



Step Therapy Program

Step Therapy requires you to have tried a First Line medication from the same therapeutic class as the Second Line medication. If your prescription history does not indicate that a first line medication was tried, the second line medication will not be covered. Please note that the second line medication will be covered at the appropriate benefit level once a first line medication has been tried and found to be ineffective.

The chart below lists the medications included in the Step Therapy Program:

Second Line Medications	First Line Medications	Criteria
Allergy-Asthma		
<u>Antihistamine, Inhaled Nasal</u> Dymista, Patanase, Olopatadine NS, Astepro, Azelastine 0.15% NS	Azelastine nasal spray 137mcg/spray	Must have tried a medication in the 2 nd column within the last 365 days
<u>Anti-Inflammatory, Inhaled Nasal</u> Nasonex, Mometasone NS, Beconase AQ, Veramyst, Omnaris, Qnasl, Zentonna	Flonase (Fluticasone)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Anti-Inflammatory, Inhaled Oral</u> Aerospan, Alvesco, Pulmicort Flexhaler	Asmanex, Flovent Diskus , Flovent HFA, QVAR	Must have tried a medication in the 2 nd column within the last 365 days
Analgesic		
<u>Agents for Migraine</u> Axert, Almotriptan, Frova, Frovatriptan, Onzetra Xsail, Relpax, Sumavel Dose Pro, Treximet, Zembrace, Zomig Nasal Spray	Amerge (Naratriptan HCL) Imitrex (Sumatriptan) Maxalt (Rizatriptan) Maxalt MLT (Rizatriptan MLT) Zomig (Zolmitriptan) Zomig ZMT (Zolmitriptan ZMT)	Must have tried 2 medications in the 2 nd column within the last 365 days
<u>Nonsteroidal Anti-Inflammatory Agents</u> Etodolac, Etodolac ER, Fenoprofen, Ketoprofen ER 200mg Oxaprozin, Meclofenamate, Mefenamic Acid, Naprelan, Naproxen 24H tab, Naproxen Sodium, Piroxicam, Tivorbex, Tolmetin, Vivlodex, Zipsor, Zorvolex	Cataflam (Diclofenac Pot.) Clinoril (Sulindac) Indocin (Indomethacin) Mobic (Meloxicam) Motrin (Ibuprofen) Naprosyn (Naproxen) Ocufen (Flurbiprofen) Orudis (Ketoprofen 50mg 75mg) Relafen (Nabumetone) Voltaren (Diclofenac Sod.)	Must have tried a medication in the 2 nd column within the last 365 days

<p><u>Skeletal Muscle Relaxants Agents</u> Amrix, Cyclobenzaprine 7.5mg tabs, Fexmid (brand and generic) Lorzone, Metaxalone, Zanaflex caps (brand and generic)</p>	<p>Baclofen Flexeril (Cyclobenzaprine) Norflex (Orphenadrine) Parafon (Chlorzoxazone) Robaxin (Methocarbamol) Soma (Carisprodol 350mg tablets) Zanaflex tabs (Tizanidine)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
Anti-Infective		
<p><u>Bacterial Agents, oral</u> Acticlate, Doxycycline Mono tabs, Doxycycline Mono 150mg caps, Doryx, Doxycycline DR tabs, Solodyn ER, Minocycline ER tabs, Monodox, Targadox</p>	<p>Doxycycline Monohydrate 50mg and 100mg capsules, Minocycline 50mg and 100mg capsules, Doxycycline Hyclate 50mg and 100mg capsules, Doxycycline Hyclate 100mg tablets</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p>Vancomycin capsules (125mg, 250mg)</p>	<p>First-Vancomycin suspension</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
Cardiovascular		
<p><u>Ace Inhibitors</u> Captopril, Moexipril, Perindopril</p>	<p>Lotensin (Benazepril) Fosinopril, Zestril (Lisinopril) Accupril (Quinapril) Altace (Ramipril) Mavik (Trandolapril)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Ace Inhibitor/CCB Combination Therapy</u> Prestalia tablets</p>	<p>Amlodipine/Benazepril caps</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Alpha-1 Adrenergic Blocker</u> Rapaflo</p>	<p>Uroxatral (Alfuzosin ER) Avodart (Dutasteride) Cardura (Doxazosin) Proscar (Finasteride) Flomax (Tamsulosin) Hytrin (Terazosin)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>

