

Essentials Drug List

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.

If your drug is not on this list, search for it at premera.com:

- Under Pharmacy, select Rx Search
- In **Drug list to search** field:
 - Choose E1 if you have a high deductible health plan
 - Choose E4 if you have a PPO plan
- Search for your drug
- Find your dosage, on the Results page
- If EX appears in the Status column next to your drug, the drug is excluded. Consult your doctor or pharmacist to find an alternative drug that is covered by your plan.

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Essentials Drug List

DRUG CLASS	EXCLUDED DRUG	PREFERRED ALTERNATIVE(S)
ANTIBIOTICS	ACTICLATE	
	AVIDOXY	DOXYCYCLINE MONOHYDRATE, MINOCYCLINE HCL
	A VIDOXY DK	
	BENZODOX 30	
	BENZODOX 60	TRETINOIN, MINOCYCLINE HCL, DOXYCYCLINE MONOHYDRATE, CLINDAMYCIN PHOSPHATE
	DORYX	
	DORYX MPC	DOXYCYCLINE MONOHYDRATE, MINOCYCLINE HCL
	DOXYCYCLINE IR-DR	
	ERYPED	
	MINOCIN	
	MINOCYCLINE HCL	DOXYCYCLINE MONOHYDRATE, MINOCYCLINE HCL
	MINOCYCLINE HCL ER	
	MONODOX	
	MORGIDOX	
	ORACEA	
	ORAVIG	
	PCE	ERYTHROMYCIN BASEW
	SOLODYN	
	TARGADOX	DOXYCYCLINE MONOHYDRATE, MINOCYCLINE HCL
TOBI	TOBRAMYCIN INHALATION	
XIMINO	DOXYCYCLINE MONOHYDRATE, MINOCYCLINE HCL	
ANTIVIRALS	SITAVIG	ACYCLOVIR
	VALTREX	VALACYCLOVIR HCL
HIV	ATRIPLA	SYMFI, SYMFI LO
NARCOTICS	ABSTRAL	
	ACTIQ	
	DURAGESIC	FENTANYL
	FENTORA	
	LAZANDA	
	LEVORPHANOL TARTRATE	
	OPANA	OXYCODONE
	OXYCODONE HCL ER	HYDROMORPHONE ER, MORPHINE SULFATE ER, OXYMORPHONE HCL ER
	PERCOCET	OXYCODONE
	ROXICODONE	OXYCODONE HCL, MORPHINE SULFATE, HYDROMORPHONE HCL
	SUBSYS	FENTANYL
	ALLZITAL, BUPAP	BUTALBITAL/ACETAMINOPHEN
	COMBINATION NARCOTIC ANALGESICS	ESGIC, FIORICET, MARGESIC, VANATOL, VANATOL LQ, VANATOL S, ZEBUTAL
FIORICET W/CODEINE		BUTALBITAL/ACETAMINOPHEN/CAFFEINE W CODEINE
FIORINAL W/CODEINE		BUTALBITAL COMPOUND W/CODEINE
NORCO		HYDROCODONE/ACETAMINOPHEN
PERCOCET		OXYCODONE/ACETAMINOPHEN
NSAIDS	CAMBIA	IBUPROFEN, DICLOFENAC SODIUM, NAPROXEN
	CAPXIB	
	CELEBREX	CELECOXIB

NOTE: Some very high-cost generic products are excluded.

