

Tau txais khoom nuj sua plig \$75

Koj li kev mus ntsib kws kho mob txog cev xeeb tub thawj zaug

Saib seb koj tus me nyuam loj li cas lawm thiab kom tau txais qhov khoom nuj sua plig \$75.

Ua kom tiav koj qhov kev ntsuam xyuas cev xeeb tub ua ntej yug me nyuam thawj zaug hauv thawj peb lub hlis ntawm koj li kev xeeb tub kom tau txais khoom nuj sua plig. Yog koj tau koom rau hauv UCare tom qab koj thawj ntu, koj tseem yuav tau txais khoom nuj sua plig los ntawm kev mus cuag ib tug kws kho mob los sis ib tug pab yug me nyuam nyob rau hauv 42 hnuv tom qab koj li kev tso npe.

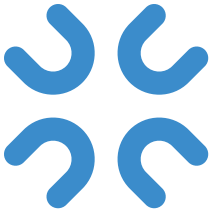
Teem sij hawm mus kuaj koj kiag los sis kuaj raws kev tham hauv xov tooj kom tiav raws li muab los ntawm koj tus kws kho mob. Ib qho kev kuaj mob los ntawm kev tham hauv xov tooj yog ib qho kev teem caij sib ntsib. Nws yooj yim rau koj los sib tham nrog koj tus kws kho mob tham hauv koj lub xov tooj, koos pis taws los sis xov tooj ntawm tes.

Xyuas kom meej tias koj tus me nyuam tau txais kev duav roos

Tsis txhob hnov qab sau npe rau koj tus me nyuam hauv kev pab them nqi kho mob. Tiv tauj rau koj lub cheeb tsam nroog los sis MNsure tus neeg sawv cev kom qhia rau lawv paub tias koj twb muaj me nyuam lawm:

- UCare Connect, UCare Connect + Medicare, Prepaid Medical Assistance Program (PMAP) thiab MinnesotaCare cov tswv cuab yuav tsum tiv tauj rau lawv tus neeg ua hauj lwm hauv cheeb tsam nroog
- UCare Individual & Family Plans thiab UCare Individual & Family Plans with M Health Fairview cov tswv cuab yuav tsum tiv tauj rau MNsure

Tswj hwm koj cov khoom plig thiab tshawb nrhiav lwm yam khoom plig uas koj tuaj yeem tsim nyog tau txais — sau npe nkag los sis tsim tus tswv cuab tus as khaij hauv oos lais ntawm **member.ucare.org**. Thaum koj sau npe nkag rau hauv, mus rau Health & Wellness (Kev Noj Qab Haus Huv thiab Kev Noj Qab Nyob Zoo), tom qab ntawd mus Wellness, Rewards & Allowance (Kev Noj Qab Nyob Zoo, Khoom Plig thiab Nyiaj Pab Cuam). Yog xav paub cov ntaub ntawv ntxiv, hu rau tus xov tooj pab cuam cov qhua nyob tom qab ntawm koj daim npav ID UCare.



Khoom nuj sua plig \$75

Kev mus ntsuam xyuas cev xeeb tub thawj zaug

Daim ntawv qhia nqi no yuav tsum muab xa mus rau UCare tsis pub dhau 120 hnuv txij hnuv muab kev pab cuam. Caw siv tus cwj mem los kob dub. Yuav tsum ua kom tiav txhua qhov. Pub li 4 – 6 lub lim tiam rau kev xa qhov khoom nuj sua plig.

Cia rau tus tswv cuab sau kom tiav:

UCare tus naj npawb ID tswv cuab _____

Tswv cuab lub hnuv yug _____

Tswv cuab lub npe _____

Chaw nyob xa ntawv _____

Nroog, xeev, tus zauv xa ntawv _____

Hnuv tim kev mus ntsib kws kho mob txog cev xeeb tub xyoo 2025 _____

Hnuv txog caij yug _____ Hnuv nyoog ntawm kev ceeb tub _____

Qhov no puas yog kev tuaj ntsib kws kho mob hauv kev hu xov tooj xwb? Yog Tsis Yog

Tsev kuaj mob lub npe _____

Tsev kuaj mob tus xov tooj _____

Cia sau kom tiav los ntawm kws kho mob/cov neeg ua hauj lwm hauv tsev kho mob los sis ua ke nrog tus kws kho mob/tus neeg ua hauj lwm hauv lub tsev kho mob thaum mus cuag hauv kev hu xov tooj:

Puas tau teev cia qhov ntaub ntawv kev mus cuag kws kho mob ua ntej yug rau hauv qhov ntaub ntawv teev tseg fab kev kho mob ntawm tus neeg mob? Yog Tsis Yog

Tus kws kho mob/tus neeg ua hauj lwm hauv lub tsev kho mob kos npe los sis lub npe _____

(Yuav tsum muaj kev kos npe rau cov kev mus ntsuam xyuas mob tim ntsej tim muag; yuav tsum muaj tus kws kho mob lub npe rau cov kev mus ntsuam xyuas mob hauv kev hu xov tooj xwb)

Xa ntawv rau:

ATTN HEALTH PROMOTION

UCARE

PO BOX 52

MINNEAPOLIS, MN 55440-9682

H5937_7381_122024_C

U2089 Hmong (U7381) (02/2025)



Cov lus tswj thiab cov zwj ceeb

- Txwv ib qho khoom plig toj ib lub khoos kas, toj kev ceeb tub ib zaug, rau cov tswv cuab uas muaj cai tsim nyog
- Tus tswv cuab yuav tsum tau txais kev tso npe rau hauv ib qho ntawm cov phiaj xwm no rau lub sij hawm thaum ua kev kuaj ntsuas, kev sim los sis kev ntsuam xyuas thiab rau thaum ntawm kev thim tawm: Individual & Family Plans, UCare Connect + Medicare, UCare Connect, Prepaid Medical Assistance Program los sis MinnesotaCare
- Hnub tim muab kev pab cuam yuav tsum nyob hauv lub xyoo phiaj xwm uas teev tseg nyob hauv daim ntawv qhia thiab daim ntawv muab nqi yuav tsum muab xa tuaj rau UCare tsis pub dhau 120 hnub txij thaum kuaj mob, sim kuaj los sis ntsuam xyuas tag
- Cov tswv cuab yuav tsum kom tus kws kho mob ua kom tiav thiab kos npe rau daim ntawv tshaj qhia ua ntej muab xa mus rau nws
- Yuav tsis kam lees txais cov ntawv tshaj qhia uas sau tsis tiav los sis tsis muaj cai tau txais kev pab, thiab koj yuav tau txais kev ceeb toom qhia paub los ntawm kev xa ntawv pais xab nis
- Cov nyiaj nuj sua plig yuav muab rub mus rau hauv koj daim npav Healthy Benefits + Visa®. Yog tias koj tseem tsis tau txais ib daim npav, pab yuav muab ib daim xa tuaj rau koj.
- Cov nyiaj khoom plig hauv koj daim npav Healthy Benefits+ Visa yuav tag sij hawm hauv 365 hnub txij hnub tso nyiaj rau. Yog tias koj txoj phiaj xwm raug tso tseg, tag nrho cov nyiaj hauv koj daim npav Healthy Benefits+ Visa yuav tag sij hawm thiab.
- Cov khoom plig yuav muaj qhov hloov pauv tau. UCare muaj cai tsis lees cov khoom nuj sua plig rau txhua qhov laj thawj li.

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤန့ဉ်,ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ဉ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປຣໂປຣໂຮມາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. UCare does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Toll Free: 1-800-203-7225

TTY: 1-800-688-2534

Fax: 612-884-2021

Email: cag@ucare.org

Auxiliary Aids and Services: UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Language Assistance Services: UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may also contact any of the following agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights
 U.S. Department of Health and Human Services
 Midwest Region
 233 N. Michigan Avenue, Suite 240
 Chicago, IL 60601
 Customer Response Center: Toll-free: 800-368-1019
 TDD Toll-free: 800-537-7697
 Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
 540 Fairview Avenue North, Suite 201
 St. Paul, MN 55104
 651-539-1100 (voice)
 800-657-3704 (toll-free)
 711 or 800-627-3529 (MN Relay)
 651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service