Aetna Premier Plus Plans
January 1, 2017 Updates

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Abbreviation Key

Refer to your plan documents for a complete description of benefits, exclusions and limitations of coverage

*	**Some plans may not cover this drug.** Alternatives are available.
Expect Gen Expect Generic	**Expect generic drugs to become available in the near future.** When this happens, we may cover the brand-name drug at a higher copayment, add the brand-name drug to the precertification, quantity limit or step-therapy lists, or add the brand-name drug to the Formulary Exclusions list.
HCR Health Care Reform	There is no copay for these drugs.
LGC Lowest generic copay	Lowest generic copay only applies if your plan has the Value Drug Program.
Medical	These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit.
NC Not-Covered	**These drugs are not covered under your pharmacy benefit plan.** You can still get these drugs but will need to pay the full cost of the drug.
NPB/G Non-preferred brand or non-preferred generic drug	**These drugs aren't preferred**. You may pay higher out-of-pocket costs when using a non-preferred brand-name or non-preferred generic drug.
NPS Non-preferred specialty drug	**These drugs aren't preferred.** You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List.
NPL National Precertification List	**Prior authorization (PA) is required for all plans.** Your doctor must contact us to request approval for coverage.
PA Prior authorization or precertification	**Prior authorization only applies if your plan includes precertification.** This means that we have to approve some drugs before we cover them. If this is required, your doctor must contact us to request approval of coverage.
PB Preferred brand-name drug	These are brand-name drugs that are covered at your 2nd Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
PS Preferred specialty drugs	You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List.
PG Preferred generic	These are generic drugs that are covered at your 1st tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
QL Quantity limits	**Quantity limits only applies if your plan includes quantity limits.** Quantity limits help ensure that you get a safe amount of your drug. If you go past the quantity limit, your doctor must contact us to request approval of coverage.
Select OTC Select over-the-counter	Select OTC (over-the-counter) drugs are covered under your prescription plan with a prescription.
SPB Specialty pharmacy coverage	You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.
ST Step therapy	**Step therapy only applies if your plan includes step-therapy.** This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug.

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Drug Name	Current Tier	Tier as of 1/1/2017	Formulary Alternative(s)	Notes
acid control tab	PG/LGC	NC		Remove select OTC
acid reducer tab	PG/LGC	NC		Remove select OTC
a-cillin	PG	PG/LGC		
alavert	PG/LGC	PG		
alaway	PG/LGC	PG		
alaway child	PG/LGC	PG		
ALINIA	NPB/G	NPB/G		Expect Gen
allergy eye drops	PG/LGC	PG		
allergy relief	PG/LGC	PG		
allergy tab	PG/LGC	PG		
ALOXI	NC	NC		Remove NPL
ALUVEA	NC	NC		
ambitussin	PG	NC		Remove select OTC
amoxicillin	PG	PG/LGC		
amoxil	PG	PG/LGC		
ANALPRAM-HC	NC	NC		
ANALPRM SNGL	NC	NC		
ANASPAZ	NC	NC	*dicyclomine, glycopyrrolate*	
antihistamine drops	PG/LGC	PG		
ANZEMET inj	NC	NC		Remove NPL
ARRANON	NC	NC		Expect Gen
aspirin	PG	NC		Remove select OTC
AZILECT	PB	PB		Expect Gen
azuphen mb	NC	NC		
banophen	PG	NC		Remove select OTC
beepen-vk	PG	PG/LGC		
BONIVA inj	NPS	NPS		Remove NPL
bpm-dm-phen syrup	PG	NC		Remove select OTC
brodspec caps	PG/LGC	PG		
CAPCOF SYRUP	PG	NC		Remove select OTC
CARBAGLU	NPS	NPS		Expect Gen
cephalexin	PG	PG/LGC		
cheratussin	PG	NC		Remove select OTC
chlorpropamine	PG/LGC	PG		
chlorthalidone	PG/LGC	PG		
cimetidine	PG/LGC	PG		
ciprofloxacn	PG	PG/LGC		
claritin eye drops	PG/LGC	PG		
claritin solution	PG/LGC	PG		
c-lexin	PG	PG/LGC		
CLIMARA PRO	NPB/G	NPB/G		Expect Gen
COLCRYS	PB	NPB/G	*colchicine,* MITIGARE	
COPAXONE 40mg	PS	PS		Expect Gen

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Drug Name	Current Tier	Tier as of 1/1/2017	Formulary Alternative(s)	Notes
COVERA-HS	NPB/G	NPB/G		Expect Gen
cvs allergy drops	PG/LGC	PG		
cyclatet	PG/LGC	PG		
dihistine liquid	PG	NC		Remove select OTC
diphenhydramine	PG	NC		Remove select OTC
DONNATAL	NC	NC	*dicyclomine, glycopyrrolate*	
doxycycline hyclate	PG/LGC	PG		
doxy-d	PG/LGC	PG		
DRYSOL	NC	NC		
DUAC	NPB/G	NPB/G*	EPIDUO	
EMEND	PB	NPB/G	*oral ondansetron tab*	
endacof-c	PG	NC		Remove select OTC
EPIDUO	PB	PB		Expect Gen
EPIDUO FORTE	PB	PB		Expect Gen
EPIPEN 2-PAK	PB	PB		Expect Gen
EPIPEN-JR	PB	PB		Expect Gen
EPZICOM	NPB/G	NPB/G		Expect Gen
eq itchy eye drops	PG/LGC	PG		
eridium	PG/LGC	PG		
estropipate	PG/LGC	PG		
EVZIO	PB	NPB/G*	NARCAN NASAL SPRAY	
EXFORGE	PB	NPB/G	*amlodipine, candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan*	
EXFORGE HCT	PB	NPB/G	*amlodipine, candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz*	
eye itch relief	PG/LGC	PG		
EYLEA	NPS	NPS		Add NPL
ferrous sulfate	HCR	NC		
fluocinonide cream 0.05%	PG/LGC	PG	*betamethasone dipropionate crm, oint, lot*	
fluocinonide cream -e 0.05%	PG/LGC	PG	*betamethasone dipropionate crm, oint, lot*	
fluoxetine	PG/LGC	PG		
gentamicin cream	PG/LGC	PG		

