

## Important Notices

These notices are being distributed to current members of the Benefits Plan of the Presbyterian Church (U.S.A.) and employees who are newly eligible for benefits. These notices are distributed to meet federal regulations that require you to receive official notification **when you become eligible for benefits, when regulations become effective or change, or on an annual basis.**

### Retirement Savings Plan of the Presbyterian Church (U.S.A.)

The Retirement Savings Plan of the Presbyterian Church (U.S.A.) (the “Plan”) is a 403(b)(9) church retirement income account plan. As such, it is exempt from the requirements of the Employee Retirement Income Security Act of 1974, as amended, and the registration and reporting requirements of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Company Act of 1940, and state securities laws. Participants and beneficiaries of the Plan are not afforded the protections of those laws. The Plan is administered and construed in accordance with Pennsylvania law. With the exception of the PC(USA) Socially Responsible Balanced Fund and PC(USA) U.S. Equity Fund, which are proprietary funds of the Plan administered by Fidelity Management Trust Company and subject to the social screening practices of the Presbyterian Church (U.S.A.), the Plan’s investment options are registered mutual funds that are subject to applicable federal law and regulations.

### Medical Plan of the Presbyterian Church (U.S.A.)

#### Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 60 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Board of Pensions at 800-773-7752 (800-PRESPLAN).

### Newborns’ and Mothers’ Health Protection Act of 1996 – Statement of Rights

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### Women’s Health and Cancer Rights Act

The Women’s Health and Cancer Rights Act of 1998 (WHCRA) provides protections for individuals who elect breast reconstruction after a mastectomy. Under WHCRA, group health plans offering mastectomy coverage must provide coverage for certain services relating to the mastectomy, in a manner determined in consultation with the attending physician and the patient.

The required coverage includes

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These services are subject to the plan’s deductible and copayment requirements. For more information, contact the Plan’s claims administrator, Highmark, at 888-835-2959.

### Health Insurance Portability and Accountability Act (HIPAA)

The HIPAA Privacy Notice on [pensions.org](http://pensions.org) (see Member Benefits Notices) advises members of the Medical Plan’s privacy practices and their rights under HIPAA.

## Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your

dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW (1-877-543-7669)** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, **and you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (1-866-444-3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your state for more information on eligibility.**

State	Website	Telephone
Alabama – Medicaid	<a href="http://myalhipp.com/">http://myalhipp.com/</a>	1.855.692.5447
Alaska – Medicaid	Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	1.866.251.4861
Arkansas – Medicaid	<a href="http://myarhipp.com/">http://myarhipp.com/</a>	1.855.692.7447
Colorado – Medicaid	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a> Child Health Plan Plus Website: <a href="https://www.colorado.gov/hcpf/child-health-plan-plus">https://www.colorado.gov/hcpf/child-health-plan-plus</a>	1.800.221.3943 (Health First) 1.800.359.1991 (Child Health Plan Plus)
Florida – Medicaid	<a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a>	1.877.357.3268
Georgia – Medicaid	<a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> Click on Health Insurance Premium Payment (HIPP)	404.656.4507
Indiana – Medicaid	Healthy Indiana Plan for low-income adults 19-64 <a href="http://www.in.gov/fssa/hip">http://www.in.gov/fssa/hip</a> All other Medicaid <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>	1.877.438.4479 1.800.403.0864
Iowa – Medicaid	<a href="http://dhs.iowa.gov/hawk-i">http://dhs.iowa.gov/hawk-i</a>	1.800-257-8563
Kansas – Medicaid	<a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a>	1.785.296.3512
Kentucky – Medicaid	<a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	1.800.635.2570
Louisiana – Medicaid	<a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a>	1.888.695.2447
Maine – Medicaid	<a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>	1.800.442.6003 TTY: Maine relay 711
Massachusetts – Medicaid & CHIP	<a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>	1.800.862.4840