DRUG CLASS	EXCLUDED DRUG	PREFERRED ALTERNATIVE(S)	
NSAIDS	COMFORT PAC-IBUPROFEN	IBUPROFEN, DICLOFENAC SODIUM, NAPROXEN	
	COMFORT PAC-MELOXICAM	MELOXICAM, IBUPROFEN, DICLOFENAC SODIUM, NAPROXEN	
	COMFORT PAC-NAPROXEN	IBUPROFEN, DICLOFENAC SODIUM, NAPROXEN	
	DERMACINRX	DICLOFENAC SODIUM	
	DICLO GEL		
	DICLO GEL-XRYLIX SHEET		
	DICLOPAK		
	DICLOPR		
	DICLOTRAL		
	DICLOZOR		
	DITHOL		
	DUEXIS		RANITIDINE HCL, IBUPROFEN, FAMOTIDINE, OMEPRAZOLE
	ENOVARX-IBUPROFEN		IBUPROFEN
	ENOVARX-NAPROXEN	NAPROXEN	
	FELDENE	PIROXICAM	
	FENORTHO	IBUPROFEN, DICLOFENAC SODIUM, NAPROXEN	
	FLECTOR	DICLOFENAC CREAM	
	FLEXIPAK	DICLOFENAC SODIUM	
	INDOCIN	IBUPROFEN, DICLOFENAC SODIUM, NAPROXEN	
	INFLAMMACIN		
	INFLAMMA-K		
	LEXIXRYL	DICLOFENAC SODIUM	
	LIDOXIB	IBUPROFEN, DICLOFENAC SODIUM, NAPROXEN	
	NALFON	FENOPROFEN	
	NAPRELAN, NAPROPAK	IBUPROFEN, DICLOFENAC SODIUM, NAPROXEN	
	NUDICLO		
	PENNSAID, PREVIDOL RX	DICLOFENAC SODIUM, IBUPROFEN, NAPROXEN	
	TIVORBEX	IBUPROFEN, DICLOFENAC SODIUM, NAPROXEN	
	VIMOVO	OMEPRAZOLE, IBUPROFEN, DICLOFENAC SODIUM	
	VIVLODEX	MELOXICAM, IBUPROFEN, DICLOFENAC SODIUM, NAPROXEN	
VOPAC MDS	IBUPROFEN, DICLOFENAC SODIUM		
XELITRAL	DICLOFENAC SODIUM		
XENAFLAMM	IBUPROFEN, DICLOFENAC SODIUM, NAPROXEN		
XRYLIX	DICLOFENAC SODIUM		
ZIPSOR	IBUPROFEN, DICLOFENAC SODIUM, NAPROXEN		
NARCOTIC OVERDOSE	EVZIO	NALOXONE HCL	
OPIOID DEPENDENCE	ZUBSOLV	BUPRENORPHINE/NALOXONE	
HEADACHE THERAPY	AMERGE	NARATRIPTAN HCL	
	AXERT	ALMOTRIPTAN MALATE	
	CAFERGOT	ERGOTAMINE TARTRATE/CAFFEINE	
	ERGOMAR	ERGOTAMINE TARTRATE	
	FROVA	FROVATRIPTAN SUCCINATE	
	IMITREX	SUMATRIPTAN	
	MAXALT	RIZATRIPTAN BENZOATE	
	MIGRANOW	ALMOTRIPTAN MALATE, ELETRIPTAN HBR, SUMATRIPTAN SUCCINATE, FROVATRIPTAN SUCCINATE	
	ONZETRA XSAIL	SUMATRIPTAN SUCCINATE	

