Quantity Limits

Quantity limits identify the maximum quantity that can be dispensed over a specific period of time. Limits are in place to encourage appropriate drug utilization and are typically developed based upon FDA drug labeling.

The following drugs, including generic versions if available, have dispensing limits. This is not intended as a complete list of all drugs with dispensing limits. Individual benefits will vary by policy. Please register and log In to Blue Access at www.bcbsks.com for the most complete pricing and benefit information. This list Is subject to change.

Category	Medication	Quantity Limit per 30 days
Biologic Immunomodulators	ACTEMRA 162 mg/0.9mL syringe	4 syringes/ 28 days
	CIMZIA 2 x 200 mg vial, kit	2 kits (4 x 200mg vials)/28 days
	CIMZIA 2 x 200 mg/mL syringe, kit	2 kits (4 syringes)/28 days
	CIMZIA 6 x 200 mg/mL syringe, starter kit	1 starter kit/180 days
	COSENTYX 150 mg/mL autoinjector	1 package of 2 injectors/28 days (for certain medical needs, exceptions will be considered)
	COSENTYX 150 mg/mL autoinjector	1 injector/28 days (for certain medical needs, exceptions will be considered)
	COSENTYX 150 mg/mL pre-filled syringe	1 syringe/28 days (for certain medical needs, exceptions will be considered)
	COSENTYX 300 mg/2mL (2 x 150 mg/mL pre-filled syringe)	1 package of 2 syringes/28 days (for certain medical needs, exceptions will be considered)
	ENBREL 25 mg/0.5 mL	4 syringes/28 days
	ENBREL 25 mg/vial, kit	8 vials/28 days
	ENBREL 50 mg/mL SureClick autoinjector	4 autoinjectors/28 days (for certain medical needs, exceptions will be considered)
	ENBREL 50 mg/mL syringe	4 syringes/28 days (for certain medical needs, exceptions will be considered)
	ENBREL 50mg/mL Mini injector	4 injectors/28 days
	HUMIRA 10 mg/0.1 mL syringe, 10mg/0.2 mL syringe, 20 mg/0.2 mL syringe, 20mg/0.4mL syringe, kit, 40 mg/0.8mL syringe, kit, 40 mg/0.4 mL syringe	2 syringes/28 day
	HUMIRA 40 mg/0.4 mL pen	2 pens/28 days
	HUMIRA 40 mg/0.4 ml syringe and 80 mg/0.8 mL syringe, Pediatric Crohn's Starter kit	1 kit (2 syringes)/180 days
	HUMIRA 40 mg/0.8 mL pen, Crohn's Disease, Ulcerative Colitis or Hidradentis Starter kit	1 kit (6 pens)/180 days
	HUMIRA 40 mg/0.8 mL pen, kit	2 pens/28 days
	HUMIRA 40 mg/0.8 mL pen, Psoriasis/Uvetitis Starter kit	1 kit (4 pens)/180 days
	HUMIRA 40mg/0.8mL syringe, Pediatric Crohn's Starter kit	1 kit/180 days
	HUMIRA 80mg/0.8mL syringe, Pediatric Crohn's Starter kit	1 kit (3 syringes)/180 days
	KEVZARA 150 mg/1.14 mL pen, 200 mg/1.14 mL pen	2 pens/28 days
	KEVZARA 150 mg/1.14 mL syringe, 200 mg/1.14 mL syringe	2 syringes/28 days
	KINERET 100 mg syringe	30 syringes/ 28 days
	OLUMIANT 2mg tablets	30 tablets
	ORENCIA (subcutaneous) 125mg/mL ClickJect autoinjector	4 autoinjectors/28 days
	ORENCIA (subcutaneous) 50mg/0.4mL syringes, 87.5mg.0.7mL syringe, 125mg/mL syringe	4 syringes/28 days

