



## What PEBB members need to know about the prescription drug benefit for UMP Classic, UMP Select, UMP CDHP and UMP Plus

### Contact us with any questions

All times are listed in Pacific Time.

#### **Washington State Rx Services (WSRxS)**

Prescription drug benefits

Customer Service: 1-888-361-1611  
(TRS: 711)

Website Assistance: 1-877-277-7079

[ump.regence.com/pebb/benefits/  
prescriptions](http://ump.regence.com/pebb/benefits/prescriptions)

Monday-Friday: 7:30 a.m. to  
5:30 p.m. Available outside these  
hours with limited services.

Extended Hours: On November 4,  
11, and 18, customer service will be  
available until 8:00 p.m. to help answer  
your open enrollment questions.

#### **Postal Prescription Services**

Network mail-order pharmacy

1-800-552-6694

[ppsrx.com](http://ppsrx.com)

Monday – Friday: 6 a.m. – 6 p.m.

Saturday: 9 a.m. – 2 p.m.

#### **Ardon Health**

Network specialty pharmacy

1-855-425-4085

[ardonhealth.com](http://ardonhealth.com)

Monday – Friday: 8 a.m. – 7 p.m.

Saturday: 8 a.m. – noon



Administered by **moda**  
HEALTH

Benefits described are for  
Public Employees Benefits  
Board (PEBB) members.

## Who is eligible to enroll in the UMP plans?

For information about eligibility and enrollment in the UMP plans, please visit [hca.wa.gov/erb](http://hca.wa.gov/erb).

## Which pharmacies are network pharmacies?

This is a list of some network pharmacies and is subject to change. To get a general idea of pharmacies in the network and drug prices, you can view 2020 information on the current Prescription drug page at [ump.regence.com/pebb/benefits/prescriptions](http://ump.regence.com/pebb/benefits/prescriptions) or call WSRxS. Network pharmacies listed in **green** have licensed pharmacists on-staff who can administer select vaccines to members ages 12 and older. Call the pharmacy first to make sure a licensed pharmacist will be available when you go to get the vaccine.

### B

**Bartell's Drug\***  
**Bi-Mart Pharmacy\***

### C

**Costco Pharmacy \***  
**CVS Pharmacy\***

### F

**Fred Meyer Pharmacy\***

### G

Geneva Woods Pharmacy  
**Genoa Healthcare**

### H

Haggen Pharmacy\*  
Health Point Pharmacy  
**Hi-School Pharmacy\***

### M

Multicare Pharmacy\*

### O

**Omnicare, Inc.\***  
Option Care\*

### P

Pacific Medical Center  
Pharmacy  
Pharmaca Integrative  
Pharmacy Pharmacia  
Propac Payless  
Providence

### Q

**QFC (Quality Food  
Centers)\***

### R

**Rite-Aid Pharmacy\***

### S

**Safeway Pharmacy\***  
Sav-On Pharmacy\*  
Sea Mar Community  
Health Center\*

### U

Unify Community Health\*  
University of Washington  
Medical Center  
Ambulatory

### V

Valley Drug\*  
**Village Pharmacy\***

### W

**Walmart Pharmacy\***

### Y

Yokes Pharmacy\*

### Mail order

PPS (Postal Prescription  
Services)

### Specialty drugs

Ardon Health

\* Denotes a Choice90Rx pharmacy.



## What you'll pay for covered prescription drugs

You pay a coinsurance for most prescription drugs, which is a percentage of the total cost of the prescription drug. Your coinsurance depends on the total cost of the drug, its tier on the UMP Preferred Drug List (PDL), and the day supply of the prescription. You may get up to a 90-day supply for most drugs, except for specialty drugs. Specialty drugs are high-cost injectable, infused, oral, or inhaled drugs or products that require special handling and storage. These are subject to additional rules. You can find out if a drug is a specialty drug by checking the **UMP PDL** at [hca.wa.gov/ump-pdl](https://hca.wa.gov/ump-pdl), or by calling WSRxS. Specialty drugs are limited to up to a 30-day supply, and must be purchased through the plan's network specialty pharmacy, Ardon Health. The following table shows how much you will pay.



	UMP CLASSIC		UMP SELECT	
<b>Prescription drug deductible</b>	\$100 per member \$300 maximum for family of three or more <i>Separate deductible for medical services</i>		\$250 per member \$750 maximum for family of three or more <i>Separate deductible for medical services</i>	
<b>Annual out-of-pocket limits</b>	\$2,000 per member, \$4,000 per family of two or more max. <i>Separate out-of-pocket limits for medical services</i>		\$2,000 per member, \$4,000 per family of two or more max. <i>Separate out-of-pocket limits for medical services</i>	
<b>Tier and description</b>	Non-Specialty Drugs: All network pharmacies (Retail & mail-order)	Specialty Drugs: Available from Ardon Health, except when a drug can only be dispensed by certain pharmacies	Non-Specialty Drugs: All network pharmacies (Retail & mail order)	Specialty Drugs: Available from Ardon Health, except when a drug can only be dispensed by certain pharmacies
<b>Preventive ***</b>	No deductible 0% coinsurance	Not applicable	No deductible 0% coinsurance	Not applicable
<b>Value Tier</b> Specific high-value prescription drugs used to treat certain chronic conditions	No deductible <b>0-30 day supply:</b> 5% coinsurance or \$10* <b>31-60 day supply:</b> 5% coinsurance or \$20* <b>61-90 day supply:</b> 5% coinsurance or \$30*	Not applicable	No deductible <b>0-30 day supply:</b> 5% coinsurance or \$10* <b>31-60 day supply:</b> 5% coinsurance or \$20* <b>61-90 day supply:</b> 5% coinsurance or \$30*	Not applicable
<b>Tier 1</b> Primarily low-cost generic prescription drugs	No deductible <b>0-30 day supply:</b> 10% coinsurance or \$25* <b>31-60 day supply:</b> 10% coinsurance or \$50* <b>61-90 day supply:</b> 10% coinsurance or \$75*	No deductible <b>0-30 day supply:</b> 10% coinsurance or \$25*	No deductible <b>0-30 day supply:</b> 10% coinsurance or \$25* <b>31-60 day supply:</b> 10% coinsurance or \$50* <b>61-90 day supply:</b> 10% coinsurance or \$75*	No deductible <b>0-30 day supply:</b> 10% coinsurance or \$25*
<b>Tier 2</b> Preferred brand drugs and high cost generic drugs	Deductible applies ** <b>0-30 day supply:</b> 30% coinsurance or \$75* <b>31-60 day supply:</b> 30% coinsurance or \$150* <b>61-90 day supply:</b> 30% coinsurance or \$225*	Deductible applies <b>0-30 day supply:</b> 30% coinsurance or \$75*	Deductible applies ** <b>0-30 day supply:</b> 30% coinsurance or \$75* <b>31-60 day supply:</b> 30% coinsurance or \$150* <b>61-90 day supply:</b> 30% coinsurance or \$225*	Deductible applies <b>0-30 day supply:</b> 30% coinsurance or \$75*

\* Whichever is less.

\*\* Deductible does not apply to covered insulins



	UMP CDHP	UMP PLUS	
<b>Prescription drug deductible</b>	\$1,400 subscriber \$2,800 family account <i>Combined medical and prescription drug deductible</i>	\$0 <i>Separate deductible for medical services</i>	
<b>Annual out-of-pocket limits</b>	One member covered: \$4,200 Two or more members covered: \$8,400. Once a member meets \$7,000 in covered out-of-pocket expenses annually, the plan will pay for covered services at 100% for that member. <i>Combined medical and prescription drug out-of-pocket limit</i>	\$2,000 per person, \$4,000 per family max <i>Separate out-of-pocket limits for medical services</i>	
<b>Tier and description</b>	All network pharmacies (Retail, mail order, and specialty)	Non-Specialty Drugs: All network pharmacies (Retail & mail order)	Specialty Drugs: Available from Ardon Health, except when a drug can only be dispensed by certain pharmacies
<b>Preventive ***</b>	No deductible 0% coinsurance	No deductible 0% coinsurance	Not applicable
<b>Value Tier</b> Specific high-value prescription drugs used to treat certain chronic conditions	Deductible applies ** 15% coinsurance (except insulins, see FAQ question #2)	No deductible <b>0-30 day supply:</b> 5% coinsurance or \$10* <b>31-60 day supply:</b> 5% coinsurance or \$20* <b>61-90 day supply:</b> 5% coinsurance or \$30*	Not applicable
<b>Tier 1</b> Primarily low-cost generic prescription drugs		No deductible <b>0-30 day supply:</b> 10% coinsurance or \$25* <b>31-60 day supply:</b> 10% coinsurance or \$50* <b>61-90 day supply:</b> 10% coinsurance or \$75*	No deductible <b>0-30 day supply:</b> 10% coinsurance or \$25*
<b>Tier 2</b> Preferred brand drugs and high cost generic drugs		No deductible <b>0-30 day supply:</b> 30% coinsurance or \$75* <b>31-60 day supply:</b> 30% coinsurance or \$150* <b>61-90 day supply:</b> 30% coinsurance or \$225*	No deductible <b>0-30 day supply:</b> 30% coinsurance or \$75*

\*\*\* Drugs required under the PPACA/recommended by the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention

## Frequently asked questions

### 1. Who administers the UMP Plans?

Uniform Medical Plan is a self-insured health plan offered through the Washington State Health Care Authority's Public Employees Benefits Board (PEBB) Program. The medical benefits are administered by Regence BlueShield, and the prescription drug benefits are administered by Washington State Rx Services (WSRxS).

### 2. What's changing in 2021?

- UMP is adding a new plan, UMP Select, beginning January 1. This plan is similar to UMP Classic except the deductible is \$250 individual \$750 maximum for family of three or more.
- A list of anticipated changes to the UMP PDL is available at [hca.wa.gov/ump-pdl](https://hca.wa.gov/ump-pdl). The list is updated monthly and does not contain every anticipated change to the UMP PDL. It only contains changes that may negatively impact members, such as increasing a drug's cost or limiting the amount of drug available per refill.
- What you pay for covered insulins will be changing if you are a UMP Classic, UMP Select or UMP CDHP member. It will not change if you are a UMP Plus member.
  - UMP Classic and UMP Select:
    - Tier 2 covered insulins will not be subject to the prescription drug deductible
    - If you have not met your deductible, cost-shares for covered insulins will be applied to your prescription drug deductible when you fill your insulin at a network pharmacy.

- UMP CDHP:

- Covered insulins will not be subject to the deductible. Your cost-share is changing from 15% to the amount in the table below when you fill your insulin at a network pharmacy. If you have not met your deductible, cost-shares for covered insulins will be applied to your deductible.

#### APPLIES TO ALL UMP PLANS

Tier	How much you pay for covered insulins at network pharmacies (retail and mail-order)
Value Tier	<b>0–30 day supply:</b> 5% coinsurance or \$10* <b>31–60 day supply:</b> 5% coinsurance or \$20* <b>61–90 day supply:</b> 5% coinsurance or \$30*
Tier 1	<b>0–30 day supply:</b> 10% coinsurance or \$25* <b>31–60 day supply:</b> 10% coinsurance or \$50* <b>61–90 day supply:</b> 10% coinsurance or \$75*
Tier 2	<b>0–30 day supply:</b> 30% coinsurance or \$75* <b>31–60 day supply:</b> 30% coinsurance or \$150* <b>61–90 day supply:</b> 30% coinsurance or \$225*

\*whichever is less.

### 3. How can I find a UMP network pharmacy?

Visit [ump.regence.com/pebb/benefits/prescriptions](http://ump.regence.com/pebb/benefits/prescriptions) or call WSRxS to find UMP network pharmacies. Pharmacies are part of a different network than medical providers. If you use a non-network pharmacy, you may pay more and will have to submit your own prescription drug claim forms for reimbursement.

### 4. Why can't I fill my prescriptions at Walgreens?

Walgreens is a non-network pharmacy. You can still purchase your prescriptions at Walgreens pharmacy, but you may pay more and will have to submit your own prescription drug claim forms for reimbursement.

### 5. How can I save money on prescription drugs that I take every day?

Some ways you may be able to save money are:

**Postal Prescription Services (PPS) mail-order pharmacy:** You may save on select brand-name drugs when you order from PPS, UMP's mail order pharmacy. Use of PPS mail order is an option, but not required, if you prefer to use a retail pharmacy.

**Choice90Rx network pharmacies:** If you purchase between an 84 to 90-day supply of a prescription drug, you may be able to save money by going to a Choice90Rx network pharmacy. Some of these Choice90Rx network pharmacies are noted on page 2 with an asterisk [\*] next to the pharmacy name.

