

For Your Benefit

State and higher-education edition | October 2025

Public Employees Benefits Board (PEBB) Program

Open enrollment is October 27 to November 24

Open enrollment is your opportunity to make changes to your PEBB health coverage for 2026. Forms and other helpful tools are available on the *Open enrollment* webpage at hca.wa.gov/pebb-oe.

Whether you're thinking about switching plans, adding or removing dependents, or staying with your current coverage, this is the time to review your options and make sure your benefits are working for you.

! Important: UMP Plus–Puget Sound High Value Network (PSHVN) and UMP Plus–UW Medicine Accountable Care Network (ACN) will no longer be available beginning January 1, 2026. If you are enrolled in one of these plans, you must choose a new plan for 2026 or you and your enrolled dependents will be automatically enrolled in UMP Classic.

What changes can I make during open enrollment?

You can make the changes listed below from October 27 to November 24. Changes are effective January 1, 2026. Log in to Benefits 24/7 at benefits247.hca.wa.gov to:

- Change your medical, dental, and vision plans.
- Add or remove dependents.
- Waive medical coverage if you have other employer-based group medical, a TRICARE plan, or Medicare Part A and Part B.
- Enroll in medical coverage if you previously waived coverage.
- Attest to the spousal coverage premium surcharge.
- Enroll (or reenroll) in the flexible spending arrangement (FSA) or Dependent Care Assistance Program (DCAP).

Note: WSU and UW employees must use Workday. See page 7 for information on how to make changes to your coverage using Benefits 24/7.

Tips for a smooth open enrollment

We've created a list that highlights important topics:

- **Review what's changing.** Look over any changes to your current plans, including premiums, deductibles, copays/coinsurance, and provider networks.
- **Assess your health care needs.** Consider your and any dependents' health status, upcoming treatments, or anticipated life events (pregnancy, surgery, relocation, etc.) that may affect your coverage needs.
- **Make changes in Benefits 24/7.** This includes adding or removing dependents and changing plans.
- **Stay connected.** Sign up for emails and follow HCA on social media.
- **Need help?** Reach out to your payroll or benefits office.

Important dates



October 20 to November 13

Visit one of the in-person benefits fairs around the state to learn about your health plans and benefits options. See page 5 to find one near you.

October 27

PEBB annual open enrollment begins. Use Benefits 24/7 to make changes. Forms are also available.

November 24

Benefits 24/7 changes must be received by 11:59 p.m. If you are submitting paper forms, your payroll or benefits office must receive them as of this day. (WSU and UW employees use Workday.)

November 30

Last day for most subscribers to qualify (if eligible) for the SmartHealth \$125 wellness incentive for 2026 at smarthealth.hca.wa.gov.

January 1, 2026

The new plan year begins. Open enrollment changes become effective and benefits, deductibles, and out-of-pocket maximums reset.

Important changes to your 2026 PEBB benefits

All changes are effective January 1, 2026, unless otherwise noted. Learn more about the changes listed below and other changes on the *Open enrollment* webpage at hca.wa.gov/pebb-oe. Any updates that happen after this newsletter mails will be listed on the *Open enrollment* webpage, so we recommend you check there for the latest information.

Note: Premiums are included on page 4. Please review the premiums closely as many have increased.

Changes to all PEBB plans

- **Deductible for consumer-directed health plans (CDHPs):** The IRS raised the minimum deductible for high-deductible health plans to \$1,700 for single subscribers and \$3,400 for families.
- **Health savings accounts (HSAs):** The IRS raised the health savings account annual maximum contribution to \$4,400 for single subscribers and \$8,750 for families.

Medical plan changes



Kaiser Permanente Northwest (KPNW):

- **Hearing aids** will no longer be capped at a specific dollar amount. Members must see an in-network provider to receive hearing aids or they will not be covered by the plan, and the member will have to pay for them out of pocket. Members can use the hearing aid benefit every 36 months.
- **ClassPass Affinity** (access to discounted fitness and wellness perks) will no longer be offered after December 31, 2025.

Kaiser Permanente Washington (KPWA):

- **Hearing aids** will no longer be capped at a specific dollar amount. Members must see an in-network provider to receive hearing aids or they will not be covered by the plan, and the member will have to pay for them out of pocket. Members can use the hearing aid benefit every 36 months.
- **ClassPass Affinity** (access to discounted fitness and wellness perks) will no longer be offered after December 31, 2025.



