



Blue Shield 65 Plus (HMO)

Formulary Updates:

The enclosed table lists the changes made to your formulary such as removing or adding: a drug, prior authorization, quantity limits or step therapy as well as any changes to a cost sharing tier. The table also includes alternative drug(s) if applicable.

Abbreviation Key:

| Symbol | Name | Description |
|--------|-------------------------|---|
| LA | Limited Access | This prescription may be available only at certain pharmacies. |
| PA | Prior Authorization | Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules. These drugs are noted with "PA – Part B vs. D Determination" |
| QL | Quantity Limit | This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible. |
| ST | Step Therapy | Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy). |
| NDS | Non-Extended Day Supply | Medication is NOT available for long-term supply. |
| VAC | IRA Vaccine \$0 | Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information. |
| INS | Covered Insulin | You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. |

Blue Shield of California

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| Drug Tier Key |
|--|
| Tier 1: Preferred Generic Drugs |
| Tier 2: Generic Drugs |
| Tier 3: Preferred Brand Drugs |
| Tier 4: Non-Preferred Drugs |
| Tier 5: Specialty Tier Drugs |

EFFECTIVE 02/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------|-------------|
| <i>fentanyl citrate lozenge on a handle 1200 mcg</i> | - Formulary Removal | |
| <i>fentanyl citrate lozenge on a handle 1600 mcg</i> | - Formulary Removal | |
| <i>fentanyl citrate lozenge on a handle 200 mcg</i> | - Formulary Removal | |
| <i>fentanyl citrate lozenge on a handle 400 mcg</i> | - Formulary Removal | |
| <i>fentanyl citrate lozenge on a handle 600 mcg</i> | - Formulary Removal | |
| <i>fentanyl citrate lozenge on a handle 800 mcg</i> | - Formulary Removal | |
| FENTANYL CITRATE 1200 MCG LOZ HANDLE <i>fentanyl citrate</i> | - Formulary Removal | |
| FENTANYL CITRATE 1600 MCG LOZ HANDLE <i>fentanyl citrate</i> | - Formulary Removal | |
| FENTANYL CITRATE 200 MCG LOZ HANDLE <i>fentanyl citrate</i> | - Formulary Removal | |
| FENTANYL CITRATE 400 MCG LOZ HANDLE <i>fentanyl citrate</i> | - Formulary Removal | |
| FENTANYL CITRATE 600 MCG LOZ HANDLE <i>fentanyl citrate</i> | - Formulary Removal | |
| FENTANYL CITRATE 800 MCG LOZ HANDLE <i>fentanyl citrate</i> | - Formulary Removal | |
| ITOVEBI 3 MG TAB <i>inavolisib</i> | - Added to Tier 5 - Added | |

| EFFECTIVE 02/2025 | | |
|---|---|-----------------------------|
| Drug Name | Description of Change | Alternative |
| ITOVEBI 9 MG TAB <i>inavolisib</i> | - Added to Tier 5 - Added | |
| <i>mesna tab 400 mg</i> | - Added to Tier 4 | |
| <i>mexiletine hcl cap 150 mg</i> | - Added to Tier 2 | |
| <i>mexiletine hcl cap 200 mg</i> | - Added to Tier 2 | |
| <i>mexiletine hcl cap 250 mg</i> | - Added to Tier 2 | |
| <i>norethindrone acetate tab 5 mg</i> | - Added to Tier 2 | |
| NYVEPRIA 6 MG/0.6ML SOLN PRSYR <i>pegfilgrastim-apgf</i> | - Added to Tier 5 - Added | |
| PREVYMIS 120 MG PACKET <i>letermovir</i> | - Added to Tier 5 - QL Added: 4 / 1 DAYS | |
| PREVYMIS 20 MG PACKET <i>letermovir</i> | - Added to Tier 5 - QL Added: 4 / 1 DAYS | |
| SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT <i>adalimumab-ryvk</i> | - Added | |
| SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT <i>adalimumab-ryvk</i> | - Added | |
| SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT <i>adalimumab-ryvk</i> | - Added | |
| SPRYCEL 100 MG TAB <i>dasatinib</i> | - Formulary Removal | <i>dasatinib 100 mg tab</i> |

EFFECTIVE 02/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------|---|
| SPRYCEL 140 MG TAB <i>dasatinib</i> | - Formulary Removal | <i>dasatinib 140 mg tab</i> |
| SPRYCEL 20 MG TAB <i>dasatinib</i> | - Formulary Removal | <i>dasatinib 20 mg tab</i> |
| SPRYCEL 50 MG TAB <i>dasatinib</i> | - Formulary Removal | <i>dasatinib 50 mg tab</i> |
| SPRYCEL 70 MG TAB <i>dasatinib</i> | - Formulary Removal | <i>dasatinib 70 mg tab</i> |
| SPRYCEL 80 MG TAB <i>dasatinib</i> | - Formulary Removal | <i>dasatinib 80 mg tab</i> |
| TAZORAC 0.05 % CREAM <i>tazarotene</i> | - Formulary Removal | <i>tazarotene 0.05 % cream, tazarotene 0.05 % gel</i> |
| TOPIRAMATE 50 MG CAP SPRINK <i>topiramate</i> | - QL Added: 8 / 1 DAYS | |
| UDENYCA 6 MG/0.6ML SOLN A-INJ <i>pegfilgrastim-cbqv</i> | - Added to Tier 5 - Added | |
| UDENYCA 6 MG/0.6ML SOLN PRSYR <i>pegfilgrastim-cbqv</i> | - Added to Tier 5 - Added | |

