

Prior Authorization

The ClearScript Prior Authorization program promotes the effective use of prescription medications.

What is Prior Authorization?

Medications included in the Prior Authorization program require a prior review to determine if your use of the medication is consistent with your benefit coverage. If you are prescribed a medication that requires prior authorization, your physician may wish to consider prescribing a drug that does not require prior authorization. Otherwise, your physician will need to contact ClearScript at the number on the back of your ID card to request a prior authorization review.

Without prior authorization approval, medications in the Prior Authorization program may not be covered by your pharmacy benefit.

Important Note: The drugs included on this list may not be covered by all benefit plans. Your benefit plan may require prior authorization for additional medications not included on this list. Additional coverage restrictions may apply for the medications included on this list. Your benefit plan determines coverage for all medications. This list is subject to change throughout the year.

Drug Class	Drugs Requiring Prior Authorization	
ANALGESICS	ABSTRAL	DURAGESIC
	acetamin-caff-dihydrocodeine	dvorah
	acetaminophen-codeine	EMBEDA
	ACTIQ	endocet
	APADAZ	EXALGO
	ARYMO ER	fentanyl
	asa-butalb-caffeine-codeine	fentanyl citrate
	ascomp with codeine	FENTORA
	BELBUCA	FIORICET WITH CODEINE
	benzhydrocodone-acetaminophen	FIORINAL WITH CODEINE #3
	buprenorphine	HYCET
	butalb-acetaminoph-caff-codein	hydrocodone bitartrate er
	butalbital compound-codeine	hydrocodone-acetaminophen
	butorphanol tartrate	hydrocodone-ibuprofen
	BUTRANS	hydromorphone er
	carisoprodol-aspirin-codeine	hydromorphone hcl
	codeine sulfate	HYSINGLA ER
	DEMEROL	IBUDONE
	DILAUDID	ibudone
	DOLOPHINE HCL	KADIAN

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
ANALGESICS -- Continued	ketorolac tromethamine LAZANDA levorphanol tartrate lorcet lorcet hd lorcet plus lortab meperidine hcl methadone hcl MORPHABOND ER morphine sulfate morphine sulfate 30 MG CAP ER (Generic for Kadian) Morphine sulfate 30 mg cap er (not generic kadian) Morphine sulfate 60 mg cap er (generic for kadian) Morphine sulfate 60 mg cap er (not generic kadian) morphine sulfate er MS CONTIN nalocet NORCO NUCYNTA NUCYNTA ER OPANA OPANA ER OXAYDO oxycodone hcl oxycodone hcl er oxycodone hcl-aspirin oxycodone hcl-ibuprofen	oxycodone-acetaminophen OXYCONTIN oxymorphone hcl oxymorphone hcl er panlor pentazocine-naloxone hcl PERCOCET primlev prolate QDOLO ROXICODONE ROXYBOND SPRIX SUBSYS tramadol hcl tramadol hcl-acetaminophen TREZIX TYLENOL-CODEINE NO.3 TYLENOL-CODEINE NO.4 ULTRACET ULTRAM verdrocet vicodin vicodin es vicodin hp XTAMPZA ER xylon 10 ZOHYDRO ER
ANESTHETICS	ZTLIDO	
ANTIBACTERIALS	AEMCOLO ARIKAYCE	NUZYRA XIFAXAN
ANTICONVULSANTS	DIACOMIT EPIDIOLEX FINTEPLA	SABRIL vigabatrin vigadrone
ANTIDEPRESSANTS	SPRAVATO	ZULRESSO
ANTIEMETICS	CESAMET	SYNDROS
ANTIMIGRAINE AGENTS	AIMOVIG AUTOINJECTOR AIMOVIG AUTOINJECTOR (2 PACK)	AJOVY AUTOINJECTOR AJOVY SYRINGE

