

# Essentials Drug List

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The Essentials Drug List keeps your pharmacy costs as low as possible by focusing on high-value drugs that are approved by the U.S. Food and Drug Administration (FDA). As a result, some drugs are not covered by the pharmacy plan. These include:

- Low-value, high-cost drugs
- Drugs with lower-cost, over-the-counter alternatives
- Drugs not approved by the FDA
- Drugs sold at inflated prices

All excluded drugs have a therapeutic alternative. Talk with your doctor about what is right for you. In some cases, a non-prescription, over-the-counter (OTC) form of the drug may be a good choice. Please note that OTC drugs are not covered.

This list is subject to change.

## **To check how your prescription medication is covered on the Essentials drug list, or if it is excluded:**

1. Go to [www.premera.com/wa/visitor/pharmacy/drug-search/rx-search/](http://www.premera.com/wa/visitor/pharmacy/drug-search/rx-search/)
2. Scroll down to the “Search as a visitor” section (Do NOT log in to your Premera account to search the 2019 formulary; it will not be available on your member portal until 1/1/2019)
3. Select E4 from the “Drug list to search” drop down menu
4. Enter a drug name or select a therapeutic class to search
5. When you find the drug you are looking for, look at the “Status” column in the chart and refer to the “Definition of Status” description below



**BLUE CROSS**

An Independent Licensee of the Blue Cross Blue Shield Association

# Essentials Drug List

## Exclusions and Preferred Alternatives, by Drug Class

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
<b>AUTONOMIC and CNS</b>		
Narcotics	Allzital, Norco, Opana, Oxycodone ER, Percocet, Roxicodone, Zubsolv	Generics*
Headache	Brands (Axert, Bupap, Esgic, Fioricet, Fiorinal, Imitrex, Migranal, Sumavel, Treximet, Vanatol, Zecuity)	Generics*
Miscellaneous Neurological	Horizant, Xenazine	Gabapentin, Tetrabenazine
Naloxone Auto-Injector	Evzio	Generics*
NSAIDs	Brands (Cambia, Capoxib, Celebrex, DermacinRx Lexitral, Diclotral, Feldene, Flector, Frotek, Indocin, Inflammacin, Lidoxib, Naprelan, Napropax, Pennsaid, Sprix, Tivorbex, Vimovo, Vivlodex, Xeltral, Zipsor)	Generics*
Parkinson's	Rytary	Carbidopa/Levodopa
Fentanyl Products	Abstral, Actiq, Duragesic, Fentora, Lazanda, Subsys	Generics*
<b>CARDIOVASCULAR</b>		
Antiplatelet and Anticoagulant Drugs	Lovenox, Plavix, Yosprala	Enoxaparin, Clopidogrel, Aspirin
Blood pressure	Atacand, Azor, Edarbi, Hemangeol, Inderal LA, Innopran, Tribenzor	Generics*
Cholesterol	Cholestyramine, Lipitor, Livalo, Vascepa, Vytorin, Welchol, Zetia	Generics*, OTC fish oil capsules
<b>DERMATOLOGICAL</b>		
Acne Oral Products	Brands (Absorica, Acticlate, Adoxa, Avidoxy, Benzodox, Doryx, Monodox, Oracea, Solodyn, Targadox, Vibramycin)	Generics*, Amnesteem, Claravis, Doxycycline, Minocycline, Myorisan, Zenatane
Acne Topical Products	Brands (Benzaclin, Clindacin, Clindagel, Differin, Duac, Epiduo, Fabior, Neuac, Noritate, Tazorac, Tretin-X, Veltin, Ziana), Adapalene	Generics*
Corticosteroid Topical Products	Brands (Clodan, Cordran, DermasilkRx, First-Hydrocort, Halog, Pandel, Psorcon, Synalar, Topicort, Trianex, Ultravate, Verdeso)	Generics*
Topical Anesthetics	Brands (Adazin, Anacaine, Anastia, Anusol HC, Astero, Dermazyl, Ellenzapatch, EnovaRx Lidocaine, Lidoderm, Lido-K, Lidopac, Lidopin, LDO Plus, Lidopril, LidoRx, Lidotral, Lidotopic, Lidotrex, Lidovex, Liprozone, Livixil, Lorenza, LP Lite, Medolor, Mentho-caine, Numbonex, Pain Relief, Prilodid, Provenza, Reciphexamine, Relador, Relyyx, Silvera, Solupak, Synvexia, Xryliderm, Velma, Zeruvia)	Generics*
Topical Antibiotics	Brands (Ala-Quin, Alcantin, Aloquin, Centany, Denavar, Dermasorb, Ertaczo, Jublia, Kerydin, Vytone, Xerese, Xolegel)	Generics*
Miscellaneous Dermatological Products	Captracin, Carac, Condylox, Dermasorb, Enovarx-Amitriptyline, Enovarx-Cyclobenzaprine, Enstilar, Fluoroplex, Neuvaxin, Nudiclo, Picato, RegeneCare, Rynoderm, Silmanix, Sorilux, Taclonex, Urevaz, Vectical, Veregen, Vexa, Zonalon, Zyclara	Generics*
<b>DIABETES</b>		
Insulins	Afrezza, Apidra, Apidra Solostar, Humalog, Humulin	Novolin and Novolog (all preferred)
Non-Insulin Drugs for Diabetes	Alogliptin, Alogliptin-Metformin, Alogliptin-Pioglitazone, Fortamet and its high cost generic equivalent, Glumetza and its high cost generic equivalent, Glyxambi, Jentadueto, Kazano, Nesina, Oseni, Tanzeum, Tradjenta, Trulicity	Other generics*, Byetta, Bydureon, Farxiga, Invokana, Invokamet, Januvia, Janumet, Jardiance, Kombiglyze, Onglyza, Synjardy, Victoza, Xigduo, Xultophy
Test Strips for Blood Glucose	Accu-Chek, Acutrend, Assure, Breeze, Contour, Freestyle, Nipro, Precision, Prodigy, TrueTest, and all others, including generics. (Exceptions made for meters that pair with an insulin pump.)	Lifescan, Onetouch, Onetouch Ultra (only these brands)
<b>EAR/NOSE</b>		
Antihistamines (and their decongestant combinations)	Allegra, Arbinoxa, Carbinoxamine, Clarinex, Clemastine Fumarate, Desloratadine, Fexofenadine, Karbinal, Levocetirizine, Palgic, Semprex, Xyzal, Zyrtec	Cetirizine, Cyproheptadine, Hydroxyzine, Promethazine (most of these can be purchased OTC)
Nasal Steroids	Beconase, Dimysta, Flonase, Flunisolide, Mometasone, Nasonex, Omnaris, Qnasl, Rhinocort, Triamcinolone, Veramyst, Zetonna	Fluticasone (other products can be purchased OTC)
<b>ENDOCRINE (OTHER)</b>		
Androgens	Android, AndroGel 1%, Aveed, First-Testosterone, Fortesta, Methitest, Natesto, Testim, Testosterone, Testred, Vogelxo	Oxymetholone, Testosterone, Methyltestosterone
Corticosteroids	Rayos	Prednisone, Prednisolone
Growth Hormones	Humatrope, Norditropin, Nutropin, Saizen, Zomacton	Genotropin, Omnitrope
Thyroid Hormones	Cytomel, Tirosint	Generics*, Synthroid, Levoxyol

\*Some very high-cost generic products are excluded.

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
<b>GASTROINTESTINAL</b>		
Digestive Enzymes	Pancreaze, Pertzye, Ultresa, Viokace	Creon, Zenpep
H2 Antagonists	Axid, Cimetidine, Famotidine, Nizatidine, Pepcid, Tagamet, Zantac	Ranitidine (all products available OTC)
Nausea and Vomiting	Sancuso, Zuplenz	Dolasetron, Granisetron, Ondansetron
Proton Pump Inhibitors	Aciphex, Aciphex Sprinkle, Dexilant, Esomeprazole Magnesium, First-Lansoprazole, First-Omeprazole, Lansoprazole, Nexium Rx, Omeprazole+Syrspend Sf Alka, Omeprazole-Sodium Bicarbonate, Prevacid Rx, Prilosec Rx, Protonix, Rabeprazole Sodium, Zegerid Rx	Nexium, Prevacid, Prilosec, Zegerid, and their generic equivalents are available over the counter. Generic pantoprazole is covered with a prescription.
Miscellaneous Digestive	Asacol HD, Colazal, Delzicol, Dipentum, Giazio, Kristalose, Librax, Mesalamine 800mg delayed release, Trulance	Generics*, Apriso, Constulose, Enulose, Lialda, Pentasa
<b>EXPENSIVE "KITS"</b>		
	Packaged kit	Active Ingredients in Kit
<b>MUSCULOSKELETAL</b>		
Muscle Relaxants	Amrix, EnovaRx Baclofen, Fexmid, Flexepax	Generics*
Osteoporosis	Forteo	Tymlos
<b>OBSTETRICAL/ GYNECOLOGICAL</b>		
Vaginal Estrogen/ Progestin Products	Estrogel, Femring, First-Progesterone	Divigel, Estradiol
<b>OPHTHALMIC</b>		
Antiglaucoma Drugs (Beta-Adrenergic Blockers)	Istalol, Timoptic	Betaxolol, Carteolol, Timolol, Alphagan P 0.1%, Combigan
Antiglaucoma Drugs (Ophthalmic Prostaglandins)	Zioptan	Latanoprost, Travoprost, Lumigan, Travatan
NSAID Eye Drops	Acuvail, Nevanac	Generics*, Ilevro, Prolensa
<b>RESPIRATORY</b>		
Auto-injector, Epinephrine	Auvi-Q	Generic Epinephrine Auto-injector
Beta Agonist Inhalers	Levalbuterol, Proventil, Xopenex	ProAir, Ventolin
Cystic Fibrosis	Tobi	Tobramycin (generic, inhaled)
Leukotriene Drugs (asthma)	Singlular	Montelukast
Pulmonary Anti-Inflammatory Inhalers	Alvesco	Arnuity, Asmanex HFA, Flovent, Pulmicort, QVAR
<b>OVERACTIVE BLADDER</b>		
	Gelnique, Myrbetriq, Oxytrol, Rapaflo, Toviaz, Vesicare	Darifenacin, Flavoxate, Oxybutynin, Tolterodine, Trosipium
<b>VITAMINS</b>		
	B-12 Compliance, Cadeau DHA, DermacinRx Purefolix, Durachol, Floriva Plus, Folcal DHA, Folgard, Folixapure, Foltrate, Nascobal, Neurin-SL, Niva-Fol, Noxifol-D3, OB Complete Gold, Revesta, Roxifol-D, Vinate DHA, Zolate	Generics* containing folic acid. (Products containing levomefolate are not FDA-approved and will not be covered.)
<b>MISCELLANEOUS</b>		
Miscellaneous Antibiotics	Plaquenil, PCE, Sitavig, Oravig, Valtrex	Generics*, Acyclovir, Erythromycin, Hydroxy-chloroquine, Miconazole, Terbinafine, valacyclovir
Renal Failure	Fosrenol, Renagel	Generics*

\*Some very high-cost generic products are excluded.

EXCLUDED MEDICATIONS/PRODUCTS AT A GLANCE

Absorica	Clodan	Fortesta	Migranal	Physicians EZ Use	Trulance
Abstral	Colazal	Fosrenol	Mometasone	Plaquenil	Trulicity
Accu-Chek	Condylox	Freestyle	Monodox	Plavix	Ultravate
Aciphex	Contour Cordran	Frotek	Myrbetriq	Pulmicort	Ultresa
Acticlate	Cytomel	Gelnique	Naprelan	Rabeprazole	Urevaz
Actiq	Delzicol	Giazo	Napropax	Rapaflo	Valtrex
Acutrend	Denavir	Glumetza	Nascobal	Rayos	Vanatol
Acuvail	DermacinRx	Glyxambi	Nasonex	Reciphexamine	Vascepa
Adapalene	DermasilkRx	Halog	Natesto	Regenecare	Vectical
Adazin	Purefolix	Hemangeol	Nesina	Relador	Velma
Adoxa	doubleDermazyl	Horizant	Neuac	Relyyx	Veltin
Afrezza	Dexilant	Humalog	Neurin-SL	Renagel	Veramyst
Ala-Quin	Diclotral	Humatrope	Neuvaxin	Revesta	Verdeso
Alcortin	Dimysta	Humulin	Nevanac	Rhinocort	Veregen
Allzital	Dipentum	Imitrex	Nexium	Roxicodone	Vesicare
Alogliptin	Doryx	Inderal LA	Nipro	Roxifol-D	Vexa
Alogliptin-Metformin	Duac	Indocin	Niva-Fol	Rynoderm	Vibramycin
Alogliptin-Pioglitazone	Durachol	Inflammacin	Nizatidine	Rytary	Vimovo
Aloquin	Duragesic	Innopran	Norco	Saizen	Vinate DHA
Alvesco	Edarbi	Istalol	Norditropin	Sancuso	Viokace
Amrix	Ellenzapatch	Jentadueto	Noritrate	Silmanix	Vivlodex
Anacaine	EnovaRx	Kublia	Noxifol-D3	Silvera	Vogelxo
Anastia	Baclofen	Kazano	Nudiclo	Sitavig	Vytone
Android	EnovaRx	Kerydin	Numbonex	Singulair	Vytorin
Anusol HC	Enstilar	Kristalose	Nutropin	Solodyn	Welchol
Apidra	Epiduo	Lansoprazole	OB Complete Gold	Solopak	Xeltral
Apidra Solostar	Epiduo	Lazanda	Omnaris	Sorilux	Xenazine
Asacol HD	Ertaczo	LDO Plus	Opana ER	Sprix	Xerese
Assure	Esgic	Levalbuterol	Oracea	Subsys	Xolegel
Astero	Esomeprazole	Lexitral	Oravig	Sumavel	Xopenex
Atacand-HCT	Estrogel	Librax	Oseni	Synalar	Xilapak
Auvi-Q	Evzio	Lidoderm	Oxytrol	Synvexia	Xryliderm
Aveed	Fabior	Lido-K	Packaged Kits	Taclonex	Yosprala
Avidoxy	Famotidine	Lidopac	Pain Relief	Tagamet	Zantac
Axid	Feldene	Lidopin	Pancreaze	Tanzeum	Zecuity
Azor	Femring	Lidopril	Pandel	Targadox	Zegerid Rx
B-12 Compliance	Fentora	LidoRx	Pennsaid	Tazorac	Zeruvia
Beconase	Fexmid	Lidotral	Pepcid	Testim	Zetia
Benzaclin	Fioricet	Lidotrex	Pertzze	Testosterone	Zetonna
Benzodox	Fiorinal	Lidovex	Picato	Testred	Ziana
Breeze	First-products	Lidoxib	Precision	Timoptic	Zioptan
Bupap	Flector	Lidtopic	Prevacid Rx	Tirosint	Zipsor
Cadeau DHA	Flexepax	Lipitor	Prilodid	Tivorbex	Zolate
Cambia	Flonase	Livalo	Prilosec Rx	Tobi	Zomacton
Capoxib	Floriva Plus	Liprozone	Prodigy	Topicort	Zomig
Captracin	Flunisolide	Livixil	Protonix	Toviaz	Zonalon
Carac	Fluoroplex	Lorenza	Proventil	Tradjenta	Zubsolv
Celebrex	Folcal	Lovenox	Provenza	Tretin-X	Zuplenz
Centany	Folgard	LP Lite	Psorcon	Treximet	Zyclara
Cimetidine	Folixapure	Medolor	Qnasl	Tribenzor	
Clindacin	Foltrate	Mentho-caine	Oxycodone ER	Triamcinolone	
Clindagel	Fortamet	Mesalamine 800mg	PCE	Trianex	
	Forteo	Methitest	Percocet	TrueTest	

**Discrimination is Against the Law**

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:

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

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals  
PO Box 91102, Seattle, WA 98111  
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357  
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services  
200 Independence Avenue SW, Room 509F, HHH Building  
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Getting Help in Other Languages**

**This Notice has Important Information.** This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

**አማርኛ (Amharic):**

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀኖች ሊኖሩ ይችላሉ። የጤናን ሽፋንዎን ለመጠበቅና በአካፋይ ለርዳታ ለማግኘት በተወሰኑ የጊዜ ገደቦች ለርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ ለርዳታ እንዲያገኙ መብት አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

**العربية (Arabic):**

يحتوي هذا الإشعار معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تريد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

**中文 (Chinese):**

**本通知有重要的訊息。**本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

**Oromoo (Cushite):**

**Beeksisni kun odeeffannoo barbaachisaa qaba.** Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhuma irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii bilbilaa.

**Français (French):**

**Cet avis a d'importantes informations.** Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

**Kreyòl ayisyen (Creole):**

**Avi sila a gen Enfòmasyon Enpòtan ladann.** Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resevwa enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

**Deutsche (German):**

**Diese Benachrichtigung enthält wichtige Informationen.** Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

**Hmoob (Hmong):**

**Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb.** Tej zaum tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas pab kom koj ua tsis pub dhau cov caij nyooq uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

**Iloko (Ilocano):**

**Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion.** Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenno coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyo wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

**Italiano (Italian):**

**Questo avviso contiene informazioni importanti.** Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).

**日本語 (Japanese):**

この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

**한국어 (Korean):**

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

**ລາວ (Lao):**

ແຈງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນສະເພາະ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວລາຮ້າຍເຊັ່ນຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໄດ້ຄືເປັນຕົ້ນ. ໃຫ້ໂທຫາ 800-722-1471 (TTY: 800-842-5357).

**ភាសាខ្មែរ (Khmer):**

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរ៉ាប់រងរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជូនសមត្ថភាព ដល់កំណត់ថ្លៃដាក់ច្បាប់ធានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ដុល្លារចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ នឹងជំនួយនៅក្នុងការសាររបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

**ਪੰਜਾਬੀ (Punjabi):**

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਜਵਚ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਕੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ .ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

**فارسی (Farsi):**

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کایبران TTY تماس با شماره 800-842-5357) تماس برقرار نمایید.

**Polskie (Polish):**

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

**Português (Portuguese):**

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

**Română (Romanian):**

Prezenta notificare conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

**Русский (Russian):**

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

**Fa'asamoa (Samoan):**

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloililo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua fa'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

**Español (Spanish):**

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

**Tagalog (Tagalog):**

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

**ไทย (Thai):**

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับการสมัครหรือขอขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

**Український (Ukrainian):**

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

**Tiếng Việt (Vietnamese):**

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).