



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts Formulary: \$9 Generic Medication List

Last Updated: July 1, 2020

Valid Until: January 1, 2021

The following list includes generic medications covered by plans with the Blue Cross Blue Shield of Massachusetts Formulary. Members can get these medications in 90-day supplies for \$9¹ when they order them through the mail order pharmacy available through Express Scripts[®], an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts.

Normal prescription guidelines apply, which in some cases result in prescription supplies for less than 90 days. If your copayment for a 90-day supply through the mail order pharmacy is less than \$9, you'll pay the lesser amount. The \$9-or-less price is based only on a 90-day supply of each generic medication.² The price of the medication may differ if the quantity purchased is different.

This isn't a complete list of covered medications, and inclusion on the list doesn't guarantee coverage.³ You must have a valid prescription from a licensed health provider to receive coverage for these medications. Some medications may also be subject to pharmacy management programs, such as Step Therapy, Prior Authorization, or Quality Care Dosing, or have other coverage requirements.

\$9 Generic Medications Included in the National Preferred Formulary (NPF)

The generic medications listed in this document are also included in the National Preferred Formulary (NPF), which is available through Express Scripts. Pharmacy management program requirements apply to generic medications included in the NPF.

Learn More About Your Coverage

For more information about your pharmacy benefits, including the NPF and the medications listed in this document, sign in to your MyBlue account at bluecrossma.org.

1. Medications and pricing are subject to change without notice, so you should always confirm your cost prior to filling a prescription. A processing fee may apply. In applicable states, sales tax may be added to the cost of your prescriptions. Cost of standard shipping is included as part of your prescription plan. The coverage and prices of certain medications are also subject to the specific terms of your plan. Changes are made available to your Plan Sponsor.

2. Pre-packaged medications are only available for \$9 in the package sizes specified.

3. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Antibiotics/Antifungals/ Antivirals	ACYCLOVIR	200 MG	CAPSULE	180
	AMOXICILLIN	500 MG	TABLET	180
	AMOXICILLIN TRIHYDRATE	250 MG	CAPSULE	180
	AMOXICILLIN TRIHYDRATE	500 MG	CAPSULE	180
	AMOXICILLIN TRIHYDRATE	125 MG/5ML	SUSP RECON	300
	AMOXICILLIN TRIHYDRATE	200 MG/5ML	SUSP RECON	300
	AMOXICILLIN TRIHYDRATE	250 MG/5ML	SUSP RECON	240
	AMOXICILLIN TRIHYDRATE	250 MG/5ML	SUSP RECON	300
	AMOXICILLIN TRIHYDRATE	250 MG/5ML	SUSP RECON	450
	AMOXICILLIN TRIHYDRATE	400 MG/5ML	SUSP RECON	300
	CEPHALEXIN MONOHYDRATE	250 MG	CAPSULE	90
	CEPHALEXIN MONOHYDRATE	500 MG	CAPSULE	180
	CIPROFLOXACIN HCL	250 MG	TABLET	90
	CIPROFLOXACIN HCL	500 MG	TABLET	180
	FLUCONAZOLE	150 MG	TABLET	3
	METRONIDAZOLE	250 MG	TABLET	180
	METRONIDAZOLE	500 MG	TABLET	42
	PENICILLIN V POTASSIUM	250 MG	TABLET	180
	PENICILLIN V POTASSIUM	500 MG	TABLET	180
	PENICILLIN V POTASSIUM	250 MG/5ML	SUSP RECON	200
	PENICILLIN V POTASSIUM	250 MG/5ML	SUSP RECON	900
	SULFAMETHOXAZOLE/ TRIMETHOPRIM	400 MG–80 MG	TABLET	90
SULFAMETHOXAZOLE/ TRIMETHOPRIM	800 MG–160 MG	TABLET	180	
TERBINAFINE	250 MG	TABLET	90	
Antiseizure Medications	PRIMIDONE	50 MG	TABLET	180
	PRIMIDONE	250 MG	TABLET	180
	ZONISAMIDE	25 MG	CAPSULE	180
	ZONISAMIDE	50 MG	CAPSULE	180
Arthritis/Pain	DICLOFENAC SODIUM	50 MG	TABLET DR	180
	DICLOFENAC SODIUM	75 MG	TABLET DR	180
	IBUPROFEN	400 MG	TABLET	270
	IBUPROFEN	600 MG	TABLET	270
	IBUPROFEN	800 MG	TABLET	270
	INDOMETHACIN	25 MG	CAPSULE	270
	MELOXICAM	7.5 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Arthritis/Pain (Cont.)	MELOXICAM	15 MG	TABLET	90
	NAPROXEN	250 MG	TABLET	180
	NAPROXEN	375 MG	TABLET	180
	NAPROXEN	500 MG	TABLET	180
	NAPROXEN SODIUM	220 MG	TABLET	72
	NAPROXEN SODIUM	275 MG	TABLET	180
Asthma/Respiratory	ALBUTEROL SULFATE	0.83 MG/ML	SOLUTION	225
Behavioral Health	BUSPIRONE HCL	5 MG	TABLET	180
	BUSPIRONE HCL	10 MG	TABLET	180
	BUSPIRONE HCL	15 MG	TABLET	180
	CHLORDIAZEPOXIDE HCL	5 MG	CAPSULE	180
	CHLORDIAZEPOXIDE HCL	10 MG	CAPSULE	180
	CHLORDIAZEPOXIDE HCL	25 MG	CAPSULE	180
	CITALOPRAM HYDROBROMIDE	10 MG	TABLET	90
	CITALOPRAM HYDROBROMIDE	20 MG	TABLET	90
	CITALOPRAM HYDROBROMIDE	40 MG	TABLET	90
	DONEPEZIL HCL	5 MG	TABLET	90
	DONEPEZIL HCL	10 MG	TABLET	90
	DONEPEZIL HCL ODT	5 MG	TABLET	90
	DONEPEZIL HCL ODT	10 MG	TABLET	90
	DOXEPIN HCL	10 MG	CAPSULE	90
	DOXEPIN HCL	25 MG	CAPSULE	90
	FLUOXETINE HCL	10 MG	CAPSULE	90
	FLUOXETINE HCL	20 MG	CAPSULE	90
	FLUOXETINE HCL	40 MG	CAPSULE	90
	IMIPRAMINE HCL	10 MG	TABLET	90
	IMIPRAMINE HCL	25 MG	TABLET	90
	IMIPRAMINE HCL	50 MG	TABLET	90
	LITHIUM CARBONATE	150 MG	CAPSULE	90
	LITHIUM CARBONATE	300 MG	CAPSULE	180
	LITHIUM CARBONATE	600 MG	CAPSULE	180
	LITHIUM CARBONATE	300 MG	TABLET SA	180
	MIRTAZAPINE	15 MG	TABLET	90
	MIRTAZAPINE	30 MG	TABLET	90
	MIRTAZAPINE	45 MG	TABLET	90
	NORTRIPTYLINE HCL	10 MG	CAPSULE	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Behavioral Health (Cont.)	NORTRIPTYLINE HCL	25 MG	CAPSULE	90
	PAROXETINE HCL	10 MG	TABLET	90
	PAROXETINE HCL	20 MG	TABLET	90
	PAROXETINE HCL	30 MG	TABLET	90
	PAROXETINE HCL	40 MG	TABLET	90
	SERTRALINE HCL	25 MG	TABLET	90
	TRAZODONE HCL	50 MG	TABLET	90
	TRAZODONE HCL	100 MG	TABLET	90
	TRAZODONE HCL	150 MG	TABLET	90
Blood Pressure/Heart Health	AMILORIDE/HYDROCHLOROTHIAZIDE	5 MG–50 MG	TABLET	90
	AMIODARONE HCL	200 MG	TABLET	90
	ATENOLOL	25 MG	TABLET	90
	ATENOLOL	50 MG	TABLET	90
	ATENOLOL	100 MG	TABLET	90
	BENAZEPRIL HCL	5 MG	TABLET	90
	BENAZEPRIL HCL	10 MG	TABLET	90
	BENAZEPRIL HCL	20 MG	TABLET	90
	BENAZEPRIL HCL	40 MG	TABLET	90
	BISOPROL/HYDROCHLOROTHIAZIDE	2.5 MG–6.25 MG	TABLET	90
	BISOPROL/HYDROCHLOROTHIAZIDE	5 MG–6.25 MG	TABLET	90
	BISOPROL/HYDROCHLOROTHIAZIDE	10 MG–6.25 MG	TABLET	90
	BISOPROLOL FUMARATE	5 MG	TABLET	90
	BISOPROLOL FUMARATE	10 MG	TABLET	90
	CARVEDILOL	3.125 MG	TABLET	180
	CARVEDILOL	6.25 MG	TABLET	180
	CARVEDILOL	12.5 MG	TABLET	180
	CARVEDILOL	25 MG	TABLET	180
	CLONIDINE HCL	0.1 MG	TABLET	90
	CLONIDINE HCL	0.2 MG	TABLET	90
	CLONIDINE HCL	0.3 MG	TABLET	90
	DILTIAZEM HCL	30 MG	TABLET	180
	DILTIAZEM HCL	60 MG	TABLET	180
	DILTIAZEM HCL	120 MG	CAPSULE SR 24H	90
	DOXAZOSIN MESYLATE	1 MG	TABLET	90
	DOXAZOSIN MESYLATE	2 MG	TABLET	90
	DOXAZOSIN MESYLATE	4 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Blood Pressure/Heart Health (Cont.)	DOXAZOSIN MESYLATE	8 MG	TABLET	90
	ENALAPRIL MALEATE	2.5 MG	TABLET	90
	ENALAPRIL MALEATE	5 MG	TABLET	90
	ENALAPRIL MALEATE	10 MG	TABLET	90
	ENALAPRIL MALEATE	20 MG	TABLET	90
	ENALAPRIL/HYDROCHLOROTHIAZIDE	5 MG–12.5 MG	TABLET	90
	ENALAPRIL/HYDROCHLOROTHIAZIDE	10 MG–25 MG	TABLET	90
	FELODIPINE	2.5 MG	TABLET SR 24H	90
	FELODIPINE	5 MG	TABLET SR 24H	90
	FELODIPINE	10 MG	TABLET SR 24H	90
	FUROSEMIDE	20 MG	TABLET	90
	FUROSEMIDE	40 MG	TABLET	90
	FUROSEMIDE	80 MG	TABLET	90
	HYDRALAZINE HCL	10 MG	TABLET	270
	HYDRALAZINE HCL	25 MG	TABLET	270
	HYDRALAZINE HCL	50 MG	TABLET	270
	HYDRALAZINE HCL	100 MG	TABLET	270
	HYDROCHLOROTHIAZIDE	12.5 MG	CAPSULE	90
	HYDROCHLOROTHIAZIDE	25 MG	TABLET	90
	HYDROCHLOROTHIAZIDE	50 MG	TABLET	90
	INDAPAMIDE	1.25 MG	TABLET	90
	INDAPAMIDE	2.5 MG	TABLET	90
	ISOSORBIDE MONONITRATE	10 MG	TABLET	180
	ISOSORBIDE MONONITRATE	30 MG	TABLET SR 24H	90
	ISOSORBIDE MONONITRATE	60 MG	TABLET SR 24H	90
	LABETALOL HCL	100 MG	TABLET	180
	LABETALOL HCL	200 MG	TABLET	180
	LABETALOL HCL	300 MG	TABLET	180
	LISINOPRIL	2.5 MG	TABLET	90
	LISINOPRIL	5 MG	TABLET	90
	LISINOPRIL	10 MG	TABLET	90
	LISINOPRIL	20 MG	TABLET	90
	LISINOPRIL	30 MG	TABLET	90
	LISINOPRIL	40 MG	TABLET	90
LISINOPRIL/HYDROCHLOROTHIAZIDE	10 MG–12.5 MG	TABLET	90	
LISINOPRIL/HYDROCHLOROTHIAZIDE	20 MG–12.5 MG	TABLET	90	

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Blood Pressure/Heart Health (Cont.)	LISINAPRIL/HYDROCHLOROTHIAZIDE	20 MG–25 MG	TABLET	90
	METHYLDOPA	250 MG	TABLET	180
	METOPROLOL TARTRATE	25 MG	TABLET	180
	METOPROLOL TARTRATE	50 MG	TABLET	180
	METOPROLOL TARTRATE	100 MG	TABLET	180
	MINOXIDIL	2.5 MG	TABLET	180
	MINOXIDIL	10 MG	TABLET	90
	PRAZOSIN HCL	1 MG	CAPSULE	90
	PROPRANOLOL HCL	10 MG	TABLET	180
	PROPRANOLOL HCL	20 MG	TABLET	180
	PROPRANOLOL HCL	40 MG	TABLET	180
	PROPRANOLOL HCL	60 MG	TABLET	180
	PROPRANOLOL HCL	80 MG	TABLET	180
	QUINAPRIL HCL	5 MG	TABLET	90
	QUINAPRIL HCL	10 MG	TABLET	90
	QUINAPRIL HCL	20 MG	TABLET	90
	QUINAPRIL HCL	40 MG	TABLET	90
	QUINAPRIL/HYDROCHLOROTHIAZIDE	10 MG–12.5 MG	TABLET	90
	QUINAPRIL/HYDROCHLOROTHIAZIDE	20 MG–12.5 MG	TABLET	90
	QUINAPRIL/HYDROCHLOROTHIAZIDE	20 MG–25 MG	TABLET	90
	RAMIPRIL	1.25 MG	CAPSULE	90
	RAMIPRIL	2.5 MG	CAPSULE	90
	RAMIPRIL	5 MG	CAPSULE	90
	RAMIPRIL	10 MG	CAPSULE	90
	SOTALOL HCL	80 MG	TABLET	180
	SOTALOL HCL	240 MG	TABLET	180
	SPIRONOLACTONE	25 MG	TABLET	90
	TERAZOSIN HCL	1 MG	CAPSULE	90
	TERAZOSIN HCL	2 MG	CAPSULE	90
	TERAZOSIN HCL	5 MG	CAPSULE	90
	TERAZOSIN HCL	10 MG	CAPSULE	90
	TORSEMIDE	5 MG	TABLET	90
	TORSEMIDE	10 MG	TABLET	90
	TORSEMIDE	20 MG	TABLET	90
	TORSEMIDE	100 MG	TABLET	90
	TRANDOLAPRIL	1 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Blood Pressure/Heart Health (Cont.)	TRANDOLAPRIL	2 MG	TABLET	90
	TRANDOLAPRIL	4 MG	TABLET	90
	TRIAMTERENE/ HYDROCHLOROTHIAZIDE	37.5 MG–25 MG	CAPSULE	90
	TRIAMTERENE/ HYDROCHLOROTHIAZIDE	37.5 MG–25 MG	TABLET	90
	TRIAMTERENE/ HYDROCHLOROTHIAZIDE	75–50 MG	TABLET	90
	VERAPAMIL HCL	80 MG	TABLET	270
	VERAPAMIL HCL	120 MG	TABLET	90
	VERAPAMIL HCL	120 MG	TABLET SA	90
	VERAPAMIL HCL	180 MG	TABLET SA	90
	VERAPAMIL HCL	240 MG	TABLET SA	90
	WARFARIN SODIUM	1 MG	TABLET	90
	WARFARIN SODIUM	2 MG	TABLET	90
	WARFARIN SODIUM	2.5 MG	TABLET	90
	WARFARIN SODIUM	3 MG	TABLET	90
	WARFARIN SODIUM	4 MG	TABLET	90
	WARFARIN SODIUM	5 MG	TABLET	90
	WARFARIN SODIUM	6 MG	TABLET	90
	WARFARIN SODIUM	7.5 MG	TABLET	90
	WARFARIN SODIUM	10 MG	TABLET	90
	Cold and Allergy Therapy	BENZONATATE	100 MG	CAPSULE
CYPROHEPTADINE HCL		4 MG	TABLET	90
PROMETHAZINE HCL		6.25 MG/5ML	SYRUP	450
PROMETHAZINE HCL		12.5 MG	TABLET	90
PROMETHAZINE HCL		25 MG	TABLET	90
PROMETHAZINE HCL		50 MG	TABLET	180
D-METHORPHAN HB/PROMETH HCL		15 MG–6.25/5	SYRUP	360
Diabetes	GLIMEPIRIDE	1 MG	TABLET	90
	GLIMEPIRIDE	2 MG	TABLET	90
	GLIMEPIRIDE	4 MG	TABLET	180
	GLIPIZIDE	5 MG	TABLET	180
	GLIPIZIDE	10 MG	TABLET	180
	GLIPIZIDE	5 MG	TABLET OSM 24	90
	GLYBURIDE	1.25 MG	TABLET	90
	GLYBURIDE	2.5 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Diabetes (Cont.)	GLYBURIDE	5 MG	TABLET	180
	GLYBURIDE/METFORMIN HCL	5 MG–500 MG	TABLET	360
	METFORMIN HCL	500 MG	TABLET	180
	METFORMIN HCL	850 MG	TABLET	180
	METFORMIN HCL	1000 MG	TABLET	180
	METFORMIN HCL	500 MG	TABLET SR 24H	180
Eye Health	ERYTHROMYCIN BASE	5 MG/G	OINTMENT	7
	GENTAMICIN SULFATE	0.30%	DROPS	15
	LEVOBUNOLOL HCL	0.50%	DROPS	15
	LEVOBUNOLOL HCL	0.50%	DROPS	30
	LEVOBUNOLOL HCL	0.50%	DROPS	45
	NEO/POLYMYXIN B SULF/ DEXAMETHASONE	3.5 MG/10,000U/ 0.1%	OINTMENT	4
	POLYMYXIN B SULFATE/TMP	10,000U/0.1%	DROPS	30
	SULFACETAMIDE SODIUM	10%	DROPS	45
GI Drugs	HYOSCYAMINE SULFATE	0.125 MG	TABLET	270
	METOCLOPRAMIDE HCL	5 MG	TABLET	180
	METOCLOPRAMIDE HCL	10 MG	TABLET	240
Heartburn/Ulcer	FAMOTIDINE	40 MG	TABLET	90
	RANITIDINE HCL	300 MG	TABLET	90
High Cholesterol	LOVASTATIN	10 MG	TABLET	90
	LOVASTATIN	20 MG	TABLET	90
	LOVASTATIN	40 MG	TABLET	90
	PRAVASTATIN SODIUM	10 MG	TABLET	90
	PRAVASTATIN SODIUM	20 MG	TABLET	90
	PRAVASTATIN SODIUM	40 MG	TABLET	90
Muscle Relaxants	BACLOFEN	10 MG	TABLET	270
	CYCLOBENZAPRINE HCL	5 MG	TABLET	90
	CYCLOBENZAPRINE HCL	10 MG	TABLET	90
	ORPHENADRINE CITRATE	100 MG	TABLET SA	180
	TIZANIDINE HCL	2 MG	TABLET	270
	TIZANIDINE HCL	4 MG	TABLET	270
Parkinson's Disease	BENZTROPINE MESYLATE	0.5 MG	TABLET	180
	BENZTROPINE MESYLATE	1 MG	TABLET	180
	BENZTROPINE MESYLATE	2 MG	TABLET	180
	TRIHEXYPHENIDYL HCL	2 MG	TABLET	180
	TRIHEXYPHENIDYL HCL	5 MG	TABLET	180

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Skin Conditions	HYDROCORTISONE	2.50%	CREAM	90
	HYDROXYZINE PAMOATE	25 MG	CAPSULE	120
	TRIAMCINOLONE ACETONIDE	0.50%	CREAM	180
Thyroid Therapy	LEVOTHYROXINE SODIUM	25 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	50 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	75 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	88 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	100 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	112 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	125 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	137 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	150 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	175 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	200 MCG	TABLET	90
	METHIMAZOLE	5 MG	TABLET	90
	METHIMAZOLE	10 MG	TABLET	90
Vitamins and Electrolytes	FOLIC ACID	1 MG	TABLET	90
	POTASSIUM CHLORIDE	10 MEQ	TABLET SR	90
Women's Health	ESTRADIOL	0.5 MG	TABLET	90
	ESTRADIOL	1 MG	TABLET	90
	ESTRADIOL	2 MG	TABLET	90
	LEVONORGESTREL-ETHINYL ESTRADIOL	0.15 MG-0.3 MG	TABLET	84
	MEDROXYPROGESTERONE ACETATE	2.5 MG	TABLET	90
	MEDROXYPROGESTERONE ACETATE	5 MG	TABLET	90
	MEDROXYPROGESTERONE ACETATE	10 MG	TABLET	90
	MEGESTROL ACETATE	20 MG	TABLET	90
	NORGESTIMATE-ETHINYL ESTRADIOL	7 DAYS X 3 28	TABLET	84
Other Medications	ALENDRONATE SODIUM	5 MG	TABLET	90
	ALENDRONATE SODIUM	10 MG	TABLET	90
	ALENDRONATE SODIUM	35 MG	TABLET	12
	ALENDRONATE SODIUM	70 MG	TABLET	12
	ALLOPURINOL	100 MG	TABLET	90
	ALLOPURINOL	300 MG	TABLET	90
	CHLORHEXIDINE GLUCONATE	0.12%	MOUTHWASH	1419
	DEXAMETHASONE	0.5 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Other Medications (Cont.)	DEXAMETHASONE	0.75 MG	TABLET	90
	FLUDROCORTISONE ACETATE	0.1 MG	TABLET	90
	ISONIAZID	300 MG	TABLET	90
	LIDOCAINE HCL	20 MG/ML	SOLUTION	300
	METHYLPREDNISOLONE	4 MG	TABLET DS PK	63
	OXYBUTYNIN CHLORIDE	5 MG	TABLET	180
	PREDNISONE	1 MG	TABLET	360
	PREDNISONE	2.5 MG	TABLET	90
	PREDNISONE	5 MG	TABLET	90
	PREDNISONE	10 MG	TABLET	90
	PREDNISONE	20 MG	TABLET	90



MASSACHUSETTS

Translation Resources

Proficiency of Language Assistance Services

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Chinese/简体中文: 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: 711)。

Haitian Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: 711).

Vietnamese/Tiếng Việt: LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: 711).

Russian/Русский: ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: 711).

Arabic/عربي:

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجانًا بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": 711).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក (TTY: 711)។

French/Français: ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY: 711).

Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: 711).

Korean/한국어: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: 711)를 사용하여 회원 서비스에 전화하십시오.

Greek/λληνικά: ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID card) (TTY: 711).

Polish/Polski: UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

Hindi/हिंदी: ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए नि:शुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711)।

Gujarati/ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

Tagalog/Tagalog: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga librenang serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID card (TTY: 711).

Japanese/日本語: お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください(TTY: 711)。

German/Deutsch: ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

Persian/پارسیان:

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

Lao/ພາສາລາວ: ຂໍອວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ ຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníft'i'go saad bee yát'i' éí t'áájíí'k'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíí'j' béésh bee hodíílnih (TTY: 711).

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ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



MASSACHUSETTS

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