State	Website	Telephone
Minnesota – Medicaid	<a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a>	1.800.657.3739
Missouri – Medicaid	<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>	573.751.2005
Montana – Medicaid	<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>	1.800.694.3084
Nebraska – Medicaid	<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>	1.855.632.7633
Nevada – Medicaid	<a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>	1.800.992.0900
New Hampshire – Medicaid	<a href="https://www.dhhs.nh.gov/ombp/nhhpp/">https://www.dhhs.nh.gov/ombp/nhhpp/</a>	1.603.271.5218
New Jersey – Medicaid & CHIP	Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>	Medicaid: 609.631.2392 CHIP: 1.800.701.0710
New York – Medicaid	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>	1.800.541.2831
North Carolina – Medicaid	<a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a>	1.919.855.4100
North Dakota – Medicaid	<a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>	1.844.854.4825
Oklahoma – Medicaid & CHIP	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>	1.888.365.3742
Oregon – Medicaid	<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>	1.800.699.9075
Pennsylvania – Medicaid	<a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a>	1.800.692.7462
Rhode Island – Medicaid	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>	855.697.4347
South Carolina – Medicaid	<a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a>	1.888.549.0820
South Dakota – Medicaid	<a href="http://dss.sd.gov">http://dss.sd.gov</a>	1.888.828.0059
Texas – Medicaid	<a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a>	1.800.440.0493
Utah – Medicaid & CHIP	Medicaid: <a href="https://medicaid.utah.gov">https://medicaid.utah.gov</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>	1.877.543.7669
Vermont – Medicaid	<a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>	1.800.250.8427
Virginia – Medicaid & CHIP	Medicaid and CHIP: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>	Medicaid: 1.800.432.5924 CHIP: 1.855.242.8282
Washington – Medicaid	<a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a>	1.800.562.3022, ext. 15473
West Virginia – Medicaid	<a href="http://mywvhipp.com/">http://mywvhipp.com/</a>	1.855.699.8447
Wisconsin – Medicaid & CHIP	<a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a>	1.800.362.3002
Wyoming – Medicaid	<a href="https://wyequalitycare.acs-inc.com">https://wyequalitycare.acs-inc.com</a>	1.307.777.7531

To see if any other states have added a premium assistance program since August 10, 2018, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Language Access Information

### Discrimination Is against the Law

The Board of Pensions of the Presbyterian Church (U.S.A.) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Board of Pensions does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

#### The Medical Plan provides

- free aids and services to people with disabilities to communicate effectively with us, such as
  - qualified sign language interpreters; and
  - written information in other formats (large print, audio, accessible electronic formats, other formats); and
- free language services to people whose primary language is not English, such as
  - qualified interpreters; and
  - information written in other languages.

If you need these services, contact the Board's Civil Rights Coordinator.

If you believe that the Board of Pensions 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

Civil Rights Coordinator

The Board of Pensions of the Presbyterian Church (U.S.A.)

2000 Market Street

Philadelphia, PA 19103-3298

800-773-7752 (800-PRESPLAN)

Fax: 215-587-6215

Email: [memberservices@pensions.org](mailto:memberservices@pensions.org)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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

<https://www.hhs.gov/sites/default/files/civil-rights-complaint-form-0945-0002-exp-04302019.pdf>

## Language Access Information

### Discriminación Va Contra la Ley

La Junta de Pensiones de la Iglesia Presbiteriana (E.U.A.) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. La Junta de Pensiones no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

#### El Plan Medico proporciona

- asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes
  - intérpretes de lenguaje de señas capacitados; y
    - información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos); y
- servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes
  - intérpretes capacitados; y
  - información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con El Coordinador de Derechos Civiles.

Si considera que la Junta de Pensiones no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona

Civil Rights Coordinator  
2000 Market Street  
Philadelphia, PA 19103-3298  
800-773-7752 (800-PRESPLAN)  
Fax: 215-587-6215

Email: [memberservices@pensions.org](mailto:memberservices@pensions.org)

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, El Coordinador de Derechos Civiles está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación

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)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

### 차별은 위법입니다

미국 장로교 연금국은 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다. 연금국은 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 누군가를 배제하거나 다른 방식으로 대우하지 않습니다. 의료 플랜

- 장 애인들이 저희와 효과적으로 의사소통할 수 있도록 다음과 같은 무료 지원과 서비스를 제공합니다.

