

Individual & Family Plans

Cigna Health and Life Insurance Company
Connecticut General Life Insurance Company
Cigna HealthCare of Arizona, Inc.
Cigna HealthCare of Illinois, Inc.
Cigna HealthCare of North Carolina, Inc. and
Cigna HealthCare of Texas, Inc.

Cigna Pharmacy Management®

Prescription Drug List Changes

Starting January 1, 2017

Beginning January 1, 2017, the following medications will be considered non-preferred brand or not covered on Cigna's Prescription Drug List.

Some of these non-preferred brand medications also require approval from Cigna before they're covered under your prescription drug plan. You should take a look at your drug list on myCigna.com – if your medication has PA (prior authorization), ST (Step Therapy), AGE (age requirement) or QL (quantity limit) listed next to it, then it needs approval.

Cigna Rx Premiere Prescription Drug List

Non-preferred brand medications	Generic and/or preferred brand alternatives
Adderall XR	dextroamphetamine-amphetamine ER
VESIcare	tropium (plain or ER), tolterodine (plain or ER), oxybutynin (plain or ER), darifenacin ER, flavoxate
Medications not covered*	Generic and/or preferred brand alternatives
ACCU-CHEK products	OneTouch products (e.g. Ultra, Verio)
Accutrend Glucose	OneTouch products (e.g. Ultra, Verio)
Aggrenox	aspirin-dipyridamole
Atelvia	risedronate
Atralin	tretinoin gel (requires prior authorization)
Avodart	dutasteride
Axert	almotriptan
Cordran	flurandrenolide cream
Crestor	rosuvastatin
Dibenzyline	phenoxybenzamine
Enablex	darifenacin ER
Evzio	Narcan nasal
Frova	frovatriptan
Glyset	miglitol
Invega	paliperidone
Juxtapid	Repatha (requires prior authorization)
Lamictal	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal (blue)	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal (green)	lamotrigine, lamotrigine ODT, lamotrigine ER

Cigna Rx Premiere Prescription Drug List, cont'd

Medications not covered*	Generic and/or preferred brand alternatives
Lamictal (orange)	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal ODT	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal ODT (blue)	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal ODT (green)	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal ODT (orange)	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal XR	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal XR (blue)	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal XR (green)	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal XR (orange)	lamotrigine, lamotrigine ODT, lamotrigine ER
Namenda	memantine
Nuvigil	armodafinil
Orap	pimozide
Oxistat	oxiconazole cream
Soft Touch	OneTouch products (e.g. Ultra, Verio)
Softclicx	OneTouch products (e.g. Ultra, Verio)
Targretin	bexarotene
Voltaren	diclofenac 1% gel
Xenazine	tetrabenazine (requires prior authorization)
Zyvox suspension	linezolid suspension
Zyvox tablet	linezolid tablet
Excluded medications	
Addyi	Exclusions do not apply to all states. You should take a look at your plan documents or log into myCigna.com to find out how the medication is covered under your plan.
Adipex-P	
Alli	
Belviq	
benzphetamine	
Bontril PDM	
Bravelle	
Caverject	
Cetrotide	
chorionic gonadotropin	
Cialis	
clomiphene citrate	
Contrave	
Crinone	
Didrex	
diethylpropion	
diethylpropion ER	
Edex	
Endometrin	
Follistim AQ	
Ganirelix Acetate	
Gonal-F	
Gonal-F RFF	

