Cigna Healthcare National Preferred 3-Tier Prescription Drug List

Coverage as of January 1, 2026

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Healthcare National Preferred 3-Tier Prescription Drug List as of January 1, 2026.

Here's some helpful information about this drug list:

- Medications are listed in alphabetical order (A-Z) by condition.
- Generic medications are in all lowercase letters and brand-name medications are listed in all CAPITAL letters.
- **This drug list is updated often**; so, not all of the medications your plan covers may be listed here. Log in to the myCigna® App[1] or **myCigna.com**® to see which ones your plan covers.

Letters (acronyms) next to medication names[2]

In this drug list, some medications have letters (acronyms) next to them. Here's what they mean.

- **Prior Authorization (PA):** This medication needs approval from Cigna Healthcare before your plan will cover it. Your doctor's office will have to send us information to review to make sure you meet the medication's coverage rules (requirements).
- **Quantity Limit (QL):** Your plan will only cover so much of this medication at one time.

  If your doctor wants you to fill more than what's allowed, your doctor's office can ask us to cover more.
- **Step Therapy (ST):** This is a high-cost medication that has a lower-cost alternative(s) that treats the same condition. Your plan won't cover this medication until you try at least one preferred medication first (typically a generic or preferred brand) and can show that it didn't work for you.

  If your doctor feels a preferred medication isn't right for you, your doctor's office can ask us to cover the higher-cost medication.
- **Age Requirement (AGE):** Your plan will only cover this medication if you're a certain age or within a certain age range.

  If you're not within the allowed age range and your doctor wants you to use the medication, your doctor's office can ask us to cover it.

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Cigna Healthcare National Preferred 3-Tier Prescription Drug List

AIDS/HIV

APRETUDE
BIKTARVY
DELSTRIGO
DESCOVY
DOVATO
GENVOYA
JULUCA
ODEFSEY
PIFELTRO
PREZISTA ORAL SUSPENSION; 75 MG, 150 MG TABLET
SYMTUZA
TRIUMEQ
TRIUMEQ PD
YEZTUGO

Allergy/Nasal Sprays

AAUVI-Q (QL)
azelastine 0.1% 137 mcg spray (QL)
epinephrine auto-injector (QL) (by MYLAN SPECIALTY, TEVA USA)
fluticasone spray (QL)
GRASTEK (PA)
hydroxyzine capsule, oral solution, syrup, tablet
hydroxyzine pamoate capsule
mometasone spray (QL, ST)
NEFFY (QL)
ODACTRA (PA)
ORALAIR (PA)
RAGWITEK (PA)
XHANCE (QL, ST)

Alzheimer's Disease

NAMZARIC (ST)

Anxiety/Depression/ Bipolar Disorder

alprazolam
amitriptyline
buspirone
citalopram oral solution, tablet (QL)
desvenlafaxine succinate er (QL, ST)
escitalopram (QL, ST)
FETZIMA (QL, ST)
fluoxetine (ST)
lorazepam oral concentrate, tablet
mirtazapine
mirtazapine odt
paroxetine oral suspension (ST)
paroxetine tablet (QL)
sertraline oral concentrate
sertraline tablet (QL)
trazodone
venlafaxine er tablet (QL, ST)
ZURZUVAE (QL)

Asthma/COPD/Respiratory

ADEMPAS (PA, QL)
AIRSUPRA
albuterol
albuterol hfa (QL)
ALYFTREK (PA, QL)
BREO ELLIPTA (PA, QL)
breyna (PA, QL)
BREZTRI AEROSPHERE (QL)
COMBIVENT RESPIMAT (QL)
FASENRA PEN (PA, QL)
montelukast
NUCALA AUTO-INJECTOR, SYRINGE (PA, QL)

View your drug list online, 24/7

This document was last updated on 10/01/2025. Go online to see the most up-to-date information about the medications your plan covers.

- **Cigna.com/druglist.** Choose **National Preferred 3 Tier** from the dropdown list. Then type in your medication name.
- **myCigna App or myCigna.com.** Log into your account and use the Price a Medication tool to see how your medication is covered.

Questions?

- **By phone:** Call the toll-free number on your Cigna Healthcare ID card. We're here 24/7/365.
- **myCigna.com:** Click to Chat - Monday-Friday, 9:00 am-8:00 pm EST.

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Asthma/COPD/Respiratory *(Cont.)*

OFEV (PA, QL)
OPSUMIT (PA, QL)
OPSYNVI (PA, QL)
QVAR REDIHALER (QL)
SPIRIVA RESPIMAT (QL)
STIOLTO RESPIMAT (QL)
STRIVERDI RESPIMAT (QL)
TEZSPIRE (PA, QL)
TRACLEER 32 MG TABLET FOR SUSPENSION (PA, QL)
TYVASO DPI (PA)
UPTRAVI TABLET, TITRATION PACK (PA, QL)
XOLAIR (PA, QL)

Attention Deficit Hyperactivity Disorder

atomoxetine
AZSTARYS (ST)
dexmethylphenidate er
dextroamphetamine-amphetamine
dextroamphetamine-amphetamine er
guanfacine er
methylphenidate
methylphenidate er capsule (ST)

Blood Modifiers/ Bleeding Disorders

ALHEMO PEN (PA)
DOPTELET (PA, QL)
EMPAVELI (PA)
FABHALTA (PA)
FULPHILA (PA, QL)
HYMPAVZI PEN (PA)
NIVESTYM (PA)
TAVALISSE (PA, QL)
VOYDEYA (PA)
ZIEXTENZO (PA, QL)

Blood Pressure/ Heart Medications

amlodipine
amlodipine-benazepril
atenolol
carvedilol
clonidine patch, tablet
ENTRESTO SPRINKLE (QL)
HEMANGEOL (PA)
irbesartan
labetalol 100 mg, 200 mg, 300 mg tablet
lisinopril-hctz
losartan-hctz
metoprolol tablet
metoprolol er
MULTAQ
nifedipine er
olmesartan-hctz
propranolol oral solution, tablet
propranolol er
TAKHZYRO (PA, QL)
TEKTURNA HCT
valsartan-hctz
VERQUVO (QL)

Blood Thinners/Anti-Clotting

ELIQUIS TABLET DOSE PACK, TABLET
FRAGMIN
warfarin
XARELTO

Cancer

ALECENSA (PA, QL)
ALUNBRIG (PA, QL)
AUGTYRO (PA)
BOSULIF (PA, QL)
BRAFTOVI (PA, QL)
BRUKINSA (PA)
CABOMETYX (PA, QL)
CALQUENCE (PA, QL)
COTELLIC (PA, QL)
ERIVEDGE (PA, QL)
ERLEADA (PA, QL)
GAVRETO (PA, QL)
IBRANCE (PA, QL)
IMBRUVICA (PA, QL)
IMKELDI (PA)
INLYTA (PA, QL)
JAKAFI (PA, QL)
KISQALI (PA, QL)
KISQALI FEMARA CO-PACK (PA, QL)
LENVIMA (PA, QL)
LORBRENA (PA, QL)
LYNPARZA (PA, QL)
MEKINIST (PA, QL)
MEKTOVI (PA, QL)
methotrexate tablet; 50 mg/2 ml, 250 mg/10 ml, 1 gm/40 ml vial
NINLARO (PA, QL)
NUBEQA (PA, QL)
ODOMZO (PA, QL)
PIQRAY (PA)
POMALYST (PA)
ROZLYTREK (PA, QL)
RYDAPT (PA, QL)
SCEMBLIX (PA, QL)
STIVARGA (PA, QL)
TABRECTA (PA)
TAFINLAR (PA, QL)
TALZENNA (PA, QL)
tamoxifen
TRUQAP (PA)
VERZENIO (PA, QL)
VITRAKVI (PA, QL)
VIZIMPRO (PA, QL)
XALKORI (PA, QL)
XTANDI (PA, QL)

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Cancer *(Cont.)*

YONSA (PA, QL)
ZELBORAF (PA, QL)
ZYKADIA (PA, QL)

Cholesterol Medications

atorvastatin (QL)
fenofibrate tablet (ST)
NEXLETOL (PA)
NEXLIZET (PA)
pravastatin (QL)
REPATHA PUSHTRONEX, SURECLICK, SYRINGE (PA)
rosuvastatin (QL)
simvastatin (QL)
VASCEPA (PA)

Contraception Products

blisovi fe
drospirenone-ethinyl estradiol
junel fe
KYLEENA
MIRENA
SKYLA
sprintec
tri-sprintec

Cold/Cough Medications

benzonatate
brompheniramine-pseudoephedrine-dm

Dental Products

chlorhexidine mouthwash
doxycycline hyclate 20 mg tablet
triamcinolone 0.1% paste

Diabetes

ACCU-CHEK FASTCLIX LANCING DEVICE
ACCU-CHEK SOFTCLIX LANCET KIT
BAQSIMI (QL)
BD INSULIN SYRINGE
BD NANO 2ND GEN PEN NEEDLE
BD SAFETYGLIDE INSULIN SYRINGE
BYDUREON BCISE (PA, QL)
BYETTA (PA, QL)
CEQUR SIMPLICITY
CEQUR SIMPLICITY INSERTER
DEXCOM G6 (PA, QL)
DEXCOM G7 (PA, QL)
DROPLET GENTEEL LANCING DEVICE
FARXIGA (QL, ST)
FREESTYLE INSULINX TEST STRIP
FREESTYLE LIBRE 2 READER, SENSOR (PA, QL)
FREESTYLE LIBRE 2 PLUS SENSOR (PA, QL)
FREESTYLE LIBRE 3 READER, SENSOR (PA, QL)
FREESTYLE LIBRE 3 PLUS SENSOR (PA, QL)
FREESTYLE LIBRE 14 DAY READER, SENSOR (PA, QL)
FREESTYLE LITE TEST STRIP
FREESTYLE PRECISION NEO TEST STRIP
FREESTYLE TEST STRIP
glimepiride 1mg, 2 mg, 4mg tablet
glipizide 5 mg, 10 mg tablet
glipizide er
GLYXAMBI (QL, ST)
GVOKE (QL)
HUMALOG CARTRIDGE, KWIKPEN
HUMULIN N
HUMULIN R
HUMULIN 70-30
ILET INFUSION-CONTACT DETACH, KIT-INSET
ILET STARTER KIT-INSET
JANUMET (QL, ST)
JANUMET XR (QL, ST)
JANUVIA (QL, ST)
JARDIANCE (QL, ST)
LYUMJEV
MEDTRONIC EXTENDED INFUSION SET
metformin oral solution; 750 mg tablet (ST)
metformin er (QL)
MICROLET 2 LANCING DEVICE
MICROLET NEXT LANCING DEVICE
MINIMED MIO ADVANCE
MINIMED QUICK SET
MINIMED SILHOUETTE
MINIMED SURE T
MOUNJARO (PA, QL)
NANO PEN NEEDLE
OMNIPOD 5 (G6-LIBRE 2 PLUS) (QL)
OMNIPOD 5 G6-G7 PODS (GEN 5) (QL)
OMNIPOD CLASSIC PODS (GEN 3)
OMNIPOD DASH PODS (GEN 4) (QL)
OMNIPOD GO PODS (QL)
OZEMPIC (PA, QL)
PARADIGM RESERVOIR
PRECISION XTRA TEST STRIP
RYBELSUS (PA, QL)
SEMGLEE (YFGN)
SOLIQUA 100-33 (QL)
SYMLINPEN (PA, QL)
SYNJARDY (QL, ST)
SYNJARDY XR (QL, ST)
TANDEM MOBI AUTOSOFT KIT
TANDEM MOBI CARTRIDGE
TANDEM MOBI TRUSTEEL SUPPLY
TANDEM T:SLIM ASFT 30 INSULIN INFUSION SET

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Diabetes *(Cont.)*

TANDEM T:SLIM ASFT XC INSULIN INFUSION SET
TANDEM T:SLIM TRUSTL INNSULIN INFUSION SET
TOUJEO MAX SOLOSTAR
TOUJEO SOLOSTAR
TRESIBA
TRIJARDY XR (ST)
TRUE METRIX GLUCOSE TEST STRIP
TRULICITY (PA, QL)
TWIIST REFILL, REFILL KIT, STARTER KIT
ULTRA-FINE INSULIN SYRINGE
ULTRA-FINE PEN NEEDLE
V-GO
XIGDUO XR (QL, ST)

Diuretics

chlorthalidone
furosemide oral solution, tablet
hydrochlorothiazide
KERENDIA (PA, QL)
spironolactone
triamterene-hctz

Ear Medications

ofloxacin ear drops

Eye Conditions

AZASITE
bromfenac drops
ciprofloxacin eye drops
erythromycin ointment
EYSUVIS (PA, QL)
latanoprost (PA)
MIEBO (PA, QL)
prednisolone
RESTASIS MULTIDOSE (PA, QL)
XDEMVY (QL)
XIIDRA (PA, QL)

Gastrointestinal/Heartburn

CREON
dicyclomine capsule, oral solution; 20 mg tablet
esomeprazole dr packet (QL, ST)
famotidine oral suspension; 40 mg tablet
IQIRVO (PA)
lansoprazole dr 30 mg capsule
lansoprazole dr odt (ST)
LINZESS (QL)
LIVDELZI (PA)
MOVANTIK (QL)
OCALIVA (PA, QL)
omeprazole capsule (QL)
ondansetron (QL)
ondansetron odt 4 mg, 8 mg tablet (QL)
PANCREAZE
pantoprazole dr suspension packet, tablet (ST)
PENTASA 250 MG CAPSULE
PHEBURANE (PA)
RECTIV
RELISTOR SYRINGE, VIAL (ST)
REZDIFFRA (PA, QL)
SYMPROIC
TALICIA (QL)
TRULANCE
VARUBI (QL)
VIBERZI
VIOKACE
ZENPEP

Hormonal Agents

ARMOUR THYROID
COMBIPATCH
dexamethasone elixir, liquid, tablet
dexamethasone 6, 10 13 day 1.5 mg tablet (PA)
DUAVEE
estradiol cream, gel, gel packet, tablet, vaginal insert
estradiol patch (QL)
GENOTROPIN (PA)
levothyroxine tablet
levoxyl
liothyronine tablet
medroxyprogesterone tablet
methylprednisolone dosepack, tablet
MYFEMBREE (PA)
NGENLA (PA)
np thyroid
OMNITROPE (PA)
ORIAHNN (PA)
ORILISSA (PA, QL)
prednisone
PREMARIN VAGINAL CREAM
progesterone capsule
SOMAVERT (PA)
testosterone cypionate
XYOSTED (QL)

Infections

acyclovir capsule, oral suspension, tablet
amoxicillin
amoxicillin-clavulanate
ARIKAYCE (PA)
azithromycin oral suspension, packet, tablet (PA)
BARACLUDE ORAL SOLUTION
BAXDELA TABLET (PA, QL)
cefdinir

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Infections *(Cont.)*

cephalexin
clindamycin capsule
doxycycline hyclate capsule; 50 mg, 75 mg, 100 mg, 150 mg tablet (ST)
doxycycline monohydrate 75 mg, 150 mg capsule (ST)
EPCLUSA (PA, QL)
fluconazole 150 mg tablet (QL)
HARVONI (PA, QL)
hydroxychloroquine
KITABIS PAK (PA, QL)
LAGEVRIO (EUA) (QL)
levofloxacin oral solution, tablet
metronidazole capsule, tablet, vaginal gel
oseltamivir (QL)
PAXLOVID (QL)
SOLOSEC (QL)
sulfamethoxazole-tmp ds tablet
sulfamethoxazole-tmp ss tablet
sulfamethoxazole-tmp suspension
valacyclovir (QL)
VEMLIDY
VOSEVI (PA, QL)
XIFAXAN (QL)
ZEPATIER (PA, QL)

Miscellaneous

ACCU-CHEK FASTCLIX LANCET DRUM
ATTRUBY (PA)
CARBAGLU (PA)
CERDELGA (PA, QL)
DROPLET LANCET
FILSPARI (PA, QL)
HAEGARDA (PA, QL)
MICROLET LANCET
NITYR (PA)
NUEDEXTA (PA)
RADICAVA ORS (PA)
STRENSIQ (PA)
SURE-T INFUSION
TECHLITE LANCET
TRUEPLUS LANCET
VYNDAMAX (PA)
VYNDAQEL (PA)

Multiple Sclerosis

AVONEX (PA, QL)
BAFIERTAM (PA, QL)
BETASERON (PA, QL)
FIRDAPSE (PA)
glatopa (PA, QL)
KESIMPTA PEN (PA, QL)
MAYZENT (PA, QL)
PLEGRIDY (PA, QL)
REBIF (PA, QL)
REBIF REBIDOSE (PA, QL)
VUMERITY (PA, QL)

Nutritional/Dietary

LOKELMA (QL)
potassium chloride liquid, packet
potassium chloride er
VELTASSA (QL)

Osteoporosis Products

alendronate (QL)
TYMLOS (PA, QL)

Pain Relief and Inflammatory Disease

acetaminophen-codeine (PA, QL)
ADALIMUMAB-ADAZ (CF) (PA, QL)
ADALIMUMAB-ADBM (CF) (PA, QL)
AIMOVIG (PA, QL)
AJOVY (PA, QL)
allopurinol tablet
baclofen oral suspension, tablet
BELBUCA (PA, QL)
butalbital-acetaminophen-caffeine
celecoxib
cyclobenzaprine
diclofenac 1% gel; 1.5%, 2% topical solution (QL, ST)
DUPIXENT (PA, QL)
EMGALITY (PA, QL)
ENBREL (PA, QL)
FLECTOR (QL, ST)
hydrocodone-acetaminophen (PA, QL)
HYSINGLA ER (PA, QL)
ibuprofen oral suspension; 300 mg, 400 mg, 600 mg, 800 mg tablet
ketorolac tablet (QL)
LICART (QL, ST)
lidocaine jelly, jelly uro-jet, ointment, patch (PA, QL)
methocarbamol tablet
MITIGARE (ST)
naproxen tablet
NURTEC ODT (PA, QL)
OMVOH PEN, SYRINGE (PA, QL)
OTEZLA (PA, QL)
oxycodone oral concentrate, oral solution (PA, QL)
oxycodone-acetaminophen (PA, QL)
QULIPTA (PA, QL)
RINVOQ ER (PA, QL)
RINVOQ LQ (PA, QL)
rizatriptan (QL)
SAVELLA (QL, ST)
SELARSDI SYRINGE (PA, QL)
SIMLANDI (CF) (PA, QL)
SIMPONI 100 MG/ML PEN INJECTOR, SYRINGE (PA, QL)

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Pain Relief and Inflammatory Disease *(Cont.)*

SKYRIZI ON-BODY, PEN, SYRINGE (PA, QL)
SOTYKTU (PA, QL)
sumatriptan (QL)
TALTZ (PA, QL)
tizanidine
tramadol 50 mg, 100 mg tablet (PA, QL)
TREMFYA AUTO-INJECTOR, PEN, SYRINGE (PA, QL)
TYENNE AUTO-INJECTOR, SYRINGE (PA, QL)
UBRELVY (PA, QL)
VELSIPITY (PA, QL)
XELJANZ (PA, QL)
XELJANZ XR (PA, QL)
ZEPOSIA (PA, QL)
ZTLIDO (PA)

Parkinson's Disease

INBRIJA (PA, QL)
ropinirole

Schizophrenia/Anti-Psychotics

aripiprazole (QL)
quetiapine 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg tablet (QL)

Seizure Disorders

clonazepam
clonazepam odt
EPIDIOLEX (PA)
FYCOMPA
gabapentin
lamotrigine
NAYZILAM (PA, QL)
oxcarbazepine
pregabalin
topiramate 15 mg, 25 mg sprinkle capsule; tablet
topiramate er (ST)
VALTOCO (PA, QL)

Skin Conditions

ADBRY (PA, QL)
CIBINQO (PA, QL)
clindamycin 1% gel, foam (QL, ST)
clobetasol (QL, ST)
clotrimazole-betamethasone (QL)
DROPSAFE PREP PAD
EBGLYSS (PA, QL)
ENSTILAR (QL, ST)
EUCRISA (QL, ST)
FINACEA 15% FOAM (ST)
halobetasol 0.05% foam (ST)
isotretinoin
ketoconazole (QL, ST)
MIRVASO (PA)
mupirocin (QL)
NEMLUVIO (PA, QL)
SANTYL (QL)
tretinoin cream, gel
triamcinolone 0.147 mg/g spray (QL, ST)

Sleep Disorders/Sedatives

eszopiclone (QL)
LUMRYZ (PA, QL)
LUMRYZ STARTER PACK (PA)
SODIUM OXYBATE (by Hikma) (PA, QL)
SUNOSI (PA, QL)
XYWAV (PA, QL)
zolpidem sublingual tablet, tablet (QL)
zolpidem er (QL)

Smoking Cessation

bupropion sr 150 mg tablet (QL)

Substance Abuse

buprenorphine-naloxone
KLOXXADO (QL)
ZUBSOLV

Transplant Medications

LUPKYNIS (PA, QL)
MYHIBBIN

Urinary Tract Conditions

finasteride 5 mg tablet
MYRBETRIQ ER
tolterodine er
VANRAFIA (PA)

1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
2. **Not all plans have extra coverage rules (requirements) on medications.** Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

Cigna Healthcare reserves the right to make changes to this drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna Healthcare may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna Healthcare. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

Discrimination is against the law

Cigna Healthcare® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids 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 assistance services to people whose primary language is not English in a timely manner, such as:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

If you believe that Cigna Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator
P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.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, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at
https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

Proficiency of Language Assistance Services

English – ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意：如果您讲中文，我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供，以提供无障碍格式的信息。请拨打 1-800-244-6224（TTY：拨打 711）或与您的服务提供者联系。

Vietnamese – XIN LƯU Ý: Nếu bạn nói tiếng Viet, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

Korean – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십 시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

Arabic - تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم 1-800-244-6224 (TTY: 711 اطلب) أو تحدث إلى مقدم الخدمة الخاص بك.

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòma ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224（TTY: 711 にダイヤル）に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero
1-800-244-6224 (TTY: comporre il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi) - توجه: همچنین، وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کنید د، اگر به فارسی تماس بگیرید یا با (شماره 711 را بگیرید :TTY) ارائه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224 ارائه‌دهنده خود صحبت کنید.