- **UMP Plus–Puget Sound High Value Network (PSHVN) and UMP Plus–UW Medicine Accountable Care Network (ACN)** will no longer be offered. If you are enrolled in one of these plans, you must choose a new plan during open enrollment or you and your enrolled dependents will be automatically enrolled in UMP Classic.
- **Hearing aids** will no longer be capped at a specific dollar amount. Members must see an in-network provider to receive hearing aids or they will not be covered by the plan, and the member will have to pay for them out of pocket. Members can use the hearing aid benefit every 36 months.
- **Diagnostic and supplemental breast exams** are covered without member cost share. This change is effective retroactive to January 1, 2025.

Dental plan changes

Uniform Dental Plan (UDP) only: These changes do not apply to the DeltaCare or Willamette Dental plan.

- **Coverage for children:** The annual deductible will be removed for children up to age 15.
- **TMJ** (temporomandibular joint dysfunction) limits will increase to \$1,000 annually and \$5,000 lifetime.

Flexible spending arrangements (FSAs)

- **Flexible spending arrangements (FSAs):** The annual maximum contribution for the FSA and Limited Purpose FSA will increase to \$3,300. If the IRS announces an additional increase in the maximum contribution before the end of open enrollment, the PEBB Program will adopt those changes for 2026.
- **Collective Bargaining Agreement (CBA) FSA contribution** will increase to \$300 and the income limit will increase to \$68,004.

Dependent Care Assistance Program (DCAP)

The annual maximum contribution for the DCAP will increase to \$7,500 for a single person or a married couple filing a joint income tax return and to \$3,750 for each married person if filing separate income tax returns.

Long-term disability (LTD) insurance

- **Employer-paid LTD:** The monthly benefit for basic (employer-paid) LTD insurance will increase to \$450. This benefit is offered at no cost to all eligible employees as long as their employer offers this benefit.
- **Employee-paid LTD:** Rates will decrease by 6 percent.

Rule changes

All changes to PEBB rules will be available on the HCA website at hca.wa.gov/pebb-rules and take effect January 1, 2026, unless otherwise noted. Here is a change that might affect you:

- When a subscriber's dependent becomes eligible for the employer contribution toward PEBB benefits, the subscriber's dependent will be automatically disenrolled from PEBB retiree insurance coverage.



👉 Open enrollment quick links

Use these online tools and guides to help you throughout open enrollment.

Open enrollment webpage

hca.wa.gov/pebb-oe

Find forms, benefits comparisons, what's changing, premiums, and what you need to do.

Compare medical plans

hca.wa.gov/compare-medical-pebb

Compare up to three medical plans.

Benefits fairs

hca.wa.gov/oe-fairs

Attend a fair to learn about your benefits.

Virtual benefits fairs

hca.wa.gov/vbf-pebb

Learn about your benefit options online.

Benefits 24/7

benefits247.hca.wa.gov

Sign in to Benefits 24/7 to make changes and attest to the spousal coverage premium surcharge.

2026 PEBB employee monthly medical premiums

These premiums are effective January 1, 2026, for state agency and higher-education employees. You do not pay premiums for dental, vision, basic life, basic accidental death and dismemberment, or employer-paid long-term disability insurance benefits. The term “spouse” is interchangeable with “state-registered domestic partner.”

You pay this amount each month ↴	Managed-care plans						Preferred provider organization (PPO) plans		
	Kaiser Permanente NW		Kaiser Permanente WA				Uniform Medical Plan		
	Classic	CDHP	Classic	CDHP	SoundChoice	Value	Classic	CDHP	Select
Subscriber only	\$256	\$58	\$141	\$25	\$102	\$150	\$145	\$57	\$82
Subscriber & spouse	\$512	\$116	\$282	\$50	\$204	\$300	\$290	\$114	\$164
Subscriber & children	\$448	\$102	\$247	\$44	\$179	\$263	\$254	\$100	\$144
Subscriber, spouse, & children	\$704	\$160	\$388	\$69	\$281	\$413	\$399	\$157	\$226

Monthly premium surcharges

In addition to your monthly medical premium, two premium surcharges may apply:

- \$25-per-account tobacco use
- \$50 spouse or state-registered domestic partner coverage

What to think about when choosing a dental plan

Your PEBB benefits include dental coverage, and you have three dental plan options:

- Uniform Dental Plan (UDP), administered by Delta Dental of Washington (Group 3000)
- DeltaCare, administered by Delta Dental of Washington (Group 3100)
- Willamette Dental (Group WA82)

Here are some things to keep in mind when comparing your dental plan options.

