

ATRIUS HEALTH PPO SAVER WITH HSA

Blue Cross Blue Shield of Massachusetts Formulary: Health Savings Account (HSA) Preventive Medication List

Last Updated: January 1, 2022

The following list includes preventive medications that are covered by HSA-qualified “Saver” plans¹ with the Blue Cross Blue Shield of Massachusetts Formulary. You may not be required to pay the deductible² for some of these medications, which are commonly prescribed to help you stay healthy and prevent complications or secondary conditions.

This isn’t a complete list of covered medications, and inclusion on this 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.

Atrius Health: Value-Based Coverage

After your deductible is met, you pay a \$0 copay at any pharmacy when you fill covered medications that treat diabetes (medications and supplies), high cholesterol, high blood pressure, or depression. You can also pay a \$0 copay for non-covered drugs that treat these conditions if your doctor requests coverage, and the request is approved.

NOTE: Some medications on this list may be considered non-covered, including new medications under review by Blue Cross. Your doctor may request an exception for a non-covered medication when medically necessary.⁴

For medications not included in this list, you’ll pay for the prescription based on its tier. Copays apply once the deductible is met.

Pharmacy Cost Share by Tier⁵

Supply	Atrius Health Pharmacy	Other Pharmacies
30-day supply	\$5/\$25/\$50	\$15/\$50/\$75
90-day supply	\$5/\$25/\$150	\$30/\$100/\$225

1. Blue Cross Blue Shield of Massachusetts plans that are HSA-qualified include the term “Saver” in the plan name.

For example: Blue Care Elect Saver or HMO Blue New England Saver \$2,000.

2. Some employers may also exempt the copayment or co-insurance. Check your benefit materials for details.

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

4. If approved, you’d pay the highest-tier cost.

5. Copays apply once the deductible is met.

Learn More About Your Coverage

For more information about these medications, use the Medication Lookup tool at bluecrossma.com/medications.

HSA Preventive Medications

Drug Class	Medication Name	
ACE Inhibitor	BENZAEPRIIL	MOEXIPRIIL
	CAPTOPRIIL	PERINDOPRIIL
	ENALAPRIIL	QBRELIS
	ENALAPRIILAT	QUINAPRIIL
	EPANED	RAMIPRIIL
	FOSINOPRIIL	TRANDOLAPRIIL
	LISINOPRIIL	
ACE Inhibitor (Combination)	AMLODIPINE-BENZAEPRIIL	MOEXIPRIIL-HCTZ
	BENZAEPRIIL-HCTZ	PERINDOPRIIL-AMLODIPINE
	CAPTOPRIIL-HCTZ	PRESTALIA
	ENALAPRIIL-HCTZ	QUINAPRIIL-HCTZ
	FOSINOPRIIL-HCTZ	TRANDOLAPRIIL-VERAPAMIL ER
	LISINOPRIIL-HCTZ	
Alpha/Beta-Adrenergic Blocking Agents	CARVEDIOL	LABETALOL
	CARVEDIOL ER	
Anaphylaxis Therapy Agents-Adrenergic Agents	ADRENALIN	EPIPEN
	ADYPHREN	EPISNAP
	AUVI-Q	ISUPREL
	EPINEPHRINE	SYMJEPI
Antidepressants (Selective Serotonin Reuptake Inhibitors-SSRIs)	CELEXA	PAROXETINE HCL
	CITALOPRAM	PAROXETINE HCL ER
	ESCITALOPRAM OXALATE	PAXIL
	FLUOXETINE DR	PAXIL CR
	FLUOXETINE HCL	PEXEVA
	FLUVOXAMINE MALEATE	PROZAC
	FLUVOXAMINE MALEATE ER	PROZAC WEEKLY
	LEXAPRO	RAPIFLUX
	LUVOX	SERTRALINE HCL
	LUVOX CR	ZOLOFT
Antihyperglycemic Agents	ACARBOSE	BYETTA
	ALOGLIPTIN	CYCLOSET
	ALOGLIPTIN-METFORMIN	DIAZOXIDE
	ALOGLIPTIN-PIOGLITAZONE	DM2 KIT
	ALTOPREV	DUETACT
	ATORVASTATIN	EZALLOR SPRINKLE
	BYDUREON	FLOLIPID
	BYDUREON BCISE	FLUVASTATIN

HSA Preventive Medications

Drug Class	Medication Name	
Antihyperglycemic Agents (Cont.)	FLUVASTATIN ER	ONGLYZA
	FARXIGA	OSENI
	FORTAMET	OZEMPIC
	GLIMEPIRIDE	PIOGLITAZONE HCL
	GLIPIZIDE	PIOGLITAZONE–GLIMEPIRIDE
	GLIPIZIDE ER	PIOGLITAZONE–METFORMIN
	GLIPIZIDE XL	PRANDIN
	GLIPIZIDE–METFORMIN	PRAVASTATIN
	GLYBURIDE	PRECOSE
	GLYBURIDE–METFORMIN	QTERN
	GLYBURIDE MICRONIZED	REPAGLINIDE
	GLYNASE	REPAGLINIDE/METFORMIN
	GLYSET	RIOMET
	GLYXAMBI	ROSUVASTATIN
	GVOKE	RYBELSUS
	JANUMET	SEGLUROMET
	JANUMET XR	SIMVASTATIN
	JANUVIA	SOLIQUA
	JARDIANCE	STEGLATRO
	JENTADUETO	STEGLUJAN
	JENTADUETO XR	SYMLINPEN
	KAZANO	SYNJARDY
	KOMBIGLYZE XR	SYNJARDY XR
	LIVALO	TANZEUM
	LOVASTATIN	TOLAZAMIDE
	METFORMIN	TOLBUTAMIDE
	METFORMIN ER	TRADJENTA
	METFORMIN FILM COATED ER	TRULICITY
	METFORMIN XR	VICTOZA
	MIGLITOL	XIGDUO XR
	NATEGLINIDE	XULTOPHY
NESINA		
Antihyperlipidemic Agents (Combination)	ADVICOR	LIPTRUZET
	AMLODIPINE–ATORVASTATIN	SIMCOR
	EZETIMIBE/SIMVASTATIN	

HSA Preventive Medications

Drug Class	Medication Name	
Antihyperlipidemic (Miscellaneous)	ANTARA	LOPID
	CHOLESTYRAMINE	LOVAZA
	COLESEVELAM	NIACIN
	COLESTIPOL	NIACIN ER
	ENDUR-ACIN	NIACOR
	EZETIMIBE	NIASPAN
	FENOFIBRATE	OMEGA-3 ACID ETHYL ESTERS
	FENOFIBRIC ACID	SLO-NIACIN
	FENOGLIDE	TRICOR
	GEMFIBROZIL	TRIGLIDE
	LIPOFEN	TRIKLO
	LOFIBRA	TRILIPIX
Antihypertensives	AMIODARONE	MINOXIDIL
	CATAPRES	NITRO-BID
	CLONIDINE	NITROGLYCERIN PATCH
	DOXAZOSIN	PRAZOSIN
	GUANFACINE	PROPAFENONE
	HYDRALAZINE	RESERPINE
	ISOSORBIDE DINITRATE	SOTALOL
	ISOSORBIDE MONONITRATE	SOTALOL AF
	METHYLDOPA	TENEX
	METHYLDOPA-HCTZ	TERAZOSIN
	METHYLDOPATE	
Antihypertensives (Miscellaneous)	ALISKIREN	TEKURNA
	AMTURNIDE	TEKURNA HCT
	TEKAMLO	VALTURNA
Antimalarial Agents	ATOVAQUONE-PROGUANIL	MEFLOQUINE
	CHLOROQUINE PHOSPHATE	PRIMAQUINE
	MALARONE	
Antineoplastic	ANASTROZOLE	FEMARA
	ARIMIDEX	LETROZOLE
	AROMASIN	SOLTAMOX
	EXEMESTANE	TAMOXIFEN
	FARESTON	TOREMIFENE
Anti-Parkinson	AMANTADINE	OSMOLEX ER
	GOCOVRI	

