Aetna Individual and Leap 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	New Tier as of 1/1/17	Formulary Alternative(s)	Notes
alosetron tab	NPG	*loperamide, diphenoxylate/atropine*	Add ST
aminophylline tab	PG		
amoxicillin cap	LGC		Add LGC
amoxicillin sus	LGC		Add LGC
ANDRODERM	NC	*testosterone gel 1%(50MG)*	
ANDROGEL	NC	*testosterone gel 1%(50MG)*	
ANDROXY	NPB		
ANORO ELLIPTA	PB		
APTIOM	NPB	*gabapentin, phenytoin, topiramate, carbamazepine*	
ASMANEX HFA	NPB	QVAR	Add ST
AXIRON	NC	*testosterone gel 1%(50MG)*	
BANZEL	NPB		Remove PA
BELSOMRA	NPB	*immediate-release zolpidem (for members age 18 and older)*	Add PA, Add ST
bimatoprost sol	NPG	*latanoprost*	Remove PA, Add ST
BREO ELLIPTA	NPB	DULERA	Add ST
BYDUREON	NPB	*metformin* , INVOKANA, TRADJENTA, JANUVIA	Add PA, Add ST
calcitriol sol	PG		
carisoprodol tab 250mg	NC	*carisoprodol 350mg*	
cephalexin cap	LGC		Add LGC
cetirizine sol	PG		Remove LCG
chlorpropamide tab 100mg	PG		Remove LCG
chlorthalidone	PG		Remove LCG
ciclodan sol 8%	NPG	*terbinafine, griseofulvin*	Add PA
ciclopirox sol 8%	NPG	*terbinafine, griseofulvin*	Add PA
cimetidine tab	PG		Remove LCG
ciprofloxacin tab	LGC		Add LGC
clozapine tab	PG		
COARTEM	NPB		Remove PA
colchicine	NPG		
CORLANOR	NPB	*lisinopril, quinapril, losartan, telmisartan*	Add PA, Add ST
CRESEMBA	NPB		
dextroamphetamine ER cap	PG	an immediate release stimulant	Add PA
dextroamphetamine sol 5mg/5ml	PG	an immediate release stimulant	Add PA, Add ST
diclofenac gel 3%	NC	*diclofenac gel 1%*	
diphenhydramine 25mg	PG		
dipivefrin sol	PG		

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dipyridamole	PG		
doxycycline hyclate cap 100mg	PG		Remove LCG
doxycycline hyclate cap 50mg	PG		Remove LCG
doxycycline hyclate tab 100mg	PG		Remove LCG
doxycycline cap 75mg	NC	*doxycycline hyclate cap 50mg, 100mg*	
DUAVEE	NPB	*estradiol, estropipate, raloxifene*	Add PA, Add ST
E.E.S. 400	PG		
Emverm	NPG		
Endocet tab	PG		
ERY-TAB TAB 250MG EC	PB		
ERY-TAB TAB 333MG EC	NPB		
ERY-TAB TAB 500MG EC	PB		
estropipate	PG		Remove LCG
FARXIGA	NPB		
fenofibrate tab 120mg	NC	*fenofibrate caps* (generic LOFIBRA)	
fenofibrate tab 40mg	NC	*fenofibrate caps* (generic LOFIBRA)	
FETZIMA	NPB	*fluoxetine, paroxetine, sertraline, venlafaxine er caps*	Add PA, Add ST
FIRST-TESTOSTERONE CREAM MC 2%	NC	*testosterone gel 1%(50MG)*	
FIRST-TESTOSTERONE OINTMENT 2%	NC	*testosterone gel 1%(50MG)*	
FLOWTUSS	NPB	*codeine/guaifenesin sol*	Add ST
fluocinonide cream 0.05%	PG		Remove LCG
fluorouracil cream 0.5%	NPG		
fluoxetine cap 10mg (PMDD)	PG		Remove LCG
fluoxetine cap 20mg (PMDD)	PG		Remove LCG
fluoxetine tab 10mg	PG		Remove LCG
fluoxetine tab 20mg	PG		
fluticasone spray 50mcg	PG		Add QL
FORTESTA	NC	*testosterone gel 1%(50MG)*	
FYCOMPA	NPB		
gentamicin cream 0.1%	PG		Remove LCG
GLUCAGON	NPB		
GLYXAMBI	NPB	*metformin, glipizide* , TRADJENTA, JANUVIA	Add ST
GRASTEK	NPB	ALLEGRA OTC CLARITIN OTC ZYRTEC OTC	Add PA, Add ST
guanfacine ER	NPG	immediate release stimulant	Add ST