Check if your dental provider is in the plan’s network

The best way to do this is by contacting the plan, not your dentist, or visit hca.wa.gov/pebb-employee and

select *Find a PEBB plan provider* to search online provider directories.

Understand the different plan structures

Determine which type of plan best fits your needs.

Uniform Dental Plan is a preferred provider organization (PPO) plan. This means you can change providers at any time and don’t need a referral to see a specialist. After meeting your annual deductible, you pay a percentage (coinsurance) of the plan’s allowed amount. There is a lower coinsurance when you see a dentist in the Delta Dental PPO network (more than three out of four dentists in Washington State are in network).

DeltaCare and Willamette Dental are both managed-care plans. You


must choose a primary care dental provider in the plan’s network, and you will need a referral to see a specialist. These plans will not pay claims for services you receive from providers outside their network. When you visit your in-network dentist, you pay a set amount (copay), and there are no annual deductibles. DeltaCare’s service area is limited to Washington State, and Willamette Dental has offices in Washington, Oregon, and Idaho.


Don’t confuse Uniform Dental Plan and DeltaCare


Double check that you are searching the correct provider directory or calling the right plan to ensure you choose the plan you want during open enrollment.

Benefits fairs schedule

During open enrollment, you can speak with health plan and other insurance representatives by attending one of the in-person benefits fairs.

 **Time: All fairs will run from 10 a.m. to 4:30 p.m.,** except the fairs held at the University of Washington, which will run from 10 a.m. to 5 p.m.


 **More information:** Get presentation schedules, parking information, maps, and additional details at hca.wa.gov/oe-fairs.

 **Important:** Check HCA's website for any late changes before you go.

Seattle/University of Washington

Note: The PEBB health plans and other insurance representatives will attend benefits fairs held at and sponsored by the University of Washington.

October 20

Harborview Medical Center
Research and Training Building
 300 9th Ave.


October 21

Husky Union Building
 4001 E. Stevens Way NE

October 22


UW Medical Center – Montlake
Health Science Building
 1959 NE Pacific St.

October 23

UW Medical Center – Northwest
E. Wing Auditorium
 1550 N. 115th St.


October 27

Olympia/Tumwater

Department of Labor and Industries
 7273 Linderson Way SW
Tumwater


October 28

Pasco

Columbia Basin College
Hawk Union Building (H Building)
 2600 N. 20th Ave.

October 29

Vancouver


Clark College
Gaiser Hall
 1933 Fort Vancouver Way

Yakima

Yakima Valley College
Kaminski Conference Center
 W. Nob Hill & S. 16th Ave.


October 30

Wenatchee

Wenatchee Convention Center
Orchard Exhibit South
 121 N. Wenatchee Ave.


November 3

Federal Way/Des Moines


Highline College
Student Union Building (Building 8)
 2400 S 240th St.
Des Moines

November 4

Bremerton


Olympic College
College Instruction Center (Building 7)
 1600 Chester Ave.

Spokane


Spokane Falls Community College
Student Union Building 17
 3410 W. Whistalks Way

November 5

Cheney


Eastern Washington University
Hargreaves Hall
 616 Study Ln.

Port Angeles

Red Lion Hotel Port Angeles Harbor,
Main building
 221 N. Lincoln St.

November 6

Pullman

City of Pullman Parks and
Recreation Center
Building B
 190 SE Crestview St.


November 10

Tacoma/Lakewood

Clover Park Technical College
McGavick Conference Center
 4500 Steilacoom Blvd. SW
Lakewood


November 12

Lynnwood

Edmonds College
Woodway Hall (Building 26)
 20000 68 Ave. W

November 13

Bellingham

Bellingham Public Schools
District office, Rooms 102/103
 1985 Barkley Blvd.

Reminders for open enrollment

Remember your SmartHealth incentive

You can still qualify to receive a \$125 SmartHealth incentive in 2026. Visit hca.wa.gov/pebb-smarthealth to learn how to qualify.