DRUG CLASS	EXCLUDED DRUG	PREFERRED ALTERNATIVE(S)
HEADACHE THERAPY	PRODRIN	ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN
	RELPAK	ELETRIPTAN HYDROBROMIDE
	SUMATRIPTAN SUCC-NAPROXEN SOD	SUMATRIPTAN SUCCINATE
	SUMAVEL DOSEPRO	SUMATRIPTAN INJECTION
	TREXIMET	SUMATRIPTAN SUCCINATE, NAPROXEN
	VANATOL	ALMOTRIPTAN MALATE, ELETRIPTAN HBR, SUMATRIPTAN SUCCINATE, FROVATRIPTAN SUCCINATE
	ZEMBRACE SYMTOUCH	SUMATRIPTAN SUCCINATE
	ZOMIG, ZOMIG ZMT	ZOLMITRIPTAN
NEUROLOGICAL THERAPY	BRISDELLE	PAROXETINE
	EXTAVIA	BETASERON, REBIF, AVONEX
	GOCOVRI	AMANTADINE HCL
	HORIZANT	GABAPENTIN, ROPINIROLE HCL, PRAMIPEXOLE, DULOXETINE
	NEUPRO	ROTIGOTINE
	NUVIGIL	ARMODAFINIL
	NAMENDA XR	MEMANTINE
	OSMOLEX ER	AMANTADINE HCL
	RYTARY	CARBIDOPA/LEVODOPA
	XADAGO	SELEGILINE
	XENAZINE	TETRABENAZINE
MUSCLE RELAXANTS & ANTISPASMODIC	AMRIX	CYCLOBENZAPRINE HCL, TIZANIDINE HCL, METHOCARBAMOL
	COMFORT PAC-CYCLOBENZAPRINE, CYCLOBENZAPRINEPAX, CYCLOTENS, FLEXMID, FLEXEPAX	CYCLOBENZAPRINE HCL, TIZANIDINE HCL, BACLOFEN, METHOCARBAMOL
	COMFORT PAC-TIZANIDINE	CYCLOBENZAPRINE HCL, TIZANIDINE HCL, BACLOFEN, METHOCARBAMOL
	CYCLOTENS	
ANTICOAGULANTS	BEVYXXA	ELIQUIS, XARELTO
	LOVENOX	ENOXAPARIN
ANTIPLATELET DRUGS	PLAVIX	CLOPIDOGREL
	YOSPRALA	ASPRIN + OMEPRAZOLE (AVAILABLE OTC)
DIURETICS	CAROSPIR	SPIRONOLACTONE
BETA BLOCKERS	HEMANGEOL, INDERAL LA, INNOPRAN XL	PROPRANOLOL, ATENOLOL
ANGIOTENSIN RECEPTOR BLOCKERS	ATACAND	CANDESARTAN
	EDARBI	CANDESARTAN-HYDROCHLOROTHIAZID, IRBESARTAN-HYDROCHLOROTHIAZIDE, LOSARTAN-HYDROCHLOROTHIAZIDE, TELMISARTAN-HYDROCHLOROTHIAZID
	EDARBYCLOR	
ANTIHYPERTENSIVE COMBINATIONS	AZOR	AMLODIPINE/OLMESARTAN
	TRIBENZOR	AMLODIPINE/OLMESARTAN/HYDROCHLOROTHIAZIDE
LIPID/CHOLESTEROL LOWERING	FLOLIPID	ROSUVASTATIN CALCIUM, ATORVASTATIN CALCIUM, SIMVASTATIN, LOVASTATIN
	LIPITOR	ATORVASTATIN
	LIVALO	ROSUVASTATIN CALCIUM, ATORVASTATIN CALCIUM, SIMVASTATIN, LOVASTATIN
	VYTORIN	ATORVASTATIN/EZETIMIBE
	WELCHOL	CHOLESTYRAMINE LIGHT, CHOLESTIPOL, PREVALITE,
	ZETIA	EZETIMIBE
	ZYPITAMAG	ROSUVASTATIN CALCIUM, ATORVASTATIN CALCIUM, SIMVASTATIN, LOVASTATIN

NOTE: Some very high-cost generic products are excluded.