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization																																																																									
ANTIMIGRAINE AGENTS -- Continued	EMGALITY PEN	EMGALITY SYRINGE																																																																								
ANTIMYASTHENIC AGENTS	FIRDAPSE	RUZURGI																																																																								
ANTIMYCOBACTERIALS	PRETOMANID																																																																									
ANTINEOPLASTICS	<table border="0"> <tbody> <tr><td>abiraterone acetate</td><td>imatinib mesylate</td></tr> <tr><td>AFINITOR</td><td>IMBRUVICA</td></tr> <tr><td>AFINITOR DISPERZ</td><td>INLYTA</td></tr> <tr><td>ALECENSA</td><td>INQOVI</td></tr> <tr><td>ALUNBRIG</td><td>INREBIC</td></tr> <tr><td>AYVAKIT</td><td>IRESSA</td></tr> <tr><td>BALVERSA</td><td>JAKAFI</td></tr> <tr><td>bexarotene</td><td>KADCYLA</td></tr> <tr><td>BOSULIF</td><td>KANJINTI</td></tr> <tr><td>BRAFTOVI</td><td>KISQALI</td></tr> <tr><td>BRUKINSA</td><td>KISQALI FEMARA CO-PACK</td></tr> <tr><td>CABOMETYX</td><td>KOSELUGO</td></tr> <tr><td>CALQUENCE</td><td>lapatinib</td></tr> <tr><td>capecitabine</td><td>LENVIMA</td></tr> <tr><td>CAPRELSA</td><td>LONSURF</td></tr> <tr><td>COMETRIQ</td><td>LORBRENA</td></tr> <tr><td>COPIKTRA</td><td>LYNPARZA</td></tr> <tr><td>COTELLIC</td><td>MEKINIST</td></tr> <tr><td>DARZALEX FASPRO</td><td>MEKTOVI</td></tr> <tr><td>DAURISMO</td><td>NERLYNX</td></tr> <tr><td>ELZONRIS</td><td>NEXAVAR</td></tr> <tr><td>ENHERTU</td><td>NINLARO</td></tr> <tr><td>ERIVEDGE</td><td>NUBEQA</td></tr> <tr><td>ERLEADA</td><td>ODOMZO</td></tr> <tr><td>erlotinib hcl</td><td>OGIVRI</td></tr> <tr><td>everolimus</td><td>ONTRUZANT</td></tr> <tr><td>FARYDAK</td><td>ONUREG</td></tr> <tr><td>GAVRETO</td><td>PEMAZYRE</td></tr> <tr><td>GILOTRIF</td><td>PHESGO</td></tr> <tr><td>GLEEVEC</td><td>PIQRAY</td></tr> <tr><td>HERCEPTIN</td><td>POMALYST</td></tr> <tr><td>HERCEPTIN HYLECTA</td><td>QINLOCK</td></tr> <tr><td>HERZUMA</td><td>RETEVMO</td></tr> <tr><td>IBRANCE</td><td>REVLIMID</td></tr> <tr><td>ICLUSIG</td><td>RITUXAN</td></tr> <tr><td>IDHIFA</td><td>RITUXAN HYCELA</td></tr> </tbody> </table>		abiraterone acetate	imatinib mesylate	AFINITOR	IMBRUVICA	AFINITOR DISPERZ	INLYTA	ALECENSA	INQOVI	ALUNBRIG	INREBIC	AYVAKIT	IRESSA	BALVERSA	JAKAFI	bexarotene	KADCYLA	BOSULIF	KANJINTI	BRAFTOVI	KISQALI	BRUKINSA	KISQALI FEMARA CO-PACK	CABOMETYX	KOSELUGO	CALQUENCE	lapatinib	capecitabine	LENVIMA	CAPRELSA	LONSURF	COMETRIQ	LORBRENA	COPIKTRA	LYNPARZA	COTELLIC	MEKINIST	DARZALEX FASPRO	MEKTOVI	DAURISMO	NERLYNX	ELZONRIS	NEXAVAR	ENHERTU	NINLARO	ERIVEDGE	NUBEQA	ERLEADA	ODOMZO	erlotinib hcl	OGIVRI	everolimus	ONTRUZANT	FARYDAK	ONUREG	GAVRETO	PEMAZYRE	GILOTRIF	PHESGO	GLEEVEC	PIQRAY	HERCEPTIN	POMALYST	HERCEPTIN HYLECTA	QINLOCK	HERZUMA	RETEVMO	IBRANCE	REVLIMID	ICLUSIG	RITUXAN	IDHIFA	RITUXAN HYCELA
abiraterone acetate	imatinib mesylate																																																																									
AFINITOR	IMBRUVICA																																																																									
AFINITOR DISPERZ	INLYTA																																																																									
ALECENSA	INQOVI																																																																									
ALUNBRIG	INREBIC																																																																									
AYVAKIT	IRESSA																																																																									
BALVERSA	JAKAFI																																																																									
bexarotene	KADCYLA																																																																									
BOSULIF	KANJINTI																																																																									
BRAFTOVI	KISQALI																																																																									
BRUKINSA	KISQALI FEMARA CO-PACK																																																																									
CABOMETYX	KOSELUGO																																																																									
CALQUENCE	lapatinib																																																																									
capecitabine	LENVIMA																																																																									
CAPRELSA	LONSURF																																																																									
COMETRIQ	LORBRENA																																																																									
COPIKTRA	LYNPARZA																																																																									
COTELLIC	MEKINIST																																																																									
DARZALEX FASPRO	MEKTOVI																																																																									
DAURISMO	NERLYNX																																																																									
ELZONRIS	NEXAVAR																																																																									
ENHERTU	NINLARO																																																																									
ERIVEDGE	NUBEQA																																																																									
ERLEADA	ODOMZO																																																																									
erlotinib hcl	OGIVRI																																																																									
everolimus	ONTRUZANT																																																																									
FARYDAK	ONUREG																																																																									
GAVRETO	PEMAZYRE																																																																									
GILOTRIF	PHESGO																																																																									
GLEEVEC	PIQRAY																																																																									
HERCEPTIN	POMALYST																																																																									
HERCEPTIN HYLECTA	QINLOCK																																																																									
HERZUMA	RETEVMO																																																																									
IBRANCE	REVLIMID																																																																									
ICLUSIG	RITUXAN																																																																									
IDHIFA	RITUXAN HYCELA																																																																									