HSA Preventive Medications

Drug Class	Medication Name	
Antisera	ASCENIV	GAMMAGARD S/D
	BIVIGAM	GAMMAKED
	CARIMUNE NF	GAMMAPLEX
	CUTAQUIG	GAMUNEX
	CUVITRU	GAMUNEX-C
	CYTOGAM	HIZENTRA
	FLEBOGAMMA DIF	HYQVIA
	GAMASTAN S/D	OCTAGAM
	GAMMAGARD LIQUID	PANZYGA
Antiviral	FLUMADINE	RELENZA
	PRIVIGEN	RIMANTADINE
	OSELTAMIVIR	TAMIFLU
ARB Blockers	CANDESARTAN	MICARDIS
	EDARBI	OLMESARTAN
	EPROSARTAN	TELMISARTAN
	IRBESARTAN	VALSARTAN
	LOSARTAN	
ARB Combinations	AMLODIPINE-OLMESARTAN	IRBESARTAN-HCTZ
	AMLODIPINE-VALSARTAN	LOSARTAN-HCTZ
	AMLODIPINE-VALSARTAN-HCTZ	OLMESARTAN-AMLODIPINE-HCTZ
	AZOR	OLMESARTAN-HCTZ
	BYVALSON	TELMISARTAN-AMLODIPINE
	CANDESARTAN-HCTZ	TWINSTA
	EDARBYCLOR	VALSARTAN-HCTZ
	EXFORGE HCT	
Asthma Agents	ACETYLCYSTEINE	ARNUITY ELLIPTA
	ADVAIR DISKUS	ASMANEX HFA
	ADVAIR HFA	ASMANEX TWISTHALER
	AEROSPAN	ASTHMANEFRIN
	AIRDUO	ATROVENT HFA
	ALBUTEROL	BEVESPI
	ALBUTEROL HFA	BREO ELLIPTA
	ALVESCO	BREZTRI AEROSPHERE
	AMINOPHYLLINE	BRONCHIAL MIST
	ANORO ELLIPTA	BRONKAID DUAL ACTION
	ARCAPTA NEOHALER	BRONKAID MAX
	ARMONAIR	BROVANA

HSA Preventive Medications

Drug Class	Medication Name	
Asthma Agents (cont.)	BUDESONIDE	PULMICORT
	BUDESONIDE-FORMOTEROL	PULMICORT FLEXHALER
	COMBIVENT RESPIMAT	QVAR
	CROMOLYN SODIUM	RACEPINEPHRINE
	DALIRESP	S2 RACEPINEPHRINE
	DUAKLIR PRESSAIR	SEEBRI NEOHALER
	DULERA	SEREVENT DISKUS
	DUONEB	SPIRIVA
	ELIXOPHYLLIN	STIOLTO RESPIMAT
	FASENRA	STRIVERDI RESPIMAT
	FLOVENT DISKUS	SYMBICORT
	FLOVENT HFA	TERBUTALINE SULFATE
	FLUTICASONE-SALMETEROL	THEO-24
	FORADIL	THEOCHRON
	GASTROCROM	THEOPHYLLINE
	INCRUSE ELLIPTA	TRELEGY ELLIPTA
	IPRATROPIUM BROMIDE	TUDORZA PRESSAIR
	IPRATROPIUM-ALBUTEROL	UTIBRON NEOHALER
	LEVALBUTEROL	WIXELA INHUB
	LEVALBUTEROL TARTRATE HFA	XOPENEX
	LONHALA MAGNAIR	XOPENEX HFA
METAPROTERENOL	YUPELRI	
MONTELUKAST	ZAFIRLUKAST	
PERFOROMIST	ZILEUTON ER	
PROVENTIL HFA		
Beta-Blocking Agents	ACEBUTOLOL	LOPRESSOR
	ATENOLOL	METOPROLOL SUCCINATE
	BETAXOLOL	METOPROLOL TARTRATE
	BISOPROLOL	NADOLOL
	BYSTOLIC	PINDOLOL
	ESMOLOL	PROPRANOLOL
	HEMANGEOL	PROPRANOLOL ER
	INNOPRAN XL	TIMOLOL
	KAPSPARGO SPRINKLE	
Beta-Blocking Agents (Combinations)	ATENOLOL-CHLORTHALIDONE	NADOLOL-BENDROFLUMETHIAZIDE
	BISOPROLOL-HCT	PROPRANOLOL-HCT
	DUTOPROL	ZIAC
	METOPROLOL-HCT	

HSA Preventive Medications

Drug Class	Medication Name	
Blood Modifiers – Anticoagulants	AGGRENOX	JANTOVEN
	ASPIRIN-DIPYRIDAMOLE ER	PENTOXIFYLLINE
	BRILINTA	PERSANTINE
	BYVEXXA	PRADAXA
	CILOSTAZOL	PRASUGREL
	CLOPIDOGREL	SAVAYSA
	COUMADIN	TICLOPIDINE
	DIPYRIDAMOLE	TRENTAL
	EFFIENT	WARFARIN
	ELIQUIS	XARELTO
Bone Resorption Inhibitors	ALENDRONATE	FOSAMAX PLUS D
	ATELVIA	IBANDRONATE
	BINOSTO	MIACALCIN
	CALCITONIN	PROLIA
	DIDRONEL	RALOXIFENE
	ETIDRONATE	RISEDRONATE
	EVISTA	TERIPARATIDE
	FORTEO	TYMLOS
Calcium Channel Blocking Agents	AFEDITAB CR	MATZIM LA
	AMLODIPINE	NICARDIPINE
	CARTIA XT	NIFEDIAC CC
	DILT-CD	NIFEDICAL XL
	DILTIA XT	NIFEDIPINE
	DILTIAZEM	NIFEDIPINE ER
	DILTIAZEM 12HR ER	NISOLDIPINE
	DILTIAZEM 24HR ER	SULAR
	DILTIAZEM 24HR ER (CD)	TAZTIA XT
	DILTIAZEM 24HR ER (LA)	TIADYLT ER
	DILTIAZEM 24HR ER (XR)	TIAZAC
	DILT-XR	VERAPAMIL
	DILTZAC ER	VERAPAMIL ER
	FELODIPINE ER	VERAPAMIL ER PM
	ISRADIPINE	VERAPAMIL SR

HSA Preventive Medications

Drug Class	Medication Name		
Diabetic Supplies	ACCU-CHEK	LANCETS	
	ACETEST REAGENT	OMNIPOD	
	CLINITEST REAGENT	ONETOUCH DELICA	
	CONTOUR	ONETOUCH FINEPOINT LANCETS	
	CONTROL SOLUTION	ONETOUCH LANCETS	
	DEXCOM	ONETOUCH PING	
	DIASTIX REAGENT	ONETOUCH SURESOFT	
	FREESTYLE	ONETOUCH ULTRA CONTROL SOLN	
	INSULIN NEEDLES	ONETOUCH ULTRA TEST STRIPS	
	INSULIN PEN NEEDLES	ONETOUCH VERIO	
	KETO-DIASTIX REAGENT	PRECISION	
	KETOSTIX REAGENT		
	Diuretics	AMILORIDE	HYDROCHLOROTHIAZIDE (HCT)
AMILORIDE-HCT		INDAPAMIDE	
BUMETANIDE		INSPRA	
CAROSPIR		METHYCLOTHIAZIDE	
CHLOROTHIAZIDE		METOLAZONE	
CHLORTHALIDONE		MICROZIDE	
DIURIL		SODIUM DIURIL	
DYRENIUM		SPIRONOLACTONE	
EDECRIN		SPIRONOLACTONE-HCTZ	
EPLERENONE		TORSEMIDE	
ETHACRYNIC ACID		TRIAMTERENE-HCT	
FUROSEMIDE		ZAROXOLYN	
Folic Acid Preparations		FA-8	FOLIC ACID
Hyperglycemics		BAQSIMI	GLUCOSE BITS
	DEX4 GLUCOSE	GLUCOSE GEL	
	DEX4 GLUCOSE BITS	GVOKE	
	DIAZOXIDE	INSTA-GLUCOSE	
	GLUCAGEN	PROGLYCEM	
	GLUCAGON EMERGENCY KIT	RELION GLUCOSE	
	GLUCO BURST	TRUEPLUS GLUCOSE	
	GLUCO SHOT	ZEGALOGUE	
	GLUCOSE		

HSA Preventive Medications

Drug Class	Medication Name	
Insulins	ADLYXIN	LANTUS
	ADMELOG	LANTUS SOLOSTAR
	AFREZZA	LEVEMIR
	APIDRA	LYUMJEV
	APIDRA SOLOSTAR	NOVOLIN
	BASAGLAR	NOVOLOG
	FIASP	RELION
	HUMALOG	SEMGLEE
	HUMULIN	TOUJEO SOLOSTAR
	INSULIN ASPART	TRESIBA
	INSULIN LISPRO	
	Opioid Antagonists	NALOXONE
Vaccines	ACTHIB	GARDASIL 9
	ADACEL TDAP	HAVRIX
	AFLURIA QUAD	IMOGAM
	BEXSERO	IMOVAX RABIES VACCINE
	BIOTHRAX	INFANRIX DTAP
	BOOSTRIX	INFANRIX SUSPENSION
	BOOSTRIX TDAP	IPOL
	CERVARIX	IXIARO
	COMVAX	KINRIX
	CROFAB	MENACTRA
	DAPTACEL DTAP	MENQUADFI
	DIPHThERIA-TETANUS TOXOIDS-PED	MENVEO A-C-Y-W-135-DIP
	ENGERIX-B ADULT	M-M-R II VACCINE
	ENGERIX-B PEDIATRIC-ADOLESCENT	NABI-HB
	EZ FLU	PEDIARIX
	FLUAD	PEDVAXHIB
	FLUAD QUAD	PENTACEL
	FLUARIX QUAD	PNEUMOVAX 23
	FLUBLOK QUAD	PREVNAR 13
	FLUCELVAX QUAD	PROQUAD
	FLULAVAL QUAD	QUADRACEL DTAP-IPV
	FLUMIST QUAD	RABAVERT
	FLUVIRIN	RECOMBIVAX HB
	FLUZONE HIGH-DOSE	ROTARIX
	FLUZONE QUAD	ROTATEQ
	GARDASIL	SHINGRIX

HSA Preventive Medications

Drug Class	Medication Name	
Vaccines (cont.)	STAMARIL	TYPHIM VI
	TDVAX	VAQTA
	TENIVAC	VARIVAX VACCINE
	TETANUS DIPHTHERIA TOXOIDS	VARIZIG
	TETANUS TOXOID ADSORBED	VAXCHORA
	TRIHIBIT	VIVOTIF BERNA
	TRIPEDIA	YF-VAX
	TRUMENBA	ZOSTAVAX
	TWINRIX	
Vitamins (Prenatal)	ALIVE PRENATAL	NATACHEW
	AZESCO	NEONATAL COMPLETE
	BAL-CARE DHA	NEONATAL-DHA
	BAL-CARE DHA ESSENTIAL	NESTABS
	BRAINSTRONG PRENATAL	NESTABS ABC
	CADEAU DHA	NESTABS DHA
	CITRANATAL 90 DHA	NEWGEN
	CITRANATAL ASSURE	NEXA PLUS
	CITRANATAL B-CALM	OB COMPLETE DHA
	CITRANATAL DHA	OB COMPLETE ONE
	CITRANATAL HARMONY	OB COMPLETE PETITE
	CITRANATAL RX	OB COMPLETE PREMIER
	C-NATE DHA	OBSTETRIX DHA
	COMPLETE NATAL DHA	OBSTETRIX EC
	COMPLETENATE	OBTREX DHA
	DAILY PRENATAL	O-CAL PRENATAL
	DERMACINRX PRENATRIX	ONE-A-DAY PRENATAL-1
	DERMACINRX PRENATRYL	ONE-A-DAY WOMEN'S PRENATAL DHA
	DUET DHA	PERRY PRENATAL TABLET
	DUET DHA BALANCED	PNV 29-1
	EXPECTA PRENATAL	PNV-DHA + DOCUSATE
	KOSHER PRENATAL PLUS IRON	PNV-SELECT
	KPN	PNV TABS 20-1
	MARNATAL-F	PR NATAL 400
	MINI PRENATAL	PR NATAL 400 EC
	M-NATAL PLUS	PR NATAL 430
	MYNATAL	PR NATAL 430 EC
	MYNATAL PLUS	PREGEN DHA
	MYNATAL-Z	PREGENNA

HSA Preventive Medications

Drug Class	Medication Name	
Vitamins (Prenatal) (cont.)	PRENA1 CHEW	SELECT-OB
	PRENA1 PEARL	SELECT-OB + DHA
	PRENA1 TRUE	SE-NATAL 19
	PRENAISSANCE	SIMILAC PRENATAL
	PRENAISSANCE PLUS	STUART ONE
	PRENATA	THERANATAL
	PRENATABS FA	THERANATAL ONE
	PRENATABS RX	THERANATAL OVAVITE
	PRENATAL	THERANATAL PLUS
	PRENATAL 19	THRIVITE RX
	PRENATAL COMPLETE	TRICARE
	PRENATAL FORMULA	TRINATAL RX 1
	PRENATAL FORMULA-DHA	TRINATE
	PRENATAL GUMMIES	TRISTART DHA
	PRENATAL LOW IRON	TRIVEEN-DUO DHA
	PRENATAL MULTI	ULTRA PRENATAL PLUS DHA
	PRENATAL MULTI + DHA	VIRT-NATE DHA
	PRENATAL PLUS	VITAFOL
	PRENATAL PLUS DHA	VITAFOL FE+
	PRENATAL VITAMIN	VITAFOL NANO
	PRENATE DHA	VITAFOL ULTRA
	PRENATE ELITE	VITAFOL-OB
	PRENATE ENHANCE	VITAFOL-OB+DHA
	PRENATE MINI	VITAFOL-ONE
	PRENATE PIXIE	VITAMED MD ONE RX
	PRENATE RESTORE	VITAMED MD REDICHEW RX
	PRENATE STAR	VITAPEARL
	PRENAVITE	VITATRUE
	PREPLUS	VP-PNV-DHA
	PRETAB	WESTAB PLUS

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 مجاناً بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": **711**).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (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 libreng 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: ຂໍອະນຸໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ ຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໃຫລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: **711**).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníít'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anitahígí ninaaltsoos bine'déé' nóomba biká'ígíjii' béésh bee hodíílnih (TTY: **711**).



Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

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).