DRUG CLASS	EXCLUDED DRUG	PREFERRED ALTERNATIVE(S)
TOPICAL CORTICOSTEROIDS VERY HIGH POTENCY	CLODAN	BETAMETHASONE DIPROPIONATE, HALOBETASOL PROPIONATE
	IMPOYZ	
	ULTRAVATE	HALOBETASOL
	ULTRAVATE X	BETAMETHASONE DIPROPIONATE, HALOBETASOL PROPIONATE
	HALOG	BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE ACETONIDE
TOPICAL CORTICOSTEROIDS MEDIUM POTENCY	CORDRAN	TRIAMCINOLONE ACETONIDE, FLUTICASONE PROPIONATE, FLUOCINOLONE ACETONIDE, HYDROCORTISONE
	DERMACINRX SILAPAK	
	DERMASORB TA	
	DERMAWERX SDS	
	DERMAZONE	
	ELLZIA PAK	TRIAMCINOLONE ACETONIDE
	NOLIX	TRIAMCINOLONE ACETONIDE, FLUTICASONE PROPIONATE, FLUOCINOLONE ACETONIDE, HYDROCORTISONE
	NUTRIARX	
	PANDEL	
	PSORCON	
	SANADERMRX	
	SILALITE PAK	TRIAMCINOLONE ACETONIDE
	SILAZONE-II	TRIAMCINOLONE ACETONIDE, FLUTICASONE PROPIONATE, FLUOCINOLONE ACETONIDE, HYDROCORTISONE
	SURE RESULT TAC PAK	
	TOPICORT	
	TRIANEX	
WHYTEDERM TDKAK		
WHYTEDERM TRILASIL PAK		
TOPICAL CORTICOSTEROIDS LOW POTENCY	AQUA GLYCOLIC HC	HYDROCORTISONE + SKIN CLEANSER (AVAILABLE OTC)
	DERMASORB HC	HYDROCORTISONE (AVAILABLE OTC)
	FIRST HYDROCORTISONE	
	NOXIPAK	FLUOCINOLONE ACETONIDE, HYDROCORTISONE, TRIAMCINOLONE ACETONIDE
	PEDIADERM HC	HYDROCORTISONE (AVAILABLE OTC)
	SCALACORT DK	
	SYNALAR	FLUOCINOLONE ACETONIDE
	SYNALAR TS	FLUOCINOLONE ACETONIDE, HYDROCORTISONE, TRIAMCINOLONE ACETONIDE
	VERDESO	HYDROCORTISONE, FLUOCINOLONE ACETONIDE, TRIAMCINOLONE ACETONIDE
	XILAPAK	FLUOCINOLONE ACETONIDE, HYDROCORTISONE, TRIAMCINOLONE ACETONIDE
TOPICAL ANESTHETICS	ACCUCAINE	LIDOCAINE-PRILOCAINE, LIDOCAINE, LIDOCAINE HCL,
	ADAZIN	LIDOCAINE-PRILOCAINE
	AGONEAZE	
	ANACAINE	BENZOCAINE
	ANASTIA	LIDOCAINE-PRILOCAINE, LIDOCAINE, LIDOCAINE HCL,
	ANODYNE LPT	LIDOCAINE-PRILOCAINE
	ASTERO	LIDOCAINE-PRILOCAINE, LIDOCAINE, LIDOCAINE HCL
	CIDALEAZE	
	DERMACINRX EMPRICAINE	LIDOCAINE-PRILOCAINE
	DERMACINRX PHN PAK	LIDOCAINE-PRILOCAINE, LIDOCAINE, LIDOCAINE HCL
	DERMACINRX PRIZOPAK	LIDOCAINE-PRILOCAINE
	DERMACINRX ZRM PAK	LIDOCAINE-PRILOCAINE, LIDOCAINE, LIDOCAINE HCL
	DERMAZYL	
	DOLOTRANZ	LIDOCAINE-PRILOCAINE

DRUG CLASS	EXCLUDED DRUG	PREFERRED ALTERNATIVE(S)
TOPICAL ANESTHETICS	DYNAMIC, DYNAMIC PLUS PAK	LIDOCAINE
	ELLENZAPATCH	LIDOCAINE PATCH
	ENOVARX-LIDOCAINE HCL	LIDOCAINE
	KAMDOY	LIDOCAINE-PRILOCAINE
	LDO PLUS	LIDOCAINE-PRILOCAINE, LIDOCAINE, LIDOCAINE HCL
	LEVA SET	LIDOCAINE-PRILOCAINE
	LIDOCAINE HCL	LIDOCAINE-PRILOCAINE, LIDOCAINE, LIDOCAINE HCL
	LIDODERM	
	DIDODEXTRAPINE	LIDOCAINE
	LIDO-K	LIDOCAINE-PRILOCAINE, LIDOCAINE, LIDOCAINE HCL
	LIDOPAC	
	LIDOPIN	
	LIDOPRIL	LIDOCAINE-PRILOCAINE
	LIDOPRIL XR	
	LIDO-PRILO CAINE PACK	
	LIDORX	LIDOCAINE-PRILOCAINE, LIDOCAINE, LIDOCAINE HCL
	LIDOTRAL	
	LIDOTRANS 5 PAK	LIDOCAINE-PRILOCAINE
	LIDOVEX	LIDOCAINE
	LIDOZION	LIDOCAINE-PRILOCAINE, LIDOCAINE, LIDOCAINE HCL
	LIDTOPIC MAX	
	LIPROZONEPAK	LIDOCAINE-PRILOCAINE
	LIVIXIL PAK	
	LORENZA	
	LP LITE PAK	
	MEDOLOR PAK	
	MENTHO-CAINE	LIDOCAINE-PRILOCAINE, LIDOCAINE, LIDOCAINE HCL
	NUMBONEX	
	PRILOLID	LIDOCAINE-PRILOCAINE
	PRO DNA COLLECTION	LIDOCAINE-PRILOCAINE, LIDOCAINE, LIDOCAINE HCL
	PROVENZA	LIDOCAINE-PRILOCAINE
	RECIPHEXAMINE	
	RELADOR PAK	
	RELYYKS	
	SLIVERA	
	SOLUPAK	LIDOCAINE-PRILOCAINE, LIDOCAINE, LIDOCAINE HCL
SYNVEXIA	LIDOCAINE-PRILOCAINE	
TRANZAREL		
VELMA		
VEXA		
XRYLIDERM		
ZEYOCAINE	LIDOCAINE-PRILOCAINE, LIDOCAINE, LIDOCAINE HCL	
TOPICAL THERAPY FOR ACNE	ABSORICA	AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE
	ADAPALENE, ADAPALENE/BENZOYL PEROXIDE	BENZOYL PEROXIDE, ERYTHROMYCIN-BENZOYL PEROXIDE, TRETINOIN, CLINDAMYCIN PHOSPHATE
	AVAR, AVAR-LS, AVAR-E, AVAR-E LS	
	BENZACLIN	
	CLARIFOAM EF	

