

# Women's Preventive Drug List

Effective January 1, 2019

Humana is committed to meeting women's unique healthcare needs. Listed below are birth-control and prenatal medicines available to you at no cost\*. This list may not apply to all healthcare plans and may change over time. To understand your plan's prescription drug benefit, sign in to [Humana.com](http://Humana.com). You can also call a Humana Customer Service representative at the phone number on the back of your Humana member ID card.

\* You must have a prescription from your doctor for us to process a claim for preventive medicines or products under your pharmacy plan. This includes over-the-counter items. Once a generic prescription alternative for a branded item becomes available, the \$0 Women's Healthcare Medication Coverage benefit will only apply to the generic prescription. Other contraceptive drugs may be available to you at no cost if medically necessary. To ask for a medical necessity review for a contraceptive drug, your health care provider can contact HCPR (Humana Clinical Pharmacy Review) at 1-800-555-2546 between 8 a.m. – 8 p.m. EST, Monday – Friday.

CATEGORY	DRUG NAME
Contraceptives	Altavera (28) 0.15 mg-0.03 mg tablet
	Alyacen 1/35 (28) 1 mg-35 mcg tablet
	Alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet
	Amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack
	Amethyst 90 mcg-20 mcg tablet
	Apri 0.15 mg-0.03 mg tablet
	Aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet
	Ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack
	Aubra 0.1 mg-20 mcg tablet
	Aviane 0.1 mg-20 mcg tablet
	Azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet
	Balcoltra 0.1 mg-0.02 mg(21)/36.5 mg(7) tablet
	Balziva (28) 0.4 mg-35 mcg tablet
	Bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet
	Blisovi 24 Fe 1 mg-20 mcg (24)/75 mg (4) tablet
	Blisovi Fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet
	Blisovi Fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet
	Briellyn 0.4 mg-35 mcg tablet
	Camila 0.35 mg tablet
	Camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack
	Caya Contoured 60 mm-85 mm vaginal diaphragm
	Caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet
	Chateal 0.15 mg-0.03 mg tablet
	Cryselle (28) 0.3 mg-30 mcg tablet

<b>CATEGORY</b>	<b>DRUG NAME</b>
	Cyclafem 1/35 (28) 1 mg-35 mcg tablet
	Cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet
	Cyred 0.15 mg-0.03 mg tablet
	Dasetta 1/35 (28) 1 mg-35 mcg tablet
	Dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet
	Daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack
	Deblitane 0.35 mg tablet
	Delyla (28) 0.1 mg-20 mcg tablet
	Depo-SubQ provera 104 104 mg/0.65 mL subcutaneous syringe
	DESOGEST-ETH ESTRA 0.15-0.03MG
	DESOGESTREL-ETHINYL ESTRAD TAB
	DESOGESTR-ETH ESTRAD ETH ESTRA
	DROSP-EE-LEVOMEF 3-0.02-0.451
	DROSP-EE-LEVOMEF 3-0.03-0.451
	DROSPIRENONE-EE 3-0.02 MG TAB
	DROSPIRENONE-EE 3-0.03 MG TAB
	EContra EZ 1.5 mg tablet
	Econtra One-Step 1.5 mg tablet
	Elinest 0.3 mg-30 mcg tablet
	Ella 30 mg tablet
	Emoquette 0.15 mg-0.03 mg tablet
	Enpresse 50-30 (6)/75-40(5)/125-30(10) tablet
	Enskyce 0.15 mg-0.03 mg tablet
	Errin 0.35 mg tablet
	Estarylla 0.25 mg-35 mcg tablet
	ETHYNODIOL-ETH ESTRA 1MG-35MCG
	ETHYNODIOL-ETH ESTRA 1MG-50MCG
	FALLBACK SOLO 1.5 MG TABLET
	Falmina (28) 0.1 mg-20 mcg tablet
	Fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack
	FC2 Female Condom
	FemCap 22 mm vaginal device
	FemCap 26 mm vaginal device
	FemCap 30 mm vaginal device
	Femynor 0.25 mg-35 mcg tablet
	Gianvi (28) 3 mg-0.02 mg tablet
	GILDAGIA 0.4 MG-0.035 MG TAB
	GILDESS 1 MG-20 MCG TABLET
	GILDESS 1.5 MG-30 MCG TABLET
	GILDESS 24 FE 1-0.02 MG TABLET
	GILDESS FE 1.5-30 TABLET
	GILDESS FE 1-20 TABLET
	Gynol II 3 % vaginal gel
	Heather 0.35 mg tablet
	Incassia 0.35 mg tablet

<b>CATEGORY</b>	<b>DRUG NAME</b>
	Introvale 0.15 mg-30 mcg tablets,3 month dose pack
	Isibloom 0.15 mg-0.03 mg tablet
	Jencycla 0.35 mg tablet
	Juleber 0.15 mg-0.03 mg tablet
	Junel 1.5/30 (21) 1.5 mg-30 mcg tablet
	Junel 1/20 (21) 1 mg-20 mcg tablet
	Junel FE 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet
	Junel FE 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet
	Junel Fe 24 1 mg-20 mcg (24)/75 mg (4) tablet
	Kaitlib Fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet
	Kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet
	Kelnor 1/35 (28) 1 mg-35 mcg tablet
	Kelnor 1-50 1 mg-50 mcg tablet
	KIMIDESS 28 DAY TABLET
	Kurvelo 0.15 mg-0.03 mg tablet
	Kyleena 17.5 mcg/24 hour (5 years) intrauterine device
	Larin 1.5/30 (21) 1.5 mg-30 mcg tablet
	Larin 1/20 (21) 1 mg-20 mcg tablet
	Larin 24 Fe 1 mg-20 mcg (24)/75 mg (4) tablet
	Larin Fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet
	Larin Fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet
	Larissia 0.1 mg-20 mcg tablet
	Lessina 0.1 mg-20 mcg tablet
	Levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet
	LEVONO-E ESTRAD 0.10-0.02-0.01
	LEVONO-E ESTRAD 0.15-0.03-0.01
	LEVONOR-ETH ESTRA 0.09-0.02 MG
	LEVONOR-ETH ESTRAD 0.1-0.02 MG
	LEVONOR-ETH ESTRAD 0.15-0.03
	LEVONOR-ETH ESTRAD TRIPHASIC
	LEVONORG 0.15MG-EE 20-25-30MCG
	LEVONORGESTREL 1.5 MG TABLET
	Levora-28 0.15 mg-0.03 mg tablet
	Liletta 19.5 mcg/24 hour (4 years) intrauterine device
	Lillow 0.15 mg-0.03 mg tablet
	Lo Loestrin Fe 1 mg-10 mcg (24)/10 mcg (2) tablet
	Loestrin 1.5/30 (21) 1.5 mg-30 mcg tablet
	Loestrin 1/20 (21) 1 mg-20 mcg tablet
	Loestrin Fe 1.5/30 (28-Day) 1.5 mg-30 mcg (21)/75 mg (7) tablet
	Loestrin Fe 1/20 (28-Day) 1 mg-20 mcg (21)/75 mg (7) tablet
	LOMEDIA 24 FE 1 MG-20 MCG TAB
	Loryna (28) 3 mg-0.02 mg tablet
	Low-Ogestrel (28) 0.3 mg-30 mcg tablet
	Lutera (28) 0.1 mg-20 mcg tablet
	Lyza 0.35 mg tablet

<b>CATEGORY</b>	<b>DRUG NAME</b>
	Marlissa 0.15 mg-0.03 mg tablet
	MEDROXYPROGESTERONE 150 MG/ML
	Melodetta 24 Fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet
	Mibelas 24 Fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet
	Microgestin Fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet
	Mili 0.25 mg-35 mcg tablet
	Mircette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet
	Mirena 20 mcg/24 hr (5 years) intrauterine device
	Mono-Linyah 0.25 mg-35 mcg tablet
	Mononessa (28) 0.25 mg-35 mcg tablet
	My Choice 1.5 mg tablet
	My Way 1.5 mg tablet
	Myzilra 50-30 (6)/75-40(5)/125-30(10) tablet
	Natazia 3 mg/2 mg-2 mg/2 mg-3 mg/1 mg tablet
	Necon 0.5/35 (28) 0.5 mg-35 mcg tablet
	NECON 10-11-28 TABLET
	NECON 1-35-28 TABLET
	NECON 1-50-28 TABLET
	New Day 1.5 mg tablet
	Nexplanon 68 mg subdermal implant
	Nikki (28) 3 mg-0.02 mg tablet
	NORET-ESTR-FE 0.4-0.035(21)-75
	NORETH-ESTRAD-FE 1-0.02(21)-75
	NORETH-ESTRAD-FE 1-0.02(24)-75
	NORETHIND-ETH ESTRAD 1-0.02 MG
	NORETHINDRONE 0.35 MG TABLET
	NORETHIN-ESTRA-FE 0.8-0.025 MG
	NORG-EE 0.18-0.215-0.25/0.025
	NORG-EE 0.18-0.215-0.25/0.035
	NORG-ETHIN ESTRA 0.25-0.035 MG
	Norlyda 0.35 mg tablet
	Norlyroc 0.35 mg tablet
	Nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet
	Nortrel 1/35 (21) 1 mg-35 mcg tablet
	Nortrel 1/35 (28) 1 mg-35 mcg tablet
	Nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet
	NuvaRing 0.12 mg -0.015 mg/24 hr vaginal
	Ogestrel (28) 0.5 mg-50 mcg tablet
	Opcicon One-Step 1.5 mg tablet
	Option-2 1.5 mg tablet
	Orsythia 0.1 mg-20 mcg tablet
	OVCON-35 28 TABLET
	ParaGard T 380A 380 square mm intrauterine device
	Philith 0.4 mg-35 mcg tablet
	Pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet

<b>CATEGORY</b>	<b>DRUG NAME</b>
	Pirmella 0.5/0.75/1 mg-35 mcg tablet
	Pirmella 1 mg-35 mcg tablet
	Portia 0.15 mg-0.03 mg tablet
	Previfem 0.25 mg-35 mcg tablet
	Quasense 0.15 mg-30 mcg tablets,3 month dose pack
	Rajani (28) 3 mg-0.02 mg-0.451 mg (24)/0.451 mg (4) tablet
	Reclipsen (28) 0.15 mg-0.03 mg tablet
	Setlakin 0.15 mg-30 mcg tablets,3 month dose pack
	Sharobel 0.35 mg tablet
	Skyla 14 mcg/24 hour (3 years) intrauterine device
	Sprintec (28) 0.25 mg-35 mcg tablet
	Sronyx 0.1 mg-20 mcg tablet
	Syeda 3 mg-0.03 mg tablet
	Tarina Fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet
	Taytulla 1 mg-20 mcg (24)/75 mg (4) capsule
	Tilia Fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet
	Today Contraceptive Sponge 1,000 mg vaginal contraceptive sponge
	Tri Femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet
	Tri-Estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet
	Tri-Legest Fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet
	Tri-Linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet
	Tri-Lo-Estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet
	Tri-Lo-Marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet
	Tri-Lo-Sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet
	Tri-Mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet
	TriNessa (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet
	Tri-Previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet
	Tri-Sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet
	Trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet
	Tri-VyLibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet
	Tulana 0.35 mg tablet
	Tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet
	Vaginal Contraceptive Film 28 %
	Vaginal Contraceptive Foam 12.5 %
	VCF Contraceptive Film 28 % vaginal
	VCF Contraceptive Gel 4 % gel
	Velivet Triphasic Regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet
	VESTURA 3 MG-0.02 MG TABLET
	Vienva 0.1 mg-20 mcg tablet
	Viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet
	Vyfemla (28) 0.4 mg-35 mcg tablet
	VyLibra 0.25 mg-35 mcg tablet
	Wera (28) 0.5 mg-35 mcg tablet
	Wide-Seal Diaphragm 60 mm vaginal
	Wide-Seal Diaphragm 65 mm vaginal

<b>CATEGORY</b>	<b>DRUG NAME</b>
	Wide-Seal Diaphragm 70 mm vaginal
	Wide-Seal Diaphragm 75 mm vaginal
	Wide-Seal Diaphragm 80 mm vaginal
	Wide-Seal Diaphragm 85 mm vaginal
	Wide-Seal Diaphragm 90 mm vaginal
	Wide-Seal Diaphragm 95 mm vaginal
	Wymzya Fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet
	Xulane 150 mcg-35 mcg/24 hr transdermal patch
	Zarah 3 mg-0.03 mg tablet
	Zenchent (28) 0.4 mg-35 mcg tablet
	ZENCHENT FE TABLET CHEWABLE
	Zovia 1/35E (28) 1 mg-35 mcg tablet
	ZOVIA 1-50E TABLET
Prenatal Folic Acid	Centrum Specialist Prenatal 27 mg iron-800 mcg-200 mg oral pack
	Classic Prenatal 28 mg iron-800 mcg tablet
	Daily Prenatal 28 mg-800 mcg-440 mg oral pack
	Expecta Prenatal 28 mg iron-800 mcg-200 mg oral pack
	KPN 9 mg iron-267 mcg tablet
	KPN tablet
	LEVOMEFOLATE DHA CAPSULE
	Mteryti Folic 5 35 mg(d)/5 mg-12 mcg-600 unit tablets
	Nestabs ONE 38 mg-1 mg-225 mg capsule
	One A Day Women's Prenatal DHA 28 mg iron-800 mcg oral pack
	One Daily Prenatal 28 mg iron-800 mcg oral pack
	One Daily Prenatal 28 mg-800 mcg-440 mg oral pack
	One-A-Day Women's Prenatal 1 DHA-FA 28 mg iron-800 mcg-235 mg capsule
	Perry Prenatal 13.5 mg-0.4 mg capsule
	Prenatal + DHA 28 mg iron-800 mcg-200 mg oral pack
	Prenatal 28 mg iron-800 mcg tablet
	Prenatal Complete 14 mg iron-400 mcg tablet
	Prenatal Formula 28 mg iron-800 mcg tablet
	PRENATAL FORMULA TABLET
	Prenatal Formula-DHA 28 mg-800 mcg-200 mg capsule
	Prenatal Gummy 400 mcg-35 mg-25 mg-5 mg chewable tablet
	Prenatal Multi 27 mg-800 mcg tablet
	Prenatal Multi-DHA (algal oil) 27 mg iron-800 mcg-250 mg capsule
	Prenatal Multi-DHA 27 mg iron-800 mcg-228 mg capsule
	Prenatal Multivitamins 28 mg iron-800 mcg tablet
	Prenatal One 30 mg iron-800 mcg tablet
	Prenatal One Daily 27 mg iron-800 mcg tablet
	PRENATAL TABLET
	Prenatal Tablet 28 mg iron-800 mcg
	Prenatal Vitamin 27 mg iron-0.8 mg tablet
	Prenatal Vitamin 27 mg iron-800 mcg tablet

CATEGORY	DRUG NAME
	Prenatal Vitamin tablet
	Prenatal Vitamins with Minerals 28 mg iron-800 mcg tablet
	Prenatal with DHA and Folic Acid 400 mcg-32.5 mg chewable tablet
	PREQUE 10 TABLET
	Right Step Prenatal Vitamins 27 mg iron-0.8 mg tablet
	Similac Prenatal 27 mg iron-800 mcg-200 mg oral pack
	Stuart One 27 mg iron-800 mcg-200 mg capsule

Humana Plans are offered by the Family of Insurance and Health Plan Companies including Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plans of Michigan, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. – A Health Maintenance Organization or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Emphesys Insurance Company, or Humana Insurance of Puerto Rico, Inc. License # 00187-0009 or administered by Humana Insurance Company or Humana Health Plan, Inc.

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Emphesys Insurance Company or insured or administered by Humana Insurance Company or Humana Health Plan, Inc.

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have limitations and exclusions.

Contraceptive coverage is subject to your employer’s coverage selections.



## Discrimination is Against the Law

**Humana Inc. and its subsidiaries (“Humana”)** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Humana** provides:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call the number on your ID card or send an email to [accessibility@humana.com](mailto:accessibility@humana.com), or if you use a TTY, call 711.

If you believe that Humana has 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:

Discrimination Grievances  
P.O. Box 14618  
Lexington, KY 40512 - 4618

If you need help filing a grievance, call the number on your ID card, or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

**1-800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>



# Multi-Language Interpreter Services

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (TTY: 711).

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (TTY：711)。

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (TTY: 711).

**한국어 (Korean):** 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 (TTY: 711).

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (TTY: 711).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (телетайп: 711).

**Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (TTY: 711).

**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (ATS : 711).

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (TTY: 711).

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (TTY: 711).

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (TTY: 711).

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (TTY: 711).

**日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (TTY：711)。

## فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره تلفن روی کارت شناسایی تان تماس بگیرید (TTY: 711).

**Diné Bizaad (Navajo):** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, námbuu ninaaltsoos yézhí, bee nées ho'dólzin bikáá'ígíí bee hólne' (TTY: 711).

## العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (رقم هاتف الصم والبكم: 711).