



MASSACHUSETTS

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

Last Updated: January 1, 2021

The following list includes preventive medications that are covered by HSA-qualified “Saver” plans<sup>1</sup> with the Blue Cross Blue Shield of Massachusetts Formulary. You may not be required to pay the deductible<sup>2</sup> 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.<sup>3</sup> 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.

**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.<sup>4</sup>

## Learn More About Your Coverage

For more information about these medications, look them up using the Medication Lookup tool at [bluecrossma.com/medications](http://bluecrossma.com/medications).

- 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.

## HSA Preventive Medications

Drug Class	Medication Name	
ACE Inhibitor	BENAZEPRIL	MOEXIPRIL
	CAPTOPRIL	PERINDOPRIL
	ENALAPRIL	QBRELIS
	ENALAPRILAT	QUINAPRIL
	EPANED	RAMIPRIL
	FOSINOPRIL	TRANDOLAPRIL
	LISINOPRIL	

Drug Class	Medication Name	
ACE Inhibitor (Combination)	AMLODIPINE-BENAZEPRIL	LISINOPRIL-HCT
	BENAZEPRIL-HCT	MOEXIPRIL-HCT
	CAPTOPRIL-HCT	PRESTALIA
	ENALAPRIL-HCT	QUINAPRIL-HCT
	FOSINOPRIL-HCT	TRANDOLAPRIL-VERAPAMIL ER
Anaphylaxis Therapy Agents– Adrenergic Agents	ADRENACLICK	EPIPEN
	ADRENALIN	EPISNAP
	ADYPHREN KIT	ISUPREL
	AUVI-Q	SYMJEPI
	EPINEPHRINE	
Alpha/Beta-Adrenergic Blocking Agents	CARVEDILOL	LABETALOL
	CARVEDILOL ER	
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	GLIPIZIDE
	ALOGLIPTIN	GLIPIZIDE ER
	ALOGLIPTIN-METFORMIN	GLIPIZIDE XL
	ALOGLIPTIN-PIOGLITAZONE	GLIPIZIDE-METFORMIN
	BYDUREON	GLYBURIDE
	BYDUREON BCISE	GLYBURIDE-METFORMIN
	BYETTA	GLYBURIDE MICRONIZED
	CYCLOSET	GLYNASE
	DIAZOXIDE	GLYSET
	DM2 KIT	GLYXAMBI
	DUETACT	G-VOKE
	FARXIGA	INVOKAMET
	FORTAMET	INVOKAMET XR
	GLIMEPIRIDE	INVOKANA

Drug Class	Medication Name	
<b>Antihyperglycemic Agents (Cont.)</b>	JANUMET	PRECOSE
	JANUMET XR	QTERN
	JANUVIA	REPAGLINIDE
	JARDIANCE	REPAGLINIDE/METFORMIN
	JENTADUETO	RIOMET
	JENTADUETO XR	RYBELSUS
	KAZANO	SEGLUROMET
	KOMBIGLYZE XR	SOLIQUA
	METFORMIN	STEGLUJAN
	METFORMIN ER	STELATRO
	METFORMIN FILM COATED ER	SYMLINPEN
	METFORMIN XR	SYNJARDY
	MIGLITOL	SYNJARDY XR
	NATEGLINIDE	TANZEUM
	NESINA	TOLAZAMIDE
	ONGLYZA	TOLBUTAMIDE
	OSENI	TRADJENTA
	OZEMPIC	TRULICITY
	PIOGLITAZONE HCL	VICTOZA
	PIOGLITAZONE-GLIMEPIRIDE	XIGDUO XR
PIOGLITAZONE-METFORMIN	XULTOPHY	
PRANDIN		
<b>Antihyperlipidemic Agents</b>	ALTOPREV	LIVALO
	ATORVASTATIN	LOVASTATIN
	EZALLOR SPRINKLE	PRAVASTATIN
	FLOLIPID	ROSUVASTATIN
	FLUVASTATIN	SIMVASTATIN
	FLUVASTATIN ER	
<b>Antihyperlipidemic Agents (Combination)</b>	ADVICOR	LIPTRUZET
	AMLODIPINE-ATORVASTATIN	SIMCOR
	EZETIMIBE/SIMVASTATIN	
<b>Antihyperlipidemic (Miscellaneous)</b>	ANTARA	FENOFIBRATE
	CHOLESTYRAMINE	FENOFIBRIC ACID
	COLESEVELAM	FENOGLIDE
	COLESTIPOL	FIBRICOR
	ENDUR-ACIN	GEMFIBROZIL
	EZETIMIBE	LIPOFEN

Drug Class	Medication Name	
Antihyperlipidemic (Miscellaneous) (Cont.)	LOFIBRA	OMEGA-3 ACID ETHYL ESTERS
	LOPID	SLO-NIACIN
	LOVAZA	TRICOR
	NIACIN	TRIGLIDE
	NIACIN ER	TRIKLO
	NIACOR	TRILIPIX
	NIASPAN	
Antihypertensives	AMIODARONE	MINOXIDIL
	CATAPRES	NITROBID
	CLONIDINE	NITROGLYCERIN PATCH
	DOXAZOSIN	PRAZOSIN
	GUANFACINE	PROPAFENONE
	HYDRALAZINE	RESERPINE
	ISOSRBIDE DINITRATE	SOTALOL
	ISOSRBIDE MONONITRATE	SOTALO AF
	METHYLDOPA	TENEX
	METHYLDOPA-HCTZ	TERAZOSIN
	METHYLDOPATE	
Antihypertensives (Miscellaneous)	ALISKERIN	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
Antiparkinson	AMANTADINE	OSMOLEX ER
	GOCOVRI	
Antisera	ASCENIV	CYTOGAM
	BIVIGAM	FLEBOGAMMA DIF
	CARIMUNE NF	GAMASTAN S-D
	CUTAQUIG	GAMMAGARD LIQUID
	CUVITRU	GAMMAGARD S-D

Drug Class	Medication Name	
Antisera (Cont.)	GAMMAKED	HYQVIA
	GAMMAPLEX	OCTAGAM
	GAMUNEX	PANZYGA
	GAMUNEX-C	PRIVIGEN
	HIZENTRA	
Antiviral	FLUMADINE	RIMANTADINE
	OSELTAMIVIR	TAMIFLU
	RELENZA	
ARB Blockers	CANDESARTAN	MICARDIS
	EDARBI	OLMESARTAN
	EPROSARTAN	TELMISARTAN
	IRBESARTAN	VALSARTAN
	LOSARTAN	
ARB (Combination)	AMLODIPINE-OLMESARTAN	IRBESARTAN-HCTZ
	AMLODIPINE-VALSARTAN	LOSARTAN-HCTZ
	AMLODIPINE-VALSARTAN-HCTZ	OLMESARTAN-AMLODIPINE-HCTZ
	AZOR	OLMESARTAN-HCTZ
	BYVALSON	TELMISARTAN-AMLODIPINE
	CANDESARTAN-HCTZ	TRIBENZOR
	EDARBYCLOR	TWYNSTA
	EXFORGE HCT	VALSARTAN-HCTZ
Asthma Agents	ACETYLCYSTEINE	ASTHMANEFRIN
	ADVAIR DISKUS	ATROVENT HFA
	ADVAIR HFA	BEVESPI
	AEROSPAN	BREO ELLIPTA
	AIRDUO	BREZTRI AEROSPHERE
	ALBUTEROL	BRONCHIAL MIST
	ALBUTEROL HFA	BRONKAID DUAL ACTION
	ALVESCO	BRONKAID MAX
	AMINOPHYLLINE	BROVANA
	ANORO ELLIPTA	BUDESONIDE
	ARCAPTA NEOHALER	BUDESONIDE-FORMOTEROL
	ARMONAIR	COMBIVENT RESPIMAT
	ARNUITY ELLIPTA	CROMOLYN SODIUM
	ASMANEX HFA	DALIRESP
	ASMANEX TWISTHALER	DUAKLIR PRESSAIR

Drug Class	Medication Name	
Asthma Agents (Cont.)	DULERA	QVAR
	DUONEB	RACEPINEPHRINE
	ELIXOPHYLLIN	S2 RACEPINEPHRINE
	FASENRA	SEEBRI NEOHALER
	FLOVENT DISKUS	SEREVENT DISKUS
	FLOVENT HFA	SPIRIVA
	FLUTICASONE-SALMETEROL	STIOLTO RESPIMAT
	FORADIL	STRIVERDI RESPIMAT
	GASTROCROM	SYMBICORT
	INCRUSE ELLIPTA	TERBUTALINE SULFATE
	IPRATROPIUM BROMIDE	THEO-24
	IPRATROPIUM-ALBUTEROL	THEOCHRON
	LEVALBUTEROL	THEOPHYLLINE
	LEVALBUTEROL TARTRATE HFA	TRELEGY ELLIPTA
	LONHALA MAGNAIR	TUDORZA PRESSAIR
	METAPROTERENOL	UTIBRON NEOHALER
	MONTELUKAST	VENTOLIN HFA
	PERFOROMIST	WIXELA INHUB
	PROAIR HFA	XOPENEX
	PROAIR	XOPENEX HFA
PROVENTIL HFA	YUPELRI	
PULMICORT	ZAFIRLUKAST	
PULMICORT FLEXHALER	ZILEUTON ER	
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 (Combination)	ATENOLOL-CHLORTHALIDONE	NADOLOL-BENDROFLUMETHIAZIDE
	BISOPROLOL-HCT	PROPRANOLOL-HCT
	DUTOPROL	ZIAC
	METOPROLOL-HCT	

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
	AELVIA	IBANDRONATE
	BINOSTO	MIACALCIN
	CALCITONIN	PROLIA
	DIDRONEL	RALOXIFENE
	ETIDRONATE	RISEDRONATE
	EVISTA	TERIPARATIDE
	FORTEO	TYMLOS
	FORTICAL	
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 (CD)	SULAR
	DILTIAZEM 24HR ER (LA)	TAZTIA XT
	DILTIAZEM 24HR ER (XR)	TIADYLT ER
	DILTIAZEM 24HR ER	TIAZAC
	DILT-XR	VERAPAMIL
	DILTZAC ER	VERAPAMIL ER
	FELODIPINE ER	VERAPAMIL ER PM
	ISRADIPINE	VERAPAMIL SR

Drug Class	Medication Name	
Diabetic Supplies	ACCU-CHEK	INSULIN PEN NEEDLES
	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
	KETO-DIASTIX REAGENT	ONETOUCH ULTRA TEST STRIPS
	KETOSTIX REAGENT	ONETOUCH VERIO
	LANCETS	PRECISION
	INSULIN NEEDLES	
	Diuretics	AMILORIDE
AMILORIDE-HCT		INDAPAMIDE
BUMETANIDE		INSPRA
CAROSPIR		METHYCLOTHIAZIDE
CHLOROTHIAZIDE		METOLAZONE
CHLORTHALIDONE		MICROZIDE
DIURIL		SODIUM DIURIL
DYRENIUM		SPIRONOLACTONE
EDECIN		SPIRONOLACTONE-HCTZ
EPLERENONE		TORSEMIDE
ETHACRYNIC ACID		TRIAMTERENE-HCT
FUROSEMIDE		ZAROXOLYN
Folic Acid Preparations		FA-8
Hyperglycemics	BAQSIMI	GLUCOSE GEL
	DEX4 GLUCOSE	GLUTOSE 15
	GLUCAGEN	GLUTOSE 45
	GLUCAGON EMERGENCY KIT	GVOKE
	GLUCO BURST	INSTA-GLUCOSE
	GLUCO SHOT	PROGLYCEM
	GLUCOSE	RELION GLUCOSE
	GLUCOSE BITS	TRUEPLUS GLUCOSE
Insulins	ADLYXIN	APIDRA
	ADMELOG	APIDRA SOLOSTAR
	AFREZZA	BASAGLAR



Drug Class	Medication Name	
Insulins (Cont.)	FIASP	LYUMJEV
	HUMALOG	NOVOLIN
	HUMULIN	NOVOLOG
	INSULIN ASPART	RELION
	INSULIN LISPRO	SEMGLEE
	LANTUS	TOUJEO SOLOSTAR
	LANTUS SOLOSTAR	TRESIBA
	LEVEMIR	
Opioid Antagonists	NALOXONE	NARCAN
Vaccines	ACTHIB	HAVRIX
	ADACEL TDAP	IMOGAM
	AFLURIA QUAD	IMOVAX RABIES VACCINE
	BEXSERO	INFANRIX DTAP
	BIOTHRAX	INFANRIX SUSPENSION
	BOOSTRIX	IPOL
	BOOSTRIX TDAP	IXIARO
	CERVARIX	KENDRAB
	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
	GARDASIL 9	STAMARIL

Drug Class	Medication Name	
Vaccines (Cont.)	TDVAX	TYPHIM VI
	TENIVAC	VAQTA
	TETANUS DIPHTHERIA TOXOIDS	VARIVAX VACCINE
	TETANUS TOXOID ADSORBED	VARIZIG
	TRIHIBIT	VAXCHORA
	TRIPEDIA	VIVOTIF BERNA
	TRUMENBA	YF-VAX
	TWINRIX	ZOSTAVAX
Vitamins (Prenatal)	ALIVE PRENATAL	MARNATAL-F
	AZESCO	MINI PRENATAL
	BAL-CARE DHA	MTERYTI
	BAL-CARE DHA ESSENTIAL	MTERYTI FOLIC 5
	BRAINSTRONG PRENATAL	MYNATAL
	CADEAU DHA	MYNATAL ADVANCE
	CALCIUM PNV	MYNATAL PLUS
	CENTRUM SPECIALIST PRENATAL	MYNATAL-Z
	CITRANATAL 90 DHA	MYNATE 90 PLUS
	CITRANATAL ASSURE	NATACHEW
	CITRANATAL B-CALM	NESTABS ABC
	CITRANATAL DHA	NESTABS DHA
	CITRANATAL HARMONY	NEWGEN
	CITRANATAL RX	NEXA PLUS
	CLASSIC PRENATAL	NIVA-PLUS
	C-NATE DHA	OB COMPLETE
	COMPLETE NATAL DHA	OB COMPLETE GOLD
	COMPLETENATE	OB COMPLETE ONE
	CONCEPT DHA	OB COMPLETE PETITE
	CONCEPT OB	OB COMPLETE PREMIER
	DAILY PRENATAL	OB COMPLETE WITH DHA
	DUET DHA 400	OBSTETRIX DHA
	DUET DHA BALANCED	OBSTETRIX EC
	EXPECTA PRENATAL	OBTREX DHA
	FOLIVANE-OB	O-CAL PRENATAL
	KOSHER PRENATAL PLUS IRON	ONE-A-DAY WOMEN'S PRENATAL 1
	KPN	ONE-A-DAY WOMEN'S PRENATAL DHA
	LEVOMEFOLATE DHA	ONE DAILY PRENATAL