— 자격있는 수화 통역자

— 다른 형식의 서면 정보(큰 활자, 음성, 사용 가능한 전자 형식, 기타 형식)

- 주 로 사용하는 언어가 영어가 아닌 이들에게는 다음과 같은 무료 언어 서비스를 제공합니다.

— 자격있는 통역자 — 다른 언어로 작성된 서면 정보

이러한 서비스가 필요하시면 공민권 담당 코디네이터에게 연락하십시오.

연금국이인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 이러한 서비스를 제공하지 않거나 다른 방식으로 차별했다고 생각하시는 경우

Civil Rights Coordinator  
2000 Market Street  
Philadelphia, PA 19103-3298  
800-773-7752 (800-PRESPLAN)  
Fax: 215-587-6215  
Email: [memberservices@pensions.org](mailto:memberservices@pensions.org)

또한 공민권 민원을 미국 Department of Health and Human Services (보건복지부), Office for Civil Rights, (시민권 사무국) 에 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> 에 있는 시민권 사무국 민원

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)  
민원 양식은 <http://www.hhs.gov/ocr/office/file/index.html> 에 있습니다.



# Language Access Information

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se tologi, mo oe, Telefoni mai: 800-773-7752 (800-PRESPLAN).

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbāl in jipañ ilo

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 800-773-7752 (800-PRESPLAN).

MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 800-773-7752 (800-PRESPLAN).

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 800-773-7752 (800-PRESPLAN).

ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa 800-773-7752 (800-PRESPLAN).

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 800-773-7752 (800-PRESPLAN).

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 800-773-7752 (800-PRESPLAN).

PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 800-773-7752 (800-PRESPLAN).

DİKKAT: Eđer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 800-773-7752 (800-PRESPLAN) irtibat numaralarını arayın.

ناگداری: ئهگهر به زمانی کوردی قهسه دهکهنیت، خزمهتگوزاری بهکاتی یارمهتی زمان بهخواری، بو تو بهردهسته. پهپوهندی به 800-773-7752 (800-PRESPLAN) بکه.

శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లయితే మీ కొరకు తెలుగు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. 800-773-7752 (800-PRESPLAN) కు కాల్ చేయండి.

PIŃ KENE: Na ye jam nē Thuonjan, ke kuony yenē kōc waar thook atō kuka lēu yōk abac ke cīn wēnh cuatē piny. Yuopē 800-773-7752 (800-PRESPLAN)

MERK: Hvis du snakker norsk, er gratis språkassistentsetjenester tilgjengelige for deg. Ring 800-773-7752 (800-PRESPLAN).

ATENCIÓ: Si parleu Català, teniu disponible un servei d'ajuda lingüística sense cap càrrec. Truqueu al 800-773-7752 (800-PRESPLAN).

Π Ρ Ο Σ Ο Χ Η: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 800-773-7752 (800-PRESPLAN).

Ige nti: O buru na asu lbo asusu, enyemaka diri gi site na call 800-773-7752 (800-PRESPLAN).

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 800-773-7752 (800-PRESPLAN).

Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnppei] komw kalangan oh ntingidieng ni lokaiahn Pohnppei. Call 800-773-7752 (800-PRESPLAN).

Wann du Deutsch schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schpooch. Ruf selli Nummer uff. Call 800-773-7752 (800-PRESPLAN).

E NĀNĀ MAI: Inā ho'opuka 'oe i ka 'ōlelo [ho'okomo 'ōlelo], loa'a ke kōkua manuahi iā 'oe. E kelepona iā 800-773-7752 (800-PRESPLAN).

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 800-773-7752 (800-PRESPLAN).

Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 800-773-7752 (800-PRESPLAN)

ATENSIÓN: Yanggen un tungó [I linguahén Chamoru], i setbision linguahé gaige para hagu dibatde ha . Agang I 800-773-7752 (800-PRESPLAN).

800-773-7752 (800-PRESPLAN)

Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké ñ [Bàsɔɔ́ -wùdù-po-nyò] jũ ní, nìí, à wuɖu kà kò dò po-poò bɛí n ñ gbo kpáa. Đá 800-773-7752 (800-PRESPLAN)

ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Atoko, hattak yvmma im anompoli chi bvnnakmvt, holhtina pa payah: 800-773-7752 (800-PRESPLAN).

