AULTCARE

AULTRA ADMINISTRATIVE GROUP

Step Therapy Program

Step Therapy requires you to have tried a Step 1 medication from the same therapeutic class as the Step 2 medication within the listed criteria. If your prescription history does not indicate that a Step 1 medication was tried, the Step 2 medication will not be covered. Please note that the Step 2 medications will be covered at the appropriate benefit level once a Step 1 medication has been tried and found to be ineffective.

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

Category	Step 1 Medications	Step 2 Medications	Criteria
Allergy-Asthma			
Antihistamine, Inhaled Nasal	Azelastine 137mcg/spray, Azlastine 0.15% NS	Azelastine/Fluticasone NS	Must have tried a Step 1 medication within the last 180 days
Anti-Inflammatory, Inhaled Nasal	Fluticasone	Mometasone NS Omnaris Qnasl Zetonna	Must have tried a Step 1 medication within the last 180 days
Anti-Inflammatory, Inhaled Oral	Arnuity Ellipta QVAR	Alvesco Armonair Digihaler Asmanex Asmanex HFA Flovent Diskus Flovent HFA Fluticasone HFA Pulmicort	Must have tried both Step 1 medications for at least 30 days within the last 180 days
Anti-Inflammatory Combo Product, Inhaled Oral	Advair HFA Breo Ellipta Symbicort	Advair Diskus Fluticasone/Salmeterol Wixela	Must have tried Step 1 medication for at least 30 days within the last 180 days
	Advair HFA Breo Ellipta Symbicort	AirDuo Digihaler Airduo RespiClick Breyna Budesonide/Formoterol Fluticasone/Vilanterol Dulera	Must have tried two Step 1 medications for at least 30 days within the last 180 days
Long-Acting Anticholinergics, Inhaled Oral	Spiriva	Incruse Tudorza	Must have tried a Step 1 medication within the last 180 days
	Anoro Breztri Stiolto Trelegy	Bevespi Duaklir	Must have tried 2 Step 1 medications within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
Analgesic			
Agents for Migraine	Naratriptan HCL Rizatriptan Rizatriptan MLT Sumatriptan Zolmitriptan tabs Zolmitriptan ZMT	Eletriptan D.H.E. 45 Dihydroergotamine Mesylate Zolmitriptan Nasal Spray	Must have tried at least 2 of the Step 1 medications within the last 180 days
	Dihydroergotamine Inj Dihydroergotamine Nasal Spray	Trudhesa Nasal Spray	Must have tried a Step 1 medication within the last 180 days
	Celecoxib	Elyxyb	Must have tried a Step 1 medication within the last 180 days
Nonsteroidal Anti-Inflammatory Agents	Diclofenac Diclofenac Sodium Flurbiprofen Ibuprofen Indomethacin Meloxicam tablets Nabumetone Naproxen Sulindac	Etodolac Etodolac ER Naproxen EC Oxaprozin Piroxicam Tolmetin Sodium	Must have tried a Step 1 medication within the last 180 days
Anti-Infective			
Antibiotic, Miscellaneous oral	Metronidazole tablet	Solosec	Must have tried a Step 1 medication within the last 180 days
	Lansoprazole, Clarithromycin, Amoxicillin Pak (generic Prevpac)	Talicia	Must have tried a Step 1 medication within the last 180 days
	Clarithromycin based triple therapy Bismuth quadruple therapy	Voquezna	Must have tried a Step 1 medication within the last 180 days
Antifungal Agents	Fluconazole	Brexafemme	Must have tried Step 1 medication within the last 180 days
Bacterial Agents, oral	Doxycycline Mono 50mg & 100mg caps Minocycline 50mg and 100mg caps Doxycycline Hyclate 50mg & 100mg caps Doxycycline Hyclate 100mg tabs	Seysara Ximino caps	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
Cardiovascular			
Ace Inhibitors	Benazepril Fosinopril Lisinopril Quinapril Ramipril Trandolapril	Captopril Moexipril Perindopril	Must have tried a Step 1 medication within the last 180 days
Ace Inhibitor/CCB Combination Therapy	Amlodipine/Benazepril caps	Prestalia	Must have tried a Step 1 medication within the last 180 days
Angiotensin II Receptor Blockers	Candesartan Eprosartan Irbesartan Losartan Olmesartan Valsartan Telmisartan	Edarbi	Must have tried a Step 1 medication within the last 180 days
Angiotensin II Receptor Blockers Combination Products	Candesartan HCT Eprosartan HCT Irbesartan HCT Losartan HCT Olmesartan HCT Telmisartan HCT Valsartan HCT	Edarbyclor	Must have tried a Step 1 medication within the last 180 days
Beta Blocking Agents	Acebutolol Atenolol Bisoprolol Carvedilol Metoprolol Metoprolol XL Propranolol Sotalol	Betaxolol Nebivolol Pindolol Timolol	Must have tried a Step 1 medication within the last 180 days
Coronary Vasodilators	Nitroglycerin sl tablets	GoNitro Powder Nitroglycerin spray (brand and generic)	Must have tried a Step 1 medication within the last 180 days
Central Nervous System			
Alzheimer Agents	Donepezil	Donepezil 23mg	Must have tried a Step 1 medication within the last 180 days
	Memantine IR tablets	Memantine ER Namzaric	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
Anti-Convulsant Agents	Lamotrigine IR tablets	Lamotrigine ER tabs Lamotrigine ODT	Must have tried a Step 1 medication within the last 180 days
	Oxcarbazepine IR	Oxtellar XR	Must have tried a Step 1 medication within the last 180 days
	Clobazam tablets, oral susp	Sympazan Films	Must have tried a Step 1 medication within the last 180 days
	Carbamazepine Divalproex Gabapentin Lamotrigine Levetiracetam Oxcarbazepine Phenobarbital Phenytoin Pregabalin Primidone Tiagabine Topiramate Valproic Acid Zonisamide	Aptiom Briviact Xcopri	Must have tried 2 weeks worth of a Step 1 medication within the last 180 days
Anti-Depressants	Bupropion Citalopram Duloxetine Escitalopram Oxalate Fluoxetine Paroxetine Sertraline Trazadone Venlafaxine Venlafaxine XR	Auvelity Desvenlafaxine ER Desvenlafaxine Fumurate ER Fetzima Trintellix	Must have tried a Step 1 medication within the last 180 days
	Amitryptyline Clomipramine Imipramine Hcl Nortriptyline	Desipramine Imipramine Pamoate Protriptyline Trimipramine cap	Must have tried a Step 1 medication within the last 180 days
	Fluvoxamine IR tablets	Fluvoxamine ER	Must have tried a Step 1 medication within the last 180 days
	Duloxetine 20mg	Duloxetine 40mg	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
Anti-Depressants (cont)	Duloxetine	Drizalma Sprinkle	Must have tried a Step 1 medication within the last 180 days
Antiparkinsons	Pramipexole Ropinirole	Neupro Patches	Must have tried a Step 1 medication within the last 180 days
	Carbidopa/Levodopa ER tablets	Rytary capsules	Must have tried a Step 1 medication within the last 180 days
	Entacapone	Ongentys	Must have tried a Step 1 medication within the last 180 days
Antipsychotics Agents	Quetiapine	Quetiapine XR	Must have tried a Step 1 medication within the last 180 days
	Invega Sustenna	Invega Trinza Invega Hafye	Must have tried a Step 1 medication within the last 180 days
	Aripiprazole	Caplyta Fanapt Rexulti Vraylar	Must have tried a Step 1 medication within the last 180 days
	Aripiprazole Quetiapine Risperidone	Secuado	Must have tried two Step 1 medications within the last 180 days
	Olanzapine	Lybalvi	Must have tried two Step 1 medications within the last 180 days
Attention Deficit Disorder	Amphetamine-Dextroamphetamine Dexmethylphenidate Dextroamphetamine Methylphenidate Vyvanse (lisdexamfetamine) capsules/chewable	All brand name ADD/ADHD Medications Methylphenidate ER (OSM) Amphet/Dextr (3-Bead) ER	Must have tried two Step 1 medications within the last 180 days
Neuralgia Agents	Gabapentin capsules	Horizant	Must have tried a Step 1 medication within the last 180 days
Sedative/Hypnotics	Doxepin Eszopiclone Flurazepam Temazepam Zaleplon Zolpidem	Belsomra Dayvigo Ramelteon	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
	Zolpidem tablets	Zolpidem ER	Must have tried a Step 1 medication within the last 180 days
Dermatology			
Anesthetics, topical patches	Aspercream patches Lidocaine 4% OTC patches Lidocare patches Salonpas patches	Lidocaine 5% patches ZTLido Any brand and generic 5% patch formation	Must have tried a Step 1 medication within the last 180 days
Antiacne, Antibiotic Topical Agents	Clindamycin gel, solution, lotion or pads Erythromycin solution, gel or pads	Amzeeq Clindamycin/Benzoyl Per Gel 1.2%/3.75% Finacea Foam (off label)	Must have tried a Step 1 medication within the last 180 days
Antiacne, Combo Topical Agents	Clindaymycin/ Benzoly Peroxide	Erythromycin/Benzoyl 3-5% Onexton	Must have tried a Step 1 medication within the last 180 days
Antiacne, Retinoid Combo Topical Agents	Adapalene 0.1% gel OTC	Adapalene 0.1% 0.3%	Must have tried a Step 1 medication within the last 180 days
Antibiotic, Topical Agents	Mupirocin 2% Ointment	Altabax Ointment Xepi	Must have tried a Step 1 medication within the last 180 days
Antifungal, Topical Agents	Ciclopirox Clotrimazole Ketoconazole Oxiconazole	Butenafine 1% Cream	Must have tried a Step 1 medication within the last 180 days
Anti-Hyperhidrosis Agents	Aluminum Chloride 20% (topical) Drysol	Qbrexza	Must have tried a Step 1 medication within the last 180 days
Fluorouracil, Topical Agents	Fluorouracil 0.5% cream Fluorouracil 2% & 5% solution Fluorouracil 5% cream Tolak 4% cream	Carac 0.5% Cream Fluoroplex 1% Cream	Must have tried a Step 1 medication within the last 180 days
Immunomodulators Topical Agents	Imiquimod 5% Cream	Imiquimod Cream 3.75%	Must have tried a Step 1 medication within the last 180 days
	Tacrolimus 0.1% Oint	Pimecrolimus Cream	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
Microtubule Inhibitor Agents	Fluorouracil 5%	Klisyri	Must have tried a Step 1 medication within the last 180 days
Retinoid Agents	Metronidazole 0.75% cream, gel or lotion	Tazorac Cream	Must have tried a Step 1 medication within the last 180 days
Rosacea, Topical Agents	Metronidazole 0.75% cream, gel or lotion	Azelaic Acid 15% gel Brimonidine gel 0.33% Finacea Foam Ivermectin Cream Rhofade Cream Soolantra Cream	Must have tried a Step 1 medication within the last 180 days
Steroids, Topical Agents – High Potency	Augmented betameth dip 0.05% cream Betamethasone val 0.1% oint Fluocinonide 0.05% gel/cr/oint Fluocinonide 0.1% Triamcinolone 0.5% cr/oint	Desoximetasone 0.25% Cream, ointment and spray, 0.05% gel	Must have tried a Step 1 medication within the last 180 days
Steroids, Topical Agents - Medium Potency	Betameth dip lotion 0.05% Betameth val cream 0.1% Fluticasone 0.05% cream Fluticasone 0.005% ointment Mometasone0.1%cr /oint/lotion Triamcinolone 0.1% cr/oint/lot Triamcinolone 0.25% cr/oint/lot	HC Valerate 0.2% ointment	Must have tried a Step 1 medication within the last 180 days
Steroids, Topical Agents – Low Potency	Hydrocortisone 2.5% cr/oint/lot	Desonide 0.05% cream /oint/lot	Must have tried a Step 1 medication within the last 180 days
Endocrine and Metabolic			
Anitdiabetic	Glimeprirde Pioglitazone	Pioglitazone/Glimepride	Must have tried a Step 1 medication within the last 45 days

Category	Step 1 Medications	Step 2 Medications	Criteria
Antidiabetic – DPP4	Metformin Metformin ER Glipizide-Metformin Glyburide-Metformin Pioglitazone-Metformin	Januvia Janumet Janumet XR Jentadueto Jentadueto XR Tradjenta	Must have tried a 30 day supply of a Step 1 medication within the last 180 days
	Group 1: Metformin Metformin ER Glipizide-Metformin Glyburide-Metformin Pioglitazone-Metformin **Group 2:** Januvia Janumet Janumet XR **Group 3:** Jentadueto Jentadueto XR Tradjenta	Kazano Alogliptin-Metformin Nesina Alogliptin Oseni Alogliptin-Pioglitazone	Must have tried a 30 day supply of a Group 1 medication within the last 180 days AND Must have tried a 90 day supply of a Group 2 medication within the last 180 days AND Must have tried a 90 day supply of a Group 3 medication within the last 180 days
Antineoplastic Agents	Anastrozole Letrozole	Exemestane	Must have tried a Step 1 medication within the last 180 days
Diabetic Testing Strips	Contour Test Strips One Touch Test Strips	All Non-Preferred Test Strips	Criteria will require failure of 2 Step 1 products in the last 30 days, unless found medically necessary.
Estrogens, Oral Agents	Estradiol Estropipate	Menest Premarin	Must have tried a Step 1 medication within the last 180 days
Estrogens Progesterone Combination, Oral Agents	Estradiol/Norethindrone	Bijuva capsules	Must have tried a Step 1 medication within the last 180 days
Estrogens, Topical Agents	Estradiol transdermal patches 1/wk Estradiol patch	Elestrin Estrogel Evamist Menostar (any brand name top Estrogen)	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
Estrogens, Vaginal Agents	Estradiol Vaginal Cream	Premarin Vaginal Cream	Must have tried a Step 1 medication within the last 180 days
Gout Agents	Colchicine tablets	Colchicine caps Gloperba	Must have tried a Step 1 medication within the last 180 days
	Allopurinol	Febuxostat	Must have tried a Step 1 medication within the last 180 days
Hypoglycemia Agents	Glucagon	Zegalogue	Must have tried a Step 1 medication within the last 180 days
Metabolic Bone Disorders	Ibandronate Sodium Alendronate Sodium	Risedronate 5mg, 30mg, 35mg, 150mg	Must have tried a Step 1 medication within the last 180 days
Progestins	Megestrol 400mg/10ml Suspension	Megestrol 625mg/5ml Suspension	Must have tried a Step 1 medication within the last 180 days
SGLT2 Inhibitors Diabetic Indication:	Metformin Metformin ER Glipizide-Metformin Glyburide-Metformin Pioglitazone-Metformin	Farxiga Jardiance Glyxambi Synjardy Synjardy XR Trijardy XR Xigduo XR	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
SGLT2 Inhibitors	Indication: Heart Failure Captopril Enalapril Lisinopril Quinapril Ramipril Fosinopril Trandolapril Perinodopril Candesartan Valsartan Losartan Bisoprolol Carvedilol IR/ER Metoprolol Succinate CR/XL Spironolactone Eplerenone Entresto	Farxiga Jardiance Xigduo XR	Must have tried a 30 day supply of a Step 1 medication within the last 180 days
	Group 1: Metformin Metformin ER Glipizide-Metformin Glyburide-Metformin Pioglitazone-Metformin **Group 2:** Farxiga Xigduo XR **Group 3:** Glyxambi Jardiance Synjardy Synjardy XR Trijardy XR	Dapagliflozin Propanediol Dapagliflozin Propanediol/ Metformin Qtern Segluromet Steglatro Steglujan Invokamet Invokamet XR Invokana	Must have tried a 30 day supply of a Group 1 medication within the last 180 days AND Must have tried a 90 day supply of a Group 2 medication within the last 180 days AND Must have tried a 90 day supply of a Group 3 medication within the last 180 days
Testosterone/Low T	Testosterone 1% Gel, packets or Pump	Androderm Testosterone 2% Gel Pump Testosterone Topical Soln	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
