



City of Gardner - *Executive Department*

Mayor Michael J. Nicholson

November 15, 2023

Hon. Elizabeth J. Kazinskas, Council President

And City Councilors

Gardner City Hall, Rm 121

95 Pleasant Street

Gardner, MA 01440

RE: Notification of Employee/Retiree Insurance Plan Change

Dear Madam President and Councilors,

The City of Gardner has accepted the provisions of Chapter 32B of the General Laws of the Commonwealth, which make it so that any plan changes done to the City's employee benefit insurances must be approved by the City's Insurance Advisory Council ("IAC").

This committee is made up of representatives from each of the City's unions, a non-union employee, and a representative of the City's retired employees.

At a recent meeting of the IAC, the committee voted to accept the City's proposal to add a new aspect to our health insurance plan known as PillarRX.

Under our current system, if an employee or retiree is required to have a specialty prescription, there are often times that the employee would have to find a coupon for the prescription directly from the manufacturer. However, if the employee uses this coupon when they purchase their prescriptions, only the employee sees the benefit of the lower price and not the City. That's also if, and only if, they find the coupons on their own.

This program utilizes a coupon broker from BlueCross and essentially builds those coupons for over 200 specialty prescriptions into the City's health plan so that both the City and the employee obtains the benefit of the lower price, the employee does not have to go out and find these coupons on their own, and increase the availability of these coupons for employees who may not realize they qualify for them.

Based on current data from our health insurance plan, there are currently 17 employees who have specialty prescriptions. With the implementation of this plan, the City is projected to now save \$92,546.00 annually due to these benefits coming to the City as well. Additionally, these 17 employees currently pay approximately \$4,665.00 in the aggregate on these prescriptions annually. This program would reduce that amount to \$260.00 in the aggregate annually. As such, both the City and our employees/retirees will see a financial benefit to this.

Respectfully Submitted,

Michael J. Nicholson

Mayor, City of Gardner

Group Number All

Drug Name	Total Patient Count	Nbr Claims	Total Cost	Assumed Plan Pay Amt	Assumed Plan Design	Manufacturer Pay	Manufacturer Member OOP Amount	Plan Savings	PillarRx Services	Estimated Net Savings
ACTEMRA	1	9	\$37,844.04	\$26,491.23	\$480.00	\$10,828.41	\$45.00	\$10,873	\$2,718.33	\$8,155.08
DUPIXENT	3	18	\$62,974.94	\$44,082.49	\$540.00	\$18,352.45	\$0.00	\$18,352	\$4,588.09	\$13,764.37
ENBREL	2	10	\$55,113.82	\$40,010.45	\$300.00	\$14,803.37	\$0.00	\$14,803	\$3,700.84	\$11,102.53
INVEGA SUSTENNA	1	3	\$2,240.12	\$1,568.08	\$195.00	\$447.04	\$30.00	\$477	\$119.26	\$357.78
OPZELURA	1	3	\$2,748.45	\$1,923.93	\$90.00	\$734.52	\$0.00	\$735	\$183.63	\$550.89
STELARA	1	11	\$269,824.76	\$260,609.76	\$330.00	\$9,095.00	\$55.00	\$9,105	\$2,276.26	\$6,828.76
TALIZ	1	4	\$39,124.12	\$29,914.12	\$120.00	\$9,095.00	\$20.00	\$9,110	\$2,277.50	\$6,832.51
TREMIFYA	2	8	\$97,279.50	\$80,644.66	\$450.00	\$16,319.84	\$40.00	\$16,345	\$4,086.23	\$12,258.65
VALCHLOR	1	8	\$40,590.28	\$30,380.28	\$240.00	\$10,000.00	\$0.00	\$10,000	\$2,500.01	\$7,499.99
VIVITROL	2	10	\$14,687.12	\$10,280.97	\$650.00	\$3,756.15	\$0.00	\$3,756	\$939.02	\$2,817.13
XELJANZ	1	12	\$61,099.19	\$45,769.19	\$360.00	\$15,000.00	\$0.00	\$15,000	\$3,750.01	\$11,250.04
XOLAIR	3	14	\$52,493.09	\$36,745.17	\$910.00	\$14,767.92	\$70.00	\$14,838	\$3,709.51	\$11,128.44
Total	17	110	\$736,020.03	\$608,420.33	\$4,665.00	\$123,199.70	\$260.00	\$123,395	\$30,848.69	\$92,546.17

Estimated Savings	30% Coinsurance
Total Drug Count	12
Total Patient Count	17
Total Claim Count	110
Total Cost	\$736,020
Plan Cost	\$608,420
Assumed Plan Design	\$4,665
Manufacturer Share	\$123,200
Plan Savings	\$123,395
PillarRx Services	\$30,849
Estimated Net Savings	\$92,546



SAVING ACCOUNTS AND MEMBERS MONEY WITH THE COST-SHARE ASSISTANCE PROGRAM

Available to All Fully Insured Accounts, and Self-Insured Accounts with 100+ Members

The Cost-Share Assistance Program uses coupons from manufacturers of medication to reduce the cost of eligible, high-cost specialty medications.¹ When you add the program to your pharmacy benefits, most or all of your members' out-of-pocket costs will be covered. They won't even have to change where they fill their prescriptions.

HOW THE COST-SHARE ASSISTANCE PROGRAM WORKS



Accounts Add the Program to Their Pharmacy Benefit

Eligible fully- and self-insured accounts can opt in to the program at renewal for no additional cost.² The program is automatically included for fully insured accounts with 1-50 members.



Self-Insured Accounts Save on Claims Costs; Fully Insured Accounts Save on Their Premium

Self-insured accounts: You'll see 100% of the savings in real time through your claims expense. We'll bill you 25% of the savings to cover administrative costs, and you keep the remaining 75%.



Members Enroll

If members are taking an eligible, high-cost specialty medication, they'll be contacted by PillarRx Consulting, an independent company that administers the program, to tell them about the program and help them enroll.



Members Get Personalized, Ongoing Support

PillarRx will monitor members' claims every month to make sure they're receiving the correct savings. They'll provide additional support as needed.



Members Save on Eligible Prescriptions

When members fill their prescription, a manufacturer's coupon will automatically be applied at checkout. The coupon reduces their out-of-pocket costs to anywhere between \$0 and \$35, depending on the medication. Members can look up the out-of-pocket cost for their medication by referring to the Cost-Share Assistance Program Medication List.³

Questions?

If you have any questions, contact your account executive.

¹ For the current list of eligible medications, go to the Medication Lookup Tool at bluecrossma.org/medication, and click **Cost-Share Assistance Medication List** under Important Information.

² Some restrictions apply. For more details, contact your account executive.

³ In rare circumstances, a drug manufacturer may discontinue the program or limit the amount of monthly or annual financial assistance a member may receive. In that case, the member cost share would stay the same, and the account or Blue Cross would pay the remainder.

How Members Enroll in the Cost-Share Assistance Program

PillarRx identifies members who are taking an eligible high-cost specialty medication, based on Blue Cross claims data. PillarRx then contacts the member by mail and phone to explain the program, and guides them through the enrollment process. If a member starts taking an eligible medication after the effective date of the program, PillarRx will reach out to them to enroll. Members can also call PillarRx directly at 1-636-614-3128 (TTY: 711).

Enrollment in the Cost-Share Assistance Program is optional. However, PillarRx is skilled in educating members to help them understand their out-of-pocket costs, and the importance of enrolling in the program.

What Happens When a Member Doesn't Enroll

If an account adds the Cost-Share Assistance Program to their benefits, but an eligible member doesn't enroll, the member will be responsible for paying 30% co-insurance of the eligible medication's full cost.

Members Already Using a Manufacturer Coupon Still Need to Enroll

If a member is currently using a manufacturer coupon for an eligible medication, they can continue using it. However, they'll still need to enroll in the program, so their actual out-of-pocket costs can be tracked, and the account and the member can realize the maximum cost savings.

Some Members May Not Be Able to Sign Up

While most members can enroll, there may be specific instances that will make them ineligible for the program, such as:

- Their eligibility for government health insurance, such as Medicare or Medicaid
- Their medication isn't approved by the Food and Drug Administration (FDA) to treat their condition
- Their medication has age restrictions the member doesn't meet
- They use a secondary insurer in addition to Blue Cross to cover their plan's out-of-pocket costs

If a member is ineligible for the program, PillarRx will ensure that their medication is covered, based on the standard cost-share amount that applies for all other covered medications and supplies as described in their plan's Summary of Benefits, Schedule of Benefits, and/or riders.

