

# PPACA \$0 Preventive Medications

## Prescription medications and over-the-counter products available at no cost-share

Preventive medications can help keep you from getting certain long-term health conditions. They improve your chances of staying well and living longer.<sup>1</sup>

### Certain preventive medications cost \$0 to fill

The Patient Protection and Affordable Care Act (PPACA), known as health care reform, helps make health care and preventive care more affordable.<sup>2</sup>

PPACA requires health plans to cover the full cost of certain preventive medications and over-the-counter (OTC) products. This means you don't have to pay anything – not even a copay, coinsurance or deductible for these products.

If your doctor feels a certain contraceptive or quit smoking product on this list isn't right for you, ask your doctor's office to contact us. We'll look for other options that may be available at \$0.

### Important information about this list

This list shows which products you can get at \$0.<sup>3</sup>

- Medications are listed in alphabetical order (A-Z) by drug class.
- Generics are listed in all lowercase letters and brands are listed in all CAPITAL letters.
- This list is updated often** so not all products available at \$0 may be listed here.<sup>3</sup>

- To see all of your \$0 options, log in to the myCigna<sup>®</sup> App<sup>4</sup> or [myCigna.com](http://myCigna.com)<sup>®</sup> and use the Price a Medication tool.

### A note about contraceptive products

- Contraceptives, or "birth control," are used to prevent pregnancy. **Not all plans cover contraceptives at \$0.** Some employers don't have to cover them because of their religious beliefs.
- If you have Cigna Healthcare<sup>®</sup> pharmacy benefits and your employer doesn't cover contraceptives, you may still be able to get them for \$0. Ask your doctor's office to contact us. We'll keep your coverage private and won't share it with anyone.

Get a prescription from your doctor's office.



To get these products at \$0, you'll need a prescription – **even for the OTCs**, which don't typically need one.<sup>5</sup>

## PPACA \$0 Preventive Medications

To get these products at \$0, you'll need a prescription from your doctor – **even for the OTCs**, which don't typically need one.<sup>5</sup>

### Aspirin Products

Available to women who are at least 12 weeks pregnant and at high risk for pre-eclampsia\*  
aspirin 81 mg

### Barrier Contraception

CAYA CONTOURED  
FC2 FEMALE CONDOM  
FEMCAP  
MALE CONDOM<sup>6</sup>  
VCF FILM, GEL  
WIDE SEAL DIAPHRAGM

### Bowel Prep Products for Colorectal Cancer Screenings

Available to adults 45-75 years of age when used for a preventive colonoscopy:\*\*

alophen pill  
bisacodyl tablet  
clearlax  
gavilax  
gavilyte-c  
gavilyte-g  
gavilyte-n  
gentle laxative ec tablet  
gentlelax  
healthylax  
laxaclear  
laxative ec 5 mg tablet

### laxative peg 3350

mix-in laxative  
natura-lax  
peg 3350-electrolyte  
peg-prep  
peg 3350-sodium sulfate-sodium chloride-potassium chloride  
sodium ascorbate-ascorbic acid  
polyethylene glycol 3350  
powderlax  
sodium sulfate-potassium sulfate-magnesium sulfate  
women's gentle laxative  
women's laxative

### Breast Cancer Prevention<sup>7</sup>

anastrozole  
exemestane  
raloxifene  
tamoxifen

### Cholesterol Related<sup>8</sup>

Available to adults 40-75 years of age  
atorvastatin 10 mg, 20 mg tablet  
fluvastatin  
fluvastatin er  
lovastatin 20 mg, 40 mg tablet  
pitavastatin  
pravastatin  
rosuvastatin 5 mg, 10 mg tablet  
simvastatin 10 mg, 20 mg, 40 mg tablet

### Emergency Contraception

after pill  
AFTERA  
curae  
econtra ez  
econtra one-step  
ELLA  
levonorgestrel  
my choice  
my way  
new day  
opcicon one-step  
option 2  
PLAN B ONE-STEP  
TAKE ACTION

### Folic Acid Supplements

Only for products that have 0.4 mg-0.8 mg of folic acid in them  
classic prenatal  
FA-8  
folic acid 0.4 mg, 0.8 mg, 400 mcg, 800 mcg tablet  
folitab 500  
MINI PRENATAL  
ONE A DAY WOMEN'S PRENATAL  
DHA  
one daily prenatal  
ONE-A-DAY PRENATAL  
ONE-A-DAY PRENATAL-I

\* Pre-eclampsia is a high blood pressure condition that happens during pregnancy.

\*\* Quantity limits apply. Your plan will cover up to two (2) fills a year at \$0. After that, you'll pay your normal copay or coinsurance to fill a bowel prep product.

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

This list is updated as the U.S. Preventive Services Task Force makes new recommendations to PPACA coverage requirements.

## PPACA \$0 Preventive Medications

### Folic Acid Supplements (Cont.)

Only for products that have  
0.4 mg–0.8 mg of folic acid in them

perry prenatal  
prenatal  
prenatal complete  
PRENATAL FORMULA-DHA  
PRENATAL GUMMIES  
PRENATAL MULTI  
PRENATAL MULTI-DHA  
prenatal multivitamin  
prenatal multivitamin-dha  
prenatal one daily  
PRENATAL VITAMIN  
PRENATAL VITAMIN + DHA  
prenatal vitamin  
PUREVITA FOLIC ACID  
SIMILAC PRENATAL  
STUART ONE  
ULTRA PRENATAL PLUS DHA

blisovi 24 fe  
briellyn  
camila  
camrese  
camrese lo  
caziant  
charlotte 24 fe  
chateal eq  
cryselle  
cyred  
cyred eq  
dasetta  
daysee  
deblitane  
DEPO-PROVERA  
DEPO-SUBQ PROVERA 104 SYRINGE  
desogestrel-ethinyl estradiol  
desogestrel-ethinyl estradiol ethinyl  
estradiol  
dolishale  
drospirenone-ethinyl estradiol  
drospirenone-ethinyl estradiol-  
levomefolate  
elinest  
eluryng  
emoquette  
emzahh  
enilloring  
enpresse  
enskyce  
errin  
estarrylla  
ethynodiol-ethinyl estradiol  
etonogestrel-ethinyl estradiol  
falmina  
feirza  
finzala  
galbriela  
gummily  
hailey  
hailey fe  
hailey 24 fe  
haloette  
heather  
iclevia  
incassia  
introvale  
isibloom  
jaimiess  
jasmiel  
jencycla  
jolessa  
joyeaux  
juleber  
junel  
junel fe  
junel fe 24  
kaitlib fe  
kalliga  
kariva  
kelnor  
kurvelo  
larin  
larin fe  
larin 24 fe  
layolis fe  
leena  
lessina  
levonest  
levonorgestrel-ethinyl estradiol  
levonorgestrel-ethinyl estradiol  
ethinyl estradiol  
levonorgestrel-ethinyl estradiol  
ferrous bisglycinate  
levora-28  
lo-zumandimine  
lojaimiess  
loryna  
low-ogestrel  
lutera  
lyleq  
lyza  
marlissa

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

This list is updated as the U.S. Preventive Services Task Force makes new recommendations to PPACA coverage requirements.

## PPACA \$0 Preventive Medications

### Hormonal Contraception<sup>8,9</sup>

(Cont.)

medroxyprogesterone syringe, vial  
meleya  
merzee  
mibelas 24 fe  
microgestin  
microgestin fe  
microgestin 24 fe  
mili  
minzoya  
mono-linyah  
necon  
NEXPLANON  
nikki  
nora-be  
norelgestromin-ethinyl estradiol  
norethindrone 0.35 mg tablet  
norethindrone-ethinyl estradiol  
I-0.02 mg, I.5-0.03 mg (2I) tablet  
norethindrone-ethinyl estradiol-fe  
norgestimate-ethinyl estradiol  
nortrel  
nylia  
nymyo  
ocella  
OPILL<sup>10</sup>  
orquidea  
philith  
pimtrea  
pirmella  
portia  
reclipsen  
rivelsa  
rosyrah  
setlakin  
sharobel  
simliya  
simpesse  
sprintec

sronyx  
syeda  
tarina fe  
tarina 24 fe  
tarina fe I-20 eq  
taysofy  
tilia fe  
tri-estarylla  
tri-legest fe  
tri-linyah  
tri-lo-estarylla  
tri-lo-marzia  
tri-lo-mili  
tri-lo-sprintec  
tri-mili  
tri-nymyo  
tri-sprintec  
tri-vylibra  
tri-vylibra lo  
tulana  
turqoz  
valtya  
velivet  
vestura  
vienna  
viorele  
volnea  
vyfemla  
vylibra  
wera  
wymzya fe  
xarah fe  
xelria fe  
xulane  
zafemy  
zarah  
zovia I-35  
zumandimine

### Human Immunodeficiency

#### Virus (HIV) Infection

#### Pre-Exposure Prevention<sup>7,8,11</sup>

APRETUDE  
DESCOVY 200 MG-25 MG TABLET<sup>12</sup>  
emtricitabine-tenofovir 200 mg-  
300 mg tablet  
YEZTUGO

### Implantable Contraception

KYLEENA  
LILETTA  
MIRENA  
MIUDELLA  
PARAGARD T380-A  
SKYLA

### Pediatric Multivitamins

Only for vitamins that have fluoride  
in them and fluoride supplements

Available to children  
6 months – 16 years of age

DAVIMET WITH FLUORIDE  
FLORAFOL FE PEDIATRIC  
FLORAFOL PEDIATRIC  
FLORIVA  
fluoride chewable tablet  
ludent fluoride  
MULTI-VIT-FLOR  
multivitamin w-fluoride-iron  
multivitamin with fluoride  
multivitamin-iron-fluoride  
mvc-fluoride  
POLY-VI-FLOR  
POLY-VI-FLOR WITH IRON  
QUFLORA  
sodium fluoride oral drops,  
chewable tablet  
soluvita  
soluvita a, c, d and fluoride  
SOLUVITA MULTIVITAMIN FLUORIDE

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

This list is updated as the U.S. Preventive Services Task Force makes new recommendations to PPACA coverage requirements.

## PPACA \$0 Preventive Medications

### Pediatric Multivitamins (Cont.)

Only for vitamins that have fluoride in them and fluoride supplements

Available to children

6 months – 16 years of age

TRI-VI-FLOR

tri-vitamin with fluoride

tri-vite with fluoride

vitamins a, c, d and fluoride

AFLURIA

AREXVY

BEXSERO

BEYFORTUS

BOOSTRIX TDAP

CAPVAXIVE

COMIRNATY

DAPTACEL DTAP

DENGVAXIA

ENFLONSIA

ENGERIX-B

FLUAD

FLUARIX

FLUBLOK

FLUCELVAX

FLULAVAL

FLUMIST

FLUZONE

FLUZONE HIGH-DOSE

GARDASIL 9

HAVRIX

HEPLISAV-B

HIBERIX

INFANRIX DTAP

IPOL

JANSSEN COVID

KINRIX

M-M-R II VACCINE

MENQUADFI

MENVEO A-C-Y-W-I35-DIP

MNEXSPIKE

MODERNA COVID

MRESVIA

NOVAVAX COVID

PEDIARIX

PEDVAXHIB

PENBRAYA

PENMENVY MEN A-B-C-W-Y

PENTACEL

PENTACEL ACTHIB COMPONENT

PFIZER COVID

PNEUMOVAX 23

PREHEVBRIOD

PREVNAR 20

PRIORIX

PROQUAD

QUADRACEL DTAP-IPV

RECOMBIVAX HB

ROTARIX

ROTATEQ

SHINGRIX

SPIKEVAX

TDVAX

TENIVAC

TRUMENBA

TWINRIX

VAQTA

VARIVAX

VAXELIS

VAXNEUVANCE

### Quit Smoking Products<sup>8,13</sup>

Available to adults 18 years of age and older

bupropion sr 150 mg tablet

NICODERM CQ

NICORETTE

nicotine gum, lozenge, patch

NICOTROL

NICOTROL NS

quit 2

quit 4

stop smoking aid

varenicline

### Vaccines<sup>14</sup>

ABRYSVO

ACAM2000

ACTHIB

ADACEL TDAP

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

This list is updated as the U.S. Preventive Services Task Force makes new recommendations to PPACA coverage requirements.



1. Centers for Disease Control and Prevention (CDC) website, "Preventing Chronic Diseases: What You Can Do Now." Content current as of 05/15/24. [cdc.gov/chronic-disease/prevention](https://www.cdc.gov/chronic-disease/prevention).
2. U.S. Department of Health and Human Services (HHS) website, "About the Affordable Care Act." Content last reviewed 03/17/22. [hhs.gov/healthcare/about-the-aca](https://www.hhs.gov/healthcare/about-the-aca).
3. This is a list of the prescription preventive medications and over-the-counter products covered at 100% under your plan's pharmacy benefit at this time, based on existing legal requirements, and is subject to plan terms such as limitations and exclusions. For example, this list may change if there's a change to the legal requirements for preventive coverage.
4. 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](https://www.myCigna.com).
5. If you're filling an OTC, you'll need to pay for it at the pharmacy counter (just like you would for a prescription medication), using your health plan coverage.
6. Male condoms that are kept behind the pharmacy counter and given to you by the pharmacist are available at no cost-share (\$0) to you as long as you have a prescription from your doctor and fill it at an in-network pharmacy. **Quantity limits apply.**
7. **PPACA coverage requirements don't apply to all plans.** Log in to the myCigna App or [myCigna.com](https://www.myCigna.com), or check your plan materials, to find out how your plan covers these products and how much they cost to fill.
8. If your doctor feels these products aren't right for you, ask your doctor's office to call us. There may be other no cost-share (\$0) options available.
9. Generic hormonal contraceptives are available at no cost-share (\$0) to you, even though they may not be listed here.
10. OPILL is covered at no cost-share (\$0) as long as you have a prescription from your doctor and fill it at an in-network pharmacy. **Quantity limits apply.**
11. This medication will only be covered at no cost-share (\$0) if used alone and not in combination with other HIV medications.
12. DESCovy is covered at no cost-share (\$0) as of January 1, 2025 if used alone and not in combination with other HIV medications.
13. **Quantity limits apply.** Also, generic nicotine replacement therapy (known as "store-brands") are available at no cost-share (\$0) to you, even though they may not be listed here.
14. **Not all plans cover vaccines in the same way, and most travel-related vaccines aren't covered.** Log in to the myCigna App or [myCigna.com](https://www.myCigna.com), or check your plan materials, to see which ones your plan covers. You should call your pharmacy first, to make sure your vaccine is covered and available at their location. You shouldn't need to make an appointment to get a vaccine. If you use an out-of-network pharmacy, vaccines may not be covered or may be subject to your plan's copay, coinsurance and/or deductible.

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.

968433 g PPACA 11/25 © 2025 Cigna Healthcare.

# 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



Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc. Cigna HealthCare of California, Inc. Cigna HealthCare of Colorado, Inc. Cigna HealthCare of Connecticut, Inc. Cigna HealthCare of Florida, Inc. Cigna HealthCare of Georgia, Inc. Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna HealthCare of Texas, Inc. ATTENTION: If you speak languages other than English, language assistance service, free of charge are available to you. For current Cigna Healthcare customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna

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](mailto: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 Việt, 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 문의하십시오.

**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، توفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم 1-800-244-6224 (TTY: اطلب 711) 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 Sprachassistentendienste 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) – همچنین، وسایل و خدمات کمکی مناسب برای در دسترس است.** خدمات رایگان کمک زبان برای شما صحبت می‌کنید، توجه: 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