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Category	Medication	Quantity Limit per 30 days
	OTEZLA 10 mg, 20 mg, & 30 mg tablet starter pack (four week)	1 starter kit of 55 tablets/180 days
	OTEZLA 10 mg, 20 mg, & 30 mg tablet starter pack (two week)	1 starter kit of 27 tablets/180 days
	OTEZLA 30 mg tablets	60 tablets
	RINVOQ	30 tablets
	SILIQ	2 syringes/28 days
	SIMPONI 50 mg/0.5 mL, 100 mg/1 mL auto-injector	1 syringe/28 days (for certain medical needs, exceptions will be considered)
	SIMPONI 50 mg/0.5 mL 100 mg/1 mL syringe	1 syringe/28 days (for certain medical needs, exceptions will be considered)
	SKYRIZI	2 syringes/28 days
	STELARA 45mg/0.5mL syringe	1 syringe/84 days
	STELARA 90mg/1mL syringe	1 syringe/56 days
	TALTZ 80mg/mL syringe, autoinjector	1 syringe/28 days
	TREMFYA	1 syringe/56 days
	XELJANZ 5mg tablets, 10mg tablets	60 tablets
	XELJANZ XR	30 tablets
Endocrine and Metabolic Preferred	ANDROGEL 1.62% gel, 20.25 mg/1.25 gm packet	30 packets
	ANDROGEL 1.62% gel, 40.5 mg/2.5 gm packet	60 packets
	ANDROGEL 1.62% gel, 75 gm pump	10 gm/day (4 pumps)
	ANDRODERM 2mg/day, 4mg/day	30 patches
	ANDROGEL 1% gel, 25mg/2.5gm, 50mg/5 gm packet	60 packets
	ANDROGEL 1% gel, 75 gm, 2 x 75 gm pump	10gm/day (4 pumps)
	AVEED 250mg/mL, 3mL vial	1 vial/28 day
	AXIRON 30mg/1.5mL, 90mL pump	120mg/day (2 pumps)
	BIO-T-GEL 1% gel, 25 mg/2.5 gm, 50 mg/5 gm packet	60 packets
	DELATESTRYL 200 mg/mL, 5 mL multiple dose vial (testosterone enanthate)	1 vial/28 days
	DEPO-TESTOSTERONE 100 mg/mL, 10 mL multiple dose vial (testosterone cypionate)	1 vial/28 days
	DEPO-TESTOSTERONE 200 mg/mL, 1 mL vial (testosterone cypionate)	10 vials/28 days
	DEPO-TESTOSTERONE 200 mg/mL, 10 mL multiple dose vial (testosterone cypionate)	1 vial/28 days
	FIRST-TESTOSTERONE 2% ointment	60 gm
	FIRST-TESTOSTERONE MC 2% cream	60 gm
	FORTESTA 2% gel, 60 gm pump	80 mg/day (2 pumps)
	NATESTO 5.5mg/actuation, 7.32 gm pump	0.732 gram/day (3 pumps)
	STRIANT 30 mg buccal system	60 buccal dose systems
	TESTIM 1% gel, 5 gm tube	60 tubes
	TESTONE CIK 200mg/mL, 1mL vial	4 vials/28 days
	TESTOPEL 75 mg	6 pellets/90 days
	VOGELXO 1% gel, 12.5mg/actuation, 75 gram pump (carton of 2 pumps)	4 pumps (300 gm/30 days)