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HEMANGEOL SOL	NPB	*propranolol solution*	Add PA
hydroxyzine hcl sol 10mg/5ml	PG		Remove LCG
INCRUSE ELLIPTA	PB		
INVOKAMET	PB		
INVOKANA	PB		Remove ST
JANUMET	PB		Remove ST
JANUMET XR	PB		Remove ST
JANUVIA	PB		Remove ST
JARDIANCE	NPB		
JENTADUETO	PB		Remove ST
KERYDIN	NPB	*terbinafine, griseofulvin*	Add PA, Add ST
Klor-Con 10MEQ ER	PG		Remove LCG
KOMBIGLYZE	NPB		
LACRISERT	NPB		
lamotrigine ODT	NPB		Remove PA
LIALDA	NC	APRISO	
lidocaine/prilocaine cream 2.5-2.5%	NPG		Add QL
lidocaine ointment 5%	NPG		Add QL
lidocaine pad 5%	NPG		Add QL
loratadine ODT	PG		Remove LCG
loratadine syrup	PG		Remove LCG
LUMIGAN	NPB	*latanoprost*	Remove PA, Add ST
metformin tab 500mg ER (generic GLUMETZA)	NC	*metformin* (generic GLUCOPHAGE)	
metformin tab 1000mg ER (generic GLUMETZA)	NC	*metformin* (generic GLUCOPHAGE)	
metformin tab 500mg ER (generic FORTAMET)	NPG	*metformin* (generic GLUCOPHAGE)	Add ST
metformin tab 1000mg ER (generic FORTAMET)	NPG	*metformin* (generic GLUCOPHAGE)	Add ST
methocarbamol tab 750mg	PG		
MILLIPRED TAB 5MG	PB		
Mimvey Lo	NPG		
morphine sulfate cap 30mg ER	NPG	*extended release morphine sulfate tabs*	Add ST
morphine sulfate cap 60mg ER	NPG	*extended release morphine sulfate tabs*	Add ST
MYTELASE	NPB		
naproxen sodium tab 550mg	PG		Remove LCG
NATESTO	NC	*testosterone gel 1% (50MG)*	
niacin tab 100mg	PG		
NORITATE CREAM 1%	NPB	*metronidazole gel, crm 0.75%*	Add ST

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NOVOLIN 70/30	NC	HUMULIN 70/30	
NOVOLIN N	NC	HUMULIN N	
RELION N	NC	HUMULIN N	
NOVOLIN R	NC	HUMULIN R	
RELION R	NC	HUMULIN R	
RELION 70/30	NC	HUMULIN 70/30	
NP Thyroid tab 30mg	NPG	*levothyroxine*	
nystatin powder	PG		
OBREDON	NPB		
omeprazole cap 20mg	PG		Remove LCG
ONFI	NPB		Remove PA
ONGLYZA	NPB	*metformin, glipizide,* TRADJENTA, JANUVIA	
ORAVIG	NPB	*fluconazole, nystatin, clotrimazole troche*	Remove PA, Add ST
OSPHENA	NPB	*estradiol, estropipate* , PREMARIN	Add PA, Add ST
penicillin VK sol 125/5ml	LGC		Add LGC
penicillin VK tab 250mg	LGC		Add LGC
phenazopyride tab 100mg	PG		Remove LGC
potassium chloride sol 10%	NPG		Remove LCG
potassium chloride tab 10meq	PG		Remove LCG
POTIGA	NPB		Remove PA
PRADAXA	NPB		Remove ST
prazosin cap	PG		Remove LCG
prednisolone sol 25mg/5ml	PG		
prednisone pak	PG		Remove LCG
prednisone con 5mg/ml	NPG		
PRILOSEC OTC TAB 20MG	PG		Remove LCG
PROAIR HFA	NC	VENTOLIN HFA	
PROVENTIL HFA	NC	VENTOLIN HFA	
quinine sulfate cap 324mg	NPG		Remove PA
RELISTOR	NPB		Add QL
RESCULA	NPB	*latanoprost*	Remove PA, Remove QL, Add ST
SIMBRINZA	NPB		
SIVEXTRO	NPB	*linezolid*	Add ST
SKELID	NPB		
SPIRIVA	NPB	INCRUSE	Add ST
STAVZOR	NPB		Remove PA
STIOLTO	NPB	ANORO ELLIPTA	Add ST
STRIVERDI	NPB		Add QL
SUPRAX	NPB		