<u>Angiotensin II Receptor Blockers</u> Edarbi**	Atacand (Candesartan) Avapro (Irbesartan) Cozaar (Losartin)) Diovan (Valsartan)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Beta Blocking Agents</u> Bystolic, Betaxolol, Byvalson, Coreg CR, Inderal XR, Innopran XL, Nadolol, Pindolol, Timolol	Betapace (Sotalol) Coreg (Carvedilol) Inderal (Propranolol) Lopressor (Metoprolol) Sectral (Acebutolol) Tenormin (Atenolol) Toprol XL (Metoprolol XL) Zebeta (Bisoprolol)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Calcium Channel Blocker</u> Cardizem LA, Diltiazem ER tabs only, Matzim LA, Nisoldipine IR and ER tabs	Adalat (Nifedipine) Cardizem CD (Diltiazem ER caps only) Norvasc (Amlodipine) Plendil (Felodipine)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Coronary Vasodilators</u> Isosorbide Dinitrate (all strengths) Isordil (brand)	Isosorbide Mononitrate (generic)	Must have tried a medication in the 2 nd column within the last 365 days
Nitrolingual spray, Nitroglycerin spray (brand and generic), GoNitro Powder	Nitrostat sl tablets (Nitroglycerin sl tablets)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Omega-3 Fatty Acids</u> Vascepa	Lovaza (Omega-3)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Pulmonary Arterial Hypertension</u> Adcirca**	Sildenafil (generic only)	Must have tried a medication in the 2 nd column within the last 365 days
Central Nervous System		
<u>Alzheimer Agents</u> Aricept 23mg, Donepezil 23mg	Aricept 10mg (Donepezil)	Must have tried a medication in the 2 nd column for at least 30 days
Namenda XR Namzaric	Memantine IR tablets	Must have tried a medication in the 2 nd column for at least 30 days
<u>Analeptics</u> Armodafanil, Nuvigil (both brand and generic)	Modafanil (generic Provigil)	Must have tried a medication in the 2 nd column within the last 365 days

<p><u>Anticonvulsants</u> Trokendi XR, Qudexy XR</p>	<p>Topamax (Topiramate tablets)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p>Lamictal XR (both brand and generic), Lamictal ODT (both brand and generic)</p>	<p>Lamictal (Lamotrigine IR tablets)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p>Oxteallar XR</p>	<p>Trileptal (Oxcarbazepine IR)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Anti-Depressants</u> Aplenzin, Desvenlafaxine ER, Desvenlafaxine Fumurate ER, Fetzima, Khedezla, Pexeva, Pristiq, Trintellix, Viibryd</p>	<p>Cymbalta (Duloxetine) Wellbutrin (Bupropion) Celexa (Citalopram), Desyrel (Trazadone) Effexor (Venlafaxine), Effexor XR (Venlafaxine XR), Lexapro (Escitalopram Oxalate) Paxil (Paroxetine), Prozac (Fluoxetine), Zoloft (Sertraline)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p>Fluvoxamine ER, Luvox CR</p>	<p>Luvox (Fluvoxamine IR tablets)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p>Paroxetine CR, Paxil CR</p>	<p>Paxil (Paroxetine IR tablets)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p>Clomipramine, Protriptyline, Desipramine, Imipramine Pamoate</p>	<p>Elavil (Amitriptyline), Pamelor (Nortriptyline), Tofranil (Imipramine Hcl)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Antiparkinsons</u> Neupro Patches, Mirapex ER (brand and generic)</p>	<p>Mirapex (Pramipexole) Requip (Ropinirole)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p>Rytary capsules</p>	<p>Sinemet (Carbidopa/Levodopa ER tablets)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>

