

Hela abaal marin dhan \$75

Booqashadaada koobaad ee Uurka

Eeg sida cunugaaga uu u korayo oo hel abaalmarin \$75 ah

Dhammaystir booqashadaada koowaad ee xiliga uurka inta lagu jiro saddexda bilood ee u horeeya uurkaaga si aad u hesho abaalmarin. Haddii aad ku biirtay UCare ka dib qaybtaada u horaysa uurka, waxaad weli heli kartaa abaal marin adoo arkaya dhakhtarka ama umulisada 42 maalmood gudahood laga bilaabo diiwaan geliskaaga.

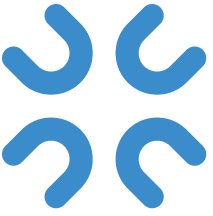
Si shaqsi ah u qabso ballantaada ama qabso ballanta khadka haddii kusoo bandhigo dhakhtarkaaga. Booqashada daawaynta khadka waa ballan la qabsado. Waxa ay kuu suurto gelinaysaa inaad la hadasho dhakhtarkaaga adiga oo isticmaalaya taleefankaaga, kombuyuutarkaaga ama aaladaada moobilka.

Xaqiiji in ilmahaagu caymis leeyahay

Ha iloobin inaad ilmahaaga ka diiwaangeliso caymiska caafimaadka. La xariir shaqaalaha degmadaada, MinnesotaCare ama MNSure si aad ugu sheegto inaad cunug dhashay.

- Xubnaha UCare Connect, UCare Connect + Medicare, Prepaid Medical Assistance Program (PMAP) iyo MinnesotaCare waa inay la xiriiraan shaqaalaha degmadda.
- Xubnaha UCare Individual & Family Plans iyo UCare Individual & Family Plans with M Health Fairview waa inay la xiriiraan MNSure.

Maareey abaalmarinadaada oo ogow abaalmarinada kale ee laga yaabo inaad u qalanto — gal ama samayso akoonka xubinnimada onlaynka ah adigoo isticmaalaya member.ucare.org. Marka aad gasho, tag qaybta Health & Wellness, kadibna gal Wellness, Rewards & Allowance. Si aad u hesho wixii macluumaad dheeraad ah, wac lambarka Adeega Macaamiisha ee ku yaala xagga dambe ee kaarkaaga aqoonsiga xubinnimada UCare.



\$75 abaal marin ah

Booqashadaada koowaad ee Uurka

Kaarkan waa in loo soo diraa UCare 120 maalmood gudahooda laga bilaabo taariikhda adeegga. Fadlan isticmaal khad madow. Dhammaan qaybaha waa loo baahan yahay Oggolow 4 – 6 todobaad dirida abaal marinta.

Waa inuu buuxshaa qof xubin ka ah barnaamijka:

Lambarka aqoonsiga xubinnimada ee UCare _____

Taariikhda dhalashada ee xubinta _____

Magaca Xubinta _____

Cinwaanka boostada _____

Magaalada, gobolka, zipka _____

Taariikhda booqashada uurka ee 2025 _____

Taariikhda dhalmada _____ Da'ada uur-ku-jirta _____

Tani ma waxay ahayd booqasho Telehealth ah? Haa Maya

Magaca Rugta Caafimaad _____

Telefoonka rugta _____

Waxaa buuxinaya dhakhtarka/shaqaalaha rugta ama dhakhtarta/dhaqaalaha rugta la joogo muddada booqashada telehealth.

Booqashada lagu qoray diiwaanka caafimaadka bukaanka? Haa Maya

Saxeexa ama magaca dhakhtarka/shaqaalaha rugta _____

(Saxeexa loo baahan yahay booqashooyinka qof ahaaneed; magaca dhakhtarka loo baahan yahay booqashooyinka telehealth)

Mail to:

ATTN HEALTH PROMOTION

UCARE

PO BOX 52

MINNEAPOLIS, MN 55440-9682

H5937_7381_122024_C

U2089 Somali (U7381) (02/2025)



Shuruudaha iyo xeerarka

- Halkii barnaamij hal abaalmarin ku kooba, oo loogu talagalay halkii uur, waxaana la siinayaa xubnaha u qalma
- Xubinta waa inuu ka diiwaangashan yahay mid kamid ah qorshooyinkan caymis xilliga baaritaanka, tijaabada ama qiimeynta iyo xilliga magdhowga: Individual & Family Plans, UCare Connect + Medicare, UCare Connect, Prepaid Medical Assistance Program ama MinnesotaCare
- Taariikhda adeega la bixiyay waa inay ku jirtaa sanadka qorshaha ee ku qoran kaarka, kaarkan waa in loo soo diraa UCare 120 maalmood gudahooda laga bilaabo xilliga baaritaanka, tijaabada ama qiimaynta.
- Xubnaha waa inay helaan dhakhtar/adeeg-bixiye u saxiixo kaarka kahor inta aysan ku soo celinin UCare
- Kaararka aan la dhameystirin ama aan u qalmin waa la diidi doonaa, waxaana lagu ogeysiin doonaa boosto
- Lacagta abaalmarinta ah waxaa lasoo gelin doonaa kaarka Healthy Benefits+ Visa®. Haddii aadan helin kaarka, mid ayaa laguugu soo diri doonaa boostada.
- Abaalmarinta dollarka ee kaarkaaga Healthy Benefits+ Visa waxay dhacayaan 365 maalmood laga bilaabo taariikhda dhigaalka. Haddii qorshahaaga la kansal gareeyo, dhammaan lacagaha ku jira kaarkaaga Healthy Benefits+ Visa ayaa dhacaya.
- Abaalmarinadu waa ay isbeddeli karaan. UCare waxaa u dhowran xuquuqda ay ku diido abaal marinta sabab kastaba

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 ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်,ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

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