**Value Tier drugs:** If you are taking a drug to treat diabetes, high cholesterol, high blood pressure or depression, talk with your doctor to see if a Value Tier drug may be right for you. Members covered under the UMP Classic, UMP Select and UMP Plus plans pay a 5% coinsurance for Value Tier drugs at network pharmacies. **For a complete listing of Value Tier drugs, see the UMP PDL at [hca.wa.gov/ump-pdl](http://hca.wa.gov/ump-pdl).**

### 6. How can I find out how much my prescription drugs will cost?

Use the Drug Price Check tool by visiting the UMP website at [ump.regence.com/pebb/benefits/prescriptions](http://ump.regence.com/pebb/benefits/prescriptions) under "Prescription drug coverage and cost".

### 7. I am taking a drug that's no longer covered by UMP starting in 2021. How can I request an exception?

If you are prescribed a noncovered drug, and you have tried all alternative drugs and none are found to be effective, or if the alternatives are found to be not medically appropriate, you or your prescribing provider can request an exception by calling WSRxS. Then WSRxS will work with your prescribing provider to submit the required clinical information. If an exception is approved, you will pay the amounts listed below:

- UMP Classic, UMP Select: Deductible applies, Tier 2 cost-share (30% of the allowed amount, \$75 maximum payment per 30-day supply).
- UMP Plus: No deductible, Tier 2 cost-share (30% of the allowed amount, \$75 maximum payment per 30-day supply).
- UMP CDHP: Deductible applies, 15% coinsurance.

If an exception is not approved, the drug will not be covered by UMP. See question 14 below for ways to save on prescriptions drugs that are not covered by UMP.



## 8. I've been prescribed an opioid prescription drug. Are there any limits I should be aware of?

For patients starting on a new opioid prescription, UMP has a policy on how opioid drugs are covered. The policy can be found by visiting **Forms and publications at [hca.wa.gov/erb](https://hca.wa.gov/erb)**.

- For people ages 20 or younger: 18 pills or 90 ml of liquid per prescription (about a three-day supply)
- For people ages 21 or older: 42 pills or 210 ml of liquid per prescription (about a week's supply)

The policy limits do not apply to UMP members who are:

- Receiving cancer treatment
- In hospice care, palliative care, or end-of-life care

## 9. How are compounded drugs covered?

Compounded drugs require preauthorization. If the plan approves the preauthorization, compounded prescription drugs are covered under Tier 2. This applies to all UMP plans except for the UMP CDHP, where it is covered the same as any other covered prescription drug. For more information, read your plan's certificate of coverage by visiting the **Forms and publications webpage at [hca.wa.gov/ump-pebb-coc](https://hca.wa.gov/ump-pebb-coc)**.

## 10. Who decides coverage changes and what criteria is used?

As a state-sponsored health plan, UMP follows the Washington State Pharmacy & Therapeutics (P&T) Committee coverage recommendations. This committee consists of Washington State health care professionals, including physicians and pharmacists. Not all drug classes are reviewed by the Washington State P&T Committee. For these drug classes, the WSRxS P&T Committee will make tier recommendations to UMP for review and

final determination of a drug's coverage level. The coverage criteria follows the Food and Drug Administration's (FDA) guidelines and is reviewed and updated regularly by pharmacists from WSRxS and the Health Care Authority.

## 11. Can prescription drugs change tiers, or can UMP stop covering a prescription drug mid-plan year?

Yes, common reasons may include, but are not limited to:

- A more cost-effective alternative is available to treat the same condition.
- A nonprescription alternative, including an over-the-counter alternative, becomes available.

## 12. Why do some drugs require an authorization?

Authorizations are in place to ensure the prescribed drugs are medically necessary, appropriate, safe, and cost effective for a condition, and the condition treated by the drug is covered by UMP. An authorization review can:

- a. Reduce risks for patients from taking a dosage that is either too high or too low to be effective for the indication being treated;
- b. Limit drug interactions; and/or
- c. Identify when there is a need for an additional prescription drug to be taken with the prescribed drug to optimize outcomes and more.

## 13. I'm currently taking a prescription drug, how will this be covered by UMP?

There may be changes in how your prescription drugs are covered under UMP. **Use the UMP PDL at [hca.wa.gov/ump-pdl](https://hca.wa.gov/ump-pdl)** to find out if your prescription requires a pre-authorization, has a quantity limit, is a step therapy, or is a specialty drug.



Preauthorization for non-specialty drugs will be waived for the first 90 days you are enrolled in UMP. If you are taking a specialty drug, call WSRxS to request a preauthorization in 2021. We will work with you and your prescribing provider to obtain information to complete the review of the specialty drug, and begin the specialty pharmacy enrollment process. If possible, try to refill your prescription prior to January 1, 2021.