Cigna Rx Premiere Prescription Drug List, cont'd

Excluded medications	
Gonal-F RFF Redi-ject	Exclusions do not apply to all states. You should take a look at your plan documents or log into <i>myCigna.com</i> to find out how the medication is covered under your plan.
Levitra	
Menopur	
Muse	
Novarel	
Ovidrel	
phendimetrazine tartrate	
phentermine	
Pregnyl	
Qsymia	
Regimex	
Saxenda	
Serophene	
Staxyn	
Stendra	
Suprenza ODT	
Xenical	
Medications requiring Prior Authorization	
Carbaglu	Talk with your doctor about switching to a covered alternative.
Cayston	
Daraprim	
Farydak	
Jublia	
Kuvan 500 mg Powder Packet	
Neupogen	
Olysio	
Relistor	
Sirturo	
Technivie	
Step Therapy medications (additions/changes)	
Generic and/or preferred brand alternatives	
Adderall XR	dextroamphetamine-amphetamine ER, methylphenidate CD/ER/LA, dexamethylphenidate ER, dextroamphetamine ER
Cimzia	Humira (requires prior authorization), Enbrel (requires prior authorization), Remicade (requires prior authorization)
Myrbetriq	tropium (plain or ER), tolterodine (plain or ER), oxybutynin (plain or ER), darifenacin ER, flavoxate
Neupogen	Granix, Zarxio
Nucynta ER	hydromorphone ER, fentanyl patch, morphine sulfate ER, oxymorphone ER, Oxycontin
Opana ER	hydromorphone ER, fentanyl patch, morphine sulfate ER, oxymorphone ER, Oxycontin
Toviaz	tropium (plain or ER), tolterodine (plain or ER), oxybutynin (plain or ER), darifenacin ER, flavoxate

Cigna Rx Premiere Prescription Drug List, cont'd

Step Therapy medications (additions/changes)	Generic and/or preferred brand alternatives
VESIcare	trospium (plain or ER), tolterodine (plain or ER), oxybutynin (plain or ER), darifenacin ER, flavoxate
Zetonna	Generic nasal steroids (e.g. fluticasone)
Medications with Quantity Limits (additions/changes)	
almotriptan malate	These medications will have quantity limits added or changed. If your doctor wants to write a prescription for an amount more than what your plan allows, it will only be covered if your doctor requests and receives approval from Cigna.
Axert	
Brisdelle	
D3-50	
Decara softgel	
Decara vegicap	
dihydroergotamine mesylate	
Exalgo	
Fosamax Plus D	
hydromorphone ER	
Imitrex	
Migranal	
Nucynta ER	
Onmel	
optimal D3	
oxycodone ER	
Oxycontin	
Sancuso	
sumatriptan	
vitamin D3	
zolmitriptan ODT	
Zomig	
Zomig ZMT	
Zuplenz	

Cigna Rx Plus Prescription Drug List

Non-preferred brand medications	Generic and/or preferred brand alternatives
Adderall XR	dextroamphetamine-amphetamine ER
VESIcare	trospium (plain or ER), tolterodine (plain or ER), oxybutynin (plain or ER), darifenacin ER, flavoxate
Medications not covered*	Generic and/or preferred brand alternatives
ACCU-CHEK products	OneTouch products (e.g. Ultra, Verio)
Accutrend Glucose	OneTouch products (e.g. Ultra, Verio)
Aggrenox	aspirin-dipyridamole
Atelvia	risedronate
Atralin	tretinoin gel (requires prior authorization)
Avodart	dutasteride
Axert	almotriptan
Cordran	flurandrenolide cream

Cigna Rx Plus Prescription Drug List, cont'd

Medications not covered*	Generic and/or preferred brand alternatives
Crestor	rosuvastatin
Dibenzyline	phenoxybenzamine
Enablex	darifenacin ER
Evzio	Narcan nasal
Frova	frovatriptan
Glyset	miglitol
Invega	paliperidone
Juxtapid	Repatha (requires prior authorization)
Lamictal	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal (blue)	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal (green)	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal (orange)	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal ODT	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal ODT (blue)	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal ODT (green)	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal ODT (orange)	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal XR	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal XR (blue)	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal XR (green)	lamotrigine, lamotrigine ODT, lamotrigine ER
Lamictal XR (orange)	lamotrigine, lamotrigine ODT, lamotrigine ER
Namenda	memantine
Nuvigil	armodafinil
Orap	pimozide
Oxistat	oxiconazole cream
Soft Touch	OneTouch products (e.g. Ultra, Verio)
Softclicx	OneTouch products (e.g. Ultra, Verio)
Targretin	bexarotene
Voltaren	diclofenac 1% gel
Xenazine	tetrabenazine (requires prior authorization)
Zyvox suspension	linezolid suspension
Zyvox tablet	linezolid tablet
Excluded medications	
Addyi	Exclusions do not apply to all states. You should take a look at your plan documents or log into <i>myCigna.com</i> to find out how the medication is covered under your plan.
Adipex-P	
Alli	
Belviq	
benzphetamine	
Bontril PDM	
Bravelle	
Caverject	
Cetrotide	
chorionic gonadotropin	
Cialis	
clomiphene citrate	