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
ANTINEOPLASTICS -- Continued	ROZLYTREK RUBRACA RYDAPT SIKLOS SPRYCEL STIVARGA SUTENT SYLATRON SYNRIBO TABRECTA TAFINLAR TAGRISSO TALZENNA TARCEVA TARGRETIN TASIGNA TAZVERIK TEMODAR temozolomide THALOMID TIBSOVO TRAZIMERA TRUXIMA	TUKYSA TURALIO TYKERB VALCHLOR VELCADE VENCLEXTA VENCLEXTA STARTING PACK VERZENIO VITRAKVI VIZIMPRO VOTRIENT XALKORI XELODA XOSPATA XPOVIO XTANDI YONSA ZEJULA ZELBORAF ZOLINZA ZYDELIG ZYKADIA ZYTIGA
ANTIPARKINSON AGENTS	APOKYN DUOPA GOCOVRI INBRIJA	KYNMOBI NOURIANZ OSMOLEX ER
ANTIPSYCHOTICS	ADASUVE	NUPLAZID
ANTISPASTICITY AGENTS	BOTOX DYSPOREX	MYOBLOC XEOMIN
ANTIVIRALS	DAKLINZA DOVATO EPCLUSA HARVONI ledipasvir-sofosbuvir MAVYRET PREVYMIS	SELZENTRY sofosbuvir-velpatasvir SOVALDI VIEKIRA PAK VOSEVI ZEPATIER
ANXIOLYTICS	NAYZILAM	
BLOOD PRODUCTS / MODIFIERS / VOLUME EXPANDERS	ARANESP DOPTELET EPOGEN FULPHILA	GRANIX LEUKINE MIRCERA MOZOBIL