<u>Antipsychotics Agents</u> Seroquel XR , Quetiapine XR	Seroquel (Quetiapine)	Must have tried a medication in the 2 nd column within the last 365 days
Invega Trinza	Invega Sustenna	Must have tried a medication in the 2 nd column within the last 365 days
Rexulti, Saphris, Fanapt, Latuda, Vraylar	Aripiprazole	Must have tried a medication in the 2 nd column within the last 365 days
<u>Neuralgia Agents</u> Horizant	Neurontin (Gabapentin capsules)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Sedative/Hypnotics</u> Belsomra, Edluar SL, Intermezzo, Rozerem, Silenor, Zolpidem 1.75mg and 3.5mg, Zolpimist	Ambien (Zolpidem) Dalmane (Flurazepam) Lunesta (Eszopiclone) Restoril (Temazepam) Sinequan (Doxepin) Sonata (Zaleplon)	Must have tried a medication in the 2 nd column within the last 365 days
Zolpidem ER	Ambien (Zolpidem tablets)	Must have tried a medication in the 2 nd column within the last 365 days
Dermatology		
<u>Antiacne, Antibiotic Topical Agents</u> Aczone Gel, Azelex Cream, Evoclin (brand and generic)	Cleocin-T (Clindamycin gel, solution, lotion or pads) Erythromycin solution, gel or pads	Must have tried a medication in the 2 nd column within the last 365 days
<u>Antiacne, Combo Topical Agents</u> Acanya, Benzaclin (brand and generic), Onexton	Benzamycin (Erythromycin/ Benzoyl) Duac (Clindamycin/ Benzoyl Peroxide)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Antiacne, Retinoid Combo Topical Agents</u> Epiduo Gel, Epiduo Forte Gel	Differin (Adapalene 0.1% gel)	Must have tried a medication in the 2 nd column within the last 365 days

<p><u>Antibiotic, Topical Agents</u> Altabex Ointment, Mupirocin 2% Cream</p>	<p>Mupirocin 2% Ointment</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Antifungals, Topical Agents</u> Econazole, Ecoza Foam, Ertaczo, Exelderm, Extina Foam (brand and generic), Loprox Kit, Luzu, Mentax, Naftifine 2%, Naftin, Oxistat, Oxiconazole, Xolegel</p>	<p>Ciclopirox soln, cream, shampoo Ketoconazole cream, shampoo Nystatin cream, ointment, powder</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Fluorouracil, Topical Agents</u> Carac 0.5% Cream, Fluorouracil 0.5% cream, Fluoroplex 1% cream</p>	<p>Fluorouracil 2% & 5% solution Fluorouracil 5% cream Tolak 4% cream</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Immunomodulators, Topical Agents</u> Zyclara Cream</p>	<p>Imiquimod 5% Cream</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Rosacea, Topical Agents</u> Finacea Gel, Finacea Foam, Metrogel (brand and generic), Mirvaso Gel 0.33%, Noritate Cream, Soolantra Cream</p>	<p>Metrocream (Metronidazole 0.75% cream or lotion)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Steroids, Topical Agents – Very High Potency,</u> Diflorasone 0.05% ointment</p>	<p>Clobetasol 0.05% cream, Clobetasol 0.05% ointment</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Steroids, Topical Agents – High Potency</u> Amcinonide 0.1% cream/lotion/ ointment; Desoximetasone 0.25% cream/ointment, 0.05% gel; Apexicon-E; halog cream/oint Topicort Spray 0.25%; Fluocinonide 0.1%</p>	<p>Augmented betameth dip 0.05% cream, Betamethasone val 0.1% oint, Fluocinonide 0.05% gel/cr/oint, Triamcinolone 0.5% cr/oint</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>