#### **14. If my prescription drug is not covered by UMP, are there programs that can help me pay for my prescriptions?**

The Washington and Oregon Prescription Drug Programs (WPDP and OPDP) Discount Card provides discounts for prescription drugs not covered by your plan. All Washington State and Oregon residents are eligible for a discount card, regardless of age or income. To learn more, please visit:

- **Washington state residents:**

[www.hca.wa.gov/pdp](http://www.hca.wa.gov/pdp)

- **Oregon state residents:**

[www.opdp.org](http://www.opdp.org)

Or call WSRxS.

#### **15. Does having dual coverage pay for my prescription drugs in full?**

It depends. UMP uses a type of coordination of benefits called nonduplication of benefits. When UMP pays second to another plan that covers you, we will pay only an amount needed to bring the total benefit up to the amount UMP would have paid if you did not have another plan. When UMP pays as the primary plan, your other plan will determine how much they will pay as secondary coverage.

#### **16. I'm going on vacation and need to refill before I go, what can I do?**

You may request a travel override up to two weeks before you leave. You may receive no more than two travel overrides per calendar year, including all travel within or outside the U.S. To request a travel override, call WSRxS.

### **Free Vaccines at Certain Pharmacies!**

Many vaccines are available at no cost to you if you use a network vaccination pharmacy. These participating pharmacies are listed in green on page 2. UMP covers vaccines according to the immunization schedules set by the Centers for Disease Control (CDC), including flu shots and other common vaccinations, such as whooping cough (pertussis), tetanus, shingles, cervical cancer and meningococcal. Please note UMP does not cover travel vaccines or vaccines for employment purposes.

Always show your UMP ID card to the pharmacist when receiving services.



## Nondiscrimination notice



**We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.**

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

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**If you need any of the above, call Customer Service at:**

1-888-361-1611 (TRS: 711)

**If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:**

Washington State Rx Services  
Attention: Appeal Unit  
PO Box 40168  
Portland, OR 97240-0168  
Fax: 1-866-923-0412

**If you need help filing a complaint, please call Customer Service.**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone:

U.S. Department of Health  
and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201  
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

**Dave Nessler-Cass coordinates our nondiscrimination work:**

Dave Nessler-Cass,  
Chief Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
[compliance@modahealth.com](mailto:compliance@modahealth.com)



**ATENCIÓN:** Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-888-361-1611 (TRS: 711).

**CHÚ Ý:** Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn.  
Gọi 1-888-361-1611 (TRS: 711)

**注意:** 如果您說中文, 可得到免費語言幫助服務。  
請致電 1-888-361-1611 (聾啞人專用 TRS: 711)

**주의:** 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-888-361-1611 (TRS: 711)

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-888-361-1611 (TRS: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي) 1-888-361-1611 (TRS: 711)

بولتے ہیں تو لسانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔  
1-888-361-1611 (TRS: 711) پر کال کریں

**ВНИМАНИЕ!** Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-888-361-1611 (текстовый телефон TRS: 711).

**ATTENTION :** si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-888-361-1611 (TRS: 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با (TRS: 711) 1-888-361-1611 تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-888-361-1611 पर कॉल करें (TRS: 711)

**Achtung:** Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzen zur Verfügung. Rufen sie 1-888-361-1611 (TRS: 711)

**注意:** 日本語をご希望の方には、日本語サービスを無料で提供しております。  
1-888-361-1611 (TRS:、テレタイプライター;電話ください。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવેલ) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે.  
1-888-361-1611 (TRS: 711) પર કોલ કરો.

**ໂປດຊາບ:** ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ.  
ໂທ 1-888-361-1611 (TRS: 711)

**УВАГА!** Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-888-361-1611 (TRS: 711)

**ATENȚIE:** Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-888-361-1611 (TRS: 711)

**THOV CEEB TOOM:** Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-888-361-1611 (TRS: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ លែងមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-888-361-1611 (TRS: 711)

**HUBACHIISA:** Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-888-361-1611 (TRS: 711) tiin bilbilaa.

**โปรดทราบ:** หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-888-361-1611 (TRS: 711)

**FA'UTAGIA:** Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-888-361-1611 (TRS: 711)

**IPANGAG:** Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-888-361-1611 (TRS: 711)

**UWAGA:** Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-888-361-1611 (obsługa TRS: 711)