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Category	Medication	Quantity Limit per 30 days
	VOGELXO 1% gel, 50 mg/5 gm tube	2 tubes/day (300 gm/30 days)
	VOGELXO 1% gel, 50 mg/5gm packet	2 packets/day (300 gm/30 days)
	XYOSTED	2 vials/ 28 days
Erectile Dysfunction Medications	CIALIS/tadalafil tabs, 10 mg, 20 mg	6 tablets
	CIALIS/tadalafil tabs, 2.5 mg, 5 mg	30 tablets
	LEVITRA tabs, 2.5 mg, 5 mg, 10 mg, 20 mg	6 tablets
	STAXYN tabs, 10 mg	6 tablets
	STENDRA	6 tablets
	VIAGRA/sildenafil tabs, 25 mg, 50 mg, 100mg	6 tablets
Hemophilia Medications	ADVATE	Determined by patient weight and number of doses
	ADYNOVATE	Determined by patient weight and number of doses
	AFSTYLA	Determined by patient weight and number of doses
	ALPHANINE SD	Determined by patient weight and number of doses
	ALPROLIX	Determined by patient weight and number of doses
	BEBULIN	Determined by patient weight and number of doses
	BENEFIX	Determined by patient weight and number of doses
	ELOCTATE	Determined by patient weight and number of doses
	HELIXATE FS	Determined by patient weight and number of doses
	HEMOFIL M	Determined by patient weight and number of doses
	IDELVION	Determined by patient weight and number of doses
	IXINITY	Determined by patient weight and number of doses
	JIVI	Determined by patient weight and number of doses
	KOATE	Determined by patient weight and number of doses
	KOGENATE FS	Determined by patient weight and number of doses
	KOVALTRY	Determined by patient weight and number of doses
	MONOCLATE-P	Determined by patient weight and number of doses
	MONONINE	Determined by patient weight and number of doses
	NOVOEIGHT	Determined by patient weight and number of doses
	NUWIQ	Determined by patient weight and number of doses
	PROFILNINE SD	Determined by patient weight and number of doses
	REBINYN	Determined by patient weight and number of doses

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Category	Medication	Quantity Limit per 30 days
	RECOMBINATE	Determined by patient weight and number of doses
	RIXUBIS	Determined by patient weight and number of doses
	XYNTHA/ XYNTHA SOLOFUSE	Determined by patient weight and number of doses
Hereditary Angioedema Agents	BERINERT	10 vials
	CINRYZE	20 vials
	FIRAZYR	6 syringes
	HAEGARDA	weight based
	KALBITOR	4 kits
	RUCONEST	8 vials
	TAKHZYRO	2 vials/28 days
Insulin Products	AFREZZA 12 units/cartridge packs	900 cartridges
	AFREZZA 30x4 unit cartridges + 60x8 unit cartridges mix packs	1,530 cartridges
	AFREZZA 4 units/cartridge packs	2,520 cartridges
	AFREZZA 60x4 unit cartridges + 30x8 unit cartridges mix packs	1,890 cartridges
	AFREZZA 60x4 unit cartridges + 60x8 unit cartridge + 60x12 unit cartridges mix packs	1,260 cartridges
	AFREZZA 60x8 unit cartridges + 30x12 unit cartridges mix packs	1,080 cartridges
	AFREZZA 8 units/cartridge packs	1,260 cartridges
	AFREZZA 90x4 unit cartridges + 90x8 unit cartridges mix packs	1,800 cartridges
	SOLIQUA 100/33	5 pens/ 30 days
	XULTOPHY 100/3.6	5 pens/ 30 days
Migraine Medications	AIMOVIG 70 mg/mL auto-injector, 1 pack	1 auto-injector
	AIMOVIG 70 mg/mL auto-injector, 2 pack	2 auto-injectors
	AJOVY 225 mg/1.5 mL prefilled syringe	1 syringe
	AMERGE tablets, 1 mg, 2.5 mg (naratriptan)	18 tablets
	AXERT tablets, 6.25 mg, 12.5 mg (almotriptan)	12 tablets
	butorphanol nasal spray	3 packages (7.5 mL)
	CAMBIA packets	9 packets
	EMGALITY 100 mg/mL, 120 mg/mL auto-injector	1 auto-injector
	FROVA tabs, 2.5 mg	18 tablets
	IMITREX inj, syringes (sumatriptan)	6 packages (12 syringes)
	IMITREX inj, vials (sumatriptan)	2 vials (5 mL)
	IMITREX nasal spray, 20 mg (sumatriptan)	2 packages (12 units)
	IMITREX nasal spray, 5 mg (sumatriptan)	4 packages (24 units)
	IMITREX tabs, 100 mg (sumatriptan)	9 tablets
	IMITREX tabs, 25 mg, 50 mg (sumatriptan)	18 tablets
	MAXALT tabs, 5, 10 mg (rizatriptan)	24 tablets
	MAXALT-MLT tabs, 5, 10 mg (rizatriptan)	24 tablets