<p><u>Steroids, Topical Agents - Medium Potency</u> Clocortolone 0.1% cream, Desoximetasone LP0.05% cream, Cordran creamault-35/oint/tape, Flurandrenolide Cream 0.05%, Hydrocortisone valerate 0.2% cream/oint, Sernivo Spray, Trianex 0.05% Ointment</p>	<p>Betameth dip lotion 0.05%, Betameth val cream 0.1%, Fluticasone 0.05% cream and 0.005% ointment, Mometasone0.1%cr /oint/lotion, Triamcinolone 0.1% cr/oint/lot, Triamcinolone 0.25% cr/oint/lot</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Steroids, Topical Agents – Low Potency</u> Desonide 0.05% cream/oint/lot</p>	<p>Hydrocortisone 2.5% cr/oint/lot</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
Endocrine and Metabolic		
<p><u>Antidiabetic – DPP4</u> Alogliptin, Nesina, Onglyza</p>	<p>Januvia Tradjenta</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Antidiabetic – DPP4/Metformin Combination</u> Alogliptin/Metformin, Kazano, Kombiglyze, Oseni</p>	<p>Janumet Janumet XR Jentadueto</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Antineoplastic Agents</u> Exemestane</p>	<p>Arimidex (Anastrozole) Femara (Letrozole)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Estrogens, Oral Agents</u> Premarin, Enjuvia, Menest,</p>	<p>Estrace (Estradiol) Ogen (Estropipate)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Estrogens, Topical Agents</u> Divigel, Elestrin, Estrogel, Evamist, Menostar (any brand name topical Estrogen product)</p>	<p>Climara Patches (Estradiol transdermal patches 1 per week) Vivelle-dot (Estradiol patch) Minivelle (Estradiol patch)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Estrogens, Vaginal Agents</u> Premarin Vaginal Cream</p>	<p>Estrace Vaginal Cream</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>

<u>Gout Agents</u> Uloric, Zurampic	Allopurinol	Must have tried a medication in the 2 nd column within the last 365 days
<u>Metabolic Bone Disorders</u> Actonel, Atelvia, Binosto, Fosamax Plus D, Risedronate 5mg, 30mg, 35mg, 150mg	Boniva (Ibandronate Sodium) Fosamax (Alendronate Sodium)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Progestins</u> Megestrol 625mg/5ml Suspension	Megestrol 400mg/10ml Suspension	Must have tried a medication in the 2 nd column within the last 365 days
<u>Testosterone/Low T</u> Androderm, Androgel 1.62% packets and pump, Axiron, Fortesta (both brand and generic), Striant	First Testosterone cream or ointment, Testosterone 1% Gel, packets or pump	The use of Androderm, Androgel 1.62% packets and pup, Axiron, and Striant require clinical team approval. Criteria will require failure in the last 30 days, unless found medically necessary.
Gastrointestinal		
<u>Anticholinergics/Antispasmodics Agents</u> Donnatal tablets and liquid Librax, CDP w/ Clidinium (both brand and generic)	Bentyl (Dicylomine) Levsin (Hyoscyamine)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Colonoscopy Prep Medications</u> Moviprep, Osmoprep, Prepopik, Suprep	Gavilyte PEG-3500 Trilyte	Must have tried a medication in the 2 nd column within the last 365 days
<u>Hyperosmotic Agents</u> Kristalose packets	Lactulose Syrup	Must have tried a medication in the 2 nd column within the last 365 days
Genitourinary		
<u>Cystine-Depleting Agents</u> Cuprimine 250 mg caps	Depen titratabs 250 mg tablets	Must have tried a medication in the 2 nd column within the last 365 days