Drug Class	Medication Name	
Vitamins (Prenatal) (Cont.)	P-D NATAL PLUS WITH FOLIC ACID	PRENATAL MULTIVITAMIN-DHA
	PERRY PRENATAL	PRENATAL ONE DAILY
	PNV 29-1	PRENATAL PLUS
	PNV OB+DHA	PRENATAL PLUS-DHA
	PNV-DHA	PRENATAL VITAMINS
	PNV-DHA + DOCUSATE	PRENATAL VITAMIN + DHA
	PNV-FERROUS FUMARATE-DOCU-FA	PRENATAL VITAMIN PLUS LOW IRON
	PNV-OMEGA	PRENATE AM
	PNV-SELECT	PRENATE CHEWABLE
	PNV-VP-U	PRENATE DHA
	PR NATAL 400	PRENATE ELITE
	PR NATAL 400 EC	PRENATE ENHANCE
	PR NATAL 430	PRENATE ESSENTIAL
	PR NATAL 430 EC	PRENATE MINI
	PREFERA OB	PRENATE PIXIE
	PREFERA-OB ONE	PRENATE RESTORE
	PREFERA-OB PLUS DHA	PRENATE STAR
	PREGENNA	PREPLUS
	PRENA1 CHEW	PRETAB
	PRENA1 PEARL	PRIMACARE
	PRENA1 TRUE	PROVIDA DHA
	PRENAISSANCE	PROVIDA OB
	PRENAISSANCE PLUS	PUREFE OB PLUS
	PRENATA	PUREFE PLUS
	PRENATABS FA	RELNATE DHA
	PRENATABS RX	RIGHT STEP PRENATAL VITAMINS
	PRENATAL	R-NATAL OB
	PRENATAL 19	SELECT-OB
	PRENATAL COMPLETE	SELECT-OB + DHA
	PRENATAL FORMULA	SE-NATAL 19
	PRENATAL FORMULA-DHA	SIMILAC PRENATAL
	PRENATAL LOW IRON	STUART ONE
	PRENATAL + DHA	TARON-C DHA
	PRENATAL MULTI	TARON-PREX PRENATAL
	PRENATAL MULTI + DHA	THERANATAL
	PRENATAL MULTIVITAMIN	THERANATAL COMPLETE

Drug Class	Medication Name	
Vitamins (Prenatal) (Cont.)	THERANATAL ONE	VIRT-PN DHA
	THERANATAL OVAVITE	VIRT-PN PLUS
	THERANATAL PLUS	VIRT-SELECT
	THRIVITE RX	VIRT-VITE GT
	TRICARE	VITAFOL FE+
	TRINATAL RX 1	VITAFOL GUMMIES
	TRINATE	VITAFOL NANO
	TRINAZ	VITAFOL ULTRA
	TRISTART DHA	VITAFOL-OB
	TRIVEEN-DUO DHA	VITAFOL-OB+DHA
	TRIVEEN-PRX RNF	VITAFOL-ONE
	TRUST NATAL DHA	VITAMEDMD ONE RX
	ULTIMATECARE ONE	VITAMEDMD REDICHEW RX
	ULTIMATECARE ONE NF	VITAPEARL
	VEMAVITE-PRX 2	VITATRUE
	VINACAL B	VP-PNV DHA
	VINATE CARE	VP-CH-PNV
	VINATE M	VP-GGR-B6
	VINATE ONE	WOMEN'S PRENATAL + DHA
	VIRTPREX	ZALVIT
	VIRT-C DHA	ZATEAN-CH
	VIRT-NATE	ZATEAN-PN DHA
	VIRT-NATE DHA	ZINGIBER



# 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។ 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 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:** ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ ຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (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).

