

Excluded Drugs

The drugs listed below are excluded from coverage. Prior Authorization will not apply. This is not intended as a complete list of all exclusions. Individual benefits will vary by policy. Please register and log in to BlueAccess at www.bcbsks.com for the most complete pricing and benefit information.

Brand Name	Dose Form	Brand or Generic?
ABILIFY MYCITE	TABS	B
ABSORICA	CAPS	B
ABSORICA LD	CAPS	B
ACANYA	GEL	B
ACTICLATE	TABS	B
ACYCLOVIR	CREA	G
ACZONE	GEL	B
ADAPALENE	LOTN, PADS, SOLN	B
ADDYI	TABS	B
ADMELOG	SOLN	B
ADMELOG SOLOSTAR	SOPN	B
AIRDUO RESPICLICK 113/14	AEPB	B
AIRDUO RESPICLICK 232/14	AEPB	B
AIRDUO RESPICLICK 55/14	AEPB	B
AJOVY	SOAJ, SOSY	B
AKTIPAK	PACK	B
AKYNZEO	CAPS	B
ALA SCALP	LOTN	B
ALA-CORT	CREA	G
ALBUTEROL SULFATE HFA	AERS	B
ALLZITAL	TABS	B
ALTRENO	LOTN	B
AMCINONIDE	CREA, OINT	B
AMRIX	CP24	B
AMZEEQ	FOAM	B
APEXICON E	CREA	B
APIDRA	SOLN	B
APIDRA SOLOSTAR	SOPN	B
APLENZIN	TB24	B
ASPIRIN/OMEPRAZOLE	TBEC	B
ATOPADERM	CREA	B
ATRALIN	GEL	B
AUVI-Q	SOAJ	B
AZELEX	CREA	B
BACTROBAN	CREA	B

Brand Name	Dose Form	Brand or Generic?
BECONASE AQ	SUSP	B
BENZACLIN	GEL	B
BENZACLIN WITH PUMP	GEL	B
BENZAMYCIN	GEL	B
BENZONATATE	CAPS	G
BESER	LOTN	G
BIOFREQUENCY INSOLES	MISC	B
BONJESTA	TBCR	B
BRYHALI	LOTN	B
BUPAP	TABS	G
BUTALBITAL/ACETAMINOPHEN	CAPS, TABS	B, G
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	CAPS	G
CALCIPOTRIENE	FOAM	B
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE	OINT, SUSP	G
CAPEX	SHAM	B
CARBINOXAMINE MALEATE	TABS	B
CAVERJECT	SOLR	B
CAVERJECT IMPULSE	KIT	B
CELEBREX	CAPS	B
CETIRIZINE HYDROCHLORIDE	SOLN	G
CHLORZOXAZONE	TABS	B, G
CIALIS	TABS	B
CLARINEX	TABS	B
CLARINEX-D 12 HOUR	TB12	B
CLEOCIN-T	GEL, LOTN, SOLN, SWAB	B
CLINDAGEL	GEL	B
CLINDAMYCIN PHOSPHATE	GEL	B
CLOBETASOL PROPIONATE	FOAM, LIQD	G
CLOBETASOL PROPIONATE EMOLLIENT	FOAM	G
CLOBEX	LIQD, LOTN, SHAM	B
COLCHICINE	CAPS, TABS	B, G
COLCRYS	TABS	B
CONSENSI	TABS	B
CORDRAN	CREA, LOTN, OINT, TAPE	B
COREMINO	TB24	G
CRESTOR	TABS	B
CUTIVATE	LOTN	B
CYCLOBENZAPRINE HYDROCHLORIDE	TABS	G
CYCLOBENZAPRINE HYDROCHLORIDE ER	CP24	G
CYPROHEPTADINE HYDROCHLORIDE	SYRP	G