Cigna Rx Plus Prescription Drug List, cont'd

Excluded medications	
Contrave	Exclusions do not apply to all states. You should take a look at your plan documents or log into <i>myCigna.com</i> to find out how the medication is covered under your plan.
Crinone	
Didrex	
diethylpropion	
diethylpropion ER	
Edex	
Endometrin	
Follistim AQ	
Ganirelix Acetate	
Gonal-F	
Gonal-F RFF	
Gonal-F RFF Redi-ject	
Levitra	
Menopur	
Muse	
Novarel	
Ovidrel	
phendimetrazine tartrate	
phentermine	
Pregnyl	
Qsymia	
Regimex	
Saxenda	
Serophene	
Staxyn	
Stendra	
Suprenza ODT	
Xenical	
Medications requiring Prior Authorization	
Carbaglu	Talk with your doctor about switching to a covered alternative.
Cayston	
Daraprim	
Farydak	
Kuvan 500 mg Powder Packet	
Neupogen	
Relistor	
Sirturo	
Step Therapy medications (additions/changes)	Generic and/or preferred brand alternatives
Adderall XR	dextroamphetamine-amphetamine ER, methylphenidate CD/ER/LA, dexamethylphenidate ER, dextroamphetamine ER
Cimzia	Humira (requires prior authorization), Enbrel (requires prior authorization), Remicade (requires prior authorization)

Cigna Rx Plus Prescription Drug List, cont'd

Step Therapy medications (additions/changes)	Generic and/or preferred brand alternatives
Myrbetriq	trospium (plain or ER), tolterodine (plain or ER), oxybutynin (plain or ER), darifenacin ER, flavoxate
Neupogen	Granix, Zarxio
Nucynta ER	hydromorphone ER, fentanyl patch, morphine sulfate ER, oxymorphone ER, Oxycontin
Opana ER	hydromorphone ER, fentanyl patch, morphine sulfate ER, oxymorphone ER, Oxycontin
Toviaz	trospium (plain or ER), tolterodine (plain or ER), oxybutynin (plain or ER), darifenacin ER, flavoxate
VESIcare	trospium (plain or ER), tolterodine (plain or ER), oxybutynin (plain or ER), darifenacin ER, flavoxate
Zetonna	Generic nasal steroids (e.g. fluticasone)
Medications with Quantity Limits (additions/changes)	
almotriptan malate	<p>These medications will have quantity limits added or changed. If your doctor wants to write a prescription for an amount more than what your plan allows, it will only be covered if your doctor requests and receives approval from Cigna.</p>
Axert	
Brisdelle	
D3-50	
Decara softgel	
Decara vegicap	
dihydroergotamine mesylate	
Exalgo	
Fosamax Plus D	
hydromorphone ER	
Imitrex	
Migranal	
Nucynta ER	
Onmel	
optimal D3	
oxycodone ER	
Oxycontin	
Sancuso	
sumatriptan	
vitamin D3	
zolmitriptan ODT	
Zomig	
Zomig ZMT	
Zuplenz	