Testosterone/Low T	Testosterone Cypionate Inj	Xyosted	Must have tried a Step 1 medication within the last 180 days
Gastrointestinal			
Anti-inflammatory Agents	Balazide Mesalamine DR Sulfasalazine	Dipentum	Must have tried a Step 1 medication within the last 180 days
	Mesalamine	Pentasa	Must have tried a Step 1 medication within the last 180 days
Chronic Constipation Agents	Amitiza Linzess Trulance	Motegrity	Must have tried a Step 1 medication failure in the last 30 days unless medically necessary
	Lactulose Polytheylene glycol Linaclotide Lubiprostone	Trulance	Must have tried a Step 1 medication within the last 180 days
Genitourinary			
Alph-blockers	Alfuzosin Doxazosin Mesylate Dutasteride Finasteride Tamsulosin Terazosin	Silodosin	Must have tried a Step 1 medication within the last 180 days
Erectile Dysfunction Agents	Sildenafil 25mg, 50mg, 100mg	Stendra Tadalafil	Must have tried a Step 1 medication within the last 180 days
Urinary Antispasmodics	Flavoxate Oxybutynin Oxybutynin ER Tolterodine Tolterodine ER Trospium Trospium ER	Darifenacin Gemtesa	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
Immunosuppressives			
Disease Modifying Immunosuppressant Agent	Methotrexate Vial	Rasuvo Reditrex	Must have tried a Step 1 medication within the last 180 days
Immunosuppressive Systemic	Tacrolimus IR caps	Astagraf XL Envarsus Xr	Must have tried a Step 1 medication within the last 180 days
Insulin			
Basal Insulin	Lantus Toujeo Basaglar Rezvoglar	Insulin Degludec Insulin Glargine-yfgn Insulin Glargine Solostar Lantus ABA (insulin glargine) Semglee-yfgn Tresiba	Must have tried a Step 1 medication within the last 180 days
Insulin	Novolog	Insulin Aspart Novolog Relion	Must have tried a Step 1 medication within the last 180 days
GLP-1 / Basal Insulin Combo	Metformin Metformin ER Glipizide-Metformin Glyburide-Metformin Pioglitazone-Metformin	Soliqua Xultophy	Must have tried a Step 1 medication within the last 180 days
Ophthalmic			
Antihistamines	Olopatadine 0.1% Opth Soln. Olopatidine 0.2% Opth Soln.	Azelastine Opth Soln. Cromolyn Epinastine Opth Soln Lastacaft	Must have tried a Step 1 medication within the last 180 days
Anti-Inflammatory	Ketorolac 0.4%, 0.5% Bromfenac 0.9% Diclofenac Flurbiprofen	Prolensa	Must have tried a Step 1 medication within the last 180 days
	Ketotifen 0.025% OTC Olopatadine 0.1% OTC	Alomide	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
Antiglaucoma	Latanoprost	Bimatoprost Lumigan Rocklatan Tafluprost Vyzulta Xelpros	Must have tried a Step 1 medication within the last 180 days
	Tmolol Maleate Opth soln	Betimol drops Cosopt drops Rhopressa Timolol-brimonidine drops	Must have tried a Step 1 medication within the last 180 days
	Brimonidine 0.2% Soln	Simbrinza	Must have tried a Step 1 medication within the last 180 days
Dry Eye Disease	Cyclosporine	Miebo Restasis Vevye	Must have tried a Step 1 medication within the last 180 days
Contraceptives			
Oral Contraceptives	Any generic biphasic 28 day oral contraceptive such as: Azurette, Kariva, Viorele, or any generic monophasic 28 day oral contraceptive such as: 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	Lo Loestrin FE** Nextstellis**	Must have tried a Step 1 medication within the last 180 days
	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	Natazia**	Must have tried a Step 1 medication within the last 180 days
	Errin, Heather, Norethindrone 0.35mg, Jencycla, Nora-Be, Tulana, Norlyda, Camila	Slynd**	Must have tried a Step 1 medication within the last 180 days
Contraceptive Patches	Xulane	Twirla**	Must have tried a Step 1 medication within the last 180 days
Vitamins			
Prenatal Agents	Any generic prenatal vitamin	All brand name prenatal vitamins	Must have tried a Step 1 medication within the last 180 days

*Subject to change.
**Medication may require prior authorization as well.

If you are a new member to AultCare/Aultra and have tried the Step 1 medication, 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 (TTY: 711) or Aultra Service Center at 330-363-2050 or 1-855-270-8497 (TTY: 711) if you have any questions.

AultCare/Aultra 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: 711 Outside Stark County: 711**

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 : 711 Fuera del condado de Stark : 711**

Chinese

中文

本通知有重要的訊息。本通知有關於您透過 **AultCare/Aultra 保**险公司 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：711 斯塔克縣外： 711。**

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: 711 Außerhalb von Stark County : 711**

Arabic

العربية

يحوي هذا الاشعار معلومات هامة. يحوي هذا الاشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلا شركة التأمين AultCare/Aultra

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 بـ330.363.6360 خارج مقاطعة ستارك :1.800.344.8858 لخط **TTY**المحلي: 711 خارج مقاطعة ستارك :711

Pennsylvania Dutch

Deitsch

Die Bekanntmaching gebt wichdichi Auskunft. Die Bekanntmaching 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 beschtimmde 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: 711 Außerhalb von Stark County : 711**.

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: 711 Вне Старка County : 711.**

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 Locale: 330.363.6360 En dehors du comté de Stark : 1.800.344.8858 ligne ATS Local : 711 En dehors du comté de Stark : 711**

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: 711 Bên ng oài của Stark County : 711.**

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 argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa **Local: 330.363.6360 Outside of Stark County: 1.800.344.8858 TTY Line Local: 711 Outside of Stark County: 711** tii bilbilaa.

Korean

한국어

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 **AultCare/Aultra 보험회사계획**을 통한 커버리지 에 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. **지역: 330.363.6360** 스타크 카운티 의 외부 **: 1.800.344.8858 TTY** 라인 **지역: 711 스타크카운티의외부: 711** 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: 711 Al di fuori di Stark County : 711.**

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 ： 711 スターク郡の外 ： 711** 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 : 711 Buiten Stark County : 711.**

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 : 711 Поза Старка County : 711.**

Romanian

Română

Prezenta notificare conține informații importante. Această notificare conține informații importante privind cererea sau acoperirea asigurării dumneavoastre 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 : 711 In afara Stark Judet : 711.**

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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.