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
BLOOD PRODUCTS / MODIFIERS / VOLUME EXPANDERS -- Continued	MULPLETA NEULASTA NEULASTA ONPRO NEUPOGEN NIVESTYM NPLATE NYVEPRIA OXBRYTA	PROCRIT PROMACTA REBLOZYL RETACRIT TAVALISSE UDENYCA ZARXIO ZIEXTENZO
CARDIOVASCULAR AGENTS	DEMSER JUXTAPID KEVEYIS metyrosine NEXLETOL NEXLIZET NORTHERA	PRALUENT PEN PRALUENT SYRINGE REPATHA PUSHTRONEX REPATHA SURECLICK REPATHA SYRINGE VYNDAMAX VYNDAQEL
CENTRAL NERVOUS SYSTEM AGENTS	AUBAGIO AUSTEDO AVONEX AVONEX PEN BAFIERTAM BETASERON COPAXONE dimethyl fumarate EVRYSDI EXTAVIA GILENYA glatiramer acetate glatopa INGREZZA INGREZZA INITIATION PACK KESIMPTA PEN	LEMTRADA MAVENCLAD MAYZENT NUEDEXTA NUVIGIL PLEGRIDY PLEGRIDY PEN PROVIGIL REBIF REBIF REBIDOSE SUNOSI TECFIDERA VUMERITY VUMERITY DR 231 MG CAP WAKIX ZEPOSIA
DERMATOLOGICAL AGENTS	COSENTYX (2 SYRINGES) COSENTYX PEN COSENTYX PEN (2 PENS) COSENTYX SYRINGE DUPIXENT PEN DUPIXENT SYRINGE REGRANEX SCENESSE SILIQ SKYRIZI (2 SYRINGES) KIT	STELARA TALTZ AUTOINJECTOR TALTZ AUTOINJECTOR (2 PACK) TALTZ AUTOINJECTOR (3 PACK) TALTZ SYRINGE TALTZ SYRINGE (2 PACK) TALTZ SYRINGE (3 PACK) TREMFYA WINLEVI
ELECTROLYTES / MINERALS / METALS / VITAMINS	deferasirox deferiprone	EXJADE FERRIPROX

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
ELECTROLYTES / MINERALS / METALS / VITAMINS -- Continued	FERRIPROX (2 TIMES A DAY) JADENU	JADENU SPRINKLE
GASTROINTESTINAL AGENTS	CHOLBAM GATTEX MYALEPT OCALIVA	VIBERZI XERMELO ZELNORM
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	BRINEURA CERDELGA GALAFOLD miglustat nitisinone NITYR	ORFADIN PROCYSBI RAVICTI REVCovi STRENSIQ ZAVESCA
HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING (ADRENAL)	ACTHAR EMFLAZA	ISTURISA
HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING (PITUITARY)	FOLLISTIM AQ GENOTROPIN GONAL-F GONAL-F RFF GONAL-F RFF REDI-JECT HUMATROPE INCRELEX NORDITROPIN FLEXP	NUTROPIN AQ NUTROPIN AQ NUSPIN OMNITROPE SAIZEN SAIZEN-SAIZENPREP SEROSTIM ZOMACTON ZORBTIVE
HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING (SEX HORMONES / MODIFIERS)	BIJUVA	ORIAHNN
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	BYNFEZIA CETROTIDE EGRIFTA EGRIFTA SV ELIGARD FENSOLVI FIRMAGON ganirelix acetate leuprolide acetate LUPANETA PACK LUPRON DEPOT LUPRON DEPOT-PED MYCAPSSA	octreotide acetate ORLISSA SANDOSTATIN SANDOSTATIN LAR DEPOT SIGNIFOR SIGNIFOR LAR SOMATULINE DEPOT SOMAVERT SUPPRELIN LA TRELSTAR TRIPTODUR VANTAS
IMMUNOLOGICAL AGENTS	ACTEMRA ACTEMRA ACTPEN ARCALYST AVSOLA	BENLYSTA BERINERT CIMZIA CINRYZE