Cigna Rx Essential 4-Tier and Cigna Rx Essential 5-Tier Prescription Drug Lists

Non-preferred brand medications	Generic and/or preferred brand alternatives
Adderall XR	dextroamphetamine-amphetamine ER
Neupogen	Granix, Zarxio
VESIcare	tropium (plain or ER), tolterodine (plain or ER), oxybutynin (plain or ER), darifenacin ER, flavoxate
Medications not covered*	Generic and/or preferred brand alternatives
ACCU-CHEK products	OneTouch products (e.g. Ultra, Verio)
Accutrend Glucose	OneTouch products (e.g. Ultra, Verio)
Aggrenox	aspirin-dipyridamole
Dibenzyline	phenoxybenzamine
Evzio	Narcan nasal
Juxtapid	Repatha (requires prior authorization)
Namenda	memantine
Orap	pimozide
Soft Touch	OneTouch products (e.g. Ultra, Verio)
Softclix	OneTouch products (e.g. Ultra, Verio)
Targretin	bexarotene
Xenazine	tetrabenazine (requires prior authorization)
Excluded medications	
Addyi	Exclusions do not apply to all states. You should take a look at your plan documents or log into myCigna.com to find out how the medication is covered under your plan.
Adipex-P	
Alli	
Belviq	
benzphetamine	
Bontril PDM	
Bravelle	
Caverject	
Cetrotide	
chorionic gonadotropin	
Cialis	
clomiphene citrate	
Contrave	
Crinone	
Didrex	
diethylpropion	
diethylpropion ER	
Edex	
Endometrin	
Follistim AQ	
Ganirelix Acetate	
Gonal-F	
Gonal-F RFF	
Gonal-F RFF Redi-ject	

Cigna Rx Essential 4-Tier and Cigna Rx Essential 5-Tier Prescription Drug Lists, cont'd

Excluded medications	
Levitra	Exclusions do not apply to all states. You should take a look at your plan documents or log into <i>myCigna.com</i> to find out how the medication is covered under your plan.
Menopur	
Muse	
Novarel	
Ovidrel	
phendimetrazine tartrate	
phentermine	
Pregnyl	
Qsymia	
Regimex	
Saxenda	
Serophene	
Staxyn	
Stendra	
Suprenza ODT	
Xenical	
Medications requiring Prior Authorization	
Carbaglu	Talk with your doctor about switching to a covered alternative.
Cayston	
Farydak	
Kuvan 500 mg Powder Packet	
Neupogen	
Relistor	
Sirturo	
Step Therapy medications (additions/changes)	Generic and/or preferred brand alternatives
Adderall XR	dextroamphetamine-amphetamine ER, methylphenidate CD/ER/LA, dexmethylphenidate ER, dextroamphetamine ER
Cimzia	Humira (requires prior authorization), Enbrel (requires prior authorization), Remicade (requires prior authorization)
Myrbetriq	trospium (plain or ER), tolterodine (plain or ER), oxybutynin (plain or ER), darifenacin ER, flavoxate
Neupogen	Granix, Zarxio
Nucynta ER	hydromorphone ER, fentanyl patch, morphine sulfate ER, oxymorphone ER, Oxycontin
Opana ER	hydromorphone ER, fentanyl patch, morphine sulfate ER, oxymorphone ER, Oxycontin
Toviaz	trospium (plain or ER), tolterodine (plain or ER), oxybutynin (plain or ER), darifenacin ER, flavoxate
VESIcare	trospium (plain or ER), tolterodine (plain or ER), oxybutynin (plain or ER), darifenacin ER, flavoxate
Zetonna	Generic nasal steroids (e.g. fluticasone)

Cigna Rx Essential 4-Tier and Cigna Rx Essential 5-Tier Prescription Drug Lists, cont'd

Medications with Quantity Limits (additions/changes)	
almotriptan malate	These medications will have quantity limits added or changed. If your doctor wants to write a prescription for an amount more than what your plan allows, it will only be covered if your doctor requests and receives approval from Cigna.
Axert	
Brisdelle	
D3-50	
Decara softgel	
Decara vegicap	
dihydroergotamine mesylate	
Exalgo	
Fosamax Plus D	
hydromorphone ER	
Imitrex	
Migranal	
Nucynta ER	
Onmel	
optimal D3	
oxycodone ER	
Oxycontin	
Sancuso	
sumatriptan	
vitamin D3	
zolmitriptan ODT	
Zomig	
Zomig ZMT	
Zuplenz	

** These medications aren't covered on your drug list. Your prescription drug plan requires approval from Cigna for these medications to be covered. If your doctor feels that an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.*



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna HealthCare of Arizona, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of North Carolina, Inc., and Cigna HealthCare of Texas, Inc. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Multi-language Interpreter Services

This notice has important information about your application or coverage. Look for 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 866-494-2111. **English**

