

Microsoft preventive drug list

Prescription drugs

The following drugs are considered preventive care and are covered at 100 percent by the plan without being subject to the deductible. This list represents certain common, single-source brand and generic preventive medications that are covered in full and is subject to change without prior notification. Some drugs may need prior authorization or require step therapy. Compound medications and brand-name medications that have a generic equivalent are not covered under this preventive drug list. If you have questions about your pharmacy benefit, please call our Microsoft-dedicated customer service team at **800-676-1411 (TTY: 711)**, Monday through Friday, 5 a.m. to 8 p.m. Pacific Time.

ACE INHIBITORS

BENAZEPRIL HCL
CAPTOPRIL
ENALAPRIL MALEATE
ENALAPRILAT
FOSINOPRIL SODIUM
LISINOPRIL
MOEXIPRIL HCL
PERINDOPRIL ERBUMINE
QBRELIS (ST)
QUINAPRIL
RAMIPRIL
TRANDOLAPRIL

ADRENERGIC ANTAGONISTS & RELATED DRUGS

CLONIDINE HCL
CLONIDINE HCL ER
DOXAZOSIN MESYLATE
GUANFACINE HCL
METHYLDOPA
METHYLDOPATE HCL
NEXICLON XR (PA)
PRAZOSIN HCL
TERAZOSIN HCL

ANGIOTENSIN II RECEPTOR BLOCKERS & RENIN INHIBITOR

ALISKIREN
CANDESARTAN CILEXETIL
CANDESARTAN-HYDROCHLOROTHIAZID

EDARBI (ST)
EDARBYCLOR (ST)
EPROSARTAN MESYLATE
IRBESARTAN
IRBESARTAN-HCTZ
LOSARTAN POTASSIUM
LOSARTAN-HCTZ
OLMESARTAN MEDOXOMIL
OLMESARTAN-HCTZ (ST)
TEKTURN HCT
TELMISARTAN
TELMISARTAN-HYDROCHLOROTHIAZID
VALSARTAN
VALSARTAN-HCTZ

ANTIARRHYTHMIC AGENTS

AMIODARONE HCL
DISOPYRAMIDE PHOSPHATE
FLECAINIDE ACETATE
MEXILETINE HCL
PACERONE
PROPAFENONE HCL
PROPAFENONE HCL ER
QUINIDINE GLUCONATE
QUINIDINE SULFATE (PA)
SORINE
SOTALOL
SOTALOL AF

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Microsoft Preventive Drug List

ANTICOAGULANTS

DABIGATRAN ETEXILATE
ELIQUIS
JANTOVEN
PRADAXA
SAVAYSA
WARFARIN SODIUM
XARELTO

ANTIMALARIALS

ARAKODA
ARTESUNATE
ATOVAQUONE-PROGUANIL HCL
CHLOROQUINE PHOSPHATE
COARTEM
HYDROXYCHLOROQUINE SULFATE
KRINTAFEL
MEFLOQUINE HCL
PRIMAQUINE GENERIC
PYRIMETHAMINE (PA, ST)
QUININE SULFATE

ANTIPARASITICS

ATOVAQUONE
BENZNIDAZOLE
IMPAVIDO
LAMPIT
PENTAMIDINE ISETHIONATE

ANTIPLATELET DRUGS

ASPIRIN-DIPYRIDAMOLE ER
BRILINTA
CILOSTAZOL
CLOPIDOGREL
DIPYRIDAMOLE
PRASUGREL HCL

BETA AGONISTS INHALERS

ALBUTEROL SULFATE HFA
FORMOTEROL FUMARATE
PROAIR HFA
PROVENTIL HFA
SEREVENT DISKUS
VENTOLIN HFA

BETA BLOCKERS

ACEBUTOLOL HCL
ATENOLOL

BETAXOLOL HCL
BISOPROLOL FUMARATE
BREVIBLOC
CARVEDILOL
CARVEDILOL ER
HEMANGEOL (PA)
INDERAL XL
INNOPRAN XL
KAPSPARGO SPRINKLE
LABETALOL HCL
METOPROLOL SUCCINATE
METOPROLOL TARTRATE
NADOLOL
NEBIVOLOL HCL
PINDOLOL
PROPRANOLOL HCL
PROPRANOLOL HCL ER
TIMOLOL MALEATE

BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES

ALL OPTIONS COVERED*

CALCIUM CHANNEL BLOCKERS/DIHYDROPYRIDINES

AMLODIPINE BESYLATE
CARDENE
CLEVIPREX
CONJUPRI
FELODIPINE ER
ISRADIPINE
KATERZIA
LEVAMLODIPINE MALEATE (PA, ST)
NICARDIPINE HCL
NIFEDIPINE
NIFEDIPINE ER
NISOLDIPINE
NORLIQVA

CALCIUM CHANNEL BLOCKERS/NON-DIHYDROPYRIDINES

CARTIA XT
DILTIAZEM 24HR ER (CD)
DILTIAZEM 24HR ER (LA)
DILTIAZEM 24HR ER (XR)
DILTIAZEM ER
DILTIAZEM HCL
DILT-XR

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CALCIUM CHANNEL BLOCKERS/NON-DIHYDROPYRIDINES

MATZIM LA
NIMODIPINE
NYMALIZE
TAZTIA XT
TIADYLT ER
VERAPAMIL ER
VERAPAMIL ER PM
VERAPAMIL HCL

CARDIAC GLYCOSIDES

DIGITEK
DIGOX

ESTROGEN COMBINATIONS

AMABELZ
CLIMARA PRO
COMBIPATCH
COVARYX
COVARYX H.S.
EEMT
EEMT HS
ESTRADIOL-NORETHINDRONE ACETAT
ESTROGEN & METHYLTESTOSTERONE
FYAVOLV
JINTELI
LOPREEZA
MIMVEY
NORETHINDRONE-ETHIN ESTRADIOL
PREFEST
PREMPHASE
PREMPRO

ESTROGENS

ALORA
DEPO-ESTRADIOL
DIVIGEL
DOTTI
ELESTRIN
ESTRADIOL
ESTRADIOL VALERATE
ESTROGEL
EVAMIST
FEMRING
LYLLANA

MENEST
MENOSTAR
PREMARIN

HEPARIN

ENOXAPARIN SODIUM
ENOXILUV
FONDAPARINUX SODIUM
FRAGMIN
HEPARIN LOCK FLUSH
HEPARIN SODIUM (PA)

HIV/AIDS THERAPY

DESCOVY (PA, ST)
EMTRICITABINE-TENOFOVIR DISOP

INHALED CORTICOSTEROIDS

ALVESCO (PA, ST)
ARMONAIR DIGIHALER
ARNUITY ELLIPTA
ASMANEX (PA, ST)
ASMANEX HFA (PA, ST)
BUDESONIDE
FLOVENT DISKUS
FLOVENT HFA
FLUTICASONE PROPIONATE
FLUTICASONE PROPIONATE HFA
PULMICORT
PULMICORT FLEXHALER (PA, ST)
QVAR REDIHALER

INSULIN SYRINGES/MISCELLANEOUS DME

ALL OPTIONS COVERED*

INSULIN THERAPY

ADMELOG (PA, ST)
ADMELOG SOLOSTAR (PA)
AFREZZA
APIDRA (PA, ST)
APIDRA SOLOSTAR (PA, ST)
BASAGLAR KWIKPEN U-100 (PA, ST)
BASAGLAR TEMPO PEN U-100 (PA, ST)
FIASP
FIASP FLEXTOUCH
FIASP PENFILL
FIASP PUMPCART

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INSULIN THERAPY

HUMALOG (PA, ST)
HUMALOG JUNIOR KWIKPEN (PA, ST)
HUMALOG MIX 50-50 (PA, ST)
HUMALOG MIX 75-25 (PA, ST)
HUMALOG TEMPO PEN U-100 (PA, ST)
HUMULIN 70/30 KWIKPEN (PA, ST)
HUMULIN 70-30 (PA, ST)
HUMULIN N (PA, ST)
HUMULIN N KWIKPEN (PA, ST)
HUMULIN R (PA, ST)
HUMULIN R U-500 KWIKPEN (PA, ST)
INSULIN ASPART
INSULIN ASPART FLEXPEN
INSULIN ASPART PENFILL
INSULIN ASPART PROT-INSULN ASP
INSULIN DEGLUDEC (PA, ST)
INSULIN DEGLUDEC PEN (U-100) (PA, ST)
INSULIN DEGLUDEC PEN (U-200) (PA, ST)
INSULIN GLARGINE (PA, ST)
INSULIN GLARGINE SOLOSTAR (PA, ST)
INSULIN GLARGINE-YFGN (PA, ST)
INSULIN LISPRO (PA, ST)
INSULIN LISPRO JUNIOR KWIKPEN (PA, ST)
INSULIN LISPRO KWIKPEN U-100 (PA, ST)
INSULIN LISPRO PROTAMINE MIX (PA, ST)
LANTUS
LANTUS SOLOSTAR
LEVEMIR
LEVEMIR FLEXPEN
LEVEMIR FLEXTOUCH
LYUMJEV (PA, ST)
LYUMJEV KWIKPEN U-100 (PA, ST)
LYUMJEV KWIKPEN U-200 (PA, ST)
LYUMJEV TEMPO PEN U-100 (PA, ST)
MYXREDLIN
NOVOLIN 70-30
NOVOLIN 70-30 FLEXPEN
NOVOLIN N
NOVOLIN N FLEXPEN
NOVOLIN R
NOVOLIN R FLEXPEN
NOVOLOG
NOVOLOG FLEXPEN
NOVOLOG MIX 70-30
REZVOGLAR KWIKPEN (PA)

SEMGLEE (PA, ST)
SEMGLEE (YFGN) (PA, ST)
SEMGLEE (YFGN) PEN (PA, ST)
SEMGLEE PEN (PA, ST)
SOLIQUA 100-33 (PA, ST)
TOUJEO MAX SOLOSTAR
TOUJEO SOLOSTAR
TRESIBA
TRESIBA FLEXTOUCH U-100
TRESIBA FLEXTOUCH U-200
XULTOPHY 100-3.6 (PA, ST)

LIPID/CHOLESTEROL LOWERING AGENTS

ALTOPREV (PA)
AMLODIPINE-ATORVASTATIN (ST)
ANTARA
ATORVALIQ (PA)
ATORVASTATIN CALCIUM
CHOLESTYRAMINE
CHOLESTYRAMINE LIGHT
COLESEVELAM HCL
COLESTID
COLESTIPOL HCL
COMPLETE OMEGA
ENDUR-ACIN
ENDUR-AMIDE
ENDUR-THINE
EZALLOR SPRINKLE (PA, ST)
EZETIMIBE
EZETIMIBE-ATORVASTATIN CALCIUM
EZETIMIBE-SIMVASTATIN
FENOFIBRATE (ST)
FENOFIBRIC ACID
FLOLIPID (PA, ST)
FLUVASTATIN ER
FLUVASTATIN SODIUM
GEMFIBROZIL
ICOSAPENT ETHYL (PA, ST)
LIPOFEN (PA)
LOVASTATIN
MAXEPA
NIACIN
NIACIN ER
NIACINAMIDE
NIACOR (ST)
NIAVASC

Microsoft Preventive Drug List

LIPID/CHOLESTEROL LOWERING AGENTS

OMEGA-3 ACID ETHYL ESTERS
PITAVASTATIN CALCIUM
PRAVASTATIN SODIUM
PREVALITE
ROSUVASTATIN CALCIUM
ROSUVASTATIN-EZETIMIBE (PA, ST)
ROSZET (PA, ST)
SIMVASTATIN
ZYPITAMAG (PA, ST)

LONG ACTING NITRATES

ISOSORBIDE DINITRATE
ISOSORBIDE MONONITRATE
NITRO-BID
NITROGLYCERIN
NITRO-TIME

MISCELLANEOUS ANTIDEPRESSANTS

BUPROPION HCL
BUPROPION HCL ER
BUPROPION SR
BUPROPION XL
DESVENLAFAXINE SUCCINATE ER
DULOXETINE HCL
MIRTAZAPINE
VENLAFAXINE HCL
VENLAFAXINE HCL ER

MISCELLANEOUS PULMONARY AGENTS

ADVAIR HFA
AIRDUO DIGIHALER
AIRDUO RESPICLICK
BREO ELLIPTA
BREYNA
BUDESONIDE-FORMOTEROL FUMARATE
CROMOLYN SODIUM
DULERA
FLUTICASONE-SALMETEROL
FLUTICASONE-SALMETEROL HFA
FLUTICASONE-VILANTEROL
MONTELUKAST SODIUM
TRELEGY ELLIPTA
WIXELA INHUB
ZAFIRLUKAST
ZILEUTON (ST)
ZYFLO (ST)