<u>Urinary Antispasmodics</u> Toviaz, Enablex, Darifenacin, Vesicare, Myrbetriq	Flavoxate Ditropan (Oxybutynin,) Ditropan XL (Oxybutynin ER) Detrol (Tolterodine) Detrol LA (Tolterodine ER) Sanctura (Trospium) Sanctura XR (Trospium ER)	Must have tried a medication in the 2 nd column within the last 365 days
Immunosuppressives		
<u>Immunosuppressives, Systemic</u> Astagraf XL, Envarsus XR	Tacrolimus IR caps	Must have tried a medication in the 2 nd column within the last 365 days
Insulin		
<u>Insulin</u> Apidra, Novolog	Humalog	The use of Apidra and Novolog require clinical team approval. Criteria will require failure in the last 30 days, unless found medically necessary.
<u>Basal Insulin</u> Levemir, Tresiba, Ryzodeg	Basaglar Lantus Toujeo	Must have tried a medication in the 2 nd column within the last 365 days
Ophthalmic		
<u>Antihistamines</u> Bepreve, Lastacaft, Pataday, Pazeo	Azelastine Opth Soln. Elestat (Epinastine Opth Soln.) Patanol (Olopatidine 0.1% Opth Soln.)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Anti-Inflammatory</u> Bromsite, Ilevro, Nevanac, Prolensa, Acuvail	Acular (Ketorolac 0.4%, 0.5%) Bromday (Bromfenac 0.9%) Voltaren (Diclofenac) Ocufen (Flurbiprofen)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Antiglaucoma</u> Bimatoprost 0.03%, Lumigan 0.01%, Zioptan, Travatan Z	Xalatan (Latanoprost)	Must have tried a medication in the 2 nd column within the last 365 days
Betimol drops, Istalol drops	Timoptic (Timolol Maleate - ophth soln and gel forming soln)	Must have tried a medication in the 2 nd column within the last 365 days

Oral Contraceptives		
Lo Loestrin FE**	Any generic biphasic 28 day oral contraceptive such as: Azurette, Kariva, Viorele, Necon 10/11 or any generic monophasic 28 day oral contraceptive such as: Necon 1/50, Necon 1/35, Necon 0.5/35, Balziva, Gildagia, Kelnor, Ocella, Junel 1.5/30, Junel FE 1.5/30, Junel 1/20, Junel FE 1/20, Apri, Portia, Gianvi, Orsythia, Previfem, Sprintec	Must have tried a medication in the 2 nd column within the last 365 days
Natazia**, Quartette** (4-phasic oral contraceptives)	Any generic triphasic oral contraceptive such as: Necon 7/7/7, Enpresse, Trivora, Velivet, Caziant, Tri-Previfem, TriNessa, Tri-Sprintic, Tilia FE, Tri-Legest FE	Must have tried a medication in the 2 nd column within the last 365 days
Vitamins		
<u>Prenatal Agents</u> All Brand Name Prenatal Vitamins	Any generic prenatal vitamin	Must have tried a medication in the 2 nd column within the last 365 days

*Subject to change.

**Medication may require prior authorization as well.

If you are a new member to AultCare/Aultra and have tried the First Line Drugs, documentation from your physician is required. Some plans may have additional medications listed in their Step Therapy Program.

Please call the AultCare Service Center at 330-363-6360 or 1-800-344-8858 or Aultra Service Center at 330-363-2050 or 1-855-270-8497 if you have any questions.

Notice Tag Lines for the State of Ohio

English

This Notice has Important Information. This notice has important information about your application or coverage through **AultCare/Aultra**. 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. **Call Local: 330.363.6360 Outside Stark County: 1.800.344.8858 TTY Local: 330.363.2393 Outside Stark County: 1.866.633.4752**

Spanish

Español

Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través **AultCare/Aultra**. 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 **Local : 330.363.6360 Fuera del condado de Stark : 1.800.344.8858 TTY Local : 330.363.2393 Fuera del condado de Stark : 1.866.633.4752**

Chinese

中文

本通知有重要的訊息。本通知有關於您透過 **AultCare/Aultra** 保險公司 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。請撥電話 本地： **330.363.6360 斯塔克縣外： 1.800.344.8858 TTY 線 本地： 330.363.2393 斯塔克縣外： 1.866.633.4752**。

German

Deutsche

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch **AultCare/Aultra**. 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 **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY –Linie Local: 330.363.2393 Außerhalb von Stark County : 1.866.633.4752**.