Este aviso contiene información importante acerca de su solicitud o cobertura. Preste atención a las fechas clave que contiene este aviso. Es posible que deba hacer cosas antes de determinadas fechas para mantener su cobertura de salud o ayudar con los costos. Usted tiene derecho a obtener esta información y ayuda en su idioma sin costo. Llame al 866-494-2111. **Spanish**

本通知包含與您的申請或保險福利有關的重要資訊。請注意本通知中的重要日期。您可能需要在特定期限前採取行動，才能保有您的健康保險福利或費用補助。您有權免費以您的語言取得本資訊和相關協助。請致電 866-494-2111。 **Chinese**

Thông báo này có thông tin quan trọng về đơn đề nghị hoặc việc bảo trả của quý vị. Tìm kiếm những ngày quan trọng trong thông báo này. Quý vị có thể cần phải thực hiện một số hoạt động theo kỳ hạn nhất định để duy trì việc bảo trả bảo hiểm sức khỏe của quý vị hoặc giúp đỡ về chi phí. Quý vị có quyền nhận thông tin này và giúp đỡ bằng ngôn ngữ của quý vị mà không mất khoản phí nào. Vui lòng gọi số 866-494-2111. **Vietnamese**

Avi sa a gen enfòmasyon ki enpòtan sou aplikasyon ou oswa pwoteksyon ou. Chèche dat enpòtan yo ki nan avi sa a. Ou ka bezwen fè aksyon anvan sèten dat limit pou kenbe pwoteksyon sante ou oswa pou jwenn èd pou peye frè yo. Ou gen dwa pou jwenn enfòmasyon sa yo ak èd nan lang natifnatal ou gratis. Rele nimewo 866-494-2111. **French Creole**

본 공지는 귀하의 지원 또는 보장에 대한 중요한 정보를 포함하고 있습니다. 본 공지에 포함된 주요 일자를 확인하십시오. 귀하의 건강보험 보장 또는 비용에 대한 도움을 유지하기 위해서 특정 기한까지 행동을 취할 필요가 있을 수 있습니다. 귀하는 무료로 귀하의 모국어를 이용해 본 정보 및 도움을 받을 권리가 있습니다. 866-494-2111 번으로 전화하십시오. **Korean**

هذا الإشعار يحتوي على معلومات هامة عن الاستثمار الخاصة بك أو التغطية. ابحث عن التواريخ الرئيسية بهذا الإشعار. من الممكن أن تحتاج لاتخاذ بعض الإجراءات في مواعيد محددة للإبقاء على التغطية التأمينية أو المساعدة في التكاليف. من حقك الحصول على المساعدة و المعلومات بلغتك و بدون أي تكلفة. اتصل على / 866-494-2111. **Arabic**

Niniejsze pismo zawiera istotne informacje na temat złożonego podania lub zakresu ubezpieczenia. Zwróć uwagę na ważne daty zawarte w piśmie. Może się okazać, że dla utrzymania ubezpieczenia lub uzyskania pomocy w pokryciu jego kosztów konieczne będzie dokonanie pewnych czynności w ściśle określonym terminie. Ubezpieczonym przysługuje prawo do bezpłatnej informacji i pomocy w ich języku ojczystym. Zadzwoń pod numer 866-494-2111. **Polish**

Naglalaman ang abisong ito ng mahalagang impormasyon tungkol sa inyong aplikasyon o saklaw. Bigyang-pansin ang mahahalagang petsa sa abisong ito. Maaaring mayroon kayong kailangang gawin bago sumapit ang ilang partikular na deadline upang patuloy na matanggap ang inyong saklaw sa kalusugan o tulong sa mga gastusin. Mayroon kayong karapatang makuha ang impormasyong ito at ang tulong na kailangan ninyo sa inyong wika nang libre. Tumawag sa 866-494-2111. **Tagalog**

Cet avis contient des informations importantes concernant votre demande ou votre couverture. Chercher les dates importantes dans cet avis. Vous devez peut-être prendre des mesures avant une certaine date pour garder votre couverture des soins de santé ou aider à affronter les coûts. Vous avez le droit d'obtenir ces informations et de l'aide dans votre langue, sans frais. Composez le 866-494-2111. **French**

Данное уведомление включает важную информацию о Вашей заявке или страховом покрытии. Обратите внимание на основные даты в данном уведомлении. Вам, возможно, потребуется принять меры до определенных сроков, чтобы сохранить Ваше страховое покрытие или помощь с расходами. Вы имеете право на бесплатное получение данной информации и помощи на родном языке. Позвоните по телефону 866-494-2111. **Russian**

Diese Mitteilung enthält wichtige Informationen zu Ihrem Versicherungsantrag bzw. zu Ihrer Versicherungsdeckung. Achten Sie auf wichtige Daten in dieser Mitteilung. Möglicherweise müssen Sie innerhalb bestimmter Fristen reagieren, um Ihre Versicherungsdeckung oder Kostenunterstützungen zu behalten. Sie sind berechtigt, kostenfrei diese Informationen und Hilfe in Ihrer Sprache zu erhalten. Rufen Sie unter 866-494-2111 an. **German**

اس نوٹس میں آپ کی درخواست اور کوریج کے بارے میں اہم معلومات ہیں۔ اہم تواریخ کے لیے اس نوٹس کو دیکھیں۔ اپنی صحت کی کوریج اور لاگت کے بارے میں مدد کے لیے ہو سکتا ہے آپ کو کسی آخری تاریخ تک عمل درآمد کی ضرورت ہو۔ یہ معلومات اور اپنی زبان میں مفت مدد لینا آپ کا حق ہے۔ کال / 866-494-2111 **Urdu**

આ નોટિસ તમારી અરજી અથવા કવરેજ વિશે મહત્વની જાણકારી ધરાવે છે. મહત્વની તારીખો માટે આ નોટિસ જુઓ. તમને તમારૂં આરોગ્ય કવરેજ રાખવા માટે અથવા ખર્ચ બાબત મદદ માટે અમુક ચોક્કસ મુદતો સુધી પગલાં લેવાની જરૂર પડી શકે છે. તમને કોઈ પણ જાતનો ખર્ચ કર્યા વગર તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. સંપર્ક કરો ૮૬૬-૪૯૪-૨૧૧૧. **Gujarati**

Este aviso tem informações importantes sobre o seu requerimento ou sua cobertura. Observe as datas-chave notadas neste aviso. É possível que você precise manter certos prazos para continuar sua cobertura de saúde ou manter ajuda com certos custos. Você tem o direito de obter informações e ajuda em sua língua nativa, gratuitamente. Ligue para 866-494-2111. **Portuguese**

इस नोटिस में आपके आवेदन या कवरेज के बारे में महत्वपूर्ण जानकारी है। इस नोटिस में महत्वपूर्ण तारीखों को देखें। आप अपनी स्वास्थ्य कवरेज को रखने या कीमत संबंधित किसी सहायता के लिए निश्चित समय सीमा के अंदर कार्यवाही करने की जरूरत हो सकती है। आपके पास कोई भी कीमत चुकाये बिना अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। 866-494-2111 पर फ़ोन करें। **Hindi**

این اعلامیه حاوی اطلاعات مهمی در مورد درخواست نامه یا پوشش شماست. به تاریخ های کلیدی در این اعلامیه توجه کنید. ممکن است لازم باشد که برای حفظ پوشش بهداشتی یا دریافت کمک در پرداخت هزینه ها تا مهلت های خاصی اقدام کنید. شما حق دارید که این اطلاعات و راهنمایی را بدون اخذ هزینه به زبان خودتان دریافت کنید. با شماره 866-494-2111 تماس بگیرید. **Persian**

Il presente avviso contiene informazioni importanti riguardo alla Sua richiesta o copertura. Individui le date fondamentali contenute nel presente avviso. Potrebbe essere necessario intraprendere azioni entro determinate scadenze per mantenere la Sua copertura sanitaria o assistenza a pagamento. Lei ha il diritto di ricevere tali informazioni e assistenza nella Sua lingua senza costi aggiuntivi. Chiami il numero 866-494-2111. **Italian**

