of Tennessee

ACA $0 Copay Drugs & Contraceptives List

Your plan covers preventive and contraceptive drugs based on recommendations from the U.S. Preventive Services Task Force. These drugs may be available to you at no out-of-pocket cost depending on your plan. They include:

- Medication and supplements to prevent certain health conditions
- Medication and products for quitting smoking or chewing tobacco (tobacco cessation)
- Medication used before screenings for certain health conditions in adults
- Vaccines and immunizations to prevent certain illnesses
- Contraceptives for women

We work with CVS Caremark® to provide these benefits. The following charts** explain:

- Which drugs, supplements, health-related products and vaccines we cover and what they're used for
- Who we cover them for (such as children up to age 6 or adults age 65 or older)
- Other important information

Tips for Using This List

- Take this list with you each time you or your family has a checkup or yearly exam.
- You'll need a prescription from your doctor for your plan to cover these drugs, even if they're listed as over-the-counter (OTC).
- The dosage form is how the drug is supplied. For example, tablet, capsule, liquid, syrup or chewable tablet.
- Generic or brand name is listed if your plan covers only that product type.
- Treatment recommendations may vary. Please call your doctor or pharmacist if you have questions about your health or medication.**
- Other rules, limits and exclusions may apply. In most cases, generics will be the most affordable options. If you choose the brand name version instead of a generic equivalent, your copay may be higher. Check your Evidence of Coverage or member handbook to see if this applies to your plan.
- You can ask us to make an exception to cover certain drugs even when they're not used for preventive care — for example, asking us to cover a brand-name product because the listed generic products aren't medically appropriate. A process is also available for coverage of preventive services without cost sharing if you identify with a gender that differs from your assigned sex at birth — such as, for example, a request for coverage of contraceptives or primary prevention of breast cancer for transgender members.

Preventive Services**

Aspirin	**Aspirin** to help prevent illness and death from preeclampsia in women[†] who are at least 12 years old, after 12 weeks of pregnancy and are at high risk for the condition.	**Generic dosage forms of 81 mg**	**Aspirin products** (OTC): • Aspirin chew tab 81 mg • Aspirin enteric coated tab 81 mg
Fluoride Supplements	**Fluoride supplements** to help prevent cavities (dental caries) in children 5 years or younger whose water is low in fluoride.	**All oral dosage forms up to 0.5 mg**	**Fluoride products** (Rx): • Sodium fluoride chew tab 0.25 mg to 0.5 mg • Sodium fluoride soln 0.5 mg/mL • Sodium fluoride tab 0.5 mg
Folic Acid Supplements	**Folic acid supplements** to help prevent birth defects in women[†] age 55 or younger who are planning to become pregnant or are able to become pregnant.	**Generic dosage forms**	**Folic acid products** (OTC): • Folic acid cap 0.8 mg (800 mcg) • Folic acid tab 0.4 mg (400 mcg) • Folic acid tab 0.8 mg (800 mcg)
Tobacco Cessation Products	**Tobacco cessation products** to help adults who are not pregnant quit tobacco use in order to prevent health problems. Tobacco use includes smoking or chewing tobacco.	**Generic nicotine replacement products**—patch, gum and lozenges **Brand-name Nicotrol NS** (nicotine nasal spray) **Generic bupropion** (generic of brand-name, Zyban)—Zyban is NOT covered **Generic varenicline** (generic of brand-name, Chantix)—Chantix is NOT covered	**Tobacco cessation products** (OTC and Rx): • Bupropion HCl tab SR 12 hr 150 mg • Nicotine polacrilex gum 2 mg and 4 mg • Nicotine polacrilex lozenge 2 mg and 4 mg • Nicotine TD patch 24 hr 21 mg, 14 mg and 7 mg • Nicotrol NS nasal spray 10 mg/mL • Varenicline tartrate tab 0.5 mg and 1 mg • Varenicline tartrate tab 0.5 mg x 11 tabs and 1 mg x 42 pack
Vaccines (Immunizations)	**Vaccines (immunizations)** to prevent certain illnesses in people of all ages.	Recommended doses, ages and populations may vary (Rx)	**Children** • COVID-19[1] • Dengue • Diphtheria, Tetanus, Pertussis • Haemophilus Influenzae Type B • Hepatitis A • Hepatitis B • Human Papillomavirus • Inactivated Poliovirus • Influenza • Measles, Mumps, Rubella • Meningococcal • Pneumococcal • Respiratory Syncytial Virus • Rotavirus • Varicella **Adults** • COVID-19[1] • Hepatitis A • Hepatitis B • Herpes Zoster • Human Papillomavirus • Inactivated Poliovirus • Influenza • Measles, Mumps, Rubella • Meningococcal • Pneumococcal • Respiratory Syncytial Virus • Smallpox and Monkeypox • Tetanus, Diphtheria, Pertussis • Varicella