Arabic

يحتوي هذا الإشعار معلومات هامة. يحوي هذا الإشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلا شركة التأمين العربية AultCare/Aultra. ابحث عن التواريخ الهامة في هذا الإشعار. 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 بـ 330.363.6360 خارج مقاطعة ستارك : 1.866.633.4752 خارج مقاطعة ستارك **TTY 1.800.344.8858**

Pennsylvania Dutch

Pennsylvania Dutch

Die Bekanntmachung gebt wichdichi Auskunft. Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit **AultCare/Aultra**. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimnde Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschtet nix **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY –Linie Local: 330.363.2393 Außerhalb von Stark County : 1.866.633.4752**.

Russian

русский

Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через **Страховая компания AultCare/Aultra**. 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 телефону **Местный: 330.363.6360 Вне Старка County : 1.800.344.8858 TTY линия Местный: 330.363.2393 Вне Старка County : 1.866.633.4752**.

French

Français

Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de **Compagnie d'Assurance AultCare/Aultra**. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez **En dehors du comté de Stark : 1.800.344.8858 ligne ATS Local : 330.363.2393 En dehors du comté de Stark : 1.866.633.4752**

Vietnamese

Việt Nam

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 **Công ty Bảo hiểm AultCare/Aultra**. 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. Xin gọi số **Địa phương: 330.363.6360 Bên ngoài của Stark County : 1.800.344.8858 TTY đường dây Địa phương: 330.363.2393 Bên ngoài của Stark County : 1.866.633.4752.**

Cushite-Oromo

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa **AultCare/Aultra** tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qaba. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuu mirga ni qabaattu. Lakkoofsa bilbilaa **Local: 330.363.6360 Outside of Stark County: 1.800.344.8858 TTY Line Local: 330.363.2393 Outside of Stark County: 1.866.633.4752** tii bilbilaa.

Korean

한국어

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 **AultCare/Aultra** 보험 회사계획을 통한 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하의 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 지역 : **330.363.6360 스타크 카운티의 외부 : 1.800.344.8858 TTY 라인 지역 : 330.363.2393 스타크 카운티의 외부 : 1.866.633.4752** 로 전화하십시오.

Italian

Italiano

Questo avviso contiene informazioni importanti sulla tua domanda o copertura attraverso **AultCare/Aultra**. Cerca le date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama **Locale: 330.363.6360 Al di fuori di Stark County : 1.800.344.8858 TTY linea Locale: 330.363.2393 Al di fuori di Stark County : 1.866.633.4752.**

Japanese

日本語

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 **AultCare/Aultra** 保険会社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。 **330.363.6360 スターク郡の外 : 1.800.344.8858 TTY ライン ローカル : 330.363.2393 スターク郡の外 : 1.866.633.4752** までお電話ください。

Dutch

Nederlands

Deze mededeling heeft belangrijke informatie. Deze mededeling heeft belangrijke informatie over uw aanvraag of dekking via **AultCare /Aultra**. Kijk naar belangrijke datums in deze mededeling. Het kan nodig zijn om actie te ondernemen binnen bepaalde termijnen om uw zorgverzekering te behouden of hulp met kosten te krijgen. U heeft het recht op deze informatie en hulp in uw taal zonder kosten. Bel **Local : 330.363.6360 Buiten Stark County : 1.800.344.8858 TTY Line Local : 330.363.2393 Buiten Stark County : 1.866.633.4752.**

Ukrainian

український

Це повідомлення містить важливу інформацію. Це повідомлення містить важливу інформацію про Ваше звернення щодо страхувального покриття через **Страхова компанія AultCare/Aultra**. Зверніть увагу на ключові дати, вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону **Місцевий : 330.363.6360 Поза Старка County : 1.800.344.8858 TTY лінія Місцевий : 330.363.2393 Поза Старка County : 1.866.633.4752.**

Romanian

Română

Prezenta notificare conține informații importante. Această notificare conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin **Compania de Asigurari AultCare/Aultra**. Căutați datele cheie din această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuit aceste

informații și ajutor în limba dumneavoastră. Sunați la **Locale : 330.363.6360 In afara Stark Judet : 1.800.344.8858 TTY linie Locale : 330.363.2393 In afara Stark Judet : 1.866.633.4752.**

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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>.