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Category	Medication	Quantity Limit per 30 days
	MIGRANAL nasal spray	3 units (12 mL)
	ONZETRA XSAIL 11mg nasal powder	32 nosepieces (2 kits of 16)
	RELPAX tabs, 20mg, 40 mg (eletriptan)	12 tablets
	SUMAVEL DOSEPRO inj.	12 syringes (6 mL)
	TREXIMET tabs, 10mg/60mg	9 tablets
	TREXIMET tabs, 85 mg/500 mg	18 tablets
	ZEMBRACE SYMTOUCH 3mg/0.5mL pen	24 pens (12mL)
	ZOMIG nasal spray, 2.5 mg, 5 mg	2 packages (12 units)
	ZOMIG tabs, 2.5 mg, 5 mg (zolmitriptan)	12 tablets
	ZOMIG-ZMT tabs, 2.5 mg, 5 mg (zolmitriptan)	12 tablets
Miscellaneous Medications	ARIKAYCE	28 vials/ 28 day
	AUSTEDO 6 mg tablets	60 tablets
	AUSTEDO 9 mg tablets, 12 mg tablets	120 tablets
	BENLYSTA	4 prefilled autoinjectors/ syringes/ 28 days
	CERDELGA	60 capsules
	CRINONE 4% gel	6 applicators
	CRINONE 8% gel	60 applicators
	DUPIXENT	1 carton (2 syringes)/28 days
	EMFLAZA 18 mg tablets	30 tablets
	EMFLAZA 6 mg tablets	60 tablets
	ENDOMETRIN insert	90 inserts
	ENTRESTO	60 tablets
	ESBRIET 267mg capsules	180 capsules
	ESBRIET 267mg tablets	180 tablets
	ESBRIET 801mg tablets	90 tablets
	FASENRA	1 syringe/ 56 days
	FIBRYGA 1 gm vial	70 mg per kg of body weight
	FIRDAPSE	8 tablets
	GALAFOLD 123 mg capsules	14 capsules/ 28 days
	HETLIOZ	30 capsules
	INGREZZA 40 mg and 80 mg capsule therapy pack	28 capsules/ 180 days
	INGREZZA 40 mg, 80 mg capsules	30 capsules
	JYNARQUE 15 mg tablets	60 tabs/ 30 days
	JYNARQUE 30 mg tablets	30 tabs/ 30 days
	JYNARQUE 45 mg, 60 mg, 90 mg tablets	56 tabs (4 blister cards)/ 28 days
	KALYDECO	60 tablets
	LUCEMYRA	228 tablets/ 6 months
	NATPARA 25mcg, 50mcg, 75mcg, 100mcg	1 package of 2 cartridges/28 days1 vial/28 days
	NUCALA INJ 100mg	1 vial/ 28 days
	NUCALA INJ 100mg/mL autoinjector	3 syringes/ 28 days