⁴ Some restrictions apply. For more details, contact your account executive.

The Member's Out-of-Pocket Costs Apply to Their Out-of-Pocket Maximum and Deductible

Once a member is enrolled in the Cost-Share Assistance Program, the plan only applies the member's actual out-of-pocket costs to their annual out-of-pocket maximum. If an account decides to offer the program to members with a high-deductible health plan or a stand-alone pharmacy deductible, the plan will apply only the member's out-of-pocket costs to their annual deductible as well as to their out-of-pocket maximum.⁴ For example, if a member pays \$10 for an eligible medication, \$10 will be applied to both their out-of-pocket maximum and their deductible.

How PillarRx Supports Members and Accounts

PillarRx is an industry leader in administering pharmacy benefit programs like the Cost-Share Assistance Program, providing high-touch outreach to members and seamless program administration for accounts. PillarRx tracks member claims to make sure each coupon is being applied correctly, coordinates all payment and billing with our pharmacy benefit manager and in-network pharmacies, and resolves any issues that may arise.

What Happens When the Manufacturer No Longer Offers Financial Assistance for an Eligible Medication

When a medication is removed from the program, there is no additional savings passed on to the account, and the member will then pay the standard cost share for this medication according to their pharmacy benefit. PillarRx will reach out to affected members to let them know about this change, and tell them which medication is no longer eligible. Members can check their Summary of Benefits or Schedule of Benefits to see the standard pharmacy cost share.

Members Can Learn More About the Program Through MyBlue

Members with pharmacy benefits that include this program can download the MyBlue app or create an account at bluecrossma.org to learn about claims, costs for eligible medications, and what to expect from the program. We've created a page with this information, a list of eligible medications, a fact sheet with FAQs, and contact information for members to get in touch with PillarRx.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

COST-SHARE ASSISTANCE PROGRAM

MEDICATION LIST

For plans that use the:

- Blue Cross Blue Shield of Massachusetts Formulary
- Standard Control with Advanced Control Specialty Formulary



UNLOCK THE POWER OF YOUR PLAN

MyBlue is your key to more features and savings. Once you sign in or create an account, you can see all of your benefits, all in one place, such as:



COVERAGE, CLAIMS,
AND DEDUCTIBLES



REIMBURSEMENTS
AND SAVINGS



FIND A DOCTOR &
ESTIMATE COSTS



MEDICATION
LOOKUP

Download the MyBlue app, or create an account at bluecrossma.org.

MEDICATIONS INCLUDED IN THE COST-SHARE ASSISTANCE PROGRAM

The following is a list of medications that are included in the Cost-Share Assistance Program, which is administered by PillarRx Consulting, an independent company. If your plan includes the Cost-Share Assistance Program, manufacturers of medication will cover most or all of your out-of-pocket costs for eligible medications.

Enrolling in the Cost-Share Assistance Program reduces your total out-of-pocket cost for your medication to the amount listed.¹ The amount will range between \$0 and \$35, depending on the medication.²

Medications on this list are subject to change. This isn't a complete list of covered medications, and inclusion on this list doesn't guarantee coverage.³ You must have a valid prescription from a licensed health provider to receive coverage for these medications. Some medications may also be subject to pharmacy management programs, such as Step Therapy, Prior Authorization, or Quality Care Dosing, or have other coverage requirements.

If you're taking a medication on this list that's not approved by the Food and Drug Administration (FDA) to treat your condition, or a medication on this list with age restrictions, your medication won't qualify for cost-share assistance through this program. If you have any questions, call the PillarRx Care Team at 1-636-614-3128 (TTY: 711).

NOTE: Some medications on this list may be considered non-covered, including new medications under review by Blue Cross. Your doctor may request an exception for a non-covered medication when medically necessary.⁴

Learn More About Your Coverage

For more information about coverage for these medications, sign in to MyBlue at bluecrossma.org or open the MyBlue app, then go to **Medication Lookup Tool** under **My Medications**.

If you're not a member, you can get more information by visiting bluecrossma.org/medication.

1. If the manufacturer changes the out-of-pocket cost for your medication listed, you'll be notified 60 days in advance of the change.

2. Your out-of-pocket cost for each medication isn't determined by the quantity or strength prescribed.

3. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.