ይህ ማስታወቂያ ማመልከቻዎን ወይም ሽፋንዎን የሚመለከት አስፈላጊ መረጃ የያዘ ነው። በዚህ ማስታወቂያ ላይ ቁልፍ በሆኑት ቀናት ላይ ያተኩሩ። የጤና መድን ሽፋንዎ ለማስቀጠል ወይም የህክምና ወጪ የሚሸፍን እርዳታ ለማግኘት በተወሰነ የጊዜ ገደብ ውስጥ እርምጃ መውሰድ ሊያስፈግዎ ይችላል። ይህንን እርዳታ እና መረጃ ያለ ምንም ክፍያ እና በቋንቋዎ የማግኘት መብት አለዎት። በ 866-494-2111 ይደውሉ። **Amharic**

Díí hane' 'éí saad 'íliinii díí naaltsoos hadinilaaígíí doodago nibee nik'é'asti'ígíí bee baa hane'. Yoołkáát yéędąą' nich'í' 'é'elyaaígíí biká'ígíí hadídíí'ííł. Díí nik'é'ésti'ígíí 'éí doodago béeso da bee níká 'a'doowołígíí bikáa'go da 'át'ée dooleet 'áko t'áadoo bee 'e'e'aahí baa yiłkaahgo tsxíįłgo hasht'e dííłííł ní da dooleet. Bee haz'áanii hóló díí kót'éego yaa halne'ígíí níká'a'doowołgo dóó t'áa nizaad k'ehjí bee níł hodoonih t'áadoo báááh 'ilíní. Kojí' hodíilnih 866-494-2111. **Navajo**

本通知には、お申込みまたは補償に関する重要な情報が含まれています。本通知に記載されている重要な日付にご注意ください。医療保険を維持するもしくは医療費の補償を受けるには、特定の期限までに対応していただく必要があります。あなたには、無料で使用言語によるこの情報および援助を得る権利があります。866-494-2111 までお電話ください。 **Japanese**

Ozi a nwere ozi di mkpa banyere ngwa gi ma o bu mkpuchi. Choputa isi AFQ na ozi a. I nwere ike ime ihe ufođu tupu ngwucha ka i nyere aka na-ahụ ike mkpuchi ma o bu aka mana-akwụ ugwo. I nwere ikike iji nweta ozi a na enyemaka n'asusụ gi na-atufughi ego. kpọ 866-494-2111. **Kru, Ibo, Yoruba**

ຫນັງສືແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະຫມັກຫຼືການຄຸ້ມຄອງຂອງທ່ານ. ຊອກຫາວັນທີສໍາຄັນໃນຫນັງສືແຈ້ງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງໃຊ້ການປະຕິບັດໂດຍການກໍານົດເວລາເພື່ອການຄຸ້ມຄອງສຸຂະພາບຫຼືຄ່າໃຊ້ຈ່າຍຂອງທ່ານ. ທ່ານມີສິດທີ່ໄດ້ຮັບຂໍ້ມູນນີ້ແລະການຊ່ວຍເຫຼືອທາງດ້ານພາສາໂດຍທີ່ບໍ່ເສຍຄ່າ. ໂທຫາເບີ \ 866-494-2111. **Laotian**

यस सूचनामा तपाईंको आवेदन अथवा क्षत्राधिकार(कभरेज) सम्बन्धि महत्त्वपूर्ण जानकारीहरु छन्। कृपया यस सूचनामा रहेको मुख्य मितिहरुमा ध्यान दिनु होला। तपाईंको स्वास्थ्य कभरेज जारी राख्न अथवा खर्चसम्बन्धी सहयोग चाहिएमा तपाईंले केही कार्यहरु निश्चितसमयसीमा भित्र गर्नु पर्ने अवस्था रहन सक्छ। तपाईंसँग आफ्नै भाषामा निःशुल्क यस्तो सहयोग तथा जानकारी लिने अधिकार छ। सम्पर्क गर्नुहोस् 866-494-2111 | **Nepali**

Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit dit bericht. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimnde Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprouch griege, un die Hilf koschtet nix. Bel 866-494-2111.

Pennsylvanian Dutch

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