

Updated: January 1, 2020

2020 Formulary Annual Notice of Change Medicare Advantage Plans (MAPD)

This is a listing of the changes that have occurred to the 2020 MAPD formulary. For a complete list, please refer to the 2019 MAPD Comprehensive Formulary (Drug List). [Click here](#) to view the comprehensive formulary.

Please carefully review these changes. If you have any questions, please call Customer Service toll-free at 1.855.882.6467 (TTY/TDD relay: 1.800.955.8771) weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1 to March 31, we're available seven days a week from 8 a.m. to 8 p.m. You can also visit myAHplan.com for additional information. Please refer to your Evidence of Coverage for cost-share information.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must generally use network pharmacies to use your prescription drug benefit. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

Y0089_MPINFO7862AH_C(09/19)

Effective Date:1/1/2020

Medication Name	Change Description
BOTOX 100 UNIT INJECTION	Formulary Addition
BOTOX 200 UNIT INJECTION	Formulary Addition
<i>cefixime 400 mg capsule</i>	New Drug
<i>ciprofloxacin 200 mg/100 ml in 5 % dextrose intravenous piggyback</i>	Formulary Addition
DOPELET (30 TAB PACK) 20 MG TABLET	New Drug
<i>epinephrine (jr) 0.15 mg/0.3 ml injection,auto-injector</i>	Formulary Addition
<i>epinephrine 0.3 mg/0.3 ml injection, auto-injector</i>	Formulary Addition
<i>febuxostat 40 mg tablet</i>	New Drug
<i>febuxostat 80 mg tablet</i>	New Drug
<i>fluconazole 200 mg/100 ml in sod. chloride (iso) intravenous piggyback</i>	Formulary Addition
<i>icatibant 30 mg/3 ml subcutaneous syringe</i>	New Drug
INBRIJA 42 MG CAPSULE WITH INHALATION DEVICE	Formulary Addition
JANUMET 50 MG-1,000 MG TABLET	Formulary Addition
JANUMET 50 MG-500 MG TABLET	Formulary Addition
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE	Formulary Addition
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE	Formulary Addition
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE	Formulary Addition
JANUVIA 100 MG TABLET	Formulary Addition
JANUVIA 25 MG TABLET	Formulary Addition
JANUVIA 50 MG TABLET	Formulary Addition
<i>naloxone 0.4 mg/ml injection syringe</i>	Formulary Addition
NUBEQA 300 MG TABLET	New Drug
<i>pregabalin 100 mg capsule</i>	New Drug
<i>pregabalin 150 mg capsule</i>	New Drug
<i>pregabalin 20 mg/ml oral solution</i>	New Drug
<i>pregabalin 200 mg capsule</i>	New Drug
<i>pregabalin 225 mg capsule</i>	New Drug
<i>pregabalin 25 mg capsule</i>	New Drug
<i>pregabalin 300 mg capsule</i>	New Drug
<i>pregabalin 50 mg capsule</i>	New Drug
<i>pregabalin 75 mg capsule</i>	New Drug
<i>pyridostigmine bromide 60 mg/5 ml oral syrup</i>	Formulary Addition
<i>ramelteon 8 mg tablet</i>	New Drug
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION	Formulary Addition
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE	Formulary Addition
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE	Formulary Addition
SYMJEPI 0.15 MG/0.3 ML INJECTION SYRINGE (FOR 33 LB TO 66 LB PATIENTS)	New Drug
SYMJEPI 0.3 MG/0.3 ML INJECTION SYRINGE	New Drug
TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS)	Formulary Addition
<i>treprostinil sodium 1 mg/ml injection solution</i>	Formulary Addition
<i>treprostinil sodium 10 mg/ml injection solution</i>	Formulary Addition
<i>treprostinil sodium 2.5 mg/ml injection solution</i>	Formulary Addition
<i>treprostinil sodium 5 mg/ml injection solution</i>	Formulary Addition
TRULANCE 3 MG TABLET	Formulary Addition
TURALIO 200 MG CAPSULE	New Drug
<i>ursodiol 250 mg tablet</i>	Formulary Addition
<i>ursodiol 500 mg tablet</i>	Formulary Addition
VYVANSE 10 MG CAPSULE	Formulary Addition
VYVANSE 20 MG CAPSULE	Formulary Addition