[1] Covered for populations recommended by the Centers for Disease Control and Prevention (CDC) at the time of administration. Subject to state allocation guidelines and availability.

Preventive Services**

Bowel Preparation Medicine	**Bowel preparation medicine** for cleaning out the bowel before colonoscopy procedures for adults ages 45 to 75. Colonoscopies screen for colon and rectal cancers.	Generics are in *italics*. Brand names are CAPITALIZED. Generics and brand name only if a generic isn't available. Brand name will no longer be supplied at no cost when the generic becomes available.	**Bowel preparation products** (Rx): • CLENPIQ (sodium picosulfate, magnesium oxide and anhydrous citric acid) oral solution • SUTAB (sodium sulfate, magnesium sulfate and potassium chloride) oral tablet • Peg-Prep Kit (bisacodyl, PEG 3350, potassium chloride, sodium bicarbonate and sodium chloride) for oral solution • *Polyethylene glycol-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid* for oral solution • *Sodium sulfate, potassium sulfate and magnesium sulfate for oral solution* • SUFLAVE *(PEG 3350, potassium chloride, sodium chloride, sodium sulfate, magnesium sulfate) for oral solution*
Statins	**Statins** to help prevent serious heart and blood vessel problems (cardiovascular disease) in adults ages 40 to 75 who are at risk.		**Generic low- to moderate-intensity statins** (Rx): • Atorvastatin 10 mg, 20 mg • Fluvastatin 20 mg, 40 mg • Fluvastatin ER 80 mg • Lovastatin 10 mg, 20 mg, 40 mg • Pitavastatin 1 mg, 2 mg, 4mg • Pravastatin 10 mg, 20 mg, 40 mg, 80 mg • Rosuvastatin 5 mg, 10 mg • Simvastatin 5 mg, 10 mg, 20 mg, 40 mg
Antiretroviral Therapy	**Antiretroviral therapy** for pre-exposure prevention of human immunodeficiency virus (HIV) infection in people who are at an increased risk.		**Antiretroviral therapy** (Rx): • Emtricitabine/tenofovir disoproxil fumarate 200 mg-300 mg • APRETUDE Injectable Suspension • DESCOVY 200 mg-25 mg
Diabetes Prevention Medicine	**Diabetes prevention medicine** for preventing diabetes for adults ages 35 to 70 who are overweight or obese.		**Generic diabetes prevention product** (Rx): • Metformin 850 mg

Women's Health Preventive Services**

Generic Oral Contraceptives†

Brand-Name Products for Reference Only	Brand-Name Products Generic Equivalent(s)
Alesse	Afirmelle, Aubra, Aubra EQ, Aviane-28, Delyla, Falmina, Larissia, Lessina, Lutera, Sronyx, Vienva
Balcoltra	Joyeaux, Minzoya
Demulen 1/35	Kelnor 1/35, Valtya 1/35, Zovia 1/35
Demulen 1/50	Ethynodiol 1/50, Valtya 1/50
Desogen	Apri, Cyred EQ, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen
Estrostep FE	Tilia FE, Tri-Legest FE, Xarah FE
Femcon FE	Wymzya FE, Xelria FE
Generess FE	Galbriela, Kaitlib FE

Women's Health Preventive Services**

Generic Oral Contraceptives†

Brand-Name Products for Reference Only	Brand-Name Products Generic Equivalent(s)
Loestrin 24 FE	Aurovela 24 FE, Blisovi 24 FE, Hailey 24 FE, Junel 24 FE, Larin 24 FE, Tarina 24 FE
Lo/Ovral	Cryselle-28, Elinest, Low-Ogestrel, Turqoz
LoSeasonique	Camrese Lo, LoJaimiess
Lybrel	Amethyst, Dolishale
Minastrin 24 FE	Charlotte 24 FE, Finlaza FE, Mibelas 24 FE
Mircette	Azurette, Kariva, Pimtrea, Simliya, Viorele, Volnea
Modicon	Necon 0.5/35, Nortrel 0.5/35, Wera
Nordette	Altavera, Ayuna, Chateal, Chateal EQ, Kurvelo, Marlissa, Portia-28
Ortho-Cyclen	Estarylla, Mili, Mono-linyah, Sprintec, Vylibra
Ortho Micronor	Camila, Deblitane, Errin, Heather, Incassia, Jencycla, Lyleq, Lyza, Meleya, Nora-BE, Norlyroc, Sharobel, Orquidea
Ortho-Novum 1/35	Alyacen 1/35, Dasetta 1/35, Nortrel 1/35, Nylia 1/35
Ortho-Novum 7/7/7	Alyacen 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nylia 7/7/7
Ortho Tri-Cyclen	Tri-Estarylla, Tri-Linyah, Tri-Mili, TriNessa, Tri-Sprintec, Tri-Vylibra
Ortho Tri-Cyclen Lo	Tri-Lo Estarylla, Tri-Lo Marzia, Tri-Lo-Mili, Tri-Lo-Sprintec, Tri-Vylibra Lo
Ovcon-35	Balziva-28, Briellyn, Philith, Vyfemla
Quartette	Rivelsa, Rosyrah
Safyral	Tydemy
Seasonale	Iclevia, Introvale, Jolessa, Setlakin
Seasonique	Amethia, Ashlyna, Camrese, Daysee, Jaimiess, Simpesse
Taytulla	Gemmily, Taysofy
Tri-Norinyl	Aranelle
Triphasil	Enpresse, Levonest
Yasmin	Syeda, Zumandimine
Yaz	Jasmiel, Lo-Zumandimine, Loryna, Nikki, Vestura

Women's Health Preventive Services**

Other Contraceptives[†]

Generics and brand name only if a generic isn't available.
Generics are in *italics*. Brand names are CAPITALIZED.
Brand name will no longer be supplied at no cost when the generic becomes available.
Brand names listed in [blue] and in brackets are for your reference only.

Brand-Name Oral Contraceptives (Rx or OTC)
- FEMLYV
- LO LOESTRIN FE
- NATAZIA
- NEXTSTELLIS
- OPILL
- SLYND
- TYBLUME

Barrier Methods (Rx)

Cervical Caps
- FEMCAP

Diaphragms
- CAYA
- MILEX WIDE-SEAL
- OMNIFLEX COIL SPRING SILICONE

Intrauterine Devices, Subdermal Rods and Vaginal Rings (Rx)
- *Ethinyl estradiol 15 mcg/Etonogestrel 120 mcg vaginal ring, Haloette, EluRyng, EnilloRing* [NUVARING]
- ANNOVERA
- KYLEENA
- LILETTA
- MIRENA
- MIUDELLA
- NEXPLANON
- PARAGARD T 380A
- SKYLA

Emergency Contraception (Rx or OTC)
- *Levonorgestrel 1.5 mg tablet, Aftera, AfterPill, Econtra OS, Her Style, My Choice, My Way, New Day, Opcicon, Option 2, Shewise, Take Action, React* [PLAN B]
- ELLA

Transdermal Patches (Rx)
- *Xulane*
- *Zafemy*
- TWIRLA
- GWYN LO

Condoms (OTC)
- FC-2
- MALE CONDOMS

Injectables (Rx)
- *Medroxyprogesterone acetate 150 mg* [DEPO-PROVERA]
- DEPO-SUBQ-PROVERA 104

Vaginal pH Modulators (Rx)
- Phexx

Vaginal Sponge (OTC)
- TODAY

Spermicides (OTC)
- *Nonoxynol-9 vaginal gel 4%, VCF Vaginal Contraceptive Gel* [CONCEPTROL GEL 4%]
- ENCARE VAGINAL SUPPOSITORIES
- GYNOL II GEL 3%
- VCF VAGINAL FILM 28%

Women's Health Preventive Services**

Breast Cancer Prevention

Primary prevention of breast cancer in women[††] 35 years of age and older, who are at an increased risk.

Breast cancer prevention products (Rx):

- Anastrozole tab 1 mg
- Exemestane tab 25 mg
- Raloxifene HCl tab 60 mg
- Tamoxifen citrate tab 10 mg and 20 mg

Legend

chew: chewable	**EE:** ethinyl estradiol	**IU:** international unit	**mL:** milliliter	**Rx:** prescription product	**susp:** suspension
cap: capsule	**hr:** hour	**mcg:** microgram	**oral:** taken by mouth	**soln:** solution	**tab:** tablet
FE: ferrous sulfate (iron)	**IM:** intramuscular	**mg:** milligram	**OTC:** over-the-counter	**SR:** sustained release	**TD:** transdermal

*Copay, copayment, or coinsurance means the amount, out-of-pocket, a member is required to pay for a prescription in accordance with a plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a plan.

**Recommendations, ages, and populations may vary. Products listed may be updated periodically. List does not guarantee coverage. Your prescription benefit plan may not cover certain products or categories, regardless of their appearance in this document. Vaccines, immunizations and intrauterine devices may be covered through your medical or pharmacy benefit. Consult your plan for complete coverage and list details.

[†] Female or members capable of pregnancy.

[††] Female or members at increased risk of breast cancer.

Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

This list represents branded products in CAPS, branded generics in uppercase and lowercase Italics, and generic products in lowercase italics. Some strengths or dosage forms may not be included in the high deductible health plan-health savings account (HDHP-HSA) Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any question above coverage.

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex[1]. BlueCross does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: (1) qualified sign language interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language assistance services to people whose primary language is not English, such as: (1) qualified interpreters and (2) information written in other languages.

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross 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 ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Grievance; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

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, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (TTY: 1-800-848-0298 or 711); Nondiscrimination_CoordinatorGM@bcbst.com (email); or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross's website: bcbst.com.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

[1] Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2))

ATTENTION: If you speak English, free language assistance services and appropriate auxiliary aids and services are available to you. Please call the Member Service number on the back of your Member ID card or 1-800-565-9140 (TTY: 1-800-848-0298).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma, así como ayudas y servicios auxiliares adecuados. Llame al número de Servicio de atención a miembros que figura en el reverso de su tarjeta de identificación de miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

انتباه: إذا كنت تتحدث العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية والخدمات والأدوات المساعدة المناسبة. يُرجى الاتصال برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو الخاص بك أو بالرقم (الهاتف النصي: 1-800-848-0298) 1-800-565-9140

注意：如果您說中文，我們提供免費的語言協助服務，以及適當的輔助協助和服務。請撥打會員 ID 卡背面的會員服務部號碼或 1-800-565-9140（聽障專線 (TTY)：1-800-848-0298）。

LƯU Ý: Nếu quý vị nói tiếng Việt, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các dịch vụ và công cụ hỗ trợ phù hợp. Vui lòng gọi đến số của bộ phận Dịch vụ Hội viên ở mặt sau Thẻ ID Thành viên của quý vị hoặc số 1-800-565-9140 (TTY: 1-800-848-0298).

주의: [한국어]를 사용하시는 경우, 무료 언어 지원 서비스 및 적절한 보조 기구와 서비스가 제공됩니다. 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298)번으로 전화하시기 바랍니다.

ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés sont à votre disposition. Veuillez appeler le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou le 1-800-565-9140 (TTY/ATS : 1-800-848-0298).