DRUG CLASS	EXCLUDED DRUG	PREFERRED ALTERNATIVE(S)
TOPICAL THERAPY FOR ACNE	CLINDACIN ETZ	CLINDAMYCIN PHOSPHATE, ERYTHROMYCIN, BENZOYL PEROXIDE
	CLINDACIN PAC	
	CLINDAGEL	
	DERMAPAK PLUS	TRETINOIN
	DIFFERIN	BENZOYL PEROXIDE, ERYTHROMYCIN-BENZOYL PEROXIDE, TRETINOIN, CLINDAMYCIN PHOSPHATE
	DUAC	
	EPIDUO, EPIDUO FORTE	
	FABIOR	CLINDAMYCIN PHOSPHATE, ERYTHROMYCIN, BENZOYL PEROXIDE
	INOVA	BENZOYL PEROXIDE
	NEUAC	CLINDAMYCIN PHOSPHATE, ERYTHROMYCIN, BENZOYL PEROXIDE
	NORITATE	METRONIDAZOLE
	ONEXTON	CLINDAMYCIN PHOSPHATE, ERYTHROMYCIN, BENZOYL PEROXIDE
	PLEXION	BENZOYL PEROXIDE, ERYTHROMYCIN-BENZOYL PEROXIDE, TRETINOIN, CLINDAMYCIN PHOSPHATE
	PLIXDA	BENZOYL PEROXIDE, ERYTHROMYCIN-BENZOYL PEROXIDE, TRETINOIN, CLINDAMYCIN PHOSPHATE
	RETIN A MICRO, RETIN-A MICRO PUMP	
	ROSADAN	METRONIDAZOLE, ERYTHROMYCIN-BENZOYL PEROXIDE, CLINDAMYCIN PHOSPHATE
	ROSULA	BENZOYL PEROXIDE, ERYTHROMYCIN-BENZOYL PEROXIDE, TRETINOIN, CLINDAMYCIN PHOSPHATE
	SULFACLEANSE	
	SUMADAN, XLT	
	SUMAXIN	
	TAZORAC	CLINDAMYCIN PHOSPHATE, ERYTHROMYCIN, BENZOYL PEROXIDE
	TRETIN-X	BENZOYL PEROXIDE, ERYTHROMYCIN-BENZOYL PEROXIDE, TRETINOIN, CLINDAMYCIN PHOSPHATE
	VELTIN	CLINDAMYCIN PHOSPHATE, ERYTHROMYCIN, BENZOYL PEROXIDE
VIRTI-SULF	BENZOYL PEROXIDE, ERYTHROMYCIN-BENZOYL PEROXIDE, TRETINOIN, CLINDAMYCIN PHOSPHATE	
ZENCIA		
ZIANA		
TOPICAL ANTIBACTERIALS	ALA-QUIN	HYDROCORTISONE, HYDROCORTISONE W/IODOQUINOL
	ALCORTIN A	
	CENTANY , CENTANY AT	MUPIROCIN
	DERMASORB AF	HYDROCORTISONE, HYDROCORTISONE W/IODOQUINOL
	QUINJA	
TOPICAL ANTIFUNGALS	CICLODAN, CNL 8	CICLOPIROX
	DERMACINRX THERAZOLE PAK	CLOTRIMAZOLE, BETAMETHASONE DIPROPIONATE
	ERTACZO	KETOCONAZOLE, NYSTATIN, OXICONAZOLE NITRATE, CICLOPIROX
	JUBLIA	
	KERYDIN	CICLOPIROX
	KETODAN	KETOCONAZOLE, NYSTATIN, OXICONAZOLE NITRATE, CICLOPIROX
	LOPROX, PEDIPAK	CICLOPIROX
	NYATA	KETOCONAZOLE, NYSTATIN, OXICONAZOLE NITRATE, CICLOPIROX
	XOLEGEL	
TOPICAL ANTIVIRALS	DENAVIR	ACYCLOVIR
	LIDOVIR	ACYCLOVIR + LIDOCAINE
	XERESE	ACYCLOVIR + HYDROCORTISONE