Reattest to the spouse or state-registered domestic partner coverage premium surcharge

The PEBB Program will mail you a letter if you need to reattest for 2026. You can also check if you need to reattest in your Benefits 24/7 dashboard at benefits247.hca.wa.gov starting October 27. You can reattest in Benefits 24/7 or submit the *PEBB Premium Surcharge Attestation Change Form*.

You cannot enroll in both PEBB and SEBB coverage, or on more than one PEBB account

If you are eligible for enrollment in both the PEBB and SEBB Programs, you are limited to a single enrollment in PEBB or SEBB medical, dental, and vision. You must choose which program you want to be enrolled in for these benefits. If you do not take action to resolve the dual enrollment, the PEBB or the SEBB Program will automatically enroll or disenroll you as described in both WAC 182-12-123(6) and 182-31-070(6). You also cannot be enrolled in more than one PEBB account.

Is your mailing address up to date?

If not, let your payroll or benefits office know your new address.

You've got email!

Prefer to receive emails? You can sign up to receive newsletters in your inbox in Benefits 24/7. Select the *Profile* tile and then *Contact information*. Check the *Opt-in to receive email notifications* box and then click *Submit*.



Who to contact for help

Contact your plan if you have questions about the topics below. For phone numbers and web addresses, visit hca.wa.gov/pebb-employee and select *Contact the plans* under *Get help*.

- Benefits
- ID cards
- Claims
- Checking if your provider is in network
- Choosing a provider
- Making sure your prescriptions are covered

Contact your employer's payroll or benefits office for questions about:

- Eligibility and enrollment
- Premium surcharges
- Help with Benefits 24/7
- Changing your name, address, or phone number
- Adding or removing dependents
- Premium payments
- Finding forms
- Payroll deductions
- Eligibility and enrollment for life, accidental death and dismemberment (AD&D), and long-term disability (LTD) insurance

Make changes in Benefits 24/7

Use Benefits 24/7 to make changes to your coverage during open enrollment, October 27 to November 24. Changes made in Benefits 24/7 must be completed by 11:59 p.m. on November 24. Paper forms are also available from your payroll or benefits office and they must receive your forms by November 24. (**Note:** WSU and UW employees use Workday.)

Get started

1. Log in to your account at benefits247.hca.wa.gov.
2. Choose the *Open enrollment* option.
3. Follow the guide to make changes.
4. Save a copy of your confirmation page. **Note:** Any changes you make during open enrollment won't show in your account until January 1, 2026.

First time here? Create an account

1. Visit benefits247.hca.wa.gov and click on the green *Log in to Benefits 24/7* button. You'll be directed to SecureAccess Washington (SAW).
2. Click *Sign up* to create a SAW account. (If you already have a SAW account, enter your username and password, and skip to step 5.) Enter your name, email address, a username, and password.
3. Check the box to prove you're not a robot, click *Submit*, and follow the link to activate your account.
4. Check your email for a message from SAW. Click on the confirmation link, close the *Account Activated!* browser window that opens, and return to your original window. Follow the instructions on the screen to finish creating your account. You will be directed to Benefits 24/7.
5. Enter your last name, date of birth, and the last four digits of your Social Security number. Click *Verify my information*.
6. Select your security questions and answers. You'll be directed to the Benefits 24/7 dashboard.

Need help?

Visit the *Help with Benefits 24/7* webpage at benefits247.hca.wa.gov for FAQs and troubleshooting tips. If you need further assistance, contact your payroll or benefits office.



Helping you take care of your health

Taking care of yourself and family can be expensive. A flexible spending arrangement (FSA) can help your dollars go further by saving you an average of 30 percent on taxes on the funds you deposit. You can think of it as for every \$100 you would deposit in your bank, you can deposit \$130 in an FSA to use for expenses such as visiting the dentist, getting new eyeglasses or contact lenses, or replacing that broken humidifier.

To find out how much you can save, visit pebb.naviabenefits.com/tools/tax-savings-calculator and use the tax-savings calculator.

Enjoy your hard-earned funds, tax-free

An FSA is a tax-advantaged benefit, so you do not pay payroll taxes on funds when they are deposited or when you use them. You can contribute between \$120 and \$3,300 for 2026. Your contribution will be deducted equally from each paycheck over the year. The full amount will be available January 1 to help you budget for any larger expenses. (**Note:** If you enroll for the maximum contribution limit for either the FSA or Limited Purpose FSA, and the IRS announces an increase to this limit before the last day of open enrollment, your contribution will change to the new limit. This will only happen if you enroll for the maximum contribution amount.)