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SYNJARDY	NPB		
tacrolimus ointment	NPG	*calcipotriene, any med/high topical steroid*	Add ST
TANZEUM	NPB	*metformin* , INVOKANA, TRADJENTA, JANUVIA	Add PA, Add ST
TESTIM	NC	*testosterone gel 1%(50MG)*	
tetracycline cap	PG		Remove LCG
TRADJENTA	PB		Remove ST
TRAVATAN Z	PB		Remove QL
trazodone	LGC		Add LGC
TRESIBA FLEXTOUCH	NPB	LEVEMIR	Add ST
TRULICITY	NPB	*metformin* , INVOKANA, TRADJENTA, JANUVIA	Add PA, Add ST
TUDORZA	NPB	INCRUSE	Add ST
uribel	NC	*phenazopyridine*	
ustell	NC	*phenazopyridine*	
uticap	NC	*phenazopyridine*	
VELPHORO	NPB		
VIMPAT	NPB		Remove PA, Remove ST
VOGELXO	NC	*testosterone gel 1% (50MG)*	
VRAYLAR	NPB	*risperidone, quetiapine, ziprasidone, olanzapine*	Add PA, Add ST
XARTEMIS XR	NPB	*immediate release morphine, oxycodone, and hydromorphone*	Add ST
XIGDUO XR	NPB		
Xylon	NPG		
ZIOPTAN	NPB	*latanoprost*	Remove PA, Remove QL, Add ST
ZONTIVITY	NPB	*clopidogrel, aspirin*	Add PA, Add QL

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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.

Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefit portion of your health plan and has no financial responsibility therefor; Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

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.

05.06.300.1 (10/27/16)

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 íliinii 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 yiłkaahgóó 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 ᎫᏓZᏣᎳᏯ ᎤᏲᎤᎵᏏᏓ ᎠᏓ Ꮓ ᏯᏎᎫ ᎠᏂᎬᏩᏫᎾ. ᏂᏯᎡᎮᏣᎶᎶᏢᏓᎫ ᎠᏂᏕᎶᏆᏍᏗᏫᏍᏓᏩᏛᏫᏛ ᏫᏂᏕᎶᏆᏍᏗᏫᏍᏓᏩᏛᏫᏛ ᏥᏂᏎᏉᏯ ᏓᏂᏎᏫᏛᏫᏛ ᏫᏂᏕᎶᏆᏍᏗᏫᏍᏓᏩᏛᏫᏛ. ᎤᏛᏫᏛᏃᏣ ᏝᎪᎢᏛᏫᏗ ᏧᎬᏩᎵᏍᏗᏫᏍᏓᏩᏛᏫᏛ ᎤᏛᏫᏛ (ᏩᎳᏫᏛ), ᎠᏫᏱᏂ ᏗᏢᏃᏉᏢᏗ ᏎᏍᏉ ᎤᏛᏫᏛ ᎠᏓᎢ ᎠᏂᏁᎪᏩᏗ ᎠᏂᏕᎶᏆᏍᏗᏫᏍᏓᏩᏛᏫᏛ ᎤᏛᏫᏛ ᏗᏢᏃᏢᏗ ᎪᎯᏳᏫᏗ ᎤᏛᏫᏛ. (Cherokee)