| EFFECTIVE 03/2025 | | |
|--|---------------------------|-------------|
| Drug Name | Description of Change | Alternative |
| DEXTROSE 5 % SOLUTION <i>dextrose</i> | - Added to Tier 4 | |
| DEXTROSE-NACL 5-0.9 % SOLUTION <i>dextrose w/ sodium chloride</i> | - Added to Tier 4 | |
| DOVATO 50-300 MG TAB <i>dolutegravir sodium-lamivudine</i> | - Added | |
| DROPLET PEN NEEDLES 31G X 5 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| DROPLET PEN NEEDLES 31G X 8 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| DROPLET PEN NEEDLES 32G X 5 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| DROPLET PEN NEEDLES 32G X 6 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| DROPLET PEN NEEDLES 32G X 8 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | - Added to Tier 3 | |
| <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> | - QL Removed: 1 / 28 DAYS | |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> | - QL Removed: 1 / 28 DAYS | |
| EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |

EFFECTIVE 03/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------|--------------------|
| EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| EMBECTA PEN NEEDLE U/F 29G X 12.7MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| EMBECTA PEN NEEDLE U/F 31G X 5 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| EMBECTA PEN NEEDLE U/F 31G X 8 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| EMBECTA PEN NEEDLE U/F 32G X 6 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| GNP PEN NEEDLES 31G X 5 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| GNP PEN NEEDLES 31G X 8 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| GNP PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |

| EFFECTIVE 03/2025 | | |
|---|------------------------------|-------------|
| Drug Name | Description of Change | Alternative |
| GNP PEN NEEDLES 32G X 6 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| IMKELDI 80 MG/ML SOLUTION <i>imatinib mesylate</i> | - Added to Tier 5 - Added | |
| JULUCA 50-25 MG TAB <i>dolutegravir sodium-ripirovirine hcl</i> | - Added | |
| <i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> | - Added to Tier 3 | |
| PEN NEEDLE/5-BEVEL TIP 32G X 4 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| PREHEVBRIO 10 MCG/ML SUSPENSION <i>hepatitis b vaccine 3-antigen recombinant</i> | - Formulary Removal | |
| QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |

| EFFECTIVE 03/2025 | | |
|---|---|-------------|
| Drug Name | Description of Change | Alternative |
| QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| REVUFORJ 110 MG TAB <i>revumenib citrate</i> | - Added to Tier 5 - Added | |
| REVUFORJ 160 MG TAB <i>revumenib citrate</i> | - Added to Tier 5 - Added | |
| SIMLANDI (1 SYRINGE) 80 MG/0.8ML PEF SY KT <i>adalimumab-ryvk</i> | - Added to Tier 5 - Added - QL Added: 2 / 28 DAYS | |
| SIMLANDI (2 SYRINGE) 20 MG/0.2ML PEF SY KT <i>adalimumab-ryvk</i> | - Added to Tier 5 - Added - QL Added: 2 / 28 DAYS | |
| TRIUMEQ 600-50-300 MG TAB <i>abacavir-dolutegravir-lamivudine</i> | - Added | |
| TRIUMEQ PD 60-5-30 MG TAB SOL <i>abacavir-dolutegravir-lamivudine</i> | - Added | |
| TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |

EFFECTIVE 03/2025

| Drug Name | Description of Change | Alternative |
|---|-----------------------|-------------|
| UKONIQ 200 MG TAB <i>umbralisib tosylate</i> | - Formulary Removal | |

EFFECTIVE 04/2025

| Drug Name | Description of Change | Alternative |
|--|-----------------------|-------------|
| CVS ANTIBACTERIAL GAUZE 2"X2" PAD <i>gauze pads & dressings</i> | - Added to Tier 2 | |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| DROPLET INSULIN SYRINGE 31G X 1/4" 0.3 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| DROPLET INSULIN SYRINGE 31G X 1/4" 0.5 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| DROPLET INSULIN SYRINGE 31G X 1/4" 1 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |

EFFECTIVE 04/2025

| Drug Name | Description of Change | Alternative |
|--|-----------------------|-------------|
| DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| DROPLET PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| E.E.S. 400 400 MG TAB <i>erythromycin ethylsuccinate</i> | - Added to Tier 4 | |
| EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC <i>insulin syringe/needle u-500</i> | - Added to Tier 3 | |
| EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |

EFFECTIVE 04/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|-------------|
| EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 1 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i> | - Added to Tier 3 | |
| <i>galantamine hydrobromide cap er 24hr 16 mg</i> | - Tier Decreased: Tier 4 to Tier 2 | |
| <i>galantamine hydrobromide cap er 24hr 24 mg</i> | - Tier Decreased: Tier 4 to Tier 2 | |
| <i>galantamine hydrobromide cap er 24hr 8 mg</i> | - Tier Decreased: Tier 4 to Tier 2 | |
| <i>glucagon (rdna) for inj kit 1 mg</i> | - Added | |
| <i>hydrocortisone butyrate oint 0.1%</i> | - ST Removed | |
| HYDROCORTISONE BUTYRATE 0.1 % OINTMENT <i>hydrocortisone butyrate</i> | - ST Removed | |
| <i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i> | - Added to Tier 3 | |

EFFECTIVE 04/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|-------------------------|
| <i>mercaptapurine susp 2000 mg/100ml (20 mg/ml)</i> | - Added to Tier 5 - Added | |
| MESNEX 400 MG TAB <i>mesna</i> | - Formulary Removal | <i>mesna 400 mg tab</i> |
| OPIPZA 10 MG FILM <i>aripiprazole</i> | - Added to Tier 5 - Added | |
| OPIPZA 2 MG FILM <i>aripiprazole</i> | - Added to Tier 5 - Added | |
| OPIPZA 5 MG FILM <i>aripiprazole</i> | - Added to Tier 5 - Added | |
| <i>penicillin g potassium for inj 20000000 unit</i> | - Added to Tier 4 | |
| <i>penicillin g potassium for inj 5000000 unit</i> | - Added to Tier 4 | |
| PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK <i>nirmatrelvir-ritonavir</i> | - Tier Decreased: Tier 3 to Tier 2 | |
| PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK <i>nirmatrelvir-ritonavir</i> | - Tier Decreased: Tier 3 to Tier 2 | |
| QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| REVUFORJ 25 MG TAB <i>revumenib citrate</i> | - Added | |

EFFECTIVE 04/2025

| Drug Name | Description of Change | Alternative |
|---|--|-------------|
| RYBELSUS 1.5 MG TAB <i>semaglutide</i> | - Added to Tier 3 - Added - QL Added: 1 / 1 DAYS | |
| RYBELSUS 14 MG TAB <i>semaglutide</i> | - Added | |
| RYBELSUS 3 MG TAB <i>semaglutide</i> | - Added | |
| RYBELSUS 4 MG TAB <i>semaglutide</i> | - Added to Tier 3 - Added - QL Added: 1 / 1 DAYS | |
| RYBELSUS 7 MG TAB <i>semaglutide</i> | - Added | |
| RYBELSUS 9 MG TAB <i>semaglutide</i> | - Added to Tier 3 - Added - QL Added: 1 / 1 DAYS | |
| SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT <i>adalimumab-ryvk</i> | - Added | |
| <i>thioridazine hcl tab 10 mg</i> | - Added to Tier 3 - Added | |
| <i>thioridazine hcl tab 100 mg</i> | - Added to Tier 3 - Added | |
| <i>thioridazine hcl tab 25 mg</i> | - Added to Tier 3 - Added | |

EFFECTIVE 04/2025

| Drug Name | Description of Change | Alternative |
|--|--|-------------|
| <i>thioridazine hcl tab 50 mg</i> | - Added to Tier 3 - Added | |
| TOPIRAMATE 50 MG CAP SPRINK <i>topiramate</i> | - Added to Tier 2 | |
| TRUE COMFORT SAFETY PEN NEEDLE 31G X 6 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| UNIFINE OTC PEN NEEDLES 31G X 5 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| UNIFINE OTC PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i> | - Added to Tier 3 | |
| VIMKUNYA 40 MCG/0.8ML SUSP PRSYR <i>chikungunya virus vaccine recombinant vlp</i> | - Added to Tier 4 | |
| XARELTO 2.5 MG TAB <i>rivaroxaban</i> | - Added | |
| XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK <i>selinexor</i> | - Added to Tier 5 - Added - QL Added: 16 / 28 DAYS - LA Added | |

| EFFECTIVE 05/2025 | | |
|---|--|-------------|
| Drug Name | Description of Change | Alternative |
| <i>dextrose inj 5%</i> | - Added to Tier 4 | |
| DEXTROSE 5 % SOLUTION <i>dextrose</i> | - Added to Tier 4 | |
| <i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> | - Added to Tier 3 | |
| REVUFORJ 25 MG TAB <i>revumenib citrate</i> | - Added to Tier 5 - QL Added: 8 / 1 DAYS - Added - LA Added | |
| SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT <i>adalimumab-ryvk</i> | - Added to Tier 5 - Added - QL Added: 2 / 28 DAYS | |
| VIVOTIF CAP DR <i>typhoid vaccine</i> | - Added to Tier 4 | |

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