Medication Name	Change Description
VYVANSE 30 MG CAPSULE	Formulary Addition
VYVANSE 40 MG CAPSULE	Formulary Addition
VYVANSE 50 MG CAPSULE	Formulary Addition
VYVANSE 60 MG CAPSULE	Formulary Addition
VYVANSE 70 MG CAPSULE	Formulary Addition
XIAFLEX 0.9 MG SOLUTION FOR INJECTION	Formulary Addition
XPOVIO 100 MG/WEEK (20 MG X 5) TABLET	New Drug
XPOVIO 160 MG/WEEK (20 MG X 8) TABLET	New Drug
XPOVIO 60 MG/WEEK (20 MG X 3) TABLET	New Drug
XPOVIO 80 MG/WEEK (20 MG X 4) TABLET	New Drug
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE	Formulary Addition
ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE	Formulary Addition
ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE	Formulary Addition
ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE	Formulary Addition
ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE	Formulary Addition
ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE	Formulary Addition
ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE	Formulary Addition
ADCIRCA 20 MG TABLET	Removed from Plan Formulary
AIMOVIG AUTOINJECTOR 140 MG/2 PACK (70 MG/ML) SUBCUTANEOUS	Removed from Plan Formulary
ALBENZA 200 MG TABLET	Removed from Plan Formulary
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION	Removed from Plan Formulary
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION	Removed from Plan Formulary
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION	Removed from Plan Formulary
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION	Removed from Plan Formulary
<i>ampicillin 125 mg/5 ml oral suspension</i>	Removed from Plan Formulary
<i>ampicillin 250 mg/5 ml oral suspension</i>	Removed from Plan Formulary
AMPYRA 10 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET	Removed from Plan Formulary
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET	Removed from Plan Formulary
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP	Removed from Plan Formulary
AZACTAM 1 GRAM/50 ML IN DEXTROSE (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK	Removed from Plan Formulary
AZACTAM 2 GRAM/50 ML IN DEXTROSE (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK	Removed from Plan Formulary
BACTROBAN NASAL 2 % OINTMENT	Removed from Plan Formulary
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION	Removed from Plan Formulary
CABLIVI 11 MG SOLUTION FOR INJECTION	Removed from Plan Formulary
CARIMUNE NF NANOFILTERED 6 GRAM INTRAVENOUS SOLUTION	Removed from Plan Formulary
CERVARIX VACCINE (PF) 20 MCG-20 MCG/0.5 ML INTRAMUSCULAR SYRINGE	Removed from Plan Formulary
<i>ciprofloxacin 400 mg/40 ml intravenous solution</i>	Removed from Plan Formulary
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	Removed from Plan Formulary
COSOPT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE	Removed from Plan Formulary
<i>cyclopropridine 2 mg/5 ml oral syrup</i>	Removed from Plan Formulary
<i>didanosine 200 mg capsule,delated release</i>	Removed from Plan Formulary
DOPTELET 20 MG TABLET	Removed from Plan Formulary
DOPTELET 20 MG TABLET (15 PACK)	Removed from Plan Formulary
EFFIENT 10 MG TABLET	Removed from Plan Formulary
EFFIENT 5 MG TABLET	Removed from Plan Formulary
ELIDEL 1 % TOPICAL CREAM	Removed from Plan Formulary
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM	Removed from Plan Formulary
EVZIO 0.4 MG/0.4 ML INJECTION,AUTO-INJECTOR	Removed from Plan Formulary