Anumpa ilvppvt anumpa afehna hosh takanli. Na aivlli isht apela micha achukmaka isht atobbi ish ishi chi hokmvt, nittak vt ikono kinsha ho nana ish atahlik mvkalla. (Chahta) anumpa isht apela yvt na aivlli keyu ho chi holisso kallo iskitini ya holhtena takanli ma, I paya. (Choctaw)

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)

တၢ်ဘိးဘၣ်သ့ၣ်ညါအံၤဖအိၣ်ဒီးတၢ်ဂ့ၢ်တၢ်ကျိၤလၢ်အရ့ဒိဆ့ၣ်လီၤ၍ဗနကဘၣ်ဗဟံးဂ့ၢ်ဝိမၤတၢ်ဗဖဲမ့ၢ်နံၤလၢ်တၢ်ဟဝနီၣ်လၢ်ဘကွံၤဗလၢ်နကပၢ်ဃာဒံးနတၢ်အိၣ်ဆူၣ်အိၣ်ခၢဲတၢ်မၤစၢ်တၢ်အုၣ်ကီၤဖမ့်တမ့ၢ်ဗတၢ်ဟ့ၣ်မၤစၢ်လၢ်ဗတၢ်လ်ဘၣ်ဘူၣ်လ်ဘၣ်စ့ၢ်တဖ့ၣ်လီၤ၍ဗလ်ဘနကမ့ၤဗတၢ်တဲကျိးစ်ဘၤနၤဖ(ကညီကျိာ)ဗလ်ဘတအိၣ်ဒီးတၢ်လ်ဘၣ်ဘူၣ်လ်ဘၣ်စ့ၢ်အဂ့ၢ်ဗနကိးလိတဲစိနီၣ်ဂံၢ်လ်ဘအအိၣ်လ်ဘနဗ၍ ဗခးက့အလိၤသ့ၣ်လီၤ၍ဗ (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-dɛ̀ nìà kɛ ɓédé bɔ̌ kpa dɛ dò ɓó m̀ bìì. M̀ kɔ̀ ɓé m̀ ké dɛ dɪ́é ɓě nyu hwè ɓé wé ɓě wa mu nyénné dáùn céè-dɛ̀è múɛɛ ké zi. M̀ dyiɛ náa nyuín, nìí, wa mu nì wɛ́ jè gbo gmɔ̀ùn mɔɔ wa mu nì jè péìn ɔ jŭ ké m̀ dyi wé ní. M̀ ɓéìn gbo-kpá-kpá dyéɛ(Ɓăsɔ́ɔ̀-wùdù) mú ɓé m̀ ké se wídɪ́ dò péè. Đá nɔ̀ɓà nìà nì ID-cèè-dɛ̀ɔ̀ 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 ដើម្បីទទួលបានការព្យាបាលពីចំណាយផ្នែកសុខភាព 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 kë anɔŋic thönrilic kɔr ba piŋ apiɛth. Yen akɔr ba ye kë 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 ɣöönу 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)

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ఈ నోటీస్‌లో ముఖ్యమైన సమాచారం ఉంది. మీ హెల్త్ కవరేజీ ఉంచుకోవడానికి లేదా ఖర్చుల్లో సహాయపడటం కొరకు, నిర్ధిష్ట తేదీల్లో మీరు చర్య తీసుకోవాల్సి రావొచ్చు,(తెలుగు)లో ఎలాంటి ఖర్చు లేకుండా సాయం కొరకు, మీ ఐడి కార్డు మీద ఉన్న నెంబరుకు మీరు కాల్ చేయవచ్చు. (Telugu)

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)

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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) láì sanwó, o lè pe nọ́mbà tó wà lórí káàdì ìdánimọ̀ rẹ. (Yoruba)

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