

RXCORE® PRESCRIPTION DRUG LIST (IDAHO)

This is a summary of the prescription drugs covered on your plan. This printed version contains only the most commonly prescribed drugs in their most common strengths and formulations. This is not a complete list of all covered drugs and may change due to new drugs, therapies, or other factors.

Your drug benefit has four tiers (levels) of coverage. The tiers determine the amount you are responsible to pay. In most cases, drugs on lower tiers will cost you less. Copay and coinsurance amounts are shown on your Member Payment Summary (MPS) and ID card.

If you have questions about your prescription drug benefits, please call Member Services at **800-538-5038** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users please call 711.

You can view the most current drug coverage and pharmacy benefit information by logging into *My Health* at selecthealth.org. Once logged in, click the SelectHealth icon to find:

- **Drug prices and potential lower-cost alternatives for drugs you already take**
- A drug lookup, searchable by drug name and dose
- Tier statuses of prescription drugs, including injectables
- Your prescription copays and benefits
- Explanations of Benefits (EOBs) for your drug claims
- Preauthorization and step therapy requirements
- Participating pharmacies, including Retail90®

LEGEND

(PA) Preauthorization

Coverage of certain drugs is based on medical necessity. For these drugs, you will need preauthorization from SelectHealth; otherwise, you will be responsible to pay the drug's full retail price.

(M) Maintenance Drug

These drugs qualify for the 90-day maintenance drug benefit.

(ST) Step Therapy

Drugs that require step therapy are covered by SelectHealth only after you have tried the alternative therapy and it didn't work (the therapy failed). Step therapy generally applies only to brand-name drugs.

(QL) Quantity Limits

Quantity limitations apply to certain drugs (e.g., maximum number of tablets or capsules per prescription). Preauthorization is required if the medication exceeds the plan limits.

(AGE) Age Limit

A minimum or maximum age limit requirement must be met for coverage.

IMPORTANT INFORMATION

Different Strengths and Coverage

Prescriptions vary in strength and formulation, and your specific prescription may be covered at a different tier than is listed here.

IMPORTANT INFORMATION (CONTINUED)

Preventive Drugs

There are certain drugs that are considered preventive under the Affordable Care Act (ACA). Many SelectHealth plans cover ACA preventive drugs at 100 percent—that means no copay, coinsurance, or deductible. For more information about your coverage for preventive healthcare medications and services consult your member materials or visit selecthealth.org/wellness.

Value-based Option

If your plan includes the **value-based option**, Tier 2 drugs in the preventive categories are covered at the Tier 1 benefit. Refer to your Member Payment Summary (MPS) and ID card for details.

Noncovered Drug Exceptions

For drugs that are not covered, you, your physician, or your pharmacy may request coverage based on medical necessity. Requests are granted on a case-by-case basis.



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
ACNE						
	AVITA	1	(AGE)			
				FINACEA GEL	2	
	TRETINOIN	1	(ST)(QL)(AGE)			
ANTIBIOTICS						
	AMOX/K CLAV	1				
	AMOXICILLIN	1				
	AUGMENTIN	1				
	AVIDOXY	1		ADOXA	3	
	AZITHROMYCIN	1	(QL)			
	CEFDINIR	1				
	CEFUROXIME	1				
	CEPHALEXIN	1				
	CIPROFLOXACN	1				
	DOXYCYC MONO	1	(PA)	ADOXA	3	
	DOXYCYC MONO	1	(PA)			
	LEVOFLOXACIN	1				
	METRONIDAZOL	1	(QL)			
	MINOCYCLINE	1				
	MONDOXYNE NL	1	(PA)			
	NITROFURANTN	1				
	PENICILLN VK	1				
	SMZ-TMP DS	1				
ANTIFUNGALS						
	FLUCONAZOLE	1	(QL)			
ANTIMALARIALS						
	HYDROXYCHLOR	1	(M)			
ANTIRHEUMATIC - ENZYME INHIBITORS						
				XELJANZ	4	(PA)(QL)
ANTISEPTICS - MOUTH/THROAT						
	CHLORHEX GLU	1				
ANTITUSSIVES						
	BENZONATATE 100MG , 200MG	1				
	BENZONATATE 150MG	1				
	HYDROMET	1				
ANTIVIRALS						
	ACYCLOVIR	1				
	VALACYCLOVIR	1	(QL)			
ANXIETY & SLEEP						
	ALPRAZOLAM	1	(QL)			
	BUSPIRONE	1	(M)			
	DIAZEPAM	1	(QL)			
	ESZOPICLONE	1	(QL)	LUNESTA	3	(ST)(QL)
	HYDROXYZINE	1				
	LORAZEPAM	1				
	TEMAZEPAM	1	(ST)(QL)			
	ZOLPIDEM	1	(QL)			
	ZOLPIDEM ER	1	(QL)			
ASTHMA AND COPD*						
				ADVAIR	3	(PA)(QL)(M)
	ALBUTEROL	1	(M)			
				ANORO ELLIPT	3	(ST)(QL)(M)
				ARCAPTA	3	(M)
				ARNUIITY ELPT	2	(QL)(M)
				ASMANEX	2	(QL)(M)
				ATROVENT HFA	3	(M)
				BREO ELLIPTA	3	(PA)(QL)(M)
				COMBIVENT	2	(M)
				DALIRESP	2	(QL)(M)
				DULERA	2	(QL)(M)
				FLOVENT	2	(QL)(M)
	IPRATROPIUM	1	(M)			
	MONTELUKAST	1	(QL)(M)			
				PROAIR HFA	2	(QL)(M)
				PROVENTIL	3	(ST)(QL)(M)
				PULMICORT INHALER	2	
				QVAR	2	(QL)(M)
				SEREVENT DIS	2	(M)
				SPIRIVA	2	(QL)(M)

Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
				STIOLTO	2	(QL)(M)
				STRIVERDI	2	(QL)(M)
				SYMBICORT	2	(QL)(M)
	TERBUTALINE	1	(M)			
				TUDORZA PRES	2	(QL)(M)
				VENTOLIN HFA	2	(QL)(M)
BLOOD THINNERS						
				BRILINTA	2	(QL)(M)
	CLOPIDOGREL	1	(QL)(M)			
				EFFIENT	2	(QL)(M)
				ELIQUIS	2	(QL)(M)
				SAVAYSA	3	(M)
	WARFARIN	1	(M)	COUMADIN	2	(M)
				XARELTO	2	(QL)(M)
CADRIOVASCULAR ANTIADRENERGICS*						
	CLONIDINE	1	(QL)(M)			
	CLONIDINE ER	1				
CARDIOVASCULAR*						
	AMLODIPINE	1	(M)			
	ATENOLOL	1	(QL)(M)			
				BYSTOLIC	3	(QL)(M)
	CARTIA XT	1	(M)			
	CARVEDILOL	1	(M)			
				CORLANOR	2	(ST)(QL)(M)
	DILTIAZEM	1	(M)			
				EDARBI	3	(ST)(QL)(M)
	FUROSEMIDE	1	(M)			
	HYDROCHLOROTHIAZIDE	1				
	LISINOP/HCTZ	1	(M)			
	LISINOPRIL	1	(M)			
	LOSARTAN POT	1	(QL)(M)			
	LOSARTAN/HCT	1	(QL)(M)			
	METOPROLOL	1	(M)			
				MULTAQ	2	(M)
	PROPRANOLOL	1	(M)			
				RANEXA	3	(ST)(QL)(M)
	SPIRONOLACT	1	(M)			
	TELMISARTAN	1	(QL)(M)	MICARDIS	3	(ST)(QL)(M)
	TRIAMT/HCTZ	1	(M)			
	VALSART/HCTZ	1	(QL)(M)			
	VALSARTAN	1	(QL)(M)			
CHOLESTEROL*						
	ATORVASTATIN	1	(QL)(M)			
	COLESTIPOL	1	(QL)(M)			
	FENOFIBRATE	1	(QL)(M)			
	LOVASTATIN	1	(QL)(M)			
	PRAVASTATIN	1	(QL)(M)			
	PREVALITE	1	(QL)(M)			
				REPATHA	4	(PA)(QL)
	ROSUVASTATIN	1	(QL)(M)			
	SIMVASTATIN	1	(QL)(M)			
				WELCHOL	2	(QL)(M)
CONTRACEPTION (BIRTH CONTROL)						
	GENERIC CONTRACEPTIVES	1		BRAND CONTRACEPTIVES	3	
	MEDROXYPROGESTERONE	1				
				NUVARING	2	(QL)(M)
COUGH/COLD/ALLERGY COMBINATIONS						
	CHERATUSSIN	1				
	CODEINE/GG	1				
	G TUSSIN AC	1				
	GG/CODEINE	1				
	GUAIATUSSIN	1				
	IOPHEN C-NR	1				
	M-CLEAR WC	1				
	PROMETH/COD	1				
	RELCOF C	1				
	VIRTUSSIN AC	1				
DERMATOLOGICALS (SKIN) ANTIFUNGALS						
				TALTZ	4	(PA)
				TAZORAC	3	(AGE)

Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS						
	MUPIROCIN	1				
DERMATOLOGICALS (SKIN) STEROIDS						
	TRIAMCINOLON	1	(ST)(QL)			
DIABETES - INSULIN*						
				HUMALOG	2	(M)
				HUMALOG KWIK	2	(M)
				HUMALOG MIX	2	(M)
				HUMULIN	2	(M)
				HUMULIN N	2	(M)
				HUMULIN R	2	(M)
				LANTUS	2	(M)
				LEVEMIR	2	(M)
				TOUJEO SOLO	2	(M)
DIABETES - NON-INSULIN*						
	ALOGLIPTIN	1	(ST)(QL)(M)			
				AVANDIA	3	(ST)(M)
				FARXIGA	3	(ST)(QL)(M)
	GLIMEPIRIDE	1	(M)			
	GLIPIZIDE	1	(M)			
				GLUCAGEN	2	(M)
				GLYXAMBI	2	(ST)(QL)(M)
				INVOKAMET	2	(ST)(QL)(M)
				INVOKANA	2	(ST)(QL)(M)
				JARDIANCE	2	(ST)(QL)(M)
				JENTADUETO	2	(ST)(QL)(M)
	METFORMIN	1	(M)			
	PIOGLITAZONE	1	(QL)(M)			
				SYMLINPEN 60	2	(ST)(QL)(M)
				SYMLINPEN 120	2	(ST)(QL)(M)
				SYNJARDY	2	(ST)(QL)(M)
				TANZEUM	3	(ST)(QL)(M)
				TRADJENTA	2	(ST)(QL)(M)
				TRULICITY	2	(ST)(QL)(M)
				VICTOZA	2	(ST)(QL)(M)
				XIGDUO XR	3	(ST)(QL)(M)
DIABETES - TESTING AND SUPPLIES						
	BLOOD GLUCOS	1	(PA)(QL)(M)	FREESTYLE	2	(QL)(M)
	LANCETS	1	(M)	FREESTYLE	2	(QL)(M)
	LANCETS THIN	1	(M)	FREESTYLE	2	(QL)(M)
				PRECISN XTRA	2	(QL)(M)
	SAFETY 21G	1	(M)	FREESTYLE	2	(QL)(M)
	SAFETY 28G	1	(M)	FREESTYLE	2	(QL)(M)
FLUORIDE						
	FLUORIDE	1	(ST)(QL)(AGE)(M)			
FOLIC ACID/FOLATES						
	FOLIC ACID	1	(M)			
GASTROINTESTINAL (DIGESTIVE) MISC. GASTROINTESTINAL						
				AMITIZA	3	(ST)(QL)(AGE)(M)
				LINZESS	2	(QL)(M)
				MOVANTIK	2	(QL)
GASTROINTESTINAL (DIGESTIVE) NAUSEA & VOMITING						
	ONDANSETRON	1	(QL)			
	PROMETHAZINE	1				
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS						
	FAMOTIDINE	1	(QL)(M)			
	RANITIDINE	1	(QL)(M)			
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS						
				DEXILANT	3	(ST)(QL)(M)
	LANSOPRAZOLE	1	(QL)(M)			
	OMEPRAZOLE	1	(PA)(QL)(M)			
	PANTOPRAZOLE	1	(QL)(M)			
GROWTH HORMONES						
				GENOTROPIN	4	(PA)(QL)
				HUMATROPE	4	(PA)(QL)
				NORDITROPIN	4	(PA)(QL)
				OMNITROPE	4	(PA)(QL)
				SAIZEN	4	(PA)(QL)
				SEROSTIM	4	(PA)(QL)
				ZORBTIVE	4	(PA)(QL)

Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
HEPATITIS THERAPIES						
				HARVONI	4	(PA)(QL)
				SOVALDI	4	(PA)(QL)
				VIEKIRA PAK	4	(PA)(ST)(QL)
				ZEPATIER	4	(PA)(QL)
HORMONE REPLACEMENT THERAPY FEMALE						
				ESTRACE VAG	2	(QL)(M)
	ESTRADIOL	1	(QL)(M)	ALORA	3	(QL)(M)
	ESTRADIOL	1	(QL)(M)	ESTRACE	3	(QL)(M)
	ESTRADIOL	1	(QL)(M)	MINIVELLE	3	(QL)(M)
				ESTRING	3	(QL)(M)
				FEMRING	3	(QL)(M)
				PREMARIN VAG	3	(QL)(M)
HORMONE REPLACEMENT THERAPY MALE						
				ANDROGEL	2	(QL)(M)
	TESTOST CYP	1	(QL)(M)	DEPO-TESTOST	3	(QL)(M)
	TESTOSTERONE	1	(QL)(M)			
INFLAMMATORY BIOLOGIC AGENTS						
				ACTEMRA	4	(PA)(QL)
				CIMZIA	4	(PA)(QL)
				COSENTYX	4	(PA)
				ENBREL	4	(PA)(QL)
				HUMIRA	4	(PA)(QL)
				ORENCIA	4	(PA)(QL)
				OTEZLA	4	(PA)(QL)
				REMICADE	4	(PA)(QL)
				SIMPONI	4	(PA)(QL)
				STELARA	4	(PA)(QL)
INFLAMMATORY BOWEL AGENTS						
				APRISO	2	(QL)(M)
				CANASA	2	(QL)
				CIMZIA	4	(PA)(QL)
				DELZICOL	2	(QL)(M)
				LIALDA	2	(QL)(M)
	MESALAMINE	1	(QL)(M)	ASACOL HD	3	(QL)(M)
				PENTASA	2	(QL)(M)
INFLAMMATORY NON-BIOLOGIC						
	METHOTREXATE	1	(M)			
				RASUVO	2	(ST)(QL)
INFLUENZA AGENTS						
	OSELTAMIVIR	1	(QL)			
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)						
				KINERET	4	(PA)(QL)
INTESTINAL ACIDIFIERS						
	LACTULOSE	1				
LAXATIVES						
	LACTULOSE	1				
	PEGYLAX	1				
	POLYETH GLYC	1				
LINCOSAMIDES						
	CLINDAMYCIN	1				
MENTAL HEALTH						
	AMITRIPTYLIN	1	(M)			
	ARIPIPRAZOLE	1	(ST)(QL)(M)			
	BUDEPRION XL	1	(QL)(M)			
	BUPROPION	1	(QL)(AGE)(M)			
	BUPROPN HCL	1	(QL)(M)			
	CITALOPRAM	1	(QL)(M)			
	DULOXETINE	1	(QL)(M)	CYMBALTA	3	(ST)(QL)(M)
	ESCITALOPRAM	1	(QL)(M)	LEXAPRO	3	(ST)(QL)(M)
				FANAPT	3	(ST)(QL)
	FLUOXETINE	1	(ST)(QL)(M)			
				LATUDA	2	(ST)(QL)(M)
	MIRTAZAPINE	1	(QL)(M)			
	NORTRIPTYLIN	1	(M)	PAMELOR	3	(ST)(M)
	PAROXETINE	1	(ST)(QL)(M)	PAXIL	3	(ST)(QL)(M)
	QUETIAPINE ER	1		SEROQUEL XR	3	(ST)(QL)(M)
	QUETIAPINE ER	1				
	RISPERIDONE	1	(QL)(M)			
				SAPHRIS	3	(ST)(QL)(M)

Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
				SAVELLA	3	(QL)(M)
	SERTRALINE	1	(QL)(M)			
	TRAZODONE	1	(QL)(M)			
	VENLAFAXINE	1	(QL)(M)	EFFEXOR XR	3	(ST)(QL)(M)
				VRAYLAR	3	(ST)(QL)(M)
MIGRAINE						
	RIZATRIPTAN	1	(QL)			
	SUMATRIPTAN	1	(ST)(QL)			
				ZOMIG NASAL	2	(ST)(QL)
MULTIPLE SCLEROSIS AGENTS						
				AUBAGIO	4	(PA)(QL)
				AVONEX	4	(PA)(QL)
				BETASERON	4	(PA)(QL)
				COPAXONE	4	(PA)(QL)
				EXTAVIA	4	(PA)(QL)
				GILENYA	4	(PA)(QL)
				PLEGRIDY	4	(PA)(QL)
				REBIF	4	(PA)(QL)
				TECFIDERA	4	(PA)(QL)
MUSCLE RELAXANTS						
	BACLOFEN	1	(M)			
	CARISOPRODOL	1	(QL)			
	CYCLOBENZAPRINE	1				
	ED BACLOFEN	1	(M)			
	METHOCARBAM	1				
	TIZANIDINE	1	(ST)(QL)			
NASAL ALLERGY						
				DYMISTA	2	(QL)
	FLUTICASONE	1	(QL)(M)			
NASAL ANTICHOLINERGICS						
	IPRATROPIUM	1	(M)			
OIL SOLUBLE VITAMINS						
	VITAMIN D	1	(ST)(M)			
ONCOLOGY/HEMATOLOGY						
				BOSULIF	4	(PA)(QL)
				GLEEVEC	4	(PA)(QL)
				ICLUSIG	4	(PA)(QL)
				NEULASTA	4	(PA)
				SPRYCEL	4	(PA)(QL)
				TASIGNA	4	(PA)(QL)
				ZYTIGA	4	(PA)(QL)
OPHTHALMIC STEROIDS						
				PRED MILD	3	
	PREDNISOLONE	1	(QL)			
OPHTHALMICS (EYE) ANTI-INFECTIVES						
	CIPROFLOXACIN	1				
	OFLOXACIN	1				
	POLYMYXIN B	1				
	TRIMETHOPRIM	1				
OPHTHALMICS (EYE) MISC. OPHTHALMICS						
				ALPHAGAN P	3	(QL)(M)
				COMBIGAN	2	(QL)(M)
				PATADAY	3	(QL)
				RESTASIS	3	(PA)
OPHTHALMICS (EYE) PROSTGLANDINS						
	BIMATOPROST	1	(QL)(M)	LUMIGAN	2	(QL)(M)
	LATANOPROST	1	(QL)(M)			
	TRAVOPROST	1	(QL)(M)			
OPIOID PARTIAL AGONISTS						
	BUPREN/NALOX	1	(QL)	SUBOXONE	3	(QL)
	BUPRENORPHIN	1	(QL)			
OSTEOPOROSIS*						
	ALENDRONATE	1	(QL)(M)			
OTIC PREPARATIONS (EAR)						
				CIPRODEX	3	
PAIN MEDICATIONS - NARCOTICS						
	APAP/CODEINE	1	(QL)			
	BUT/APAP/CAF	1	(QL)			
				BUTRANS	2	(QL)
	ENDOCET	1	(QL)			

Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
	FENTANYL	1	(PA)(QL)			
	HYDROCO/APAP	1	(ST)(QL)			
	LORCET HD	1	(QL)			
	LORCET PLUS	1	(QL)			
	METHADONE	1	(QL)			
	MORPHINE SUL	1	(QL)			
	OXYCOD/APAP	1	(QL)			
	OXYCODONE	1	(PA)(ST)(QL)			
	REPAN	1	(QL)			
	ROXICET	1	(QL)			
	TRAMADOL HCL	1	(QL)			
PAIN MEDICATIONS NSAIDS						
	CELECOXIB	1	(ST)(QL)(M)			
	DICLOFENAC	1	(PA)(ST)(QL)(M)			
	IBUPROFEN	1	(M)			
	MELOXICAM	1	(M)	MOBIC	3	(ST)(M)
	NAPROXEN	1	(M)	NAPROSYN	3	(ST)(M)
PANCREATIC ENZYME						
				CREON	2	(QL)(M)
				PANCREAZE	2	(QL)(M)
				PERTZYE	2	(QL)(M)
				ZENPEP	2	(QL)(M)
PARKINSON'S						
	PRAMIPEXOLE	1	(ST)(QL)(M)			
	ROPINIROLE	1	(QL)(M)			
PED MV W/ FLUORIDE						
	MULTI-VIT/FL	1	(M)	MULTIVIT/FL	3	(M)
				QUFLORA PED	3	(M)
POTASSIUM						
	KLOR-CON	1	(M)			
	POTASSIUM CHLORIDE	1				
PROSTATE						
	FINASTERIDE	1	(M)			
	TAMSULOSIN	1	(M)			
PULMONARY ARTERIAL HYPERTENSION						
				LETAIRIS	4	(PA)(QL)
				OPSUMIT	4	(PA)(QL)
				TRACLEER	4	(PA)(QL)
SEIZURE DISORDER						
	CLONAZEPAM	1	(M)			
	GABAPENTIN	1	(QL)(M)			
	LAMOTRIGINE	1	(ST)(QL)(M)	LAMICTAL	3	(ST)(QL)(M)
	LEVETIRACETA	1	(QL)(M)	KEPPRA	3	(ST)(QL)(M)
				LYRICA	3	(PA)(QL)(M)
	ROWEEPR	1	(QL)(M)	KEPPRA	3	(ST)(QL)(M)
	TOPIRAMATE	1	(QL)(M)	TOPAMAX	3	(QL)(M)
				VIMPAT SOLUTION	3	
				VIMPAT TABLETS	2	
STEROIDS						
	DEXAMETHASON	1				
	METHYLPRED	1				
	PREDNISON	1	(M)			
STIMULANTS - ADHD/WAKEFULNESS						
	AMPHET/DEXTR	1	(QL)			
	AMPHETAMINE	1	(QL)			
	ARMODAFINIL	1	(PA)(QL)	NUVIGIL	3	(PA)(QL)
	DEXMETHYLPHENIDATE	1				
	DEXMETHYLPHENIDATE ER	1				
	DEXTROAMPHET	1	(QL)			
	METADATE	1	(QL)			
	METHYLPHENID	1	(QL)			
				QUILLIVANT	3	(QL)
				STRATTERA	3	(ST)(QL)(M)
				VYVANSE	2	(QL)
THYROID						
	LEVOTHYROXIN	1	(QL)(M)	LEVO-T	2	(QL)(M)
				LEVOXYL	2	(QL)(M)
	LIOTHYRONINE	1	(M)			
				NATURE THROID	2	
				SYNTHROID	3	(QL)(M)

Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
UNCATEGORIZED						
	ALLOPURINOL	1	(M)			
	COLCHICINE	1	(QL)	COLCRYS	2	(QL)
	EPINEPHRINE	1	(QL)	EPIPEN	2	(QL)
				REVELA	2	(M)
				REPATHA PUSH	4	(PA)(QL)
				REPATHA SURE	4	(PA)(QL)
				XIIDRA	3	(PA)(QL)
URINARY ANALGESICS						
	PHENAZOPYRIDINE	1				
URINARY INCONTINENCE						
	OXYBUTYNIN	1	(QL)(M)			

Fair Treatment Notice

SelectHealth complies with Federal civil rights laws. We do not discriminate or treat you differently because of your race, color, national origin, age, disability, or sex.

We provide free:

- > Aid to those with disabilities to help them communicate with us, such as sign language interpreters and written information in other formats (large print, audio, electronic formats, other).
- > Language help for those whose first language is not English, such as Interpreters and member materials written in other languages.

For help, call SelectHealth Member Services at **1-800-538-5038** or SelectHealth Advantage Member Services at **1-855-442-9900** (TTY Users: 711).

If you feel you've been treated unfairly, call SelectHealth 504/Civil Rights Coordinator at **1-844-208-9012** (TTY Users: 711) or the Compliance Hotline at **1-800-442-4845** (TTY Users: 711). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

Language Access Services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a SelectHealth.

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 SelectHealth。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số SelectHealth.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. SelectHealth. 번으로 전화해 주십시오.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dę'ę', t'áá jiik'eh, éí ná hólq', koji' hódíílnih SelectHealth.

ध्यान दनिहोस: तपार्इले नेपाली बोलनुहुन्छ भने तपार्इको नमितिभाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । SelectHealth मा फोन गर्नुहोस्।

FAKATOKANGA'I: Kapau 'oku ke lea fakatonga, ko e kau fakatonu lea te nau tokoni atu ta'etotongi, pea te ke lava 'o ma'u ia. Telefoni ki he SelectHealth.

ОБАВЕШТЕЊЕ: Ако говорите српски језик, услуге језичке помоћи доступне су вам бесплатно. Позовите SelectHealth.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa SelectHealth.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: SelectHealth.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните SelectHealth.

تدعاسملا تامدخ ناف، ةيبرعلا ثدحتت تنك اذا: ةظوحلم
تكرشب ل لصتا. ن اجم اب كل رف او تت ةي وغللا
SelectHealth.

សមគ្គាល់: បីស៊ិនជាអ្នកនិយាយ ភាសាខ្មែរ
ស្នើរដំនួយជូនកុំភាសា ជាយមិនគិតថ្លៃ
គឺអាចមានសរាប់ អ្នក ។ សូមទូរស័ព្ទមក
SelectHealth ។

ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez SelectHealth.

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。SelectHealth. まで、お電話にてご連絡ください。

تامدخ، دینک یم تب حص یسراف نابز هب رگا: هجوت
دهاوخ امش رای تخا رد ناگیار تروص هب ینابز کمک
سامت هرامش قی رط زا. تفرگ
SelectHealth.

ATENȚIE: Dacă vorbiți limba română, vă sunt disponibile servicii de asistență pentru această limbă în mod gratuit. Apelați SelectHealth.

ILANI: Ikiwa unazungumza Kiswahili, huduma za usaidizi wa lugha bila malipo, zinapatikana kwako. Piga simu SelectHealth.

SelectHealth: 1-800-538-5038

SelectHealth Advantage: 1-855-442-9900