Medication Name	Change Description
<i>fenofibrate 160 mg tablet</i>	Removed from Plan Formulary
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SYRINGE	Removed from Plan Formulary
GLEEVEC 100 MG TABLET	Removed from Plan Formulary
GLEEVEC 400 MG TABLET	Removed from Plan Formulary
<i>haloperidol decanoate 100 mg/ml intramuscular solution (1ml)</i>	Removed from Plan Formulary
HEXALEN 50 MG CAPSULE	Removed from Plan Formulary
ILARIS (PF) 180 MG/1.2 ML (150 MG/ML) SUBCUTANEOUS SOLUTION	Removed from Plan Formulary
INVANZ 1 GRAM SOLUTION FOR INJECTION	Removed from Plan Formulary
INVIRASE 200 MG CAPSULE	Removed from Plan Formulary
KLOR-CON SPRINKLE 10 MEQ CAPSULE,EXTENDED RELEASE	Removed from Plan Formulary
KYNAMRO 200 MG/ML SUBCUTANEOUS SYRINGE	Removed from Formulary
LYNPARZA 50 MG CAPSULE	Removed from Plan Formulary
MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION	Removed from Plan Formulary
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUBCUTANEOUS SOLUTION	Removed from Plan Formulary
<i>methotrexate sodium (pf) 25 mg/ml injection solution (10 ml)</i>	Removed from Plan Formulary
<i>methotrexate sodium 25 mg/ml injection solution (inj)</i>	Removed from Plan Formulary
<i>moexipril 15 mg-hydrochlorothiazide 12.5 mg tablet</i>	Removed from Plan Formulary
<i>moexipril 15 mg-hydrochlorothiazide 25 mg tablet</i>	Removed from Plan Formulary
<i>moexipril 7.5 mg-hydrochlorothiazide 12.5 mg tablet</i>	Removed from Plan Formulary
NITROSTAT 0.3 MG SUBLINGUAL TABLET	Removed from Plan Formulary
NITROSTAT 0.4 MG SUBLINGUAL TABLET	Removed from Plan Formulary
NITROSTAT 0.6 MG SUBLINGUAL TABLET	Removed from Plan Formulary
NORVIR 100 MG TABLET	Removed from Plan Formulary
NUPLAZID 17 MG TABLET	Removed from Plan Formulary
ONFI 10 MG TABLET	Removed from Plan Formulary
ONFI 2.5 MG/ML ORAL SUSPENSION	Removed from Plan Formulary
ONFI 20 MG TABLET	Removed from Plan Formulary
PATADAY 0.2 % EYE DROPS	Removed from Plan Formulary
PEGASYS PROCLICK 135 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
PEGINTRON REDIPEN 120 MCG/0.5 ML SUBCUTANEOUS KIT	Removed from Plan Formulary
POTIGA 200 MG TABLET	Removed from Plan Formulary
POTIGA 300 MG TABLET	Removed from Plan Formulary
POTIGA 400 MG TABLET	Removed from Plan Formulary
POTIGA 50 MG TABLET	Removed from Plan Formulary
<i>promethazine-phenylephrine 6.25 mg-5 mg/5 ml oral syrup</i>	Removed from Plan Formulary
<i>proparacaine 0.5 % eye drops</i>	Removed from Plan Formulary
QVAR 40 MCG/ACTUATION METERED AEROSOL ORAL INHALER	Removed from Plan Formulary
QVAR 80 MCG/ACTUATION METERED AEROSOL ORAL INHALER	Removed from Plan Formulary
RANEXA 1,000 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary
RANEXA 500 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary
<i>reserpine 0.1 mg tablet</i>	Removed from Plan Formulary
RIBASPHERE 200 MG TABLET	Removed from Plan Formulary
SAPHRIS (BLACK CHERRY) 10 MG SUBLINGUAL TABLET	Removed from Plan Formulary
SAPHRIS (BLACK CHERRY) 5 MG SUBLINGUAL TABLET	Removed from Plan Formulary
SOVALDI 400 MG TABLET	Removed from Plan Formulary
<i>stavudine 1 mg/ml oral solution</i>	Removed from Plan Formulary
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM	Removed from Plan Formulary
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM	Removed from Plan Formulary
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM	Removed from Plan Formulary

