

Hela abaal marin dhan \$75

Kadib baaritaanka ilmaha

Ilaali caafimaadkaaga oo hel \$75 ah abaalmarin

Booqo dhakhtarkaaga aasaasiga ah 12 aasbuuc gudahood marka aad dhasho si aad u xaqiijiso inaad u bogsanayso si fiican. Booqashada ayaa sidoo kale ku siinaysa fursad aad ku waydiiso su'aalo aadna ugala hadasho waxa aad dareemeysa.

Buuxi shaybaadhkaaga adiga oo iminaya ama booqasho daawaynta caafimaadka ah hadii dhakhtarkaagu uu kusiiyo. Booqashada daawaynta khadka waa ballan la qabsado. Waxa ay kuu suurto gelinaysaa inaad la hadasho dhakhtarkaaga adiga oo isticmaalaya taleefanka, kombuyuutarka ama aalada mobile-ka.

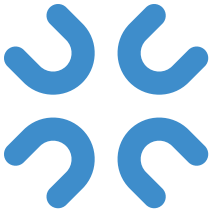
Xaqiiji in ilmahaagu caymis leeyahay

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 xubnaha MinnesotaCare waa inay la xiriiraan shaqaalaha degmadooda.

Xubnaha Qorshayaasha Caymiska ee UCare Individual & Family Plans ama UCare Individual & Family Plans oo ay weheliyaan M Health Fairview waa inay la xiriiraan Mnsure.

Raadi 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

Kadib baaritaanka ilmaha

Fadlan isticmaal khad madow. Dhammaan qaybaha waa loo baahan yahay

Waa inuu buuxshaa qof xubin ka ah barnaamijka:

Lambarka Aqoonsiga Xubinta UCare _____

Taariikhda dhalashada Xubinta _____

Magaca xubinta _____

Ciwaanka boostada _____

City, State Zip _____

2024 taariikhda shaybaadhka _____ Taariikhda dhalashada ilmaha _____

Ma booqasho daawayn taleefanka ahbay ahayd? Haa Maya

Magaca Rugta Caafimaad _____

Telefoonka rugta _____

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

Booqo iyaddoo ku qoran diiwaanka caafimaadka bukaanka? haa Maya

Saxeexa dhakhtarka/shaqaalaha xarunta caafimaadka ama magaca _____

(Saxeexa loo baahan yahay booqashada marka uu qofku yimaado; magaca dhakhtarka ayaa loo baahan yahay marka ay tahay daawayn taleefanka ah)

Oggolow 4 – 6 todobaad dirida abaal marinta. Booqashooyinka loo qalmo ee la dhammaystiray 2024.

Boosta ugu dir:

ATTN HEALTH PROMOTION

UCARE

PO BOX 52

MINNEAPOLIS, MN 55440-9682

H5937_7382_112023_C

U2090 (12/2023)



Shuruudaha iyo xeerarka

- Limit one reward per program, per pregnancy, for eligible members
- Member must be enrolled in one of these UCare plans at the time of the exam and at the time of redemption: UCare Individual & Family Plans, UCare Individual & Family Plans with M Health Fairview, UCare Connect, UCare Connect + Medicare, Prepaid Medical Assistance Program (PMAP) or MinnesotaCare
- Date of service must be completed during the plan year listed on the voucher and mailed back to UCare within the plan year
- Members must have a provider complete and sign the voucher prior to returning it
- Incomplete or ineligible vouchers will be denied, and you will be notified by mail
- Reward dollars will be loaded on your Healthy Benefits+ Visa® card. If you have not received a card, one will be mailed to you.
- Reward dollars on your Healthy Benefits+ Visa card will expire upon plan termination
- Rewards are subject to change. UCare reserves the right to deny rewards for any reason.

Toll free 1-800-203-7225, TTY 1-800-688-2534

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 សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

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.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ် လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣຄຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປຣໂປທິໝາຍເລກຂ້າງເທິງນີ້.

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.

Ogaysiiska Xuquuqda Madaniga ah

Takoorku waxa uu ku lid yahay sharciga UCare kuma takooro mid ka mid ah kuwan soo socda:

- isir
- midab
- wadanka uu kasoo jeedo
- caqiidada
- diinta
- qaabka galmada:
- heerka caawimada dad waynaha
- da'da:
- naafanimada (ay ku jirto liidashada jidhka ama maskaxda)
- Jinsiga (ay ku jirto faalooyinka laga bixiyo jinsiga qofka iyo aqoonsiga sinjiga)
- xaalada guurka
- rumaynta siyaasadeed
- xaalada caafimaadka
- heerka caafimaadka
- helida adeegyada daryeelka caafimaadka
- waayo aragnimada sheegashada
- taariikhda caafimaadka
- macluumaadka hide sidaha

Waxaad xaq u leedahay inaad soo xarayso cabashada takoorka haddii aad rumaysan tahay inay kuula dhaqmay qