

## 2019 Drug List Negative Changes

Updated 09/24/2019

If you are taking a drug that is removed from the formulary (also known as the Drug List), we will tell you. We will also tell you if we add any restrictions on a drug. We will tell you at least 60 days before we make these changes. This gives you time to talk to your doctor about what to do next.

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the formulary right away. We will also send you a letter telling you that.

The table below shows changes made to our 2019 formulary. Your cost share depends on your coverage stage. Your formulary tells you the tier that applies to each covered drug.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
1/1/2019	GLEOSTINE CAPS 5 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
1/1/2019	IPRIVASK SOLR	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
1/1/2019	ISTODAX SOLR	This drug was removed from the market.	N/A	Contact your doctor for other options.
1/1/2019	PEG-INTRON REDIPEN PAK 4 KIT	This drug was removed from the market.	N/A	Contact your doctor for other options.
1/1/2019	POTIGA TABS 300 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2019	FINACEA GEL 15%	This drug was removed from the formulary.	azelaic acid gel 15%	Contact your doctor for other options.
2/1/2019	MENOMUNE-A/C/Y/W-135 INJ	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2019	TRELSTAR SUSR	Removed non-Part D eligible drug (Expired marketing end date)	TRELSTAR MIXJECT	Contact your doctor for other options.
2/1/2019	ZYTIGA TAB 250MG	This drug was removed from the formulary.	abiraterone acetate tabs	Contact your doctor for other options.
3/1/2019	NORVIR	Removed non-Part D eligible drug (Expired marketing end date)	NORVIR tabs	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
3/1/2019	PEGASYS PROCLICK	Removed non-Part D eligible drug (Expired marketing end date)	PEGASYS	Contact your doctor for other options.
3/1/2019	triamcinolone acetonide	Removed non-Part D eligible drug (Expired marketing end date)	mometasone furoate Nasal Susp 50 MCG/ACT	Contact your doctor for other options.
3/1/2019	CLINIMIX 2.75%/DEXTROSE 5%	Removed non-Part D eligible drug (Expired marketing end date)	CLINIMIX 4.25%/DEXTROSE 5%	Contact your doctor for other options.
3/1/2019	amifostine SOLR	This drug was removed from the market.	N/A	Contact your doctor for other options.
3/1/2019	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED SUSP	This drug was removed from the market.	TDVAX SUSP	Contact your doctor for other options.
3/1/2019	ketoprofen CAPS 50 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2019	triamterene & hydrochlorothiazide CAPS 50MG-25MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
3/1/2019	ADVAIR DISKU AER 100/50	This drug was removed from the formulary.	Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE	Contact your doctor for other options.
3/1/2019	ADVAIR DISKU AER 250/50	This drug was removed from the formulary.	Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE	Contact your doctor for other options.
3/1/2019	ADVAIR DISKU AER 500/50	This drug was removed from the formulary.	Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE	Contact your doctor for other options.
4/1/2019	ELIDEL CRE 1%	This drug was removed from the formulary.	Pimecrolimus Cream 1%	Contact your doctor for other options.
4/1/2019	MOEXIPRIL/HYDROCHLOROTHIAZIDE TABS	This drug was removed from the market.	moexipril-hydrochlorothiazide TABS	Contact your doctor for other options.
4/1/2019	NUTRESTORE PACK	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2019	PRALUENT SOSY 75 MG/ML	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2019	REMODULIN INJ 10MG/ML	This drug was removed from the formulary.	Treprostinil Sodium Inj 10 MG/ML	Contact your doctor for other options.
4/1/2019	REMODULIN INJ 1MG/ML	This drug was removed from the formulary.	Treprostinil Sodium Inj 1 MG/ML	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
4/1/2019	REMODULIN INJ 2.5MG/ML	This drug was removed from the formulary.	Treprostinil Sodium Inj 2.5 MG/ML	Contact your doctor for other options.
4/1/2019	REMODULIN INJ 5MG/ML	This drug was removed from the formulary.	Treprostinil Sodium Inj 5 MG/ML	Contact your doctor for other options.
5/1/2019	FARESTON TAB 60MG	This drug was removed from the formulary.	Toremifene Citrate Tab 60 MG	Contact your doctor for other options.
5/1/2019	SABRIL TAB 500MG	This drug was removed from the formulary.	VIGABATRIN 500 MG tab	Contact your doctor for other options.
5/1/2019	ZOVIRAX 5% Cream	This drug was removed from the formulary.	Acyclovir Cream 5%	Contact your doctor for other options.
5/1/2019	RAPAMUNE SOL 1MG/ML	This drug was removed from the formulary.	Sirolimus Oral Soln 1 MG/ML	Contact your doctor for other options.
5/1/2019	MUSTARGEN SOLR	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
5/1/2019	ASACOL HD TBEC	This drug was removed from the market.	MESALAMINE DR	Contact your doctor for other options.
5/1/2019	PEG-INTRON REDIPEN KIT	This drug was removed from the market.	N/A	Contact your doctor for other options.
6/1/2019	RANEXA TAB 500MG	This drug was removed from the formulary.	RANOLAZINE 500 MG	Contact your doctor for other options.
6/1/2019	RANEXA TAB 1000MG	This drug was removed from the formulary.	RANOLAZINE 1000 MG	Contact your doctor for other options.
6/1/2019	TEKTURNA TAB 150MG	This drug was removed from the formulary.	ALISKIREN 150 MG	Contact your doctor for other options.
6/1/2019	TEKTURNA TAB 300MG	This drug was removed from the formulary.	ALISKIREN 300 MG	Contact your doctor for other options.
7/1/2019	RESCRIPTOR	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
7/1/2019	LEVOLEUCOVORIN	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
7/1/2019	DAKLINZA TABS 90 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
7/1/2019	DIAZEPAM GEL RE 20 MG, 2.5 MG	This drug was removed from the market.	DIAZEPAM RECTAL GEL	Contact your doctor for other options.
7/1/2019	EXJADE TAB 125MG	This drug was removed from the formulary.	DEFERASIROX 125 MG	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
7/1/2019	EXJADE TAB 250MG	This drug was removed from the formulary.	DEFERASIROX 250 MG	Contact your doctor for other options.
7/1/2019	EXJADE TAB 500MG	This drug was removed from the formulary.	DEFERASIROX 500 MG	Contact your doctor for other options.
7/1/2019	LETAIRIS TAB 5MG	This drug was removed from the formulary.	AMBRISENTAN TAB 5MG	Contact your doctor for other options.
7/1/2019	LETAIRIS TAB 10MG	This drug was removed from the formulary.	AMBRISENTAN TAB 10MG	Contact your doctor for other options.
7/1/2019	VALSTAR SOL 40MG/ML	This drug was removed from the formulary.	VALRUBICIN SOL 40MG/ML	Contact your doctor for other options.
7/1/2019	FASLODEX INJ 250/5ML	This drug was removed from the formulary.	FULVESTRANT INJ 250/5ML	Contact your doctor for other options.
8/1/2019	KLARITY-A	Removed non-part D eligible drug (not on NSDE)	AZASITE	Contact your doctor for other options.
8/1/2019	Ampicillin Cap 250 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
8/1/2019	POTIGA TABS 200 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
8/1/2019	POTIGA TABS 400 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
8/1/2019	POTIGA TABS 50 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
8/1/2019	SENSIPAR TAB 30MG	This drug was removed from the formulary.	Cinacalcet hydrochloride 30mg	Contact your doctor for other options.
8/1/2019	SENSIPAR TAB 60MG	This drug was removed from the formulary.	Cinacalcet hydrochloride 60mg	Contact your doctor for other options.
8/1/2019	SENSIPAR TAB 90MG	This drug was removed from the formulary.	Cinacalcet hydrochloride 90mg	Contact your doctor for other options.
8/1/2019	TARCEVA TAB 25MG	This drug was removed from the formulary.	Erlotinib HCl Tab 25 MG	Contact your doctor for other options.
8/1/2019	TARCEVA TAB 100MG	This drug was removed from the formulary.	Erlotinib HCl Tab 100 MG	Contact your doctor for other options.
8/1/2019	TARCEVA TAB 150MG	This drug was removed from the formulary.	Erlotinib HCl Tab 150 MG	Contact your doctor for other options.
8/1/2019	TRACLEER TAB 62.5MG	This drug was removed from the formulary.	Bosentan Tab 62.5 MG	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
8/1/2019	TRACLEER TAB 125MG	This drug was removed from the formulary.	Bosentan Tab 125 MG	Contact your doctor for other options.
8/1/2019	LOTEMAX SUS 0.5%	This drug was removed from the formulary.	Loteprednol Etabonate Opth Susp 0.5%	Contact your doctor for other options.
9/1/2019	ADAGEN INJ 250/ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2019	GARDASIL SUSP	This drug was removed from the market.	N/A	Contact your doctor for other options.
10/1/2019	SUPRAX CAP 400MG	This drug was removed from the formulary.	CEFIXIME CAP 400MG	Contact your doctor for other options.
10/1/2019	FIRAZYR INJ 30MG/3ML	This drug was removed from the formulary.	Icatibant Acetate Inj 30 MG/3ML (Base Equivalent)	Contact your doctor for other options.
10/1/2019	LYRICA CAP 25MG	This drug was removed from the formulary.	PREGABALIN 25 MG	Contact your doctor for other options.
10/1/2019	LYRICA CAP 50MG	This drug was removed from the formulary.	PREGABALIN 50 MG	Contact your doctor for other options.
10/1/2019	LYRICA CAP 75MG	This drug was removed from the formulary.	PREGABALIN 75 MG	Contact your doctor for other options.
10/1/2019	LYRICA CAP 100MG	This drug was removed from the formulary.	PREGABALIN 100 MG	Contact your doctor for other options.
10/1/2019	LYRICA CAP 150MG	This drug was removed from the formulary.	PREGABALIN 150 MG	Contact your doctor for other options.
10/1/2019	LYRICA CAP 200MG	This drug was removed from the formulary.	PREGABALIN 200 MG	Contact your doctor for other options.
10/1/2019	LYRICA CAP 225MG	This drug was removed from the formulary.	PREGABALIN 225 MG	Contact your doctor for other options.
10/1/2019	LYRICA CAP 300MG	This drug was removed from the formulary.	PREGABALIN 300 MG	Contact your doctor for other options.
10/1/2019	LYRICA SOL 20MG/ML	This drug was removed from the formulary.	PREGABALIN 20 MG/ML	Contact your doctor for other options.
10/1/2019	ROZEREM TAB 8MG	This drug was removed from the formulary.	RAMELTEON 8 MG	Contact your doctor for other options.
10/1/2019	CIPROFLOXACIN ER Tab 24HR 1000 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
10/1/2019	CIPROFLOXACIN ER Tab 24HR 500 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2019	CLOZAPINE ODT 12.5 MG	Removed non-Part D eligible drug (Expired marketing end date)	FAZACLO	Contact your doctor for other options.
10/1/2019	BRAFTOVI CAP 50MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2019	THEOCHRON Tab ER 12HR 200 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2019	THEOCHRON Tab ER 12HR 100 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2019	Budesonide Nasal Susp 32 MCG/ACT	This drug was removed from the market.	N/A	Contact your doctor for other options.

If you or your doctor disagrees with the change to your drug, you may request an exception. To request an exception, call us at:

State	Phone Number
AZ	1-877-935-8020, TTY:711
FL	1-877-935-8022, TTY:711
GA	1-877-725-7748, TTY:711
IN	1-833-202-4704, TTY:711
KS	1-833-402-6707, TTY:711
MO	1-833-298-3361, TTY:711

State	Phone Number
MS	1-833-206-4124, TTY:711
OH	1-866-389-7690, TTY:711
SC	1-855-766-1497, TTY:711
TX	1-877-935-8023, TTY:711
WI	1-877-935-8024, TTY:711

From October 1 – March 31, 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, Monday through Friday, 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. Your doctor must provide a statement to support your request. For details on asking for an exception, check your *Evidence of Coverage*.

If you don't agree with our decision, you may file a complaint with us. To file a complaint, call us at:

State	Phone Number
AZ	1-877-935-8020, TTY:711
FL	1-877-935-8022, TTY:711
GA	1-877-725-7748, TTY:711
IN	1-833-202-4704, TTY:711

KS	1-833-402-6707, TTY:711
MO	1-833-298-3361, TTY:711
State	Phone Number
MS	1-833-206-4124, TTY:711
OH	1-866-389-7690, TTY:711

SC	1-855-766-1497, TTY:711
TX	1-877-935-8023, TTY:711

WI	1-877-935-8024, TTY:711
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From October 1 – March 31, 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, Monday through Friday, 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. Your doctor must provide a statement to support your request. You may also send your complaint to us in writing at the following address.

For all plans except Arizona:

Allwell  
Attn: Medicare Appeals & Grievances  
7700 Forsyth Boulevard  
St. Louis, MO 63105

For Arizona ONLY:

Allwell  
Attn: Appeals & Grievances Dept.  
P.O. Box 279410  
Sacramento, CA 95827

The Formulary may change at any time. You will receive notice when necessary.

Allwell is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Allwell depends on contract renewal.





## Section 1557 Non-Discrimination Language Notice of Non-Discrimination

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Allwell complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Allwell does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Allwell:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Allwell's Member Services telephone number listed for your state on the Member Services Telephone Numbers by State Chart. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Allwell 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 by calling the number in the chart below and telling them you need help filing a grievance; Allwell's Member Services 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 <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, DC 20201, 1-800-368-1019 (TTY: 1-800-537-7697).

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

Member Services Telephone Numbers by State Chart

State	Telephone Number and Plan Type
Arizona	1-800-977-7522/1-877-935-8020 (HMO and HMO SNP) (TTY: 711)
Arkansas	1-855-565-9518 (HMO) (TTY: 711)
Florida	1-844-293-2636 (HMO); 1-877-935-8022 (HMO SNP) (TTY: 711)
Georgia	1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711)
Illinois	1-855-766-1736 (HMO) (TTY: 711)
Indiana	1-855-766-1541 (HMO and PPO); 1-833-202-4704 (HMO SNP) (TTY: 711)
Kansas	1-855-565-9519 (HMO); 1-833-402-6707 (HMO SNP) (TTY: 711)
Louisiana	1-855-766-1572 (HMO) (TTY: 711)
Mississippi	1-844-786-7711 (HMO); 1-833-260-4124 (HMO SNP) (TTY: 711)
Missouri	1-855-766-1452 (HMO); 1-833-298-3361 (HMO SNP) (TTY: 711)
New Mexico	1-844-810-7965 (HMO SNP) (TTY: 711)
Ohio	1-855-766-1851 (HMO); 1-866-389-7690 (HMO SNP) (TTY: 711)
Pennsylvania	1-855-766-1456 (HMO); 1-866-330-9368 (HMO SNP) (TTY: 711)
South Carolina	1-855-766-1497 (HMO and HMO SNP) (TTY: 711)
Texas	1-844-796-6811 (HMO); 1-877-935-8023 (HMO SNP) (TTY: 711)
Wisconsin	1-877-935-8024 (HMO SNP) (TTY: 711)

Section 1557 Non-Discrimination Language  
Multi-Language Interpreter Services

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**ENGLISH: ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call Member Services number listed for your state in the Member Services Telephone Number Chart.

**SPANISH: ATENCIÓN:** Si habla español, hay servicios de asistencia de idiomas disponibles sin cargo. Llame al número del Departamento de Servicios al Afiliado que se enumera para su estado en la Ficha de Números de Teléfono del Departamento de Servicios al Afiliado.

**VIETNAMESE: LƯU Ý:** Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin vui lòng gọi số điện thoại phục vụ hội viên dành cho tiểu bang của quý vị trong Bảng số điện thoại dịch vụ hội viên.

**CHINESE: 請注意:** 如果您使用中文, 您可以免費獲得語言援助服務。請撥會員服務部電話號碼表所列的您所在州的會員服務部號碼。

**FRENCH CREOLE (HAITIAN CREOLE): ATANSYON:** Si w pale kreyòl ayisyen, ou ka resevwa sèvis gratis ki la pou ede w nan lang pa w. Rele nimewo Sèvis Manm pou Eta kote w rete a. W ap jwenn li nan tablo Nimewo Telefòn Sèvis Manm yo.

**ARABIC:**

**تنبيه:** إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل برقم خدمات الأعضاء المدرج في لائحة رقم هاتف خدمات الأعضاء الخاص بالولاية المقيم فيها.

**FRENCH: ATTENTION :** si vous parlez français, un service d'aide linguistique vous est proposé gratuitement. Veuillez appeler le numéro de téléphone du Service aux membres spécifique à votre État qui se trouve dans le tableau de numéros de téléphone du Service aux membres.

**RUSSIAN: ВНИМАНИЕ!** Если Вы говорите на русском языке, мы можем предложить Вам бесплатные услуги переводчика. Позвоните в Отдел обслуживания участников по указанному для Вашего штата номеру в телефонном справочнике Отдела обслуживания участников.

**GERMAN: ACHTUNG:** Falls Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie bitte die für Ihren Bundesstaat zuständige Rufnummer des Mitgliederkundendienstes an, die im Telefonverzeichnis des Mitgliederkundendienstes angegeben ist.

**TAGALOG: PAUNAWA:** Kung nagsasalita ka ng Tagalog, may makukuha ka na mga libreng serbisyong pantulong sa wika. Tawagan ang numero ng Mga Serbisyo ng Miyembro na nakalista para sa iyong estado sa Tsart ng Numero ng mga Serbisyo ng Miyembro.

**PORTUGUESE: ATENÇÃO:** Se falar português, estão disponíveis, gratuitamente, serviços de assistência linguística. Ligue para o número dos Serviços aos Membros indicado para o seu estado na Tabela de números de telefone destes serviços.

**PENNSYLVANIAN DUTCH: Geb Acht:** Wann du Deutsch schwetze kannscht, un Hilf in dei eegni Schprooch brauchst, kannscht du es Koschdefrei griege. Ruf die Glieder Nummer von dei Staat, ass iss uff die Lischt an die Glieder Hilf Telefon Nummer Kaart.

**GUJARATI:** ધ્યાન આપશો: જો તમે અંગ્રેજી બોલતા હો તો, ભાષા સહાયતા સેવાઓ, મફતમાં, તમને ઉપલબ્ધ છે. મેમ્બર સર્વિસીસ ટેલિફોન નંબર ચાર્ટમાં તમારા રાજ્ય માટે યાદીબદ્ધ મેમ્બર સર્વિસીસના નંબર પર ફોન કોલ કરો.

**JAPANESE: 注意事項:** 日本語を話される場合、無料の言語支援サービスをご利用いただけます。メンバーサービス電話番号チャートに記載されているお住まいの州のメンバーサービスまでお電話ください。

**ITALIAN: ATTENZIONE:** se parla italiano, sono disponibili per Lei servizi di assistenza linguistica gratuiti. Consulti la Tabella dei numeri telefonici dei servizi per i membri e chiami il numero dei servizi per i membri del Suo stato.

**MARSHALLESE: LALE:** Ñe kwōj kōnono Kajin Majel, kwōmaroñ bōk jerbāl in jipañ ilo kajin eo aṃ ilo ejjeļok wōṇean ñan kwe. Kallōk nōmba in talboon in Jerbāl in Jipañ ñan ro Uwaan eo me eṃōj jei ñan state eo aṃ ilo Jaat in Nōmba in Jerbāl in Jipañ ñan ro Uwaan.

**LAOTIAN:** ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ຈະມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄວ້ຄອບບໍລິການທ່ານ ໂດຍບໍ່ເສຍຄ່າ. ກະລຸນາໂທຫາຕາຕະລາງບໍລິການທີ່ ລະບຸໄວ້ໃນລັດຂອງທ່ານໃນແຜນພູມຕາຕະລາງບໍລິການສະມາຊິກ.

**HMONG: CEEV FAJ:** Yog koj hais lus Hmoob, muaj key pab txhais lus pub dawb rau koj. Hu rau tus xov tooj ntawm Lub Chaw Pab Cuam Tswv Cuab ntawm koj lub xeev ntawm Tus Xov Tooj Ntawm Lub Chaw Pab Cuam Tswv Cuab Hauv Daim Ntawv No.

**KOREAN: 알림사항:** 귀하가 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 받으실 수 있습니다. 가입자 서비스 전화번호 표에 있는 귀하의 주 가입자 서비스 안내번호로 전화하십시오.

**HINDI: ध्यान:** यदि आप अंग्रेजी बोलते हैं, तो भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं। सदस्य सेवा टेलीफोन नंबर चार्ट में अपने राज्य के लिए सूचीबद्ध सदस्य सेवा संख्या को फोन करें।

**POLISH: UWAGA:** Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług tłumaczeniowych. Zadzwoń pod numer działu obsługi klienta odpowiedni dla Twojego stanu, dostępny w Wypisie numerów telefonu działu obsługi klienta.

**THAI: โปรดทราบ:** หากคุณพูดภาษาไทย คุณสามารถขอรับบริการช่วยเหลือด้านภาษาโดยไม่เสียค่าใช้จ่าย โทรไปยังหมายเลขบริการสมาชิกที่ระบุไว้ในรัฐของคุณในแผนภูมิหมายเลขโทรศัพท์สำหรับบริการสมาชิก

**AMHARIC:** ግንባር: እንግሊዝኛ ቋንቋ የማይናገሩ ከሆነ፣ ከከፍታ ላይ የሆነ የቋንቋ አገልግሎት ይቀርብልዎታል። በአባላት አገልግሎት የሰልክ ቁጥር ዝርዝር ውስጥ ለአርሰዎ ግዛት የተዘረዘረውን የአባላት አገልግሎት ሰልክ ይደውሉ።

**PERSIAN:**

توجه: اگر به زبان انگلیسی صحبت می‌کنید، خدمات ترجمه به صورت رایگان به شما ارائه می‌شود. با شماره «خدمات اعضا» که در «نمودار شماره تلفن خدمات اعضا» برای ایالت شما درج شده است، تماس بگیرید.

**BURMESE:** သတိပြုရန် - သင် အင်္ဂလိပ်ဘာသာစကား ပြောတတ်လျှင် အခမဲ့ ဘာသာစကား ထောက်ပံ့ရေး ဝန်ဆောင်မှုများကို ရရှိနိုင်ပါသည်။ အဖွဲ့ဝင် ဝန်ဆောင်မှုများအတွက် ဖုန်းနံပါတ်ဇယားကွက်တွင် ပါဝင်သည့် သင့်ပြည်နယ်အတွက် အဖွဲ့ဝင် ဝန်ဆောင်မှုများ၏ ဖုန်းနံပါတ်ထံ ခေါ်ဆိုပါ။

**DUTCH: GRAAG UW AANDACHT:** Indien u Nederlands spreekt, zijn taaldiensten gratis voor u beschikbaar. Gelieve de ledendienstenummer vermeld voor uw staat in de Ledendiensten Telefoonnummer Tabel op te bellen.

**PUNJABI:** ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਮੁੱਲ ਦੇ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਮੈਂਬਰ ਸੇਵਾਵਾਂ ਦੇ ਟੈਲੀਫੋਨ ਨੰਬਰ ਚਾਰਟ ਵਿੱਚ ਤੁਹਾਡੀ ਸਟੇਟ ਦੇ ਲਈ ਦਿੱਤੇ ਗਏ ਮੈਂਬਰ ਸੇਵਾਵਾਂ ਦੇ ਨੰਬਰ ਉੱਤੇ ਫੋਨ ਕਰੋ।

**SWAHILI: TAHADHARI:** Kama unazungumza Kiswahili, huduma ya msaada wa lugha, bure, zinapatikana kwa ajili yako. Piga Nambari ya Huduma kwa Mwanachama iliyoorodheshwa ya jimbo lako kwenye hiyo Chati ya Nambari za Simu za Huduma ya Mwanachama.

**URDU:**

توجه دیں: اگر آپ اردو زبان بولتے ہیں تو زبان معاون خدمات آپ کے لئے مفت میں دستیاب ہے۔ ممبر سروسز ٹیلیفون نمبر چارٹ میں آپ کی ریاست کے لئے فہرست شدہ ممبر سروسز کو کال کریں۔



**GREEK: ΠΡΟΣΟΧΗ:** Εάν μιλάτε αγγλικά, διατίθενται για εσάς υπηρεσίες γλωσσικής υποστήριξης δωρεάν. Καλέστε τις Υπηρεσίες για μέλη που αναγράφονται για την πολιτεία σας στο Διάγραμμα Τηλεφωνικού αριθμού Υπηρεσιών για τα μέλη.

Allwell is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Allwell depends on contract renewal.

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