Medication Name	Change Description
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM	Removed from Plan Formulary
TANZEUM 30 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
TANZEUM 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
<i>tetanus-diphtheria toxoids-td 2 lf unit-2 lf unit/0.5 ml im suspension</i>	Removed from Plan Formulary
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
VAGIFEM 10 MCG VAGINAL TABLET	Removed from Plan Formulary
<i>verapamil er 360 mg 24 hr capsule,extended release</i>	Removed from Plan Formulary
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION	Removed from Plan Formulary
WELCHOL 3.75 GRAM ORAL POWDER PACKET	Removed from Plan Formulary
WELCHOL 625 MG TABLET	Removed from Plan Formulary
ZERIT 1 MG/ML ORAL SOLUTION	Removed from Plan Formulary
ZOHYDRO ER 10 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE	Removed from Plan Formulary
ZOHYDRO ER 15 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE	Removed from Plan Formulary
ZOHYDRO ER 20 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE	Removed from Plan Formulary
ZOHYDRO ER 30 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE	Removed from Plan Formulary
ZOHYDRO ER 40 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE	Removed from Plan Formulary
ZOHYDRO ER 50 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE	Removed from Plan Formulary
ZOVIRAX 5 % TOPICAL CREAM	Removed from Plan Formulary
ZYTIGA 250 MG TABLET	Removed from Plan Formulary
ZYTIGA 500 MG TABLET	Removed from Plan Formulary
<i>abacavir 600 mg-lamivudine 300 mg tablet</i>	Updated from Tier 5 to Tier 4
<i>acitretin 10 mg capsule</i>	Updated from Tier 5 to Tier 4 PA is added
<i>acitretin 25 mg capsule</i>	Updated from Tier 5 to Tier 4 PA is added
<i>acyclovir 5 % topical cream</i>	Updated from Tier 5 to Tier 4 QL is added
BALVERSA 3 MG TABLET	PA is added
BALVERSA 4 MG TABLET	PA is added
BALVERSA 5 MG TABLET	PA is added
<i>buprenorphine 12 mg-naloxone 3 mg sublingual film</i>	Updated from Tier 3 to Tier 2 QL is added
<i>buprenorphine 2 mg-naloxone 0.5 mg sublingual film</i>	Updated from Tier 3 to Tier 2 QL is added
<i>buprenorphine 4 mg-naloxone 1 mg sublingual film</i>	Updated from Tier 3 to Tier 2 QL is added
<i>buprenorphine 8 mg-naloxone 2 mg sublingual film</i>	Updated from Tier 3 to Tier 2 QL is added
<i>buprenorphine hcl 2 mg sublingual tablet</i>	QL is added
<i>buprenorphine hcl 8 mg sublingual tablet</i>	QL is added
<i>clobazam 20 mg tablet</i>	Updated from Tier 4 to Tier 5
<i>clonazepam 0.5 mg disintegrating tablet</i>	QL is added
<i>clonazepam 1 mg disintegrating tablet</i>	QL is added
<i>clonazepam 2 mg disintegrating tablet</i>	QL is added
<i>diclofenac 3 % topical gel</i>	Updated from Tier 5 to Tier 4
<i>diclofenac 3 % topical gel</i>	Updated from Tier 5 to Tier 4 PA is added
<i>dronabinol 10 mg capsule</i>	Updated from Tier 5 to Tier 4 PA is added QL is added
<i>entecavir 0.5 mg tablet</i>	Updated from Tier 5 to Tier 4 QL is added
<i>entecavir 1 mg tablet</i>	Updated from Tier 5 to Tier 4 QL is added
GAMUNEX-C 1 GRAM/10 ML (10 %) INJECTION SOLUTION	Updated from Tier 3 to Tier 5 PA is added
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION	QL is added
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION	PA is added QL is added
ISENTRESS 100 MG CHEWABLE TABLET	Updated from Tier 4 to Tier 3 QL is added
ISENTRESS 100 MG ORAL POWDER PACKET	Updated from Tier 4 to Tier 3
ISENTRESS 400 MG TABLET	Updated from Tier 5 to Tier 3 QL is added
ISENTRESS HD 600 MG TABLET	Updated from Tier 5 to Tier 3 QL is added
<i>lamivudine 100 mg tablet</i>	Updated from Tier 4 to Tier 3
<i>linezolid 600 mg tablet</i>	Updated from Tier 5 to Tier 4 PA is added