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Drug Name	Current Tier	Tier as of 1/1/2017	Formulary Alternative(s)	Notes
gg/codeine syrup	PG	NC		Remove select OTC
GIAZO	NPB/G	NPB/G	APRISO, ASACOL/HD, DELZICOL, LIALDA, PENTASA	Expect Gen
GLUCOSE TEST STRIPS (any brand except LIFESCAN and ABBOTT products)	NPB/G	NPB/G*	LIFESCAN products (such as ONETOUCH), ABBOTT products (such as FREESTYLE)	
grafco silver	NC	NC		
guaiatussin	PG	NC		Remove select OTC
guaifenesin	PG	NC		Remove select OTC
guiatuss dac	PG	NC		Remove select OTC
HARVONI	PS	NPS	ZEPATIER	
hc pramoxine	NC	NC		
heartburn tab	PG/LGC	NC		Remove select OTC
hemmorex-hc	NC	NC		
HUMULIN	NPB/G	PB		
HUMULIN N	NPB/G	PB		
HUMULIN R	NPB/G	PB		
HYDRO 35	NC	NC		
hydroxyzine hcl	PG/LGC	PG		
hyolev mb	NC	NC	*dicyclomine, glycopyrrolate*	
hyosyne	NC	NC	*dicyclomine, glycopyrrolate*	
hypercare	NC	NC		
ibandronate inj	PS	PS		Remove NPL
indiomin mb	NC	NC		
iophen c-nr liquid	PG	NC		Remove select OTC
itchy eye drops	PG/LGC	PG		
JEVTANA	NC	NC		Remove NPL
kaon-cl-10	PG/LGC	PG		
KERALAC	NC	NC		
ketotifen fumarate drops	PG/LGC	PG		
klor-con 10	PG/LGC	PG		
klotrix	PG/LGC	PG		
k-sol	PG/LGC	PG		
ledercill vk	PG	PG/LGC		
LEVBID	NC	NC	*dicyclomine, glycopyrrolate*	
LEVSIN	NC	NC	*dicyclomine, glycopyrrolate*	
LEVSIN/SL	NC	NC	*dicyclomine, glycopyrrolate*	

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Drug Name	Current Tier	Tier as of 1/1/2017	Formulary Alternative(s)	Notes
LEXIVA	PB	PB		Expect Gen
lohist-dm	PG	NC		Remove select OTC
loratadine	PG/LGC	PG		
LOTEMAX	PB	PB		Expect Gen
LUCENTIS	NPS	NPS		Add NPL
LUPR DEP-PED	PS	PS	*leuprolide*	Add PA
MACUGEN	NPS	NPS		Add NPL
MAR-COF BP LIQUID	PG	NC		Remove select OTC
m-clear wc liquid	PG	NC		Remove select OTC
M-END PE LIQUID	PG	NC		Remove select OTC
m-end wc liquid	PG	NC		Remove select OTC
mesehist wc	PG	NC		Remove select OTC
MINASTRIN 24	NPB/G	NPB/G		Expect Gen
MIRENA	NPB/G	NPB/G		Expect Gen
MITIGARE	NPB/G	PB		
morgidox	PG/LGC	PG		
mytussin dac	PG	NC		Remove select OTC
naproxen sod	PG/LGC	PG		
NARCAN	NPB/G	PB		
NASONEX	PB	NPB/G	*flunisolide, mometasone,* FLONASE OTC, NASACORT 24HR	
neuac	PG	PG*	EPIDUO	
NOTUSS-NX	PG	NC		Remove select OTC
NOTUSS-NXD	PG	NC		Remove select OTC
novadyne	PG	NC		Remove select OTC
NOVOLOG NOVOLOG MIX	PB	NPB/G	HUMULIN products, HUMALOG products	
nulev	NC	NC	*dicyclomine, glycopyrrolate*	
omeprazole	PG/LGC	PG		
ormir	PG	NC		Remove select OTC
ortho-est	PG/LGC	PG		
oscimin	NC	NC	*dicyclomine, glycopyrrolate*	
oscimin sr	NC	NC	*dicyclomine, glycopyrrolate*	
OTEZLA	NPS	PS		
pamidronate	PS	PS		Remove NPL
PATADAY	PB	PB		Expect Gen
pc pen vk	PG	PG/LGC		
pc tet	PG/LGC	PG		
penicilln vk	PG	PG/LGC		
pen-vee k	PG	PG/LGC		

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Drug Name	Current Tier	Tier as of 1/1/2017	Formulary Alternative(s)	Notes
pharbedryl	PG	NC		Remove select OTC
phenazopyridine	PG/LGC	PG		
PHENHIST DH	PG	NC		Remove select OTC
phenohytro	NC	NC	*dicyclomine, glycopyrrolate*	
polymox	PG	PG/LGC		
POLY-TUSSIN	PG	NC		Remove select OTC
POLY-TUSSIND	PG	NC		Remove select OTC
potassium chloride	PG/LGC	PG		
prazosin hcl	PG/LGC	PG		
prednicen-m	PG/LGC	PG		
prednisone	PG/LGC	PG		
PREVIDENT	NC	NC	*fluoride tablets*	
PRILOSEC OTC	PG/LGC	PG		
PRISTIQ	NPB/G	NPB/G	*citalopram, fluoxetine, duloxetine, venlafaxine, amitriptyline, mirtazapine, trazodone*	Expect Gen
PRO-CLEAR AC	PG	NC		Remove select OTC
PRO-RED AC	PG	NC		Remove select OTC
pyridiate	PG/LGC	PG		
ranitidine	PG/LGC	NC		Remove select OTC
RECLAST	NPS	NPS		Remove NPL
relcof c	PG	NC		Remove select OTC
RELPAX	NPB/G	NPB/G		Expect Gen
REVATIO SUS	NPS	NPS		Expect Gen
REYATAZ	PB	PB		Expect Gen
robitet	PG/LGC	PG		
RYDEX	PG	NC		Remove select OTC
salicylic acid 6% foam	NC	NC		
SALIVAMAX	NC	NC		
SANDOSTATIN	NPS	NPS		Expect Gen
sod chloride nebs	PG	NC		Remove select OTC
sod sul/sulf	PG	NC	EPIDUO	
SOMAVERT	NPS	NPS		Expect Gen
SOVALDI	PS	NPS	ZEPATIER	
STATUSS	PG	NC		Remove select OTC
STRATTERA	PB	PB		Expect Gen
SUBOXONE FILM	NPB/G	NPB/G		Expect Gen
SUMADAN WASH	NPB/G	NC	EPIDUO	
sumycin	PG/LGC	PG		
SUSTIVA	PB	PB		Expect Gen
symax-sl	NC	NC	*dicyclomine, glycopyrrolate*	

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Drug Name	Current Tier	Tier as of 1/1/2017	Formulary Alternative(s)	Notes
symax-sr	NC	NC	*dicyclomine, glycopyrrolate*	
TAMIFLU	NPB/G	NPB/G		Expect Gen
TAZORAC	NPB/G	PB		
teline	PG/LGC	PG		
ten-k	PG/LGC	PG		
tetracycline	PG/LGC	PG		
tetram	PG/LGC	PG		
TIKOSYN	NPB/G	NPB/G		Expect Gen
TRACLEER	PS	PS		Expect Gen
trazodone	PG	PG/LGC		
TRESIBA FLEX	NPB/G	PB		
triaminic	PG/LGC	PG		
trimox	PG	PG/LGC		
TROKENDI XR	NPB/G	NPB/G		Expect Gen
tusnel c	PG	NC		Remove select OTC
URAMAXIN	NC	NC		
URAMAXIN GT	NC	NC		
uramit mb	NC	NC		
ure-k	NC	NC		
urolet mb	NC	NC		
veetids	PG	PG/LGC		
VELCADE	NC	NC		Expect Gen
VIBERZI	NPB/G	PB		
VIREAD	PB	PB		Expect Gen
virtussin	PG	NC		Remove select OTC
virtussin ac	PG	NC		Remove select OTC
VISUDYNE	NPS	NPS		Expect Gen
VIVITROL	NPS	NPB/G		Remove SPB
VYTORIN	NPB/G	NPB/G	*atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin,* ZETIA	Expect Gen
wal-itin	PG/LGC	PG		
wal-itin chl	PG/LGC	PG		
wal-vert	PG/LGC	PG		
wal-zan	PG/LGC	NC		Remove select OTC
wal-zyr	PG/LGC	PG		
wincillin-vk	PG	PG/LGC		
wymox	PG	PG/LGC		
x-viate	NC	NC		
ZADITOR	PG/LGC	PG		
ZANTAC	PG/LGC	NC		Remove select OTC
zartan	PG	PG/LGC		

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Drug Name	Current Tier	Tier as of 1/1/2017	Formulary Alternative(s)	Notes
ZEPATIER	NPS	PS		
ZIANA	NPB/G	PB		
ZODRYL AC	PG	NC		Remove select OTC
ZODRYL DAC	PG	NC		Remove select OTC
ZODRYL DEC	PG	NC		Remove select OTC
zoledronic acid inj	PS	PS		Remove NPL
ZOMETA	NPS	NPS		Remove NPL
Z-TUSS AC	PG	NC		Remove select OTC
zyrtec itchy drops	PG/LGC	PG		

Please note that if your prescription drug benefits plan changes, the information in this letter may no longer apply.

A copayment is a flat fee. Coinsurance is a percentage of the rate that Aetna negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Aetna Pharmacy Plan and Specialty Drug List are subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining the Aetna Pharmacy Plan and Specialty Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about Aetna plans, refer to **www.aetna.com**.

In accordance with state law, commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Aetna Pharmacy Plan and Specialty Drug List will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "preservice utilization review." It is not "verification" as defined by Texas law.

In accordance with state law, fully insured commercial California HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive precertification or step-therapy reviews will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition.

In accordance with state law, fully insured commercial Connecticut PPO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive precertification or step-therapy reviews will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

The drugs on the Aetna Pharmacy Plan and Specialty Drug List including formulary exclusions, precertification, quantity limit and step-therapy reviews are subject to change. The quantity limits and step-therapy drug coverage review programs are not available in all service areas. For example, step-therapy programs do not apply to fully insured members in Indiana. Step therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-funded plans.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. For more information about Aetna plans, refer to www.aetna.com.

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TTY: 711

This Notice has Important Information. You may need to take action by certain dates to keep your health coverage or help with costs. For help in your language at no cost, you can call the number on your ID card. (English)

Este aviso contiene información importante. Es posible que deba realizar determinadas acciones en ciertas fechas para mantener su cobertura de salud o reducir costos. Para obtener ayuda en español sin cargo alguno, llame al número que figura en su tarjeta de identificación. (Spanish)

本通知包含重要資訊。您可能需要在特定日期前採取行動，以保留您的健康承保或關於費用的協助。如欲免費取得中文幫助，您可撥打您保險卡上的電話號碼。(Chinese)

Le présent avis contient des informations importantes. Vous devrez peut-être prendre des mesures à partir de certaines dates pour garder votre couverture santé ou obtenir des aides pour payer les coûts. Pour obtenir de l'aide en Français sans frais, vous pouvez appeler le numéro sur votre carte d'identification. (French)

Ang Abisong ito ay Naglalaman ng Mahalagang Impormasyon. Maaaring mangailangang kumilos ka sa tiyak na mga petsa upang mapanatili ang iyong saklaw pangkalusugan o tulong na may gastos. Para sa tulong sa Tagalog na walang gastos, maaari kang tumawag sa numero sa iyong ID card. (Tagalog)

Díí saad ílíinii baa hane'. Díí niké'ésti'ígíí éí doodago béeso da bee níká a'doowołígíí bikáa'go da át'ée dooleeł áko t'áadoo bee e'e'aahí baa yíłkaahgóó tsxíįłgo hasht'e díílíił níi da dooleeł. (Diné k'ehjí) bee shíká a'doowoł nínízingo Naaltsoos nanitingo bee néého'dolzinígíí béésh bee hane'í bikáá' áko áajį' hodiilnih t'áadoo bą́ą́h ílínígóó (Navajo)

Diese Mitteilung enthält wichtige Informationen. Wenn Sie Ihren Krankenversicherungsschutz beibehalten möchten oder Hilfe beim Bestreiten der Kosten benötigen, müssen Sie u. U. innerhalb einer bestimmten Frist handeln. Für kostenfreie Hilfe auf Deutsch können Sie die Nummer auf Ihrer Versicherungskarte anrufen. (German)

Ky njoftim përmban informacion të rëndësishëm. Juve do t'ju duhet të merrni masat e duhura përpara afateve të përcaktuara për të ruajtur siguracionin shëndetësor ose asistencën shëndetësore mbi kostot. Për asistencë falas në gjuhën shqipe, ju mund të telefononi në numrin e regjistruar në kartën tuaj të identitetit (ID). (Albanian)

ይህ ማስታወቅያ ጠቃሚ መረጃ አለው፡፡ የጤና ሽፋንዎን ለመጠበቅ ወይም በክፍያ በተወሰኑ ቀናት ውስጥ ወደ ተግባር መግባት አለብዎት፡፡ በነጻ ድጋፍ ለማግኘት(አማርኛ) በመታዋቅየወዎ ባለው ስልክ መደወል ይችላሉ፡፡ (Amharic)

يحتوي هذا الإشعار على معلومات مهمة. لذا يجب أن تتخذ الإجراءات اللازمة في المواعيد المحددة للحفاظ على تغطيتك الصحية أو للحصول على مساعدة في التكاليف. ولتلقي المساعدة بـ (اللغة العربية) مجاناً، يمكنك الاتصال على الرقم الموجود في بطاقة الهوية.(Arabic)

Այս ծանուցում ունի կարեւոր տեղեկություններ. Դուք կարող եք անհրաժեշտ է միջոցներ ձեռնարկել, ըստ որոշ ժամկետների պահել ձեր առողջության լուսաբանումը, կամ օգնել, ծախսերը. Օգնության համար (հայերեն) ոչ մի գնով, դուք կարող եք զանգահարել է մի շարք ձեզ վրա ID քարտ. (Armenian)

Iri Tangazo ririmwo amakuru afise akamaro gakomeye cane. Ni ivy'ikimazi ko ugira ico ukoze ku matariki yashinzwe kugira ntutakaze uburenganzira bwo kuvuzwa canke iyindi mfashanyo ikenera amafaranga. Ku bijanye n'ivyo wokenera ko bagufasha (bijanye no gutahura ururimi) ata mafaranga urishe, urashobora guhamagara iyo nomero iri kuri ako ga karata ndangamuntu kawe .(Bantu-Kirundi)

Kining maong Pahibalo Adunay Mahinungdanong Kasayoran. Basin nagkinahanglan kang mohimog lakang sa pihong petsa aron pagpabilin sa pagkasakop sa imong kahimsog o pagtabang sa galastohan. Alang sa tabang sa (pinulongan) nga walay bayad, tawgi ang numero sa kard sa imong kailhanan. (Bisayan-Visayan)

এই বিজ্ঞপ্তিতে গুরুত্বপূর্ণ তথ্য রয়েছে। আপনাকে হয়তো স্বাস্থ্য আওতাধীন বজায় রাখার জন্য অথবা খরচ দিয়ে সাহায্যের জন্য নির্দিষ্ট তারিখের মধ্যে ব্যবস্থা গ্রহণ করতে হতে পারে। বিনামূল্যে বাংলা ভাষাতে সহায়তার জন্য আপনি আপনার আইডি কার্ডে যে নম্বরটি রয়েছে তাতে কল কল করতে পারেন। (Bengali-Bangala)

ဤအကြောင်းကြားစာတွင် အရေးကြီးသည့်အချက်အလက်ပါရှိသည်။ သင့်ကျန်းမာရေးအာမခံသို့မဟုတ် ကုန်ကျစရိတ် အကူအညီကိုဆက်လက်ထားရှိရန် သတ်မှတ်ထားသည့်ရက်စွဲအတွင်း သင်ဆောင်ရွက်ရပါမည်။

(မြန်မာ/ဗမာ)ဘာသာစကားဖြင့် ကုန်ကျမှုမရှိဘဲအကူအညီရယူရန် သင့် ID ကတ်ပေါ်ရှိဖုန်းနံပါတ်ကို သင်ခေါ်ဆိုနိုင်ပါသည်။ (Burmese)

Aquesta nota conté informació important. Haurà de garantir que, durant les dates concretes, té una assegurança que cobreix les seves despeses mèdiques o és capaç de fer-se càrrec de les possibles despeses. Per rebre assistència en català sense cap cost addicional, pot trucar al número que trobarà a la seva targeta d'identificació. (Catalan)

Este na notisia gai empottånte na emfotmasion . Kåsi un nisisita para un kalamtini mås gi entre i fecha siha put para un sigi ha' ma ayuda pat un ma ayuda gi gastu-mu siha. Para ayudu gi (Chamoru) sin gåstu, siña un ågang i numiru ni mangaige gi iyo-mu 'ID card'. (Chamorro)

**ᏯᎠ ᏗᏓᏃᏣᏔᏁᏯ ᏅᏫᏙᏓᏓ ᎠᏓ ᏃᏯᏎᏓ ᏍᎩᏂᏍᏓᏩᏂᏍᏗᏓᏍᏗᏂᏲᎵᏍᏗᏂᏲᎵᏍᏗᏂᏲᎵ

Beeksisni kun odeefannoo barbachisa of keessa qaba. Fayummaa keessaan egachuuf ykn wa'ee fayyumaa keessanii ilaalchisee gargarfa argachuufii yeroo merta'ee kana keessatti tarkanfii fudhachu qabdu. Afaan (oromoon) basii tokko malee lakkofsa enyumessaa keessanin bililuu dandessuu. (Cushite)

Dit bericht bevat belangrijke informatie. Het kan zijn dat u vóór bepaalde data actie moet ondernemen om uw zorgverzekering of bijstand in de kosten te behouden. Voor gratis hulp in het Nederlands kunt u het nummer op uw identiteitskaart bellen. (Dutch)

Avi sa a gen enfòmasyon enpòtan ladan. Petèt y ap egzije ou pou pran sèten aksyon nan sèten dat limit yo pou kenbe pwoteksyon sante ou yo oswa ede avèk depans yo. Pou jwenn asistans gratis nan lang Kreyòl Ayisyen, ou kapab rele nimewo a yo ekri nan kat idantifikasyon ou. (French Creole)

Η παρούσα ανακοίνωση περιέχει σημαντικές πληροφορίες. Ίσως χρειαστεί να προβείτε σε κάποιες ενέργειες μέσα σε συγκεκριμένες προθεσμίες για να διατηρήσετε την υγειονομική κάλυψη ή βοήθειά σας με χρέωση. Για βοήθεια στα ελληνικά χωρίς χρέωση, μπορείτε να καλέσετε τον αριθμό που αναγράφεται στην κάρτα σας. (Greek)

આ નોટિસમાં એક મહત્ત્વની માહિતી છે. તમારે અમુક તારીખ સુધીમાં પ્રક્રિયા કરવી પડશે. તમારા આરોગ્ય વિમાની પૉલિસીની રકમ સંબંધિત ક્રિયા કે પ્રક્રિયા કરવી પડશે અથવા ખર્ચ ભોગવવો પડશે. (ગુજરાતી)માં કોઈ પણ ખર્ચ વિના મદદ મેળવવા માટે તમારા ઓળખ પત્રમાં આપેલા નંબર પર ફોન કરી શકો છો. (Gujarati)

He mau mana‘o kiko‘ī ma kēia leka ho‘omaopopo nei. Pono ana ‘oe e ho‘okō i kēia mau hana mamua o ka lā palena pau no ka mālama ‘ana i ka mana a kāu ‘inikua mālama ola a i ‘ole i kōkua me nā kāki ‘ia. Inā makemake ‘oe i kōkua ma ka unuhi ‘ana a ka ‘ōlelo Hawai‘i, e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei. (Hawaiian)

इस नोटिस में ज़रूरी जानकारी है। आपको अपनी स्वास्थ्य कवरेज को बनाये रखने या लागतों में सहायता के लिए कुछ विशिष्ट तारीखों तक कार्रवाई करनी पड़ सकती है। बिना किसी लागत के (हिन्दी) में सहायता के लिए, आप अपने आईडी कार्ड पर दिये नम्बर पर कॉल कर सकते हैं। (Hindi)

Daim ntawv ceeb toom no muaj lus qhia tseem ceeb. Koj yuav tsum tau ua qee yam ua ntej cov sib hawm teev tseg kom koj txoj kev pab kho mob dawb los yog kev pab kho mob them nqi qis muaj txuas mus ntxiv. Yog xav tau kev pab hais koj hom lus (Hmoob) pub dawb, koj hu tau rau tus xov tooj ntawm koj daim npav. (Hmong)

Ọkwa a nwere Ozi dị Mkpa. Ị nwere ike chọọ ime mmee n’ụfọdụ deeti iji dozie mkpuchi ahụike gị maọbụ nyè aka na imefu ego. Maka ènyèmaka n’Igbo nke efughi ego, i nwere ike kpọọ nọmba nọ na kaadị ID gị. (Ibo)

Daytoy a Pakdaar ket Addaan ti Napateg nga Impormasion. Mabalin a kalikagumanyo ti mangaramid ti addang kadagiti espesipiko a petsa tapno agtalinaed ti panangsaklaw iti salun-atyo wenno tulong nga adda bayadanyo. Para iti tulong iti *pagsasao* nga awan bayadanyo, tawaganyo ti numero idiay ID cardyo. (Ilocano)

Pemberitahuan ini berisi Informasi Penting. Anda mungkin perlu mengambil tindakan berdasarkan tanggal tertentu untuk mempertahankan tanggungan kesehatan Anda atau bantuan biaya. Untuk bantuan dalam *bahasa Indonesia* tanpa dikenakan biaya, silakan hubungi nomor yang ada pada kartu ID Anda. (Indonesian)

Questo avviso contiene importanti informazioni. Potrebbe essere necessario intraprendere un'azione entro alcune date particolare per conservare la copertura o l'assistenza sanitaria entro i costi previsti. Per ricevere assistenza in (italiano) gratuitamente, può chiamare il numero di telefono riportato sulla Sua scheda identificativa. (Italian)

本通知は大切なお知らせです。健康保険を保持するため、もしくは費用を抑えるために一定期日までに措置を講じなければならない場合があります。無料にて日本語でお問い合わせになりたい場合はIDカードに記載されている番号までお電話ください。(Japanese)

တၢ်ဘိးဘၣ်သ့ၣ်ညါအံၤဖအိၣ်ဒီးတၢ်ဂ့ၢ်တၢ်ကျိၤလၢအရ့ဒိဆ့ၣ်လီၤ၍ဖနကဘၣ်ဖဟံးဂ့ၢ်ဝိမၤတၢ်ဖဖဲမ့ၢ်နံၤလၢတၢ်ဟပနီၣ်လၢဘ့ၣ်လ့ၣ်ဖလၢနကပၢၤဃာဒံးနတၢ်အိၣ်ဆ့ၣ်အိ ၣ်ခၢဒ္ဓတၢ်မၤစၢၤတၢ်အ့ၣ်ကီၤဖမ့ တမ့ၢ်ဖတၢ်ဟ့ၣ်မၤစၢၤလၢဖတၢ်လ့ၣ်ဘ့ၣ်လ့ၣ်စ့ၤတဖ့ၣ်လီၤ၍ဖလၢနကမ့ၣ်ဖတၢ်တဲ့ကျိးစၢၤနၤဖ(ကညီကျိၣ)ဖလၢတအိၣ်ဒီးတၢ်လ ၣ်ဘ့ၣ်လ့ၣ်စ့ၤအဂ့ၢ်ဖနကိးလိတဲစိနီၣ်ဂ်ၢ်လၢအအိၣ်လၢနဖ၍ ဖခးက့အလိၤသ့ၣ်လီၤ၍ဖ (Karen)

본 통지서에는 중요한 정보가 담겨져 있습니다. 건강 보험을 계속 유지하거나 비용 관련 도움을 계속해 받으시려면 특정 일자까지 조치를 취하셔야 할 필요가 있습니다. 무료로 한국어로 도움을 받고 싶으시면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

Céè-ɖɛ̀ nìà kɛ ɓéɖé bɔ̌ kpa ɖɛ ɖò ɓó m̀ bìì. M̀ kɔ̀ ɓé m̀ ké ɖɛ ɖíé ɓě nyu hwɛ̀ ɓé wé ɓě wa mu nyɛ́né ɖáùn céè-ɖɛ̀ɛ̀ múɛɛ ké zi. M̀ dyiɛ náa nyuín, nìí, wa mu nì wɛ́ jè gbo gmɔ̀ùn mɔɔ wa mu nì jè pɛ́ìn ɔ jǔ ké m̀ dyi wɛ́ ní. M̀ ɓɛ́ìn gbo-kpá-kpá dyɛɛ(Ɓǎsɔ́ɔ̀-wùɖù) mú ɓɛ́ m̀ ké se wíɖí ɖò pɛ́ɛ̀. Đá nɔ̀ɓà nìà nì ID-cèè-ɖɛ̀ɔ̀ kɔ̃ɛ. (Kru-Bassa)

ئەم ڕ اگەیاندنە داگری زانیاری گرنگە. ڕەنگە پێویست بکات هەستە بە پێدانی تێچووەکانی بەر لە ڕێکەوتێکی دیاریکراو بۆ بەردەوامبوون لە بەکارهێنانی بیمەی تەندروستیت یان وەرگرتنی یارمەتی. بۆ وەرگرتنی ڕێنمایی بەخۆڕایی بە زمانی کوردی، دەتوانیت پەیوەندی بکەیت بە ژمارە تەلەفۆنی ناو کارتی پێناسەیی خۆت(Kurdish)

ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນສຳຄັນ. ທ່ານອາດຈະຕ້ອງປະຕິບັດຕາມ ພາຍໃນວັນທີ່ສົມຄວນ ເພື່ອຮັກສາການປະກັນຄຸ້ມຄອງສຸຂະພາບ ຫຼື ຊ່ວຍກັບລາຍຈ່າຍ.
ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອກັບພາສາລາວ ໂດຍບໍ່ເສຍຄ່າ, ທ່ານສາມາດໂທຫາຫມາຍເລກ ທີ່ຢູ່ໃນບັດປະຈຳຕົວ ຂອງ ທ່ານ. (Laotian)

या नोटिशीमध्ये महत्वाची माहिती आहे. तुम्हाला विशिष्ट दिनांकांना काही कृती करावयाची आवश्यकता तुमचे आरोग्य छत्र किंवा मदत खर्चासह असू शकते आहे. (मराठी) तील भाषा सहाय्यासाठी तुमच्या आयडी कार्डवरसूचिबद्ध करण्यात आलेल्या क्रमांकावर कोणत्याही खर्चाशिवाय कॉल करा. (Marathi)

Ewōr Kein Kōjeḷā ko Raurōk ilo Enaan in. Kwomaroñ aikuj makūtkūt mokta jān juon raan emōj an kaalikkar bwe kwon maroñ kōjparrok insurance eo in taktō eo am jāān in jipañ. Ñan bōk jipañ ilo *Kajin Majol* ejjelok wōnān, kwomaroñ kallok ñan nōmba eo ej walk ilo kaat in ID eo aṃ. (Marshallese)

Pakair wet me kesemwpwal. Komwi anane idawen kosoandi en rahn akan me kileledi ohng palien sawas en roson mwahu de sawas ni isais. Ohng palien sawas en ni omw lokaia *(Ponape)* ni sohte isais, komw kak call nempe me sansal pohn noumw ID koard. (Micronesian-Pohnpeian)

សេចក្តីជូនដំណឹងនេះ មានព័ត៌មានសំខាន់ៗ។ អ្នកអាចត្រូវធ្វើសកម្មភាព ត្រឹមកាលបរិច្ឆេទជាក់លាក់ ដើម្បីទទួលបានការការ៉ាប់រងលើចំណាយផ្នែកសុខភាព ឬ ជំនួយសម្រាប់ចំណាយនានា។ សម្រាប់ជំនួយជា (ភាសាខ្មែរ) ដោយឥតគិតថ្លៃ អ្នកអាចទាក់ទងលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។ (Mon-Khmer,Cambodian)

यो सूचनामा महत्त्वपूर्ण जानकारी छ । तपाईंले पाइरहेको स्वास्थ्य बिमा पाइरहन वा तपाईंको खर्चको भुक्तानीमा सहायता पाउन निश्चित समय-सीमाभित्र काम-कारवाही गर्नुपर्ने हुनसक्छ । नेपाली मा निःशुल्क भाषा सहायता पाउनका लागि तपाईंको परिचय-पत्रमा उल्लेख गरिएको नम्बरमा फोन गर्नुहोस् । (Nepali)

Lëk më anɔŋic thönrilic kɔr ba piŋ apiɛth. Yen akɔr ba ye më lëkkë yïn në dɔc loi të cïn gääu kua në thaa kɔrë yen ba loi, ago aguiɛr duɔ̈n bïn ya lɔ të nɔŋ Akïm kua kony në ɣöön̈y de wal ke pan Akim ŋoot ke tɔ thïn abac kë cïn wëu kɔɔrke. Yen na kɔr bï yï kony në gëër de thokic abac ke cïn weu kɔrke, ke yï cɔl nɔmba tɔ̈ në ID card duic. (Nilotic-Dinka)

Denne meldingen inneholder viktig informasjon. Du må kanskje foreta deg noe før visse datoer for å beholde helsedekningen eller for hjelp med kostnader. Hvis du trenger kostnadsfri hjelp på norsk, kan du ringe nummeret på ID-kortet ditt. (Norwegian)

Selle Notice hot wichtige Information. Vielleicht brauchscht du eppes duhe bis en gewisse Daadem um dei Gsund Inschurans zu behalde odder mit Koschde zu helfe. Fer Helfe in Deitsch mit kenne Koschde, du kannscht die Nummer uff dei ID Kaarde aarufe. (Pennsylvanian Dutch)

این اطلاعیه حاوی اطلاعاتی مهم است. ممکن است که لازم باشد شما برای حفظ بیمه سلامت خود و یا کمک به هزینه های درمانی خود در تاریخ های معینی اقداماتی انجام دهید. برای دریافت کمک به زبان فارسی به صورت مجانی، می توانید با شماره تلفن موجود روی کارت شناسایی خود تماس حاصل کنید.(Persian-Farsi)

Niniejsze pismo zawiera ważne informacje. Aby zachować ubezpieczenie zdrowotne lub zaoszczędzić pieniądze konieczne może być podjęcie pewnych działań w określonych terminach. Aby uzyskać bezpłatnie pomoc w języku polskim, proszę zadzwonić pod numer podany na karcie identyfikacyjnej. (Polish)

Este Aviso disponibiliza Informação Importante. Poderá ter de tomar determinadas ações até certas datas para manter a cobertura do seu seguro de saúde ou auxílio com custos e despesas. Poderá contactar o número disponível no seu cartão de identificação para obter assistência em português gratuitamente. (Portuguese)

ਇਸ ਨੋਟਿਸ ਵਿੱਚ ਜ਼ਰੂਰੀ ਜਾਣਕਾਰੀ ਦਿੱਤੀ ਗਈ ਹੈ। ਆਪਣੀ ਸਿਹਤ ਕਵਰੇਜ਼ ਨੂੰ ਬਣਾਏ ਰੱਖਣ ਲਈ ਜਾਂ ਲਾਗਤਾਂ ਵਿੱਚ ਮਦਦ ਲਈ ਤੁਹਾਨੂੰ ਕੁਝ ਖਾਸ ਤਾਰੀਖਾਂ ਤੱਕ ਕਾਰਵਾਈ ਕਰਨੀ ਪੈ ਸਕਦੀ ਹੈ। ਬਿਨਾਂ ਲਾਗਤ ਦੇ (ਪੰਜਾਬੀ) ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਲਈ, ਤੁਸੀਂ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। (Punjabi)

Această înştiinţare conţine o informaţie importantă. Veţi avea nevoie să luaţi nişte acţiuni la anumite date pentru a menţine acoperire asigurării de sănătate respectiv ajutorul cu costurile. Pentru asistenţă gratuită în româneşte puteţi să ne telefonaţi la numărul indicat pe cardul dvs. de membru. (Romanian)

В этом Уведомлении содержатся важные сведения. Для того чтобы сохранить страховку или получить помощь в оплате полученных услуг, Вам, возможно, нужно что-то сделать в сроки, указанные в этом уведомлении. Если Вам нужна помощь на русском языке, Вы можете ее бесплатно получить, позвонив по телефону, указанному на Вашей идентификационной карточке участника плана. (Russian)

O lenei Fa'asilasilaga o lo'o iai ni Fa'amatalaga Tāua. E ono mana'omia lou faia o ni gaoioiga e o'o atu I se aso patino ina ia fa'atumau ai lau inisiua mo le soifua mālōlōina pe fesoasoani I tau e totogi. Mo le fesoasoani I le *(Gagana Samoa)* e aunoa ma se totogi, e mafai ona e vala'au I le numera o lo'o I luga o lau pepa ID. (Samoan)

Ova obavijest sadrži važne informacije. Možda ćete morati poduzeti određene mjere do određenog datuma kako biste zadržali zdravstveno osiguranje ili pomoć za plaćanje troškova. Za besplatnu pomoć na hrvatskom jeziku možete da pozovete broj koji se nalazi na Vašoj identifikacijskoj kartici. (Serbo-Croatian)

يحتوي هذا الإشعار على معلومات مهمة. لذا يجب أن تتخذ الإجراءات اللازمة في المواعيد المحددة للحفاظ على تغطيتك الصحية أو للحصول على مساعدة في التكاليف. ولتلقي المساعدة بـ (اللغة العربية) مجاناً، يمكنك الاتصال على الرقم الموجود في بطاقة الهوية.(Sudanic-Fulfulde)

Ilani Hii ina Maelezo Muhimu. Huenda uhitaji kuchukua hatua kabla ya tarehe fulani kupita ili uendelee kupata msaada au huduma ya afya kwa kulipa. Ukihitaji usaidizi katika Kiswahili bila malipo, unaweza kupiga simu kwa nambari iliyoko kwenye Kitambulisho chako.(Swahili)

ܗܳܕܶܐ ܡܶܕܝܳܐ ܡܶܬܬܶܠ ܚܶܬܶܠ ܒܶܐܶܪ ܚܶܝܶܐ ܕܶܐܶܬܝܳܐ ܒܶܬܶܠ

หนังสือแจ้งนี้มีข้อมูลสำคัญ
คุณอาจต้องดำเนินการภายในวันที่ที่กำหนดเพื่อคงความคุ้มครองด้านสุขภาพหรือความช่วยเหลือเรื่องค่าใช้จ่าย สำหรับความช่วยเหลือเป็น (ภาษาไทย) โดยไม่เสียค่าใช้จ่าย
คุณสามารถโทรไปยังหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ (Thai)

Ko e Fakatōkanga ‘eni ‘oku fu’u mātu’aki Mahu’inga. Kuopau ke ke tōkanga ke ‘uluaki fakahoko ‘i he ‘aho pau ke kei tāuhi pe ‘a ho’o ‘inisiua ki he tu’unga fakamo’ui lelei pe ko ha tōkoni ‘o ‘ikai ke toe ‘iai hā tōtōngi. Ki ha’o fiema’u ‘i ha *(lea faka-Tonga*) ‘o ‘ikai hā tōtōngi, pea ‘oku fiema’u ke ke telefoni ki he fika ‘oku ‘asi atu ‘i ho’o kaati ID. (Tongan)

Eei Kapasen Esinesin mi awora Áúchean Pworóus. Mi menei ómw kopwe fééri ekkóóch angaang me mwan ekkóóch pwinin maram ren eán epwe tongeni sópwósópwenó omw néúnéú ewe taropween áninnisin méoméon ómw kopwe sáfei nón pioing. Ren áninnisin chiakú nón *(Kapasen Chuuk)* esapw kamé, ka tongeni kékkééri ena nampaan tengewa mi makketiw wóón noumw ena taropween ID. (Turkese)

Bu Bildirimi Önemli Bilgiler vardır. Sen sağlık sigortası tutmak ya da maliyetleri ile yardımcı olmak için belirli tarihler ile harekete geçmek gerekebilir. hiçbir ücret ödemeden (dilde) yardım için, size kimlik kartında numarayı arayabilirsiniz. (Turkish)

В цьому повідомленні є важлива інформація. Можливо, вам буде потрібно вжити деякі заходи до певних дат, щоб зберегти ваше медичне страхування або зменшити ваші витрати. Щоб безплатно отримати інформацію українською мовою, телефонуйте за номером, вказаним на вашій ідентифікаційній картці учасника плану. (Ukrainian)

اس نوٹس میں اہم معلومات ہیں۔ اپنی ہیلتھ کوریج کو برقرار رکھنے یا اخراجات سے نمٹنے میں مدد کے لیے آپ کو مخصوص تاریخوں تک کارروائی کرنے کی ضرورت ہو سکتی ہے۔ بغیر کسی خرچے کے (اردو زبان) میں مدد حاصل کرنے کے لیے، آپ اپنے آئی ڈی کارڈ پر درج نمبر پر کال کر سکتے ہیں۔ (Urdu)

Thông Báo này có Thông Tin quan trọng. Quý vị có thể cần thực hiện vào những ngày nhất định để giữ bảo hiểm của quý vị hoặc được trợ giúp chi phí. Để được trợ giúp bằng tiếng Việt miễn phí, quý vị có thể gọi đến số điện thoại ghi trên thẻ ID của quý vị. (Vietnamese)

די מעלדונג אנטהאלט וויכטיגע אינפארמאציע. איר קענט מעגליך דארפן נעמען שריט ביז געוויסע דאטומען כדי אנצוהאלטן אייער געזונטהייט דעקונג אדער הילף מיט אפצאלן. פאר הילף אין אידיש פריי פון אפצאל קענט איר רופן דעם נומער אויף אייער אידענטיטעט קארטל. (Yiddsh)

Ìwé Àkíyèsi yìí ní Àlàyé tó ṣe Pàtàkì nínú. Ìwọ lè nílò láti gbé ìgbésẹ̀ ní àwọn ọjọ́ kan láti lè ṣì máa gbádùn ààbò fún ìtọ́jú ìlera tàbí ìrànlọ́wọ́ nípa sísan owó fún ìtọ́jú ìlera. Fún ìrànlọ́wọ́ ní èdè (Yorùbá) lái sanwó, o lè pe nọ́mbà tó wà lórí káàdì ìdánimọ̀ rẹ. (Yoruba)

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