការផ្តល់ឯកសារដែលបោះពុម្ពអក្សរធំៗ ឬអក្សរស្តាប ឬការថតទុកជាសំឡេង ឬជំនួយផ្សេងទៀត ដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-855-903-2583 (TTY 711)។

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.

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ကညီကျိ် (Karen)
ဟ်သူဉ်ဟ်သး- နမ့ၢ်ကတိၤ ကညီကျိ် နၣ်,
နဃ့ကျိ်ဂ့ၢ်ဝိတၢ်တိစၢၤမၤစၢၤလၢတလၫ်ဘူးလဲ သ့နၣ်လီၤ.
နမ့ၢ်အိဉ်ဒီးတၢ်တလၢတပ့ၤလၢ မဲာ်တၢ်ထံဉ်, တၢ်နၢ်ဟူ, မ့တမ့ၢ်
တၢ်စံးကတိၤတၢ်နၣ် ပဆဲးကျၢဆဲးကျိုးတၢ်လၢ
ကျဲကဲထိဉ်လိာ်ထိဉ်အဂ့ၤကတၢ်လၢနဂီၢ်သ့နၣ်လီၤ. တၢ်အံၤ
ပဉ်ဃုာ်ဒီး တၢ်စူးကါ နီၢ်ခိက့ၢ်ဂီၤကျိ်အပှၤကျိ်ထံတၢ်တဖဉ်,
တၢ်ဟ့ဉ်လံာ်လံၢ်တဖဉ်လၢ အလံာ်ဖျၢဉ်ဖးဒိဉ်, မ့တမ့ၢ်
ပှၤမဲာ်ဘျိဉ်အလံာ်, တၢ်ကလုၢ်, မ့တမ့ၢ် တၢ်မၤစၢၤဂုၤဂၤတဖဉ်
လၢတလၫ်အဘူးလဲနၣ်လီၤ. ကိးလီတဲစိဆူ 1-855-903-2583
(TTY 711) တက့ၢ်.

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 မျက်မြင်စာဖြင့်
ပံ့ပိုးပေးခြင်း၊ အသံဖမ်းယူခြင်းများ သို့မဟုတ်
အခြားအထောက်အကူများဖြင့် အခမဲ့ပံ့ပိုးပေးခြင်းတို့ ပါဝင်ပါသည်။
1-855-903-2583 (TTY 711) သို့ ဖုန်းခေါ်ဆိုပါ။

OROMOO (Oromo)
Xiyyeeffannoon haa kennamuː- 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, waraabbiiwwan sagalee ykn gargaarsota biroo kaffaltii tokkoo malee gaafachuu dha. 1-855-903-2583 (TTY 711) irratti bilbilaa.

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).

ພາສາລາວ (Lao)
ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າ ພາສາລາວ,
ທ່ານສາມາດຂໍບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ.
ຖ້າທ່ານມີຄວາມບົກຜ່ອງດ້ານສາຍຕາ, ການໄດ້ຍິນ ຫຼື ການປາກເວົ້າ,
ພວກເຮົາສາມາດສື່ສານດ້ວຍວິທີທີ່ເໝາະສົມກັບທ່ານທີ່ສຸດ.
ອັນນີ້ອາດຈະລວມເຖິງການໃຊ້ນາຍພາສາມື,
ການຈັດກຽມເອກະສານເປັນໂຕພິມໃຫຍ່ ຫຼື ອັກສອນນູນ,
ການບັນທຶກສຽງ ຫຼື
ການຊ່ວຍເຫຼືອດ້ານສື່ອື່ນໆໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທ
1-855-903-2583 (TTY 711).

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).

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).

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）。