

# Quartz Medicare Advantage and Dual Eligible 2027 Top-Drug Categories List

## Understanding your covered prescription drugs

We list covered drugs in our Part D formulary (drug list). If a drug is not listed or is in a non-preferred tier, it usually has an alternative that often costs less.

This list only highlights some common medications and categories. For the most comprehensive and up-to-date formulary, prior authorization, and step therapy criteria, visit

[QuartzBenefits.com/pharmacy/PartD](https://QuartzBenefits.com/pharmacy/PartD).

- **Preferred drug:** These drugs are available in the lower drug tiers and/or do not require previous trial and failure with alternatives within that category.
- **Non-preferred drug:** These drugs are covered in a higher drug tier and/or may require previous trial and failure with alternatives within that category.

Displayed after each drug is its tier and if it requires a Prior Authorization (PA) or Step Therapy (ST).

- **(T1)** Tier 1: Preferred generic
- **(T2)** Tier 2: Generic
- **(T3)** Tier 3: Preferred brand
- **(T4)** Tier 4: Non-preferred drug
- **(T5)** Tier 5: Specialty
- **(T6)** Tier 6: Select care drug (\$0 copay)
- **PA:** Prior Authorization required
- **ST:** Step Therapy required

**Insulins:** You will pay \$35 or 25% (whichever is less) for a one-month supply of any insulin product covered by our plan, no matter its cost-sharing tier.

**Vaccines:** Most Part D vaccines are covered at no additional cost to you. Many doctors do not bill Part D. When a Part D vaccine is given at a doctor's office instead of a pharmacy, you may have to pay the doctor out-of-pocket and then submit additional forms for reimbursement. To make it easier and avoid delays with reimbursement, we encourage getting vaccines at a pharmacy.

This information was last updated on 8/10/2026.

| Preferred drug                                                                                                                                                                                                     | Non-preferred drug                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>Allergy</b>                                                                                                                                                                                                     |                                                                                       |
| <b>Nasal corticosteroids</b>                                                                                                                                                                                       |                                                                                       |
| Fluticasone (T1)                                                                                                                                                                                                   | Flunisolide (T4)<br>Mometasone (T4)                                                   |
| <b>Ophthalmic (eye) antihistamines</b>                                                                                                                                                                             |                                                                                       |
| Cromolyn (T1)<br>Azelastine (T2)<br>Ketorolac 0.5% (T2)<br>Ketorolac 0.4% (T3)<br>Olopatadine (T3)                                                                                                                 |                                                                                       |
| <b>Blood formation modifiers</b>                                                                                                                                                                                   |                                                                                       |
| <b>Leukocyte (white blood cells) stimulants</b>                                                                                                                                                                    |                                                                                       |
| Zarxio (T5)                                                                                                                                                                                                        | Udenyca, Udenyca Onbody (T5, PA)<br>Leukine (T5, PA)                                  |
| <b>Anemia agents</b>                                                                                                                                                                                               |                                                                                       |
| Retacrit (T4/T5, PA)                                                                                                                                                                                               |                                                                                       |
| <b>Cardiovascular</b>                                                                                                                                                                                              |                                                                                       |
| <b>Lipid-lowering agents</b>                                                                                                                                                                                       |                                                                                       |
| Atorvastatin (T6)<br>Ezetimibe (T2)<br>Fenofibrate (T2)<br>Fenofibric acid DR (T3)<br>Lovastatin (T6)<br>Pravastatin (T6)<br>Rosuvastatin (T6)<br>Simvastatin (T6)<br>Simvastatin/ezetimibe (T6)<br>Niacin ER (T3) | Fluvastatin IR/ER (T4)<br>Nexletol (T4, PA)<br>Nexlizet (T4, PA)<br>Pitavastatin (T4) |
| <b>PCSK9 inhibitors</b>                                                                                                                                                                                            |                                                                                       |
| Repatha (T3, PA)                                                                                                                                                                                                   |                                                                                       |
| <b>Anticoagulants</b>                                                                                                                                                                                              |                                                                                       |
| Eliquis (T3)<br>Rivaroxaban 2.5mg (T3)<br>Warfarin (T1)                                                                                                                                                            | Dabigatran (T4)                                                                       |

| Preferred drug                                                                                                                                                                                                                                        | Non-preferred drug                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Endocrine</b>                                                                                                                                                                                                                                      |                                                                             |
| <b>Diabetes, Blood Glucose Meters/test strips &amp; Continuous Glucose Monitors (CGMs)</b>                                                                                                                                                            |                                                                             |
| Accu-Chek meters & test strips<br>Freestyle Libre CGM monitors & sensors<br>Dexcom CGM monitors & sensors                                                                                                                                             | All other brands of blood glucose meters/strips<br>All other brands of CGMs |
| <b>Diabetes, oral agents (miscellaneous)</b>                                                                                                                                                                                                          |                                                                             |
| Glimepiride (T6)<br>Glipizide IR/ER (T6)<br>Glipizide/metformin (T6)<br>Glyburide (T6)<br>Metformin Tab (T6)<br>Metformin ER (generic Glucophage XR) (T6)<br>Nateglinide (T6)<br>Pioglitazone (T6)<br>Pioglitazone/metformin (T6)<br>Repaglinide (T6) |                                                                             |
| <b>Diabetes, SGLT-2 inhibitors</b>                                                                                                                                                                                                                    |                                                                             |
| Dapagliflozin (T3)<br>Farxiga (T3)<br>Jardiance (T3)<br>Synjardy, Synjardy XR (T3)<br>Xigduo XR (T3)                                                                                                                                                  |                                                                             |
| <b>Diabetes, DPP-4 inhibitors</b>                                                                                                                                                                                                                     |                                                                             |
| Janumet, Janumet XR (T3)<br>Januvia (T3)<br>Trijardy (T3)<br>Jentadueto (T3)                                                                                                                                                                          |                                                                             |
| <b>Diabetes, DPP-4 inhibitor and sglT-2 inhibitor combinations</b>                                                                                                                                                                                    |                                                                             |
| Glyxambi (T3)<br>Trijardy XR (T3)                                                                                                                                                                                                                     |                                                                             |
| <b>Diabetes, GLP-1 agonists</b>                                                                                                                                                                                                                       |                                                                             |
| Mounjaro (T3, PA)<br>Ozempic (T3, PA)<br>Rybelsus (T3, PA)<br>Trulicity (T3, PA)<br>Soliqua (T3)                                                                                                                                                      |                                                                             |

| Preferred drug                                                                                                                                                             | Non-preferred drug                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Diabetes, insulins, rapid-acting</b>                                                                                                                                    |                                                                                                                                                                                                                                                      |
| Humalog, Humalog Kwikpen (T3)<br>Insulin Lispro (T3)<br>Lyumjev, Lyumjev Kwikpen (T3)<br>Novolog, Novolog Flexpen (T3)                                                     |                                                                                                                                                                                                                                                      |
| <b>Diabetes, insulins, short-acting &amp; intermediate-acting</b>                                                                                                          |                                                                                                                                                                                                                                                      |
| Humulin R (T3)<br>Humulin N (T3)<br>Novolin R (T3)<br>Novolin N (T3)<br>Novolin 70-30 (T3)<br>Novolog Mix 70-30 (T3)                                                       |                                                                                                                                                                                                                                                      |
| <b>Diabetes, insulins, long-acting</b>                                                                                                                                     |                                                                                                                                                                                                                                                      |
| Insulin Glargine-YFGN (T3)<br>Tresiba, Tresiba Flextouch (T3)                                                                                                              |                                                                                                                                                                                                                                                      |
| <b>Androgens</b>                                                                                                                                                           |                                                                                                                                                                                                                                                      |
| Testosterone cyp. Inj (T2, PA)<br>Testosterone enan. Inj (T3, PA)<br>Testosterone 1.62% gel (T3, PA)                                                                       | Testosterone 1% gel (T4, PA)                                                                                                                                                                                                                         |
| <b>Estrogens/estrogen modifiers</b>                                                                                                                                        |                                                                                                                                                                                                                                                      |
| Estradiol tablets (T2)<br>Estradiol 0.01% cream (T2)<br>Estradiol weekly patches (T3)<br>Medroxyprogesterone tab (T2)<br>Osphena (T3, PA)<br>Progesterone, micronized (T2) | Conjugated estrogens tab (T4)<br>Dotti (T4)<br>Estradiol twice-weekly patches (T4)<br>Estradiol 10mcg vag. tab (T3)<br>Estradiol Gel (T4)<br>Norethindrone ac-eth estradiol (T4)<br>Premarin (T4)<br>Premphase (T4)<br>Prempro (T4)<br>Yuvaferm (T4) |
| <b>Osteoporosis agents</b>                                                                                                                                                 |                                                                                                                                                                                                                                                      |
| Alendronate Tab (T6)<br>Calcitonin (T3)<br>Ibandronate (T6)<br>Raloxifene (T2)                                                                                             | Bonsity (T5, PA)<br>Forteo (T5, PA)<br>Risedronate (T4)<br>Teriparatide (T5, PA)<br>Tymlos (T5, PA)                                                                                                                                                  |

| Preferred drug                                                                                                                                  | Non-preferred drug                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>Electrolyte regulation</b>                                                                                                                   |                                                                                                          |
| Sodium polystyrene pow. (T3)<br>SPS suspension (T3)                                                                                             | Lokelma (T4)<br>Veltassa (T4)                                                                            |
| <b>Thyroid and antithyroid agents</b>                                                                                                           |                                                                                                          |
| Levothyroxine tablets (T1)<br>Levo-T (T3)<br>Levoxyl (T2)<br>Liothyronine (T2)<br>Methimazole (T2)<br>Synthroid (T3)<br>Unithroid (T2)          |                                                                                                          |
| <b>Gastrointestinal</b>                                                                                                                         |                                                                                                          |
| <b>Proton pump inhibitors (PPIs)</b>                                                                                                            |                                                                                                          |
| Omeprazole cap (T1)<br>Pantoprazole tab (T1)<br>Esomeprazole cap (T2)<br>Lansoprazole cap (T2)<br>Rabeprazole tab (T3)                          |                                                                                                          |
| <b>Inflammatory bowel disease agents</b>                                                                                                        |                                                                                                          |
| Sulfasalazine (T2)                                                                                                                              | Balsalazide (T4)<br>Mesalamine (gen. Apriso, Lialda, Pentasa) (T4)<br>Medalamine enema, suppository (T4) |
| <b>Pancreatic enzymes</b>                                                                                                                       |                                                                                                          |
| Creon (T3)<br>Zenpep (T3)                                                                                                                       |                                                                                                          |
| <b>Hepatitis C agents</b>                                                                                                                       |                                                                                                          |
| <b>Hepatitis C agents</b>                                                                                                                       |                                                                                                          |
| Mavyret (T5, PA)<br>Sofosbuvir/Velpat. (T5, PA)<br>Vosevi (T5, PA)                                                                              |                                                                                                          |
| <b>Inflammatory disease</b>                                                                                                                     |                                                                                                          |
| <b>Multiple sclerosis</b>                                                                                                                       |                                                                                                          |
| Betaseron (T5, PA)<br>Dalfampridine (T3, PA)<br>Dimethyl fumarate (T4, PA)<br>Fingolimod (T5, PA)<br>Glatiramer (T5, PA)<br>Mayzent (T4/T5, PA) | Avonex (T5, PA)<br>Kesimpta (T5, PA)                                                                     |

| Preferred drug                                                                                                                                                                                     | Non-preferred drug                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inflammatory disease</b>                                                                                                                                                                        |                                                                                                                                                                                                                                                 |
| <b>Autoimmune agents</b>                                                                                                                                                                           |                                                                                                                                                                                                                                                 |
| Methotrexate tab, vial (T2)<br>Starjemza (T3, PA)<br>Steqeyma (T3, PA)<br>Yesintek (T3, PA)<br>Adalimumab-ADAZ (T5, PA)<br>Adalimumab-ADBIM (T5, PA)<br>Hadlima (T5, PA)<br>Hyrimoz (T5, PA)       | Cosentyx (T5, PA)<br>Enbrel (T5, PA)<br>Otezla (T5, PA)<br>Otezla XR (T5, PA)<br>Rinvoq (T5, PA)<br>Spevigo (T5, PA)<br>Kineret (T5, PA)<br>Tyenne (T5, PA)<br>Velsipity (T5, PA)<br>Tremfya (T5, PA)<br>Xeljanz (T5, PA)<br>Zymfentra (T5, PA) |
| <b>Pain management</b>                                                                                                                                                                             |                                                                                                                                                                                                                                                 |
| <b>Short &amp; Long-acting opioids</b>                                                                                                                                                             |                                                                                                                                                                                                                                                 |
| Hydromorphone tab (T2)<br>Methadone tab (T2)<br>Methadone solution (T3)<br>Morphine sulfate ER tab (T3)<br>Oxycodone tabs, sol (T2/T3)<br>Tramadol 50mg tab (T1)<br>Xtampza ER cap (T3)            | Buprenorphine patch (T4)<br>Fentanyl patch (25mcg, 50mcg, 75mcg, 100mcg) (T4)                                                                                                                                                                   |
| <b>Headache/migraine</b>                                                                                                                                                                           |                                                                                                                                                                                                                                                 |
| Aimovig (T3, PA)<br>Butalbital/Acetamin/Caffeine tablet (T3)<br>Celecoxib (T2)<br>Ergotamine-caffeine (T3)<br>Naratriptan (T3)<br>Rizatriptan (T2)<br>Sumatriptan (T2)<br>Zolmitriptan tablet (T3) | Dihydroergotamine Nasal (T4, PA)<br>Emgality (T3/T5, PA)<br>Qulipta (T5, PA)<br>Sumatriptan injection, nasal (T4)<br>Ubrelvy tablet (T5, PA)                                                                                                    |

| Preferred drug                                                                                       | Non-preferred drug                                                                                                                    |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>Respiratory</b>                                                                                   |                                                                                                                                       |
| <b>Inhaled corticosteroids (ICS)</b>                                                                 |                                                                                                                                       |
| Arnuity Ellipta (T3)<br>Qvar Redihaler (T3)                                                          | Asmanex (T4)                                                                                                                          |
| <b>Inhaled corticosteroid/long-acting beta agonist (ICS/LABA)</b>                                    |                                                                                                                                       |
| Airsupra (T3)<br>Advair HFA (T4)<br>Breo Ellipta (T3)<br>Fluticasone-vilant (gen. Breo Ellipta) (T3) | Budesonide-formoterol (T4)<br>Dulera (T4, PA)<br>Breynd (T4)<br>Fluticasone-salmeterol (gen. Advair Diskus) (T4)<br>Wixela Inhub (T4) |
| <b>Inhaled long-acting muscarinic antagonists (LAMA)</b>                                             |                                                                                                                                       |
| Incruse Ellipta (T3)<br>Spiriva Respimat (T3)                                                        | Tiotropium cap (T4)                                                                                                                   |
| <b>Inhaled long-acting muscarinic antagonists/long-acting beta agonist (LAMA/LABA)</b>               |                                                                                                                                       |
| Anoro Ellipta (T3)<br>Stiolto Respimat (T3)                                                          |                                                                                                                                       |
| <b>Inhaled corticosteroid, muscarinic antagonist, beta agonist (ICS/LAMA/LABA)</b>                   |                                                                                                                                       |
| Trelegy Ellipta (T3)<br>Breztri Aerosphere (T3)                                                      |                                                                                                                                       |
| <b>Anti-leukotrienes</b>                                                                             |                                                                                                                                       |
| Montelukast tab (T1)<br>Monteleukast chew (T2)<br>Monteleukast granules (T2)                         | Zafirlukast (T4)                                                                                                                      |
| <b>Subcutaneous asthma biologics</b>                                                                 |                                                                                                                                       |
| Dupixent (T5, PA)<br>Adbry (T5, PA)<br>Fasenra (T5, PA)<br>Nucala (T5, PA)<br>Xolair (T5, PA)        |                                                                                                                                       |
| <b>Dermatology</b>                                                                                   |                                                                                                                                       |
| <b>Actinic keratosis agents</b>                                                                      |                                                                                                                                       |
| Fluorouracil 5% (T2)<br>Imiquimod 5% (T3)                                                            | Diclofenac 3% (T4, ST)                                                                                                                |

| Preferred drug                                                                                                                                                                                                                                                                                                                                | Non-preferred drug                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Behavioral health</b>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                    |
| <b>Antidepressants</b>                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                    |
| Bupropion ER/XL tab (T2)<br>Citalopram tab (T1)<br>Dexvenlafaxine ER (T2)<br>Drizalma sprinkle (T4)<br>Duloxetine cap (T2)<br>Escitalopram tab(T1)<br>Fluoxetine cap (T1)<br>Fluvoxamine tab (T2)<br>Mirtazapine tab (T2)<br>Mirtazapine ODT (T3)<br>Paroxetine tab (T2)<br>Sertraline tab (T1)<br>Trazodone tab (T1)<br>Venlafaxine tab (T2) | Auvelity tab (T4)<br>Emsam (T5, ST)<br>Exxua (T5, ST)<br>Fetzima (T4, ST)<br>Trintellix (T4)<br>Zurzuvae (T5, PA)                                                                                                                                                                  |
| <b>ADHD agents</b>                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                    |
| Dexmethylphenidate (T3)<br>Dextroamphetamine 5mg & 10 mg tabs (T3)<br>Dextroamphetamine/amphet tab (T3)<br>Dextroamphetamine/amphet ER cap (T3)<br>Methylphenidate tab (T2)                                                                                                                                                                   | Atomoxetine cap (T4)<br>Dextroamphetamine ER cap (T4)<br>Methylphenidate ER tab (T4)<br>Methylphenidate sol (T4)<br>Nefazodone tabs (T4)<br>Raldesy solution (T4)                                                                                                                  |
| <b>Antipsychotics</b>                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                    |
| Aripiprazole (T2)<br>Olanzapine tab (T2)<br>Olanzapine ODT (T3)<br>Quetiapine IR/ER tabs (T2)<br>Risperidone tab (T1)<br>Risperidone solution (T2)<br>Ziprasidone cap (T3)                                                                                                                                                                    | Aripiprazole ODT (T4)<br>Asenapine tablet (T4)<br>Caplyta (T5, PA)<br>Fanapt (T4/T5, ST)<br>Lurasidone (T4)<br>Lybalvi tabs (T5, ST)<br>Nuplazid (T5, PA)<br>Opipza Film (T5, PA)<br>Paliperidone (T4)<br>Rexulti (T5)<br>Risperidone ODT (T4)<br>Secuado (T5, ST)<br>Vraylar (T3) |

## **Quartz Champion team: (800) 394-5566.**

Monday through Friday from 8 a.m. to 8 p.m.

From October 1 through March 31, we're available seven days a week, from 8 a.m. to 8 p.m.

**Deaf, hard of hearing, or speech impaired?** Call **TTY: 711**.

You may also call through a video relay service of your choice. Interpreter services are provided free of charge.

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Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de ayuda con el idioma. Llame al (800) 362-3310 (TTY: 711). Hmong – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 362-3310 (TTY: 711).

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- We provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- We provide free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact **Customer Success** at **(800) 362-3310**.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Chief Compliance Officer; 2650 Novation Parkway, Fitchburg, WI 53713**

**Phone: (800) 362-3310 (TTY: 711); Fax: (608) 644-3500**

**Email: [AppealsSpecialists@QuartzBenefits.com](mailto:AppealsSpecialists@QuartzBenefits.com)**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Chief Compliance Officer 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 **[ocrportal.hhs.gov/ocr/portal/lobby.jsf](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, D.C. 20201**

**(800) 368-1019; (800) 537-7697 (TDD)**

Complaint forms are available at **[hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html)**.



# Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak another language, 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 (800) 394-5566 (TTY: 711) or speak to your provider.

## Español / Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al (800) 394-5566 (TTY: 711) o hable con su proveedor.

## Lus Hmoob / Hmong

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau (800) 394-5566 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

## Soomaali / Somali

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac (800) 394-5566 (TTY: 711) ama la hadal bixiyahaaga.

## Việt / Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (800) 394-5566 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie (800) 394-5566 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

## ລາວ / Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ (800) 394-5566 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

## አማርኛ / Amharic

ማሳሰቢያ:- አማርኛ የሚናገሩ ከሆኑ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርባል፡፡ መረጃን በተደራሽ ቅርጽ ለማቅረብ ተገቢ የሆኑ ተጨማሪ አገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ፡፡ በስልክ ቁጥር (800) 394-5566 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያነጻጽሩ፡፡

## ထာရှင်လီမဲအံ / Karen

ဆူ- နမူကတိ၊ ထာရှင်လီမဲအံ၊ အသိ၊ တၢ်အိၣ်ဒီး ကျိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢ် ဘျုၣ်လၢ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်န့ၢ်ဟူၣ်ပီးလီၤဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြၢးအဘျုး လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၣ် လၢတၢ်မၤန့ၢ်အိၣ်သ့တဖၣ် လၢတလၢ်ဘျုၣ်လၢ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး (800) 394-5566 (TTY: 711) မ့တမ့ၢ်ကတိတၢ်ဒီး နပုၤလၢဟ့ၣ် နၤတၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်.

## Српски / Serbian

ПАЖЊА: Ако говорите Српски, обезбеђена вам је преводилачка услуга. Додатна одговарајућа помоћ и услуге за пружање информација у доступним форматима такође су доступни без надокнаде. Назовите (800) 394-5566 (TTY: 711) или разговарајте са вашим пружаоцем услуга.

## ភាសាខ្មែរ / Khmer

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ បសវាកម្មជំនួយភាសា ឥតគិតថ្លៃមានសម្រាប់អ្នក។ ជំនួយ និងបសវាកម្មខ្មែរដែលជាការផ្តល់សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ ខ្មែរអាចចូលប្រើប្រាស់បាន ក៏អាចរកបាន បងាយឥតគិតថ្លៃផងដែរ។ ជូនពរសុខភាពល្អ (800) 394-5566 (TTY: 711) ឬនិយាយជូនកាន់អ្នកផ្តល់បសវាកម្មសម្រាប់អ្នក។

## Français / French

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le (800) 394-5566 (TTY : 711) ou parlez à votre fournisseur.

## 한국어 / Korean

주의:[한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. (800) 394-5566 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

## Tagalog / Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa (800) 394-5566 (TTY: 711) o makipag-usap sa iyong provider.