How to use an FSA

An FSA can be used for eligible medical, dental, and vision expenses for you, your spouse or state-registered domestic partner (SRDP), or qualifying dependents. Not only can you pay for out-of-pocket costs, such as your deductible or prescription drugs, you can also take care of your family's well-being by purchasing a blood pressure monitor or first aid kit. Visit pebb.naviabenefits.com/expenses to view a list of eligible expenses.

Everyone can enjoy tax savings, but if you or your spouse or SRDP are enrolled in a consumer-directed health plan (CDHP) with a health savings account (HSA), you may only enroll in a **Limited Purpose FSA**, which can be used for eligible dental and vision expenses.

Already have an FSA? Remember to enroll

You must enroll each year you want to participate. Enroll on Navia's website at pebb.naviabenefits.com. (UW and WSU employees must use Workday.)

Remember to submit claims by March 31, 2026 for expenses made in 2025. Also, **you may qualify for carryover**. Funds between \$120 and \$660, and any amount up to \$660 if you enroll for 2026, will carry over to your account for next year.

You may receive a \$300 FSA contribution

Union-represented employees who make \$68,004 or less as of November 1, 2025 may be eligible to receive a \$300 FSA contribution in January 2026. This is employer-paid and does not come out of your paycheck. It also does not count towards your maximum contribution limit. If you have questions, contact your payroll or benefits office. **Note:** If you or your spouse or SRDP is enrolled in a CDHP with an HSA, or you are not enrolled PEBB medical coverage, you are not eligible to receive this contribution.

Helping you take care of family

Increasingly, Washingtonians find themselves caring for both their children and their aging parents. Known as the “Sandwich Generation,” our dollars are being stretched further than before. The Dependent Care Assistance Program (DCAP) is available to help you pay for care for your child or parent who is a qualified tax dependent.

The DCAP limit is increasing!

Effective January 1, 2026, the maximum contribution limit for the DCAP is increasing to \$7,500 for a single person or a married couple filing a joint tax return, or \$3,750 for each person for couples filing taxes separately.

How does the DCAP save money?

The DCAP is a tax-advantaged account, so you do not pay payroll taxes on funds you deposit in this account. Savings average 30 percent on funds you deposit, helping your dollars go further. To find out how much you can save, visit pebb.naviabenefits.com/tools/tax-savings-calculator and use the tax-savings calculator.

Funds are deposited in your DCAP in equal increments from each paycheck during the year. The DCAP works like a bank account. You can “withdraw” from funds that have already been deposited and reimburse yourself for eligible expenses such as day care, enrollment fees for after school programs, or a care provider.

Remember to enroll

You must enroll in the DCAP for each year you want to participate. Enroll on Navia’s website. (UW and WSU employees must use Workday.)

Learn more

Visit Navia’s website at pebb.naviabenefits.com or call Navia Customer Service Center at 1-800-669-3539, Monday through Friday, between 5 a.m. and 5 p.m. These benefits are administered by Navia Benefit Solutions.



What is a consumer-directed health plan?

If you don't need to visit the doctor often, choosing a consumer-directed health plan (CDHP) can save you money. However, they are unique medical plans, so it's best to understand how they work.

How is a CDHP different from other plan types?

A CDHP offers similar coverage to other PEBB medical plans. Three key differences are:

- A lower monthly premium.
- Higher out-of-pocket costs (maximum out-of-pocket limits for the UMP CDHP are \$4,200 for an individual and \$8,400 for a family. Kaiser Permanente CDHPs have different limits) with a deductible of \$1,700 for an individual and \$3,400 for a family.
- A health savings account (HSA).

Preventive care is covered before meeting your deductible. While CDHPs have some higher costs, all PEBB medical plans cover the same basic health care services. You can compare plans and costs using the medical benefits

comparison tool at hca.wa.gov/compare-medical-pebb. Not everyone is eligible to enroll in a CDHP. If you are enrolled in another health plan (including Apple Health or your spouse's or state-registered domestic partner's coverage), you cannot enroll in a CDHP because of IRS restrictions. Learn more about who is eligible to enroll in CDHPs at irs.gov/publications/p969.

About the HSA

An HSA is a tax-advantaged account, which means you do not pay payroll taxes on the money you contribute. Your employer is required to make contributions to your HSA and you can choose to make contributions in addition for IRS-qualified out-of-pocket expenses (like deductibles, copays, and coinsurance), including some expenses and services your health plans may not cover.