DRUG CLASS	EXCLUDED DRUG	PREFERRED ALTERNATIVE(S)
KERATOLYTICS	BENSAL HP	SALICYLIC ACID
	INOVA 4-1	
	INOVA 8-2	
	KERALYT SCALP	
	SALEX	
	SALVAX, SALVAX DUO PLUS	
	XALIX	
PSORIASIS & ANTISEBORRHEIC	ILUMYA	TREMFYA
	SILIQ	METHOTREXATE, CYCLOSPORINE, ADALIMUMAB, USTEKINUMAB
	TALTZ AUTOINJECTOR	
	TALTZ AUTOINJECTOR (2 PACK)	
	TALTZ AUTOINJECTOR (3 PACK)	
	TALTZ SYRINGE	
MISCELLANEOUS SKIN PRODUCTS	DERMACINRX CLORHEXACIN	MUPIROCIN, CHLORHEXIDINE GLUCONATE
	DERMACINRX SURGICAL PHARMAPAK	
	DERMAWERX SURGICAL PLUS PAK	
	LIDOTREX	LIDOCAINE-PRILOCAINE, LIDOCAINE, LIDOCAINE HCL
	TRIXYLITRAL	DICLOFENAC TOPICAL
THYROID HORMONES	CYTOMEL	LIOTHYRONINE
	TIROSINT	LEVOTHYROXINE SODIUM
ADRENAL HORMONES	BETA 1	DEXAMETHASONE SODIUM PHOSPHATE
	DOUBLEDEX, TAPERDEX	
	EMFLAZA	PREDNISONE
	MAS CARE-PAK	DEXAMETHASONE SODIUM PHOSPHATE
	RAYOS	PREDNISONE, METHYLPREDNISOLONE
ANDROGENS	ANDROGEL	TESTOSTERONE
	ANDROID	METHYLTESTOSTERONE
	AVEED	TESTOSTERONE
	FIRST-TESTOSTERONE	
	FIRST-TESTOSTERONE MC	
	FORTESTA	
	METHITEST	METHYLTESTOSTERONE
	NATESTO	TESTOSTERONE
	TESTIM	
	TESTONE CIK	
	TESTRED	METHYLTESTOSTERONE
	VOGELXO	TESTOSTERONE
ESTROGENS AND PROGESTINS	CLIMARA PRO	MINIVELLE, ESTRADIOL
	ESTROGEL	PREMARIN, ESTERIFIED ESTROGENS, EVAMIST
	FEMRING	ESTRING
	FIRST-PROGESTERONE	PROGESTERONE
	VAGIFEM	PREMARIN VAGINAL,
	VIVELLE DOT	MINIVELLE, ESTRADIOL