4. If approved, you'd pay the out-of-pocket cost shown on this list.

MEDICATION NAME	MEMBER'S OUT-OF-POCKET COST
ACTEMRA	\$5.00
ACTHAR	\$0.00
ADAKVEO	\$0.00
ADBRY	\$0.00
ADEMPAS	\$0.00
AMJEVITA	\$0.00
AMONDYS-45	\$5.00
ARIKAYCE	\$0.00
AUSTEDO	\$0.00
AVSOLA	\$5.00
AYVAKIT	\$0.00
BAFIERTAM	\$0.00
BELEODAQ	\$25.00
BENLYSTA	\$0.00
BERINERT	\$0.00
BESPONSA	\$0.00
BETASERON	\$0.00
BLINCYTO	\$5.00
BRAFTOVI	\$0.00
BRUKINSA	\$0.00
CABLIVI	\$0.00
CALQUENCE	\$0.00
CAMZYOS	\$10.00
CAYSTON	\$10.00
CERDELGA	\$0.00
CIBINQO	\$0.00
CIMZIA	\$0.00
CINQAIR	\$0.00
COMETRIQ	\$0.00
CORTROPHIN	\$0.00

MEDICATION NAME	MEMBER'S OUT-OF-POCKET COST
COSENTYX	\$0.00
CRYSVITA	\$0.00
CUTAQUIG	\$5.00
CUVITRU	\$0.00
DUPIXENT	\$0.00
EGRIFTA SV	\$0.00
EMFLAZA	\$0.00
EMPAVELI	\$0.00
ENBREL	\$5.00
ENJAYMO	\$0.00
ENSPRYNG	\$5.00
ENTYVIO	\$5.00
EVKEEZA	\$5.00
EVRYSDI	\$5.00
EXKIVITY	\$0.00
EXONDYS 51	\$0.00
EXTAVIA	\$0.00
FASENRA	\$0.00
FENSOLVI	\$5.00
FOTIVDA	\$0.00
FULPHILA	\$0.00
FYLNETRA	\$0.00
GATTEX	\$5.00
GIVLAARI	\$0.00
GLATIRAMER ACETATE	\$0.00
GLATOPA	\$0.00
GOCOVRI	\$20.00
GRANIX	\$0.00
HAEGARDA	\$0.00
HIZENTRA	\$0.00

MEDICATION NAME	MEMBER'S OUT-OF-POCKET COST
HYFTOR	\$5.00
HYQVIA	\$0.00
IBRANCE	\$0.00
ILUMYA	\$5.00
INCRELEX	\$25.00
INFLECTRA	\$0.00
INGREZZA	\$0.00
INLYTA	\$0.00
INVEGA	\$10.00
INVEGA HAFYERA	\$10.00
INVEGA SUSTENNA	\$10.00
INVEGA TRINZA	\$10.00
ISTURISA	\$20.00
JAYPIRCA	\$0.00
JYNARQUE	\$10.00
KALYDECO	\$15.00
KANUMA	\$0.00
KESIMPTA	\$0.00
KEVEYIS	\$0.00
KEVZARA	\$0.00
KINERET	\$0.00
KITABIS PAK	\$0.00
LUMOXITI	\$0.00
LYNPARZA	\$0.00
MAVENCLAD	\$0.00
MAVYRET	\$5.00
MAYZENT	\$0.00
MEKTOVI	\$0.00
MEPSEVII	\$0.00
MYALEPT	\$0.00

MEDICATION NAME	MEMBER'S OUT-OF-POCKET COST
MYCAPSSA	\$0.00
NEULASTA	\$5.00
NEUPOGEN	\$5.00
NIVESTYM	\$0.00
NUBEQA	\$0.00
NULIBRY	\$0.00
NUPLAZID	\$0.00
NYVEPRIA	\$0.00
OCALIVA	\$0.00
OCREVUS	\$5.00
OFEV	\$0.00
OLUMIANT	\$5.00
OPSUMIT	\$5.00
OPZELURA	\$10.00
ORENCIA	\$5.00
ORENITRAM ER	\$10.00
ORKAMBI	\$15.00
ORLADEYO	\$0.00
OTEZLA	\$0.00
OXBRYTA	\$0.00
PALYNZIQ	\$0.00
PLEGRIDY	\$0.00
PONVORY	\$0.00
PORTRAZZA	\$25.00
PROMACTA	\$0.00
PULMOZYME	\$30.00
PYRUKYND	\$0.00
RADICAVA	\$0.00
RADICAVA ORS	\$0.00
REBLOZYL	\$10.00

MEDICATION NAME	MEMBER'S OUT-OF-POCKET COST
RECORLEV	\$0.00
RELEUKO	\$5.00
RELYVRIO	\$5.00
REMICADE	\$5.00
RENFLEXIS	\$5.00
RETEVMO	\$0.00
REZUROCK	\$10.00
RIABNI	\$5.00
RITUXAN	\$5.00
ROLVEDON	\$0.00
RUBRACA	\$0.00
RUXIENCE	\$0.00
SAPHNELO	\$0.00
SEROSTIM	\$0.00
SIGNIFOR	\$25.00
SIKLOS	\$0.00
SILIQ	\$25.00
SIMPONI	\$5.00
SIMPONI ARIA	\$5.00
SOMATULINE DEPOT	\$0.00
SOMAVERT	\$5.00
SOTYKTU	\$5.00
SOVALDI	\$5.00
SPEVIGO	\$5.00
SPINRAZA	\$0.00
SPRYCEL	\$0.00
STELARA	\$5.00
STIMUFEND	\$0.00
STIVARGA	\$0.00
STRENSIQ	\$0.00

MEDICATION NAME	MEMBER'S OUT-OF-POCKET COST
SUBLOCADE	\$5.00
SUSTOL	\$0.00
SYLVANT	\$5.00
SYMDEKO	\$15.00
TADLIQ	\$5.00
TAGRISSO	\$0.00
TAKHZYRO	\$0.00
TALTZ	\$5.00
TALZENNA	\$0.00
TEZSPIRE	\$0.00
TOBI PODHALER	\$0.00
TREMFYA	\$5.00
TRIKAFTA	\$15.00
TRUSELTIQ	\$0.00
TRUXIMA	\$0.00
TURALIO	\$0.00
TYMLOS	\$0.00
TYVASO	\$5.00
UPTRAVI	\$5.00
VALCHLOR	\$0.00
VARUBI	\$0.00
VEMLIDY	\$0.00
VIJOICE	\$0.00
VILTEPSO	\$0.00
VIVITROL	\$0.00
VOSEVI	\$5.00
VOXZOGO	\$0.00
VTAMA	\$0.00
VYNDAMAX	\$0.00
VYNDAQEL	\$0.00

MEDICATION NAME	MEMBER'S OUT-OF-POCKET COST
VYONDYS-53	\$0.00
VYVGART	\$0.00
VYXEOS	\$10.00
XALKORI	\$0.00
XELJANZ	\$0.00
XELJANZ XR	\$0.00
XEMBIFY	\$0.00
XEOMIN	\$0.00
XERMELO	\$0.00
XGEVA	\$5.00
XOLAIR	\$5.00
YONDELIS	\$5.00
ZARXIO	\$0.00
ZEJULA	\$0.00
ZEPATIER	\$5.00
ZEPOSIA	\$0.00
ZIEXTENZO	\$0.00
ZORYVE	\$25.00
ZTALMY	\$0.00



MASSACHUSETTS

Translation Resources

PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Chinese/简体中文: 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: 711)。

Haitian Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: 711).

Vietnamese/Tiếng Việt: LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: 711).

Russian/Русский: ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: 711).

Arabic/عربي:

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجانًا بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النسي للصم والبكم "TTY": 711).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណ សម្គាល់សមាជិករបស់អ្នក (TTY: 711)។

French/Français: ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY: 711).

Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: 711).

Korean/한국어: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: 711)를 사용하여 회원 서비스에 전화하십시오.

Greek/Ελληνικά: ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID card) (TTY: 711).

Polish/Polski: UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

Hindi/हिंदी: ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें। टी.टी.वाई.: 711)।

Gujarati/ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા છો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

Tagalog/Tagalog: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID card (TTY: 711).

Japanese/日本語: お知らせ: 日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

German/Deutsch: ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

Persian/پارسیان:

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شمارتلفن مندرج بر روی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

Lao/ລາວ: ຂໍຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníft'i'go saad bee yát'i' éí t'áájífk'e bee níká'a'doowołgo éí ná'aboot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjijí' béesh bee hodíílnih (TTY: 711).