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Category	Medication	Quantity Limit per 30 days
	NUEDEXTA	60 capsules
	NUPLAZID	30 tablets
	OCALIVA	30 tablets
	OFEV 100 mg capsules, 150 mg capsules	60 capsules
	ONPATTRO sol 10mg/5mL	15 mLs/ 21 days
	ORILISSA 150 mg tablets	30 tablets
	ORILISSA 200 mg tablets	60 tablets
	ORKAMBI	120 tablets
	OXERVATE	56 vials/8 weeks
	QBREXA 2.4% pad	30 pads
	RIASTAP 1 gm vial	70 mg per kg of body weight
	RUZURGI	300 tablets
	SAMSCA 15 mg tablets	30 tablets/ 365 days
	SAMSCA 30 mg tablets	60 tablets/ 365 days
	SYMDEKO	60 tabs
	TEGSEDI inj 284mg/1.5mL	6 mLs/ 28 days
	TRIKAFTA	90 tablets
	VASCEPA 0.5 gm capsules	240 capsules
	VASCEPA 1 gm capsules	120 capsules
	VYNDAMAX	30 capsules
	VYNDAQEL	120 capsules
	XENAZINE 12.5 mg tablets	240 tablets
	XENAZINE 25 mg tablets	120 tablets
	XERMELO	90 tabs
	XYREM	3 bottles
Multiple Sclerosis Medications	AMPYRA	60 tablets
	AUBAGIO tabs, 7mg, 14 mg	30 tablets
	AVONEX inj, 30 mcg vial	1 package (4 vials)/28 days
	AVONEX inj, 30 mcg/0.5 mL autoinjector pen	1 package (4 syringes)/28 days
	AVONEX inj, 30 mcg/0.5 mL prefilled syringe	1 package (4 syringes)/28 days
	BETASERON inj, 0.3 mg vial + syringe with diluent	1 box (14 vial/syringe units)/28 days
	COPAXONE inj, 20 mg/mL syringe,	30 syringes
	COPAXONE inj, 40mg/mL syringe	12mLs per 28 days (40mg/mL 3 times per week)
	EXTAVIA inj, 0.3 mg vial + syringe with diluent	1 box (15 vial/syringe units)
	GILENYA tabs 0.25 mg, 0.5 mg	30 tablets
	glatiramer inj 20mg/mL prefilled syringe	30 syringes
	glatiramer inj 40mg/mL prefilled syringe	12 syringes
	glatopa inj 20mg/mL prefilled syringe	30 syringes
	glatopa inj 40mg/mL prefilled syringe	12 syringes
	MAYZENT 0.25 mg tablet	120 tablets

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Category	Medication	Quantity Limit per 30 days
	MAYZENT 2 mg tablet	30 tablets
	PLEGRIDY 125 mcg/0.5 mL pen injector	2 pens/28 days (1 carton of 2 pens/28 days)
	PLEGRIDY 125 mcg/0.5 mL syringe	2 syringes/28 days (1 carton of 2 syringes/28 days)
	PLEGRIDY starter kit - pen injector	1 kit/180 days
	PLEGRIDY starter kit - syringe	1 kit/180 days
	REBIF inj, Rebidose titration pack	1 kit/180 days
	REBIF, Rebidose 22mcg/0.5mL, 44mcg/0.5mL	12 syringes/28 days
	TECFIDERA 120 mg capsules	120 capsules/180 days
	TECFIDERA 240 mg capsules	60 capsules
	TECFIDERA capsules, starter kit	1 kit/180 days
	VUMERITY 231 mg capsules	108 capsules/180 days or 120 capsules/ 30 days
Narcotic Analgesic Medications	ARYMO ER	90 tablets (for certain medical needs, exceptions will be considered)
	BELBUCA	60 films (for certain medical needs, exceptions will be considered)
	BUTRANS	4 systems (for certain medical needs, exceptions will be considered)
	CONZIP, TRAMADOL SR	30 capsules (for certain medical needs, exceptions will be considered)
	DURAGESIC	15 patches (for certain medical needs, exceptions will be considered)
	EMBEDA	60 capsules (for certain medical needs, exceptions will be considered)
	EXALGO	30 tablets (for certain medical needs, exceptions will be considered)
	FENTANYL	15 patches (for certain medical needs, exceptions will be considered)
	HYSINGLA ER	30 tablets (for certain medical needs, exceptions will be considered
	KADIAN	60 capsules (for certain medical needs, exceptions will be considered)
	MORPHABOND ER	60 tablets (for certain medical needs, exceptions will be considered)
	MORPHINE SULFATE ER	30 tablets (for certain medical needs, exceptions will be considered)
	MS CONTIN	90 tables (for certain medical needs, exceptions will be considered)
	NUCYNTA ER	60 tablets (for certain medical needs, exceptions will be considered)
	OXYCONTIN tabs 5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	60 tablets (for certain medical needs, exceptions will be considered)
	OXYCONTIN tabs, 60 mg, 80 mg, 120 mg	120 tablets (for certain medical needs, exceptions will be considered)
	OXYMORPHONE SR	30 tablets (for certain medical needs, exceptions will be considered)
	ULTRAM ER	30 capsules (for certain medical needs, exceptions will be considered)
	XARTAMIS XR	120 tablets (for certain medical needs, exceptions will be considered)
	XTAMPZA ER	60 capsules (for certain medical needs, exceptions will be considered)

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Category	Medication	Quantity Limit per 30 days
	ZOHYDRO ER	60 capsules (for certain medical needs, exceptions will be considered
Oral Immunotherapy Agents	GRASTEK	30 tablets
	ODACTRA	30 tablets
	ORALAIR	30 tablets
	ORALAIR starter pack	1 pack/180 days
	RAGWITEK	30 tablets
Proprotein Convertase Subtilisin/Kexin type 9 (PCSK9) Inhibitors	PRALUENT 75mg/mL pen-injector, 150mg/mL pen-injector	2 pens/ 28 days
	PRALUENT 75mg/mL prefilled syringe, 150mg/mL syringe	2 syringes/ 28 days
	REPATHA 140mg/mL pre-filled auto-injector	2 autoinjectors/28 days
	REPATHA 140mg/mL pre-filled syringe	2 syringes/28 days
	REPATHA 420mg/3.5mL single-use Pushtronex system	1 Pushtronex system

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This information is being furnished in compliance with applicable federal regulations.

This Notice has important information. This notice has important information about your application or coverage through Blue Cross and Blue Shield of Kansas. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Please call 1-800-432-3990.

Discrimination is against the law.

Blue Cross and Blue Shield of Kansas (BCBSKS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. BCBSKS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Kansas:
- 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 Holly Graves.

If you believe that BCBSKS 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: Holly Graves, Director, Internal Sales and Customer Service, 1133 S.W. Topeka Blvd., Topeka, KS 66629-0001, 785-291-4375, TTY: 1-800-430-1270, Fax: 785-290-0785, CSC.SpecServ@bcbsks.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Holly Graves 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.

Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Cruz Azul y Escudo Azul de Kansas. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 1-800-432-3990.

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Blue Cross và Blue Shield ở Kansas. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ trúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Vui lòng gọi đến số 1-800-432-3990.

本通知有重要的訊息。本通知有關於您透過堪薩斯州的 Blue Cross 和 Blue Shield 提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥打 1-800-432-3990。

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Blaues Kreuz und Blaues Schild von Kansas. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 1-800-432-3990.

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 캔사스의 Blue Cross와 Blue Shield를 통한 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 1-800-432-3990으로 전화하십시오.

ແຈ້ງການນີ້ມີຂໍ້ມູນສຳຄັນ. ແຈ້ງການນີ້ມີຂໍ້ມູນສຳຄັນກ່ຽວກັບຄຳຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Blue Cross ແລະ Blue Shield ລັດ Kansas. ຈົ່ງກວດເບິ່ງວັນທີສຳຄັນຕ່າງໆໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດຳເນີນການຕາມກຳນົດເວລາສະເພາະຕ່າງໆ ເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນສຸຂະພາບຂອງທ່ານ ຫຼື ການຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍຕ່າງໆ. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອ ເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ກະລຸນາໂທຫາ 1-800-432-3990.

يحوي هذا الاشعار معلومات هامة. يحوي هذا الاشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلال بلو كروس آند بلو شيلد أوف كانساس. ابحث عن التواريخ الهامة في هذا الاشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية او للمساعدة في دفع التكاليف. لك الحق في الحصور على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بالرقم 1-800-432-3990.

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Asul na Krus at Asul na Kalasag ng Kansas. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Mangyaring tumawag sa 1-800-432-3990.

ဤသတိပေးချက်တွင် အရေးကြီးသော အချက်အလက်များ ပါရှိပါသည်။ ဤသတိပေးချက်တွင် သင့် အပလီကေးရှင်း သို့မဟုတ် ဘလူး ခရော့စ် (Blue Cross) နှင့် ကန်ဆက်(Kansas) ပြည်နယ်၏ ဘလူးရှီး၁(Blue Shield) မှ အခွင့်အရေးအကြောင်း အရေးကြီးသည့် အချက်အလက်များ ပါရှိပါသည်။ ဤအသိပေးချက်တွင် အဓိကနေ့ရက်များကို ရှာဖွေပါ။ သင့်ကျန်းမာရေး စောင့်ရှောက်မှု အခွင့်အရေးကို ရရှိရန် သို့မဟုတ် ငွေကုန်ကြေးကျခံ၍ ကူညီမှုကို ရရှိနိုင်ရန် သတ်မှတ်ရက်အတိုင်း လုပ်ဆောင်ရန် လိုအပ်ပါသည်။ သင့်တွင် ဤအချက်အလက်များကို ရရှိရန် နှင့် သင့်ဘာသာစကားဖြင့် ကုန်ကျစရိတ်မရှိဘဲ အကူအညီရပိုင်ခွင့် ရှိပါသည်။ ကျေးဇူးပြု၍ 1-800-432-3990 ကို ခေါ်ဆိုပါ။

Cet avis fournit des informations importantes. Cet avis fournit des informations importantes sur votre demande ou sur votre assurance auprès de Croix bleue et bouclier bleu du Kansas. Recherchez les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures avant une certaine échéance pour conserver votre assurance santé, faute de quoi vous devrez financer les coûts. Vous êtes autorisé à bénéficier gratuitement de ces informations et de cette aide dans votre langue. Veuillez appeler le 1-800-432-3990.

この通知には重要な情報が含まれています。この通知には、カンザス州の健康保険組合および医療保険組合の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。1-800-432-3990 までお電話ください。

Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Синий крест и Синий щит Канзаса. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по номеру 1-800-432-3990.

Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm Blue Cross thiab Blue Shield ntawm Kansas. Saib cov caij nyoog los yog tej hnub tseem ceeb uas sau rau hauv daim ntawv no kom zoo. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Thov hu rau tus xov tooj 1-800-432-3990.

این اطلاعیه حاوی اطلاعات مهمی است. این اطلاعیه حاوی اطلاعات مهمی در مورد فرم تقاضا یا پوشش بیمه ای شما توسط صلیب آبی و سپر آبی کانزاس می باشد. به تاریخ های مهم در این اطلاعیه توجه نمایید. ممکن است نیاز داشته باشید تا قبل از تاریخ خاصی اقدامی انجام دهید تا پوشش سلامت خود را نگه دارید یا در مورد هزینه ها کمک دریافت کنید. این حق شماست تا این اطلاعات و کمک را برای زبان خود و به رایگان دریافت کنید. لطفاً با شماره تلفن 1-800-432-3990 تماس بگیرید.

Ilani hii ina Taarifa Muhimu. Ilani hii ina taarifa muhimu kuhusu maombi yako au chanjo kupitia Msalaba wa Samawati na Ngao ya Samawati ya Kansas. Angalia kwa ajili ya tarehe muhimu katika ilani hii. Waweza pia hitajika kuchukua hatua katika muda ulio pangwa fulani ili uweze ku hifadhi bima yako ya afya au msaada wa gharama zake. Una haki ya kupata habari hii na msaada kwa lugha yako bila gharama. Tafadhali piga nambari kwa 1-800-432-3990.