DRUG CLASS	EXCLUDED DRUG	PREFERRED ALTERNATIVE(S)
INSULIN	ADMELOG	NOVOLIN R, NOVOLOG
	ADMELOG SOLOSTAR	
	AFREZZA	
	APIDRA	
	APIDRA SOLOSTAR	
	HUMALOG	
	HUMALOG MIX 50-50	
	HUMALOG MIX 75-25	
	HUMULIN 70/30 KWIKPEN	
	HUMULIN 70-30	
	HUMULIN N	
	HUMULIN N KWIKPEN	
	HUMULIN R	
NON-INSULIN GLUCOSE LOWERING AGENTS	ADLYXIN	METFORMIN, VICTOZA, BYDUREON, BYETTA
	ALOGLIPTIN	JANUVIA, ONGLYZA, METFORMIN HCL, KOMBIGLYZE
	ALOGLIPTIN-METFORMIN	JANUMET, JANUVIA, ONGLYZA, KOMBIGLYZE
	ALOGLIPTIN-PIOGLITAZONE	
	FORTAMET	METFORMIN HCL ER, METFORMIN HCL
	GLUMETZA	
	GLYXAMBI	JANUVIA, ONGLYZA, METFORMIN HCL, KOMBIGLYZE
	JENTADUETO	JANUMET, JANUVIA, ONGLYZA, KOMBIGLYZE
	JENTADUETO XR	
	KAZANO	
	METFORMIN HCL ER	METFORMIN HCL ER (generic of Glucophage XR)
	NESINA	JANUVIA, ONGLYZA, METFORMIN HCL, KOMBIGLYZE
	OSENI	
	TRADJENTA	
TRULICITY	METFORMIN, VICTOZA, BYDUREON, BYETTA	
BLOOD GLUCOSE TEST STRIPS	ALL TEST STRIPS EXCEPT ONE TOUCH ULTRA	ONE TOUCH ULTRA TEST STRIPS
ANTIEMETICS	SANCUSO	GRANISETRON, ONDANSETRON
	ZUPLENS	ONDANSETRON, GRANISETRON
PROTON PUMP INHIBITORS Low cost products available OTC: Brands: Nexium 24 HR, Prilosec OTC, Prevacid 24 Hr, Zegerid OTC Generics: Omeprazole, Lansoprazole 24 Hr, Esomeprazole	ACIPHEX	PANTOPRAZOLE SODIUM, OMEPRAZOLE, OTC OMEPRAZOLE, OTC LANSOPRAZOLE, OTC ESOMEPRAZOLE
	DEXILANT	
	DEXLANSOPRAZOLE	
	ESOMEPE-EZS	
	ESOMEPRAZOLE	
	FIRST-LANSOPRAZOLE	
	FIRST-OMEPRAZOLE	
	NEXIUM	
	OMEPEPI	
	OMEPRAZOLE-SODIUM BICARBONATE	
	PREVACID	
	PRILOSEC	
	PROTONIX	
	RABEPRAZOLE	
	ZEGERID RX	