Medication Name	Change Description
<i>naloxone 0.4 mg/ml injection solution</i>	Updated from Tier 2 to Tier 6
<i>naloxone 1 mg/ml injection syringe</i>	Updated from Tier 2 to Tier 6
<i>nortriptyline 10 mg/5 ml oral solution</i>	Updated from Tier 3 to Tier 1
NUDEXTA 20 MG-10 MG CAPSULE	Updated from Tier 4 to Tier 5 PA is added QL is added
OXERVATE 0.002 % EYE DROPS	PA is added QL is added
<i>paliperidone er 1.5 mg tablet,extended release 24 hr</i>	Updated from Tier 5 to Tier 4 PA is added QL is added
<i>paliperidone er 3 mg tablet,extended release 24 hr</i>	Updated from Tier 5 to Tier 4 PA is added QL is added
<i>paliperidone er 6 mg tablet,extended release 24 hr</i>	Updated from Tier 5 to Tier 4 PA is added QL is added
PRADAXA 110 MG CAPSULE	Updated from Tier 3 to Tier 4
PRADAXA 150 MG CAPSULE	Updated from Tier 3 to Tier 4
PRADAXA 75 MG CAPSULE	Updated from Tier 3 to Tier 4
PRALUENT PEN 150 MG/ML SUBCUTANEOUS PEN INJECTOR	Updated from Tier 5 to Tier 4 PA is added QL is added
PRALUENT PEN 75 MG/ML SUBCUTANEOUS PEN INJECTOR	Updated from Tier 5 to Tier 4 PA is added QL is added
<i>quetiapine er 150 mg tablet,extended release 24 hr</i>	QL is added
<i>quetiapine er 200 mg tablet,extended release 24 hr</i>	QL is added
<i>quetiapine er 300 mg tablet,extended release 24 hr</i>	QL is added
<i>quetiapine er 400 mg tablet,extended release 24 hr</i>	QL is added
<i>quetiapine er 50 mg tablet,extended release 24 hr</i>	QL is added
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR	Updated from Tier 5 to Tier 4 PA is added QL is added
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR	Updated from Tier 5 to Tier 4 PA is added QL is added
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE	Updated from Tier 5 to Tier 4 PA is added QL is added
<i>riluzole 50 mg tablet</i>	Updated from Tier 4 to Tier 3
SAPHRIS 10 MG SUBLINGUAL TABLET	Updated from Tier 4 to Tier 5 PA is added
SAPHRIS 2.5 MG SUBLINGUAL TABLET	Updated from Tier 4 to Tier 5 PA is added
SAPHRIS 5 MG SUBLINGUAL TABLET	Updated from Tier 4 to Tier 5 PA is added
<i>tenofovir disoproxil fumarate 300 mg tablet</i>	Updated from Tier 5 to Tier 4
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION	ST is added
<i>valganciclovir 450 mg tablet</i>	Updated from Tier 4 to Tier 3
VRAYLAR 1.5 MG CAPSULE	PA is added
VRAYLAR 1.5 MG CAPSULE	PA is added QL is added
VRAYLAR 3 MG CAPSULE	PA is added
VRAYLAR 3 MG CAPSULE	PA is added QL is added
VRAYLAR 4.5 MG CAPSULE	PA is added
VRAYLAR 4.5 MG CAPSULE	PA is added QL is added
VRAYLAR 6 MG CAPSULE	PA is added
VRAYLAR 6 MG CAPSULE	PA is added QL is added
XATMEP 2.5 MG/ML ORAL SOLUTION	Updated from Tier 5 to Tier 4 PA is added
ZYKADIA 150 MG TABLET	PA is added QL is added
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION	PA is added

If you have any questions, please call Customer Service toll free at 1.855.882.6467 (TTY/TDD relay: 1.800.955.8771) weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1 to March 31, we're available seven days a week from 8 a.m. to 8 p.m.

AdventHealth Advantage Plans is administered by Health First Health Plans. Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal.

Nondiscrimination Notice

AdventHealth Advantage Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Florida Hospital Care Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

AdventHealth Advantage Plans:

- 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, accessible electronic 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, please contact Doris Garcia-Durand.

If you believe that AdventHealth Advantage Plans 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: Doris Garcia-Durand, ADA/Section 504 Coordinator, 6450 US Highway 1, Rockledge, FL 32955, 321-434-4521, 1-800-955-8771 (TTY), Fax: 321-434-4362, doris.garciadurand@health-first.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance Doris Garcia-Durand, ADA/Section 504 Coordinator, 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Y0089_MPINFO7271AH_C(04/19)

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-716-7737 (TTY: 1-800-955-8771).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-716-7737 (TTY: 1-800-955-8771).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-716-7737 (TTY: 1-800-955-8771).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-716-7737 (TTY: 1-800-955-8771).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-716-7737 (TTY: 1-800-955-8771).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-716-7737 (TTY: 1-800-955-8771)。

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-716-7737 (ATS : 1-800-955-8771).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-716-7737 (TTY: 1-800-955-8771).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-716-7737 (телетайп: 1-800-955-8771).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-716-7737 (رقم هاتف الصم والبكم: 1-800-955-8771).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-716-7737 (TTY: 1-800-955-8771).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-716-7737 (TTY: 1-800-955-8771).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-716-7737 (TTY: 1-800-955-8771)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-716-7737 (TTY: 1-800-955-8771).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-716-7737 (TTY: 1-800-955-8771).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-716-7737 (TTY: 1-800-955-8771).

AdventHealth Advantage Plans is administered by Health First Health Plans. Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal.