



HSA Preventive Drug List

Updated April 2025

The following list includes medications that are used for the prevention of or the recurrence of certain diseases and are available under Health Savings Account (HSA) Preventive Drug Coverage for prescription drug plans with this benefit. The actual cost of the medication will be applied toward the preventive benefit offered by your employer, allowing you to receive coverage at an in-network pharmacy even if you have not met your deductible. Benefits will be provided in accordance with U.S. Department of the Treasury and Internal Revenue Service (IRS) guidance with HSAs and qualified High Deductible Health Plans (HDHPs).

This list does not indicate coverage. Some medications may also be subject to pharmacy management programs, such as Step Therapy, Prior Authorization or Quantity Limits, or have other coverage requirements. **Refer to your formulary drug list and benefit materials for coverage details and current information as this publication is subject to change.**

Generic prescription drugs are shown in lower-case boldface type. Brand prescription drugs are shown in capital letters. Generic medicines are available for many of the brand-name drugs listed though may not be available in all strengths.

ACE INHIBITORS (high blood pressure)

benazepril hcl 5 mg tab	lisinopril 5 mg tab
benazepril hcl 10 mg tab	lisinopril 10 mg tab
benazepril hcl 20 mg tab	lisinopril 20 mg tab
benazepril hcl 40 mg tab	lisinopril 30 mg tab
captopril 12.5 mg tab	lisinopril 40 mg tab
captopril 25 mg tab	moexipril hcl 7.5 mg tab
captopril 50 mg tab	moexipril hcl 15 mg tab
captopril 100 mg tab	perindopril erbumine 2 mg tab
enalapril maleate 2.5 mg tab	perindopril erbumine 4 mg tab
enalapril maleate 5 mg tab	perindopril erbumine 8 mg tab
enalapril maleate 10 mg tab	quinapril hcl 5 mg tab
enalapril maleate 20 mg tab	quinapril hcl 10 mg tab
fosinopril sodium 10 mg tab	quinapril hcl 20 mg tab
fosinopril sodium 20 mg tab	quinapril hcl 40 mg tab
fosinopril sodium 40 mg tab	ramipril 1.25 mg cap
lisinopril 2.5 mg tab	ramipril 2.5 mg cap
	ramipril 5 mg cap

ramipril 10 mg cap
trandolapril 1 mg tab
trandolapril 2 mg tab
trandolapril 4 mg tab

ACE INHIBITORS – COMBINATIONS (high blood pressure)

amlodipine besylate-benazepril hcl 2.5-10 mg cap
amlodipine besylate-benazepril hcl 5-10 mg cap
amlodipine besylate-benazepril hcl 5-20 mg cap
amlodipine besylate-benazepril hcl 5-40 mg cap
amlodipine besylate-benazepril hcl 10-20 mg cap
amlodipine besylate-benazepril hcl 10-40 mg cap
benazepril-hydrochlorothiazide 5-6.25 mg tab
benazepril-hydrochlorothiazide 10-12.5 mg tab
benazepril-hydrochlorothiazide 20-12.5 mg tab
benazepril-hydrochlorothiazide 20-25 mg tab
enalapril-hydrochlorothiazide 5-12.5 mg tab
enalapril-hydrochlorothiazide 10-25 mg tab
fosinopril sodium-hctz 10-12.5 mg tab
fosinopril sodium-hctz 20-12.5 mg tab
lisinopril-hydrochlorothiazide 10-12.5 mg tab
lisinopril-hydrochlorothiazide 20-12.5 mg tab
lisinopril-hydrochlorothiazide 20-25 mg tab

ASTHMA AGENTS

Inhaled Corticosteroid Agents

QVAR REDIHALER® – 40 mcg/actuation
QVAR REDIHALER® – 80 mcg/actuation
budesonide 0.25 mg/2ml inhalation suspension
budesonide 0.5 mg/2ml inhalation suspension
budesonide 1 mg/2ml inhalation suspension
ASMANEX® HFA – 50 mcg/actuation
ASMANEX® HFA – 100 mcg/actuation
ASMANEX® HFA – 200 mcg/actuation
ASMANEX® TWISTHALER® (30 METERED DOSES) – 110 mcg/actuation
ASMANEX® TWISTHALER® (120 METERED DOSES) – 220 mcg/actuation
ASMANEX® TWISTHALER® (60 METERED DOSES) – 220 mcg/actuation
ASMANEX® TWISTHALER® (14 METERED DOSES) – 220 mcg/actuation
ASMANEX® TWISTHALER® (30 METERED DOSES) – 220 mcg/actuation

Inhaled Corticosteroid/Sympathomimetic Agents

budesonide-formoterol fumarate 80-4.5 mcg/actuation
budesonide-formoterol fumarate 160-4.5 mcg/actuation
fluticasone-salmeterol 45-21 mcg/actuation
fluticasone-salmeterol 115-21 mcg/actuation
fluticasone-salmeterol 230-21 mcg/actuation
fluticasone-salmeterol 100-50 mcg/actuation
fluticasone-salmeterol 250-50 mcg/actuation
fluticasone-salmeterol 500-50 mcg/actuation
BREO® ELLIPTA – 50-25 mcg/actuation
BREO® ELLIPTA – 100-25 mcg/actuation
BREO® ELLIPTA – 200-25 mcg/actuation

TRELEGY ELLIPTA® – 100-62.5-25 mcg/actuation

TRELEGY ELLIPTA® – 200-62.5-25 mcg/actuation

ANTIHYPERLIPIDEMIC AGENTS – STATINS **(high cholesterol)**

atorvastatin calcium 10 mg tab

atorvastatin calcium 20 mg tab

atorvastatin calcium 40 mg tab

atorvastatin calcium 80 mg tab

fluvastatin sodium 20 mg cap

fluvastatin sodium 40 mg cap

fluvastatin sodium 80 mg tab er

lovastatin 10 mg tab

lovastatin 20 mg tab

lovastatin 40 mg tab

pitavastatin 1 mg tab

pitavastatin 2 mg tab

pitavastatin 4 mg tab

ZYPITAMAG® – 1 mg tab

ZYPITAMAG® – 2 mg tab

ZYPITAMAG® – 4 mg tab

rosuvastatin calcium 5 mg tab

rosuvastatin calcium 10 mg tab

rosuvastatin calcium 20 mg tab

rosuvastatin calcium 40 mg tab

pravastatin sodium 10 mg tab

pravastatin sodium 20 mg tab

pravastatin sodium 40 mg tab

pravastatin sodium 80 mg tab

simvastatin 5 mg tab

simvastatin 10 mg tab

simvastatin 20 mg tab

simvastatin 40 mg tab

simvastatin 80 mg tab

BETA BLOCKERS (high blood pressure)

nadolol 20 mg tab

nadolol 40 mg tab

nadolol 80 mg tab

pindolol 5 mg tab

pindolol 10 mg tab

propranolol hcl 10 mg tab

propranolol hcl 20 mg tab

propranolol hcl 40 mg tab

propranolol hcl 60 mg tab

propranolol hcl 80 mg tab

propranolol hcl 20 mg/5ml oral solution

propranolol hcl 40 mg/5ml oral solution

propranolol hcl 60 mg cap er

propranolol hcl 80 mg cap er

propranolol hcl 120 mg cap er

propranolol hcl 160 mg cap er

sotalol hcl 80 mg tab

sotalol hcl 120 mg tab

sotalol hcl 160 mg tab

sotalol hcl 240 mg tab

timolol maleate 5 mg tab

timolol maleate 10 mg tab

acebutolol hcl 200 mg cap

acebutolol hcl 400 mg cap

atenolol 25 mg tab

atenolol 50 mg tab

atenolol 100 mg tab

betaxolol hcl 10 mg tab

betaxolol hcl 20 mg tab

bisoprolol fumarate 5 mg tab

bisoprolol fumarate 10 mg tab

metoprolol succinate 25 mg tab er

metoprolol succinate 50 mg tab er

metoprolol succinate 100 mg tab er

metoprolol succinate 200 mg tab er

metoprolol tartrate 25 mg tab

metoprolol tartrate 50 mg tab

metoprolol tartrate 100 mg tab

nebivolol hcl 2.5 mg tab

nebivolol hcl 5 mg tab

nebivolol hcl 10 mg tab

nebivolol hcl 20 mg tab

carvedilol 3.125 mg tab

carvedilol 6.25 mg tab

carvedilol 12.5 mg tab

carvedilol 25 mg tab

labetalol hcl 100 mg tab

labetalol hcl 200 mg tab

labetalol hcl 300 mg tab

BETA BLOCKERS – COMBINATIONS (high blood pressure)

atenolol-chlorthalidone 50-25 mg tab

atenolol-chlorthalidone 100-25 mg tab

bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab

bisoprolol-hydrochlorothiazide 5-6.25 mg tab

bisoprolol-hydrochlorothiazide 10-6.25 mg tab

metoprolol-hydrochlorothiazide 50-25 mg tab

metoprolol-hydrochlorothiazide 100-25 mg tab

metoprolol-hydrochlorothiazide 100-50 mg tab

BONE DENSITY REGULATORS/ANTI-RESORPTIVE THERAPY (osteoporosis and/or osteopenia)

alendronate sodium 5 mg tab

alendronate sodium 10 mg tab

alendronate sodium 35 mg tab

alendronate sodium 70 mg tab

ibandronate sodium 150 mg tab

risedronate sodium 5 mg tab

risedronate sodium 30 mg tab

risedronate sodium 35 mg tab

risedronate sodium 150 mg tab

risedronate sodium 35 mg tab dr

SELECTIVE SEROTONIN REUPTAKE INHIBITORS – SSRIS (depression)

citalopram hydrobromide 10 mg tab

citalopram hydrobromide 20 mg tab

citalopram hydrobromide 40 mg tab

citalopram hydrobromide 10 mg/5ml oral solution

escitalopram oxalate 5 mg tab

escitalopram oxalate 10 mg tab

escitalopram oxalate 20 mg tab

escitalopram oxalate 5 mg/5ml oral solution

fluoxetine hcl 10 mg cap

fluoxetine hcl 20 mg cap

fluoxetine hcl 40 mg cap

fluoxetine hcl 20 mg/5ml oral solution
fluoxetine hcl 90 mg cap dr
fluvoxamine maleate 25 mg tab
fluvoxamine maleate 50 mg tab
fluvoxamine maleate 100 mg tab
paroxetine hcl 10 mg tab
paroxetine hcl 20 mg tab
paroxetine hcl 30 mg tab
paroxetine hcl 40 mg tab
paroxetine hcl 12.5 mg tab er
paroxetine hcl 25 mg tab er
paroxetine hcl 37.5 mg tab er
sertraline hcl 25 mg tab
sertraline hcl 50 mg tab
sertraline hcl 100 mg tab
sertraline hcl 20 mg/ml oral concentration

ANTIDIABETIC AGENTS (diabetes)

Medications

SYMLINPEN® 60 – 1500 mcg/1.5ml pen
 SYMLINPEN® 120 – 2700 mcg/2.7ml pen
 TRULICITY® – 0.75 mg/0.5ml pen
 TRULICITY® – 1.5 mg/0.5ml pen
 TRULICITY® – 3 mg/0.5ml pen
 TRULICITY® – 4.5 mg/0.5ml pen
 RYBELSUS® – 3 mg tab
 RYBELSUS® – 7 mg tab
 RYBELSUS® – 14 mg tab
 OZEMPIC® – (0.25 or 0.5 mg/dose) 2 mg/1.5ml pen
 OZEMPIC® – (1 mg/dose) 2 mg/1.5ml pen

OZEMPIC® – (0.25 or 0.5 mg/dose) 2 mg/3ml pen
 OZEMPIC® – (1 mg/dose) 4 mg/3ml pen
 OZEMPIC® – (2 mg/dose) 8 mg/3ml pen
 MOUNJARO® – 2.5 mg/0.5 mL pen/vial
 MOUNJARO® – 5 mg/0.5 mL pen/vial
 MOUNJARO® – 7.5 mg/0.5 mL pen/vial
 MOUNJARO® – 10 mg/0.5 mL pen/vial
 MOUNJARO® – 12.5 mg/0.5 mL pen/vial
 MOUNJARO® – 15 mg/0.5 mL pen/vial
glimepiride 1 mg tab
glimepiride 2 mg tab
glimepiride 4 mg tab
glipizide 5 mg tab
glipizide 10 mg tab
glipizide 2.5 mg tab er
glipizide 5 mg tab er
glipizide 10 mg tab er
glyburide 1.25 mg tab
glyburide 2.5 mg tab
glyburide 5 mg tab
glyburide micronized 1.5 mg tab
glyburide micronized 3 mg tab
glyburide micronized 6 mg tab
liraglutide 18mg/3mL pen
metformin hcl 500 mg tab
metformin hcl 850 mg tab
metformin hcl 1000 mg tab
metformin hcl 500 mg/5ml oral solution
metformin hcl 500 mg tab er
metformin hcl 750 mg tab er
nateglinide 60 mg tab

nateglinide 120 mg tab

repaglinide 0.5 mg tab

repaglinide 1 mg tab

repaglinide 2 mg tab

GVOKE® KIT – 1 mg/0.2ml vial

BAQSIMI® – 3 mg/dose powder

GVOKE HYPOPEN® – 0.5 mg/0.1ml pen

GVOKE HYPOPEN® – 1 mg/0.2ml pen

GVOKE® – 0.5 mg/0.1ml prefilled syringe

GVOKE® – 1 mg/0.2ml prefilled syringe

glucagon emergency 1 mg kit

GLUCAGEN® HYPOKIT® – 1 mg vial

GLUCAGON EMERGENCY KIT – 1 mg vial

acarbose 25 mg tab

acarbose 50 mg tab

acarbose 100 mg tab

miglitol 25 mg tab

miglitol 50 mg tab

miglitol 100 mg tab

JANUVIA® – 25 mg tab

JANUVIA® – 50 mg tab

JANUVIA® – 100 mg tab

pioglitazone hcl 15 mg tab

pioglitazone hcl 30 mg tab

pioglitazone hcl 45 mg tab

FARXIGA® – 5 mg tab

FARXIGA® – 10 mg tab

JARDIANCE® – 10 mg tab

JARDIANCE® – 25 mg tab

JANUMET® – 50-500 mg tab

JANUMET® – 50-1000 mg tab

JANUMET® XR – 50-500 mg tab er

JANUMET® XR – 50-1000 mg tab er

JANUMET® XR – 100-1000 mg tab er

XIGDUO XR – 2.5-1000 mg tab er

XIGDUO XR – 5-500 mg tab er

XIGDUO XR – 5-1000 mg tab er

XIGDUO XR – 10-500 mg tab er

XIGDUO XR – 10-1000 mg tab er

SYNJARDY® – 5-500 mg tab

SYNJARDY® – 5-1000 mg tab

SYNJARDY® – 12.5-500 mg tab

SYNJARDY® – 12.5-1000 mg tab

SYNJARDY® XR – 5-1000 mg tab er

SYNJARDY® XR – 10-1000 mg tab er

SYNJARDY® XR – 12.5-1000 mg tab er

SYNJARDY® XR – 25-1000 mg tab er

GLYXAMBI® – 10-5 mg tab

GLYXAMBI® – 25-5 mg tab

TRIJARDY® XR – 5-2.5-1000 mg tab er

TRIJARDY® XR – 10-5-1000 mg tab er

TRIJARDY® XR – 12.5-2.5-1000 mg tab er

TRIJARDY® XR – 25-5-1000 mg tab er

glipizide-metformin hcl 2.5-250 mg tab

glipizide-metformin hcl 2.5-500 mg tab

glipizide-metformin hcl 5-500 mg tab

glyburide-metformin 1.25-250 mg tab

glyburide-metformin 2.5-500 mg tab

glyburide-metformin 5-500 mg tab

pioglitazone hcl-glimepiride 30-2 mg tab

pioglitazone hcl-glimepiride 30-4 mg tab

pioglitazone hcl-metformin hcl 15-500 mg tab

pioglitazone hcl-metformin hcl 15-850 mg tab

Insulin

NOVOLOG® RELION – 100 unit/ml vial
NOVOLOG® – 100 unit/ml vial
NOVOLOG® FLEXPEN® RELION – 100 unit/ml pen
NOVOLOG® FLEXPEN® – 100 unit/ml pen
NOVOLOG® PENFILL® – 100 unit/ml cartridge
FIASP® – 100 unit/ml vial
FIASP® FLEXTOUCH® – 100 unit/ml pen
FIASP® PENFILL® – 100 unit/ml cartridge
BASAGLAR® KWIKPEN® – 100 unit/ml pen
TOUJEO® SOLOSTAR® – 300 unit/ml pen
TOUJEO® MAX SOLOSTAR® – 300 unit/ml pen
TRESIBA® – 100 unit/ml vial
TRESIBA® FLEXTOUCH® – 100 unit/ml pen
TRESIBA® FLEXTOUCH® – 200 unit/ml pen
NOVOLIN® R RELION – 100 unit/ml vial
NOVOLIN® R – 100 unit/ml vial
HUMULIN® R U-500 (CONCENTRATED) – 500 unit/ml vial
NOVOLIN® R FLEXPEN® – 100 unit/ml pen
NOVOLIN® R FLEXPEN® RELION – 100 unit/ml pen
HUMULIN® R U-500 KWIKPEN – 500 unit/ml pen
NOVOLIN® N RELION – 100 unit/ml vial
NOVOLIN® N – 100 unit/ml vial
NOVOLIN® N FLEXPEN® – 100 unit/ml pen
NOVOLIN® N FLEXPEN® RELION – 100 unit/ml pen
NOVOLOG® MIX 70/30 – 100 unit/ml

NOVOLOG® MIX 70/30 RELION – 100 unit/ml
NOVOLOG® 70/30 FLEXPEN® RELION – 100 unit/ml pen
NOVOLOG® MIX 70/30 FLEXPEN – 100 unit/ml pen
NOVOLIN® 70/30 RELION – 100 unit/ml vial
NOVOLIN® 70/30 – 100 unit/ml vial
NOVOLIN® 70/30 FLEXPEN® – 100 unit/ml pen

DIABETIC SUPPLIES

Your HSA Preventive Drug Coverage provides coverage for multiple brands of the following diabetic supplies. *Check your formulary to determine what specific brands are covered for each product.*

Glucometer control solution
Insulin pen needles
Insulin syringes
Insulin syringe needles
Lancets
Test strips

Wellmark Language Assistance

Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Wellmark does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Wellmark

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 800-524-9242.

If you believe that Wellmark 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: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 3E417, Des Moines, IA 50309-2901, 515-376-6500, TTY 888-781-4262, Fax 515-376-9055, Email CRC@Wellmark.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Wellmark Civil Rights 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم ٢٤٢٩-٤٢٥٠٠٨ أو (خدمة الهاتف النصي: ١٨٧-٨٨٨-٢٦٢٤).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານ
ໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ່. (TTY: 888-781-4262.)

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, निःशुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION: Si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deitsch schwetze duschst, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တၢ်ဒုးသုၣ်ညါ-နမ့ၢ်ကတိၤကညိၣ်က့ၢ်, ကျိၣ်တၢ်မၤစၢၤတၢ်ဖဲးတၢ်မၤတဖၣ်, လၢတဘျီလၢၣ်ဘူးလဲ, ဆိၣ်လၢနီၢ်လီၤ. ဆဲးကျိးဆူ
၈၀၀-၅၂၄-၉၂၄ မုတမ့ၢ်(TTY: ၈၈၈-၇၈၁-၄၆၂)တက့ၢ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሳሰቢያ፡ አማርኛ የሚናገሩ ከሆኑ፣ የቋንቋ አገዛ አገልግሎቶች፣ ከክፍያ ነፃ፣ ያገኛሉ።
በ 800-524-9242 ወይም (በጥጥ፡ 888-781-4262) ደውለው ያነጋግሩን።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonna
 gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin
 (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'ehjí yánílti'go níká bizaad bee áká' adoowot, t'áá jiik'é,
náhóló. Kojí' hólné' 800-524-9242 doodaii' (TTY: 888-781-4262)