DRUG CLASS	EXCLUDED DRUG	PREFERRED ALTERNATIVE(S)
PANCREATIC ENZYMES	PANCREAZE	CREON, ZENPEP
	PERTZYE	
	ULTRESA	
	VIOKACE	
MISCELLANEOUS GASTROINTESTINAL	COLAZAL	APRISO, BALSALAZIDE, MESALAMINE, PENTASA, SULFASALAZINE
	DELZICOL	
	DIPENTUM	
	GIAZO	
	KRISTALOSE	LACTULOSE
	TRULANCE	LACTULOSE, POLYETHYLENE GLYCOL, SODIUM PHOS ENEMA, SENNA-SENNOSIDES
GROWTH HORMONES	HUMATROPE	GENOTROPIN, OMNITROPE
	NORDITROPIN FLEXPPO	
	NUTROPIN AQ NUSPIN	
	SAIZEN	
	SAIZENPREP	
	ZOMACTON	
RHEUMATOID ARTHRITIS	KINERET	ETANERCEPT, ADALIMUMAB, TOCLIZUMAB, TOFACITINIB
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY	ACUVAIL	BROMFENAC, DICLOFENAC, FLURBIPROFEN, KETOROLAC
	NEVANAC	
OPHTHALMIC CORTICOSTEROIDS	FLAREX	DEXAMETHASONE, FLUOROMETHOLONE, PREDNISOLONE
	FML, FML FORTE, FML SOP	
	MAXIDEX	
	PRED MILD	
OPHTHALMIC GLAUCOMA	ISTALOL	TIMOLOL
	TIMOPTIC, TIMOPTIC XE	
	VYZULTA	LATANOPROST, BIMATOPROST
	ZIOPTAN	
OPHTHALMIC MAST CELL STABILIZERS	ALOCRIAL	CROMOLYN
	ALOMIDE	
	EMADINE	
GOUT	DUZALLO	PROBENECID + ALLOPURINOL
	ZURAMPIC	PROBENECID
EPINEPRHINE INJECTOR	AUVI-Q	EPINEPHRINE
OSTEOPOROSIS	FORTEO	TYMLOS, RISEDRONATE, ALENDRONATE, ZOLEDRONIC ACID
ANTIHISTAMINES Low cost products available OTC: Brands: Allegra Allergy, Claritin, Clarinex, Xyzal Allergy 24 Hr, Zyrtec, etc. Generics: Cetirizine, Fexofenadine, Levocetirizine, Loratadine, etc. (various brand names)	ARBINOXA, CLARINEX, CLEMASTINE, DESLORATADINE, FEXOFENADINE, KARBINAL, LEVOCETIRIZINE, RYVENT, XYZAL, ZYRTEC	CETIRIZINE (RX)

DRUG CLASS	EXCLUDED DRUG	PREFERRED ALTERNATIVE(S)
VERAMYSTINTRANASAL STEROIDS Low cost products available OTC: Brands: Flonase Allergy Spray, Nasacort Allergy Spray	BECONASE AQ	FLUTICASONE NASAL
	DYMISTA	
	FLONASE	
	FLUNISOLIDE	
	MOMETASONE	
	NASONEX	
	OMNARIS	
	QNASL	
	RHINOCORT	
	TICALAST	
	TICANASE	
	TICASPRAY	
	VERAMYST	
	XHANCE	
ZETONNA		
ASTHMA	ALVESCO	ARNUITY, ASMANEX, FLOVENT, QVAR
	BROVANA	PROAIR, VENTOLIN, ALBUTEROL
	LEVALBUTEROL HCL	
	LEVALBUTEROL TARTRATE HF	
	PROVENTIL HFA	MONTELUKAST
	SINGULAIR	
	XOPENEX, XOPENEX HFA	PROAIR, VENTOLIN, ALBUTEROL
	ZYFLO CR	MONTELUKAST
OVERACTIVE BLADDER	GELNIQUE	OXYBUTYNIN CHLORIDE, TOLTERODINE TARTRATE, TROSPIUM CHLORIDE
	MYRBETRIQ	
	OXYTROL	
	TOVIAZ	
	VESICARE	
BPH	RAPAFLO	ALFLUZOSIN, DUTASTERIDE/TAMSULOSIN, TAMSULOSIN, DOXAZOSIN, TERAZOSIN
	UROXATRAL	
VITAMINS	B12 COMPLIANCE	GENERIC VERSIONS
	CADEA DHA	
	DERMACINRX	
	PUREFOLIX, DURACHOL, FLORIVA PLUS, FOLCAL DHA, FOLGARD, FOLICAPURE, FOLTRATE, NASCOBAL, NEURIN SL, NIVA-FOL, NOXIFOL d3, OB COMPLETE GOLD, REVESTA, ROXIFOL-D, VINATE DHA, ZOLATE (some other brands not listed)	

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 በአስፈላጊ እርዳታ ለማግኘት በተወሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ እርዳታ 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 ຄວາມຊ່ວຍເຫຼືອເວລາຮ້າຍຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໄດ້ຄືເປັນຕົ້ນ. ໃຫ້ໃຫ້ຫາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរ៉ាប់រងរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជូនសមត្ថភាព ដល់កំណត់ថ្លៃដាក់ច្បាប់ធានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ដីនួយចេញវិញ។ 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 ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੋ ਜਾਂ 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 ਅਪਣੀ 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).