Your HSA balance can grow over the years, earn interest, and build savings that you can use to pay for health care as needed. The money is yours, even if you change health plans, get a new job, or retire. **It never expires.**

The HSA administrator for the PEBB Program is HealthEquity. Visit learn.healthequity.com/pebb/hsa to learn more about how an HSA works.

HSA, FSA, and DCAP: Which is best for me?

Differences	HSA	FSA	Limited Purpose FSA	DCAP
Plan eligibility	Enrolled in a CDHP	Enrolled in any non-CDHP medical plan	Enrolled in any medical plan	Enrolled in any medical plan
Annual contribution limits	\$4,400 for single/\$8,750 for family. 55 and older can contribute additional \$1,000	\$3,300	\$3,300	\$7,500 for single or married filing jointly/\$3,750 for married filing individually
Spend on qualified medical expenses	Yes	Yes	No	No
Spend on qualified dental and vision expenses	Yes	Yes	Yes	No
Spend on child care and elder care	No	No	No	Yes
100% of unused funds carry over year to year	Yes	No, up to \$660	No, up to \$660	No
Contributions are pre-tax	Yes	Yes	Yes	Yes
100% of contribution is available January 1	No	Yes	Yes	No
Account is yours, even if you leave your job	Yes	No	No	No
Employer contribution	Yes	No	No	No

Required federal notice

Summary of benefits and coverage available to you

The Affordable Care Act requires the PEBB Program and its medical plans to provide a Summary of Benefits and Coverage (SBC). These documents help you compare medical plan benefits, terms, and your costs for care from network and out-of-network providers.

To get an SBC for your current PEBB medical plan, go to the *Medical plans and benefits* webpage at hca.wa.gov/pebb-employee (or the plan's website) to view or print it. You can also call your plan to ask for a paper copy at no charge. Your plan can also provide copies translated into other languages.

For questions, call the PEBB Program at 1-800-200-1004 (TRS: 711).

Required federal notice

Annual notice of creditable prescription drug coverage

You will receive this notice each year in this newsletter, and you will also receive this notice if your PEBB coverage changes. You may request a copy of this notice at any time by calling the PEBB Program at 1-800-200-1004 (TRS: 711).

If you or a family member is (or will soon be) enrolled in Medicare, you may hear about your opportunity to enroll in Medicare Part D for prescription drug coverage.

All PEBB medical plans available to employees and their dependents provide creditable prescription drug coverage, so you do not have to enroll in a separate Medicare Part D plan. The prescription drug coverage offered by these PEBB medical plans is expected to pay out, on average, as much as Medicare Part D coverage pays.

When you enroll in Medicare, you can keep your PEBB medical plan with creditable drug coverage and not pay a penalty if you enroll in a Medicare Part D plan later.

If you enroll in a Medicare Part D plan, your PEBB medical plan may not coordinate prescription drug benefits with Medicare Part D.

If you lose or terminate your current PEBB medical plan

To avoid paying a Medicare Part D late enrollment penalty, you should enroll in a Medicare Part D plan within 63 days after your PEBB medical plan ends. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For questions about Medicare Part D

Visit Medicare's website at [medicare.gov](https://www.medicare.gov) or call 1-800-633-4227.

HCA complies with all applicable federal and Washington State civil rights laws and is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please call 1-800-200-1004 (TRS: 711) or visit hca.wa.gov/about-hca/nondiscrimination-statement.

La HCA cumple con todas las leyes vigentes federales y del Estado de Washington sobre derechos civiles y tiene el compromiso de ofrecer un acceso equitativo a nuestros servicios. Si necesita alguna facilidad, o si requiere documentos en otro formato o idioma, llame al 1-800-200-1004 (TRS: 711) o visite hca.wa.gov/about-hca/nondiscrimination-statement.

Управление здравоохранения (HCA) соблюдает все применимые федеральные законы и законы штата Вашингтон в отношении гражданских прав и обязуется обеспечивать равный доступ к своим услугам. Если вам потребуются специальные услуги или документы в другом формате или на другом языке, позвоните по телефону 1-800-200-1004 (TRS: 711) или посетите сайт hca.wa.gov/about-hca/nondiscrimination-statement.

Here's your **For Your Benefit** newsletter