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Brand Name	Dose Form	Brand or Generic?
DENAVIR	CREA	B
DERMA-SMOOTHIE/FS BODY	OIL	B
DERMA-SMOOTHIE/FS SCALP	OIL	B
DESONATE	GEL	B
DESONIDE	GEL	G
DESOWEN	CREA, LOTN	B
DESOXIMETASONE	CREA, GEL, LIQD, OINT	G
DEXABLISS	TBPK	B
DEXAMETHASONE 10-DAY DOSE PACK	TBPK	B
DEXAMETHASONE 13-DAY DOSE PACK	TBPK	B
DEXAMETHASONE 6-DAY DOSE PACK	TBPK	G
DEXAMETHASONE 6-DAY THERAPY PACK	TBPK	G
DEXCHLORPHENIRAMINE MALEATE	SOLN	B
DEXTAK 10 DAY	TBPK	G
DEXTAK 13 DAY	TBPK	G
DEXTAK 6 DAY	TBPK	G
DICLEGIS	TBEC	B
DICLOFENAC SODIUM	GEL	G
DIFFERIN	CREA, GEL, LOTN	B
DIFLORASONE DIACETATE	CREA, OINT	B, G
DIPHEN	ELIX	G
DIPROLENE	OINT	B
DIPROLENE AF	CREA	B
DOJOLVI	LIQD	B
DORYX	TBEC	B
DORYX MPC	TBEC	B
DOXEPIN HYDROCHLORIDE	CREA	B
DOXYCYCLINE	CPDR	B
DOXYCYCLINE HYCLATE	TABS	B, G
DOXYCYCLINE HYCLATE DR	TBEC	B, G
DOXYCYCLINE MONOHYDRATE	CAPS	G
DOXYLAMINE SUCCINATE/PYRIDOXINE HYDROCHLORIDE	TBEC	G
DSUVIA	SUBL	B
DUAC	GEL	B
DUAKLIR PRESSAIR	AEPB	B
DUEXIS	TABS	B
DUTOPROL	TB24	B
DXEVO 11-DAY	TBPK	B
EC-NAPROSYN	TBEC	B
EDEX	KIT	B

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Brand Name	Dose Form	Brand or Generic?
ELOCON	CREA	B
EMULSION SB	EMUL	B
ENTTY SPRAY EMULSION	EMUL	B
EPIDUO	GEL	B
EPIDUO FORTE	GEL	B
EPINEPHRINE	SOAJ	B
ERYGEL	GEL	B
ESGIC	CAPS	G
ESOMEPRAZOLE MAGNESIUM	PACK	G
EVOCLIN	FOAM	B
EVZIO	SOAJ	B
EXTINA	FOAM	B
EZALLOR SPRINKLE	CPSP	B
FABIOR	FOAM	B
FENOPROFEN CALCIUM	CAPS	B
FENORTHO	CAPS	B
FEXMID	TABS	B
FINACEA	FOAM, GEL	B
FLOLIPID	SUSP	B
FLUNISOLIDE	SOLN	B
FLUOCINONIDE	CREA	G
FLURANDRENOLIDE	CREA, LOTN, OINT	G
FLUTICASONE PROPIONATE	LOTN	G
FORTAMET	TB24	B
GLATOPA	SOSY	G
GLOPERBA	SOLN	B
GLUMETZA	TB24	B
GLYCOPYRROLATE	TABS	B
GOCOVRI	CP24	B
GRALISE	TABS	B
HALCINONIDE	CREA	G
HALOBETASOL PROPIONATE	FOAM	B
HALOG	CREA	B
HIDEX 6-DAY	TBPK	G
HORIZANT	TBCR	B
HPR	FOAM	B
HPR PLUS	CREA, FOAM	B
HPR PLUS HYDROGEL KIT	KIT	B
HUMALOG	SOCT, SOLN	B
HUMALOG JUNIOR KWIKPEN	SOPN	B

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Brand Name	Dose Form	Brand or Generic?
HUMALOG KWIKPEN	SOPN	B
HUMALOG MIX 50/50	SUSP	B
HUMALOG MIX 50/50 KWIKPEN	SUPN	B
HUMALOG MIX 75/25	SUSP	B
HUMALOG MIX 75/25 KWIKPEN	SUPN	B
HYDROCORTISONE	CREA, OINT	G
HYDROCORTISONE 1% IN ABSORBASE	OINT	G
HYDROCORTISONE BUTYRATE	CREA, LOTN	G
HYDROCORTISONE BUTYRATE (LIPID)	CREA	G
HYDROCORTISONE BUTYRATE (LIPOPHILIC)	CREA	G
HYDROCORTISONE IN ABSORBASE	OINT	G
HYPOCYN	SOLN	B
IMPOYZ	CREA	B
INDOMETHACIN	CAPS	B
INSULIN LISPRO	SOLN	B
INSULIN LISPRO JUNIOR KWIKPEN	SOPN	B
INSULIN LISPRO KWIKPEN	SOPN	B
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	SUPN	B
IVERMECTIN	CREA	B, G
JUBLIA	SOLN	B
KAMDOY	EMUL	B
KAPSPARGO SPRINKLE	CS24	B
KATERZIA	SUSP	B
KELARX	GEL	B
KENALOG	AERS	B
KERYDIN	SOLN	B
KETOCONAZOLE	FOAM	G
KETODAN	FOAM	G
KETOPROFEN	CAPS	B
KIVIK	EMUL	B
KLARON	LOTN	B
KRISTALOSE	PACK	B
LACTULOSE	PACK	B
LESCOL XL	TB24	B
LEVITRA	TABS	B
LEXETTE	FOAM	B
LIBRAX	CAPS	B
LICART	PT24	B
LIDOCAINE	OINT	G
LIDOCAINE AND TETRACAINE CREAM	CREA	B

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Brand Name	Dose Form	Brand or Generic?
LIDOCAINE PAK	OINT	G
LIDOCAINE/TETRACAINE	CREA	B
LIDOTREX	GEL	B
LIPITOR	TABS	B
LOCOID	CREA, LOTN, SOLN	B
LOCOID LIPOCREAM	CREA	B
LORZONE	TABS	G
LULICONAZOLE	CREA	B
LUXIQ	FOAM	B
LUZU	CREA	B
LYUMJEV	SOLN	B
LYUMJEV KWIKPEN	SOPN	B
MEFENAMIC ACID	CAPS	G
METFORMIN HYDROCHLORIDE ER	TB24	G
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	TB24	B
METROCREAM	CREA	B
METROGEL	GEL	B
METROLOTION	LOTN	B
MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM	OINT	B
MICORT-HC	CREA	B
MIFEPREX	TABS	B
MIFEPRISTONE	TABS	G
MIGRANAL	SOLN	B
MINOCIN	CAPS	B
MINOCYCLINE HYDROCHLORIDE ER	TB24	G
MINOCYCLINE HYDROCHLORIDEER	CP24	B
MINOLIRA	TB24	B
MONDOXYNE NL	CAPS	G
MUPIROCIN	CREA	G
MUSE	PLLT	B
NAFTIFINE HCL	CREA	B, G
NAFTIFINE HYDROCHLORIDE	CREA, GEL	G
NAFTIN	CREA, GEL	B
NALFON	CAPS	B
NALOXONE HYDROCHLORIDE	SOAJ	B
NAPRELAN	TB24	B
NAPROXEN SODIUM	TB24	G
NAPROXEN SODIUM CR	TB24	G
NAPROXEN SODIUM ER	TB24	G
NAPROXEN/ESOMEPRAZOLE MAGNESIUM	TBEC	G

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Brand Name	Dose Form	Brand or Generic?
NASONEX	SUSP	B
NEXIUM	PACK	B
NIVATOPIC PLUS	CREA	B
NOCDURNA	SUBL	B
NOLIX	CREA, LOTN	G
NORCO	TABS	B
NORITATE	CREA	B
NORTRIPTYLINE HYDROCHLORIDE	SOLN	G
NUVAIL	SOLN	B
OKEBO	CAPS	G
OLUX	FOAM	B
OLUX-E	FOAM	B
OMEPPi	CAPS	G
OMEPRAZOLE/SODIUM BICARBONATE	CAPS, PACK	G
OMNARIS	SUSP	B
ONEXTON	GEL	B
ONZETRA XSAIL	EXHP	B
ORACEA	CPDR	B
OSMOLEX ER	T4PK, TB24	B
OXISTAT	CREA	B
OXYCODONE HCL ER	T12A	B
OXYCODONE HYDROCHLORIDE ER	T12A	B
OXYCONTIN	T12A	B
OZOBAX	SOLN	B
PANDEL	CREA	B
PENLEN	EMUL	B
PENNSAID	SOLN	B
PERCOCET	TABS	B
PHLAG SPRAY	EMUL	B
PLIAGLIS	CREA	B
PR CREAM	KIT	B
PRAVACHOL	TABS	B
PRIMLEV	TABS	B
PROAIR DIGIHALER	AEPB	B
PROLATE	TABS	B
PROVENTIL HFA	AERS	B
PRUCLAIR	CREA	B
PRUDOXIN	CREA	B
PRUMYX	CREA	B
PSORCON	CREA	B

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Brand Name	Dose Form	Brand or Generic?
QMIIZ ODT	TBDP	B
QNASL	AERS	B
QNASL CHILDRENS	AERS	B
RAYOS	TBEC	B
RELAFEN DS	TABS	B
REPATHA	SOSY	B
REPATHA PUSHTRONEX SYSTEM	SOCT	B
REPATHA SURECLICK	SOAJ	B
RETIN-A	CREA, GEL	B
RETIN-A MICRO	GEL	B
RETIN-A MICRO PUMP	GEL	B
RYVENT	TABS	B
SAVAYSA	TABS	B
SEMPREX-D	CAPS	B
SERNIVO	EMUL	B
SEYSARA	TABS	B
SILDENAFIL	TABS	G
SILDENAFIL CITRATE	TABS	G
SILIPAC	KIT	B
SIL-K PAD/LARGE	MISC	B
SIMVASTATIN	SUSP	B
SINUVA	IMPL	B
SOLODYN	TB24	B
SORILUX	FOAM	B
STAXYN	TBDP	B
STENDRA	TABS	B
SUVICORT	EMUL	B
SYNALAR	CREA, OINT, SOLN	B
SYNERDERM	EMUL	B
TACLONEX	OINT, SUSP	B
TADALAFIL	TABS	G
TAPERDEX 12-DAY	TBPK	B
TAPERDEX 6-DAY	TBPK	G
TAPERDEX 7-DAY	TBPK	B
TARGADOX	TABS	B
TAVABOROLE	SOLN	G
TEMOVATE	CREA, OINT	B
TEXACORT	SOLN	B
TIVORBEX	CAPS	B
TOLSURA	CAPS	B