NON-INSULIN HYPOGLYCEMIC AGENTS

ACARBOSE
ACTOPLUS MET XR
ADLYXIN
ALOGLIPTIN (PA, ST)
ALOGLIPTIN-METFORMIN (PA, ST)
ALOGLIPTIN-PIOGLITAZONE (PA, ST)
AVANDIA
BEXAGLIFLOZIN
BRENZAVVY
BYDUREON BCISE (PA, ST)
BYDUREON PEN (PA, ST)
BYETTA (PA, ST)
CYCLOSET
FARXIGA (PA, ST)
GLIMEPIRIDE
GLIPIZIDE
GLIPIZIDE ER
GLIPIZIDE XL
GLIPIZIDE-METFORMIN
GLYBURIDE
GLYBURIDE MICRONIZED
GLYBURIDE-METFORMIN HCL
GLYXAMBI (PA, ST)
INVOKAMET (PA, ST)
INVOKAMET XR (PA, ST)
INVOKANA (PA, ST)
JANUMET (PA, ST)
JANUMET XR (PA, ST)
JANUVIA (PA, ST)
JARDIANCE (PA, ST)
JENTADUETO (PA, ST)
JENTADUETO XR (PA, ST)
KAZANO (PA, ST)
METFORMIN HCL
METFORMIN HCL ER
MIGLITOL
MOUNJARO(PA, ST)
NATEGLINIDE
NESINA (PA, ST)
OSENI (PA, ST)
OZEMPIC (PA, ST)
PIOGLITAZONE HCL
PIOGLITAZONE-GLIMEPIRIDE
PIOGLITAZONE-METFORMIN
QTERN (PA, ST)
REPAGLINIDE

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NON-INSULIN HYPOGLYCEMIC AGENTS

REPAGLINIDE-METFORMIN HCL
RIOMET ER (PA, ST)
RYBELSUS (PA, ST)
SAXAGLIPTIN HCL (PA)
SAXAGLIPTIN-METFORMIN ER (PA)
SEGLUROMET (PA, ST)
STEGLATRO (PA, ST)
STEGLUJAN (PA, ST)
SYMLINPEN 120 (PA, ST)
SYMLINPEN 60 (PA, ST)
SYNJARDY (PA, ST)
SYNJARDY XR (PA, ST)
TRADJENTA (PA, ST)
TRIJARDY XR (PA, ST)
TRULICITY (PA, ST)
VICTOZA (PA, ST)
XIGDUO XR (PA, ST)

OSTEOPOROSIS THERAPY

ACTONEL
ALENDRONATE SODIUM
BINOSTO
FOSAMAX
FOSAMAX PLUS D
IBANDRONATE SODIUM
RISEDRONATE SODIUM
RISEDRONATE SODIUM DR

ANTIHYPERTENSIVE COMBINATIONS

AMLODIPINE BESYLATE-BENAZEPRIL (ST)
AMLODIPINE-OLMESARTAN (ST)
AMLODIPINE-VALSARTAN (ST)
AMLODIPINE-VALSARTAN-HCTZ (ST)
ATENOLOL W/CHLORTHALIDONE
BENAZEPRIL HCL-HCTZ
BISOPROLOL FUMARATE/HCTZ
CAPTOPRIL/HCTZ
DUTOPROL
ENALAPRIL MALEATE/HCTZ
FOSINOPRIL-HCTZ
LISINOPRIL-HCTZ
METHYLDOPA/HCTZ
METOPROLOL-HCTZ
OLMESARTAN-AMLODIPINE-HCTZ
PRESTALIA (ST)

PROPRANOLOL HCL-HCTZ
QUINAPRIL-HCTZ
TELMISARTAN-AMLODIPINE (ST)
TRANDOLAPRIL-VERAPAMIL (ST)

PROGESTINS

CRINONE
DEPO-PROVERA
ENDOMETRIN
HYDROXYPROGESTERONE CAPROATE
MAKENA
MEDROXYPROGESTERONE ACETATE
NORETHINDRONE ACETATE
PROGESTERONE

SALICYLATES

ASPIRIN
BAYER CHEWABLE
CHILDREN'S ASPIRIN
ECOTRIN
VAZALORE

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI's)

CITALOPRAM HBR
ESCITALOPRAM OXALATE
FLUOXETINE DR
FLUOXETINE HCL
FLUVOXAMINE MALEATE
PAROXETINE ER
PAROXETINE HCL
PAROXETINE MESYLATE
SERTRALINE HCL

DIURETIC AGENTS

ALDACTAZIDE
AMILORIDE HCL
AMILORIDE HCL W/HCTZ
BUMETANIDE
CHLOROTHIAZIDE
CHLORTHALIDONE
DIURIL
EPLERENONE
ETHACRYNIC ACID
FUROSEMIDE
HYDROCHLOROTHIAZIDE (HCTZ)
INDAPAMIDE

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DIURETIC AGENTS

KERENDIA (PA, ST)
METOLAZONE
SPIRONOLACTONE
SPIRONOLACTONE W/HCTZ
THALITONE
TORSEMIDE
TRIAMTERENE
TRIAMTERENE W/HCTZ

VASODILATORS

HYDRALAZINE HCL
MINOXIDIL

XANTHINES

THEO-24
THEOCHRON
THEOPHYLLINE
THEOPHYLLINE ANHYDROUS
THEOPHYLLINE ER

Preventive medications, supplements, and devices

The following qualify as preventive drugs covered at 100 percent. To receive the preventive drug benefit, you will need a written prescription. This benefit is only available for these drugs and devices when they meet the indicated requirements and strength.

Drug	Requirements	Strength
Aspirin	Over-the-counter, aspirin-only products for those at risk due to heart conditions or pregnant women who are at high risk for preeclampsia	75–325 mg
Breast cancer prevention	Prescription only for raloxifene, Soltamox, tamoxifen, or aromatase inhibitors; for those age 35 and older or at higher risk	
Colonoscopy preparations	Prescription only, generic or single-source brands, for those between the ages of 45 and 75 (over-the-counter drugs are not covered as a preventive benefit)	Fill limit of 2 every 365 days
Fluoride	Generic over the counter Coverage is for children from 6 months to age 16	All formulations
Folic acid	Generic over the counter only Coverage is only for women who are pregnant or are considering pregnancy Prenatal vitamins with folic acid will continue to be covered or denied according to the standard benefit of your plan and are subject to the cost shares and limits of that plan	0.4–0.8 mg
HIV PrEP (Preexposure Prophylaxis)	Coverage is for those who are at high risk of HIV acquisition	
Iron supplements	Over the counter only Coverage is for children up to 12 months old For children 13 months and older, liquid or tablet form will be covered according to the standard benefit of your plan and will be subject to the cost shares and limits of that plan	Generic liquid form only (birth to 12 months)
Statins	Generic statins Coverage is for adults age between the ages of 40 and 75	
Tobacco cessation	Prescription only for the following drugs: <ul style="list-style-type: none"> • Bupropion (generic Zyban only) • Varenicline • NRT (nicotine replacement therapy) nasal spray • NRT inhaler Coverage is limited to a 180-day supply per year and is available for generic, over-the-counter patches, lozenges, and gum	All formulations of these listed drugs
Women's birth control	Coverage is for women only for generic or single-source brand oral contraceptives (including emergency contraception), cervical caps, patches, diaphragms, insertion or removal of IUD (intrauterine device), contraceptive implants, injectable contraception, and over-the-counter birth control, such as women's condoms and sponges	

If you have questions about your preventive drug coverage, call our Microsoft-dedicated customer service team at **800-676-1411 (TTY: 711)**, Monday through Friday, 5 a.m. to 8 p.m. Pacific Time.

Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and 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, sex, gender identity, or sexual orientation, 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: 711, 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 Ave 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>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

Language Assistance

- ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).
- 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY: 711)。
- CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).
- 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.
- ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).
- PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).
- УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).
- ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។
- 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。
- ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711)።
- XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).
- ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).
- ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
- ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).
- ໂປດອຸບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສິ່ງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-722-1471 (TTY: 711).
- ATANSYON:** Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).
- ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).
- UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).
- ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).
- ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).
- توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.