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາ ພາສາລາວ, ມີການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ ເໝາະສົມໃຫ້ທ່ານ. ກະລຸນາໂທຫາເບີຂອງຝ່າຍບໍລິການສະມາຊິກ ທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ማስገንዘቢያ:- አማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ረዳት መርጃዎች እና አገልግሎቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያዎ ጀርባ ላይ በሚገኘው የአባላት አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (TTY: 1-800-848-0298) ይደውሉ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und geeignete Hilfsmittel und Dienstleistungen zur Verfügung. Bitte rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ અને યોગ્ય સહાયક સાધનો અને સેવાઓ ઉપલબ્ધ છે. કૃપા કરીને તમારા સભ્ય ID કાર્ડની પાછળના સભ્ય સર્વિસ નંબર ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર કૉલ કરો.

お知らせ：日本語をお話しになる場合は、無料の支援サービスと適切な補助器具・サービスがご利用いただけます。会員IDカードの裏面に記載の会員サービス番号あるいは1-800-565-9140 (TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PANSININ: Kung kayo ay nagsasalita ng Tagalog, magagamit para sa inyo ang libreng mga serbisyong tulong sa wika at kaukulang mga karagdagang tulong at mga serbisyo. Mangyaring tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng inyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएँ और उपयुक्त सहायक साधन और सेवाएँ उपलब्ध हैं। कृपया अपने सदस्य ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ! Если Вы говорите по-русски, Вам будут предоставлены услуги языковой поддержки и соответствующие вспомогательные средства и сервисы на бесплатной основе. Позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی رایگان و مساعدت ها و خدمات کمکی مناسب در دسترس شما هستند. درصورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت عضویت خود یا (TTY: 1-800-848-0298) 1-800-565-9140 تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, genyen sèvis asistans gratis pou lang ansanm ak èd pou sèvis oksilyè apwopriye k ap disponib pou ou. Tanpri rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej oraz rozwiązań i usług pomocniczych. Prosimy zadzwonić pod numer działu obsługi ubezpieczonych podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística e recursos e serviços auxiliares apropriados estão disponíveis para você. Ligue para o número de telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: se parla italiano, sono disponibili per Lei servizi gratuiti di assistenza linguistica nonché aiuti e servizi ausiliari adeguati. Chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

BAA'áKOHWIINIDZIN: Diné bizaad bee yáníłti'go, t'áá jiik'eh saad bee áka'anáa'awo' bee áka'anída'awo'í dóó t'áadoole'é binahjí' bee adahodooníłígíí diné bich'į' anídahazt'i'í bee bika'aanída'awo'í ná dahóló. T'áá shóódí Bił Ha'dít'éhí Bika'aná'awo' Bił Ha'dít'éhí ID naaltsoos nitł'izí bine'dęę' binámboo bee hodíilnih doodago 1-800-565-9140 (TTY: 1-800-848-0298).

WICHDICH: Wann du Deitsch schwetzscht un brauchscht Hilf fer communicat-e kenne mer dich helfe unni as es dich ennich eppes koschde zellt. Mir kenne differnti Sadde Schprooch-Hilf beigriege aa fer nix. Ruf der Member Service Number uff die hinnerscht Seit vun dei Member ID Card uff odder 1-800-565-9140 (TTY: 1-800-848-0298).

FAASILASILAGA: Afai e te tautala i le faa-Samoa, o loo avanoa mo oe auaunaga fesoasoani mo gagana e aunoa ma se totogi faapea ma fesoasoani fa'aopo'opo ma auaunaga talafeagai. Faamolemole vala'au le numera o le Member Service (Auaunaga mo Tagata Auai) o lo'o i tua o lau pepa ID o le Member (Tagata Auai) po o le 1-800-565-9140 (TTY: 1-800-848-0298).

GAKIULA: Gare iga go kapetal Faluwasch, ye toore paliuwal yamem bwe tepangug rel gamatefal lane kapetal Faluwasch. Fale peshem kol yegili nampal Member Service ila yelog liugul tagurul Member ID kard la yam gare 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSION: Guaha setbisio siha para hågu yanggen fifino' CHamoru hao, dibåtde na setbision inayudon fumino' CHamoru yan propriu na inasisten tråstes yan setbisio siha. Put fabot ågang i numiron Setbision Membro gi santatten i kattå-mu Member ID pat 1-800-565-9140 (TTY: 1-800-848-0298).