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Brand Name	Dose Form	Brand or Generic?
TOPICORT	CREA, GEL, LIQD, OINT	B
TOSYMRA	SOLN	B
TOVET	FOAM	G
TREXIMET	TABS	B
TRIAMCINOLONE ACETONIDE	AERS, OINT	G
TRIANEX	OINT	G
TRIDESILON	CREA	B
ULTRAVATE	CREA, LOTN, OINT	B
VANATOL LQ	SOLN	G
VANATOL S	SOLN	G
VANOS	CREA	B
VARDENAFIL HYDROCHLORIDE	TABS	G
VARDENAFIL HYDROCHLORIDE ODT	TBDP	G
VELTIN	GEL	B
VERDESO	FOAM	B
VIAGRA	TABS	B
VIBRAMYCIN	CAPS, SUSR	B
VIMOVO	TBEC	B
VIVLODEX	CAPS	B
VTOL LQ	SOLN	G
VUSION	OINT	B
VYLEESI	SOAJ	B
VYTORIN	TABS	B
XELPROS	EMUL	B
XERESE	CREA	B
XHANCE	EXHU	B
XIMINO	CP24	B
XOLEGEL	GEL	B
YOSPRALA	TBEC	B
ZCORT 7-DAY	TBPK	B
ZEBUTAL	CAPS	G
ZEGERID	CAPS, PACK	B
ZELAPAR	TBDP	B
ZEMBRACE SYMTOUCH	SOAJ	B
ZETONNA	AERS	B
ZIANA	GEL	B
ZILXI	FOAM	B
ZIPSOR	CAPS	B
ZOCOR	TABS	B
ZONALON	CREA	B

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Brand Name	Dose Form	Brand or Generic?
ZORVOLEX	CAPS	B
ZOVIRAX	CREA	B

Other Exclusions:	
Glucose Test Strips not manufactured by Ascensia – Including but not limited to test strips manufactured by:	Abbott (FreeStyle®)
	LifeScan (One Touch®)
	Roche (Accu-chek®)
	Trividia Health (TrueMetrix®)
Brand Prenatal Vitamins	

Dosage Form Key

Dosage Form Code	Description
AEPB	AEROSOL POWDER BREATH ACTIVATED
AERS	AEROSOL SOLUTION
CAPS	CAPSULE
CHEW	TABLET CHEWABLE
CP24	CAPSULE EXTENDED RELEASE 24 HOUR
CPDR	CAPSULE DELAYED RELEASE
CPSP	CAPSULE SPRINKLE
CREA	CREAM
CS24	CAPSULE ER 24 HOUR SPRINKLE
ELIX	ELIXIR
EMUL	EMULSION
EXHU	EXHALER SUSPENSION
FOAM	FOAM
GEL	GEL
IMPL	IMPLANT
KIT	KIT
LIQD	LIQUID
LOTN	LOTION
MISC	MISCELLANEOUS
OIL	OIL
OINT	OINTMENT
PACK	PACKET
PADS	PAD
PLLT	PELLET
SHAM	SHAMPOO
SOAJ	SOLUTION AUTO-INJECTOR
SOCT	SOLUTION CARTRIDGE
SOLN	SOLUTION
SOLR	SOLUTION RECONSTITUTED
SOPN	SOLUTION PEN-INJECTOR
SOSY	SOLUTION PREFILLED SYRINGE
SUBL	TABLET SUBLINGUAL
SUPN	SUSPENSION PEN-INJECTOR
SUSP	SUSPENSION
SWAB	SWAB
T12A	TABLET ER 12 HOUR ABUSE-DETERRENT
TABS	TABLET
TAPE	TAPE
TB24	TABLET EXTENDED RELEASE 24 HOUR
TBCR	TABLET EXTENDED RELEASE
TBDP	TABLET DISINTEGRATING
TBEC	TABLET DELAYED RELEASE
TBPK	TABLET THERAPY PACK

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 bản 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 giúp 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 ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ກະລຸນາໂທຫາ 1-800-432-3990.

يحيوي هذا الاشعار معلومات هامة. يحيوي 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 الحصول 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 ကန်ဆန်(Kansas) ပြည်နယ်၏ ဘလူးရှီးစ်(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 hnuv 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.