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
IMMUNOLOGICAL AGENTS -- Continued	CUTAQUIG CUVITRU ENBREL ENBREL MINI ENBREL SURECLICK ENTYVIO everolimus FIRAZYR GAMASTAN GAMASTAN S-D GAMMAKED GAMUNEX-C HAEGARDA HIZENTRA HUMIRA HUMIRA PEDIATRIC CROHN'S HUMIRA PEN HUMIRA PEN CROHN'S-UC-HS HUMIRA PEN PSOR-UVEITS- ADOL HS HUMIRA(CF) HUMIRA(CF) PEDIATRIC CROHN'S HUMIRA(CF) PEN HUMIRA(CF) PEN CROHN'S-UC- HS HUMIRA(CF) PEN PSOR-UV- ADOL HS HYQVIA icatibant	ILARIS ILUMYA INFLECTRA KALBITOR KEVZARA KINERET OLUMIANT ORENCIA ORENCIA CLICKJECT ORLADEYO OTEZLA REMICADE RENFLEXIS RINVOQ RUCONEST SIMPONI SIMPONI ARIA STELARA SYNAGIS TAKHZYRO VARIZIG XELJANZ XELJANZ XR XEMBIFY ZORTRESS
METABOLIC BONE DISEASE AGENTS	EVENITY EVENITY (2 SYRINGES) FORTEO NATPARA	PROLIA TERIPARATIDE TYMLOS XGEVA
MISCELLANEOUS THERAPEUTIC AGENTS	CABLIVI DOJOLVI DUROLANE ENSPRYNG EUFLEXXA gel-one GELSYN-3 genvisc 850 GIVLAARI	HYALGAN HYMOVIS MONOVISC ORTHOVISC OXLUMO sodium hyaluronate SPINRAZA supartz fx SYNVISC

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
MISCELLANEOUS THERAPEUTIC AGENTS -- Continued	SYNVISCO-ONE TEGSEDI THYROGEN TRILURON trivisc	visco-3 XIAFLEX XURIDEN ZOLGENSMA
OPHTHALMIC AGENTS	CEQUA CYSTADROPS CYSTARAN EYSUVIS LOTEMAX SM	OXERVATE RESTASIS RESTASIS MULTIDOSE XIIDRA
RESPIRATORY TRACT / PULMONARY AGENTS	ADCIRCA ADEMPAS alyq ambrisentan bosentan budesonide-formoterol fumarate CAYSTON CINQAIR epoprostenol sodium ESBRIET FASENRA FASENRA PEN FLOLAN FLOWTUSS HYCODAN hydrocod-cpm-pseudoephedrine hydrocodone-chlorpheniramine er hydrocodone-guaifenesin hydrocodone-homatropine mbr hydromet KALYDECO LETAIRIS NUCALA OBREDON OFEV OPSUMIT	ORENITRAM ER ORKAMBI promethazine-codeine promethazine-phenyleph-codeine PULMOZYME REMODULIN REVATIO sildenafil citrate SYMDEKO tadalafil 20 mg tablet (generic for adcirca) TRACLEER treprostinil TRIKAFTA TUSSICAPS TUSSIONEX TUXARIN ER TUZISTRA XR TYVASO TYVASO INSTITUTIONAL START KIT TYVASO REFILL KIT TYVASO STARTER KIT UPTRAVI VELETRI VENTAVIS VITUZ XOLAIR
SLEEP DISORDER AGENTS	HETLIOZ XYREM	XYWAV

PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company (“PIC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PIC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PIC 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:

Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
Email: customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist 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, 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>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Y: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າທ່ານບໍ່ເຂົ້າໃຈພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອອັດຕະໂນມາສາ, ໂດຍບໍ່ເສຍຄ່າ, ຄວນມາພົວພັນກັບພວກເຮົາ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያግዝዎት ተዘጋጅተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስመራዊ: 763.847.4013) .

တံသိုလ်သး- နမူကတိ ကညီ ကိုဝိဆယ်, နမူနာ ကိုဝိဆတ်မစာလော တလက်ဘူလ်လ်စု၊ နိတမံဘၣ်သုန့လ်ဝါ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013) ។

ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP 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:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist 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, 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>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາວ: ຖ້າວ່າທ່ານບໍ່ເຂົ້າໃຈພາສາອັງກฤษ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ຈະມີສຳລັບທ່ານ. ໂທສ

1.800.940.5049 (TTY: 763.847.4013).

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች: በነጻ ሊያገዝዎት ተዘጋጅተዋል: ወደ ሚክተለው ቁጥር ይደውሉ 1.800.940.5049

(መስማት ለተሳናቸው: 763.847.4013) .

တံသ့ၣ်တံသး- နမူကတိၣ် ကညီ ကိုၣ်အထိ, နမူနာ ကိုၣ်အတိၣ်မစၢလၢ တလၢဘၣ်သ့ၣ်လၢဘၣ်စၢ နီတမံၤဘၣ်သ့ၣ်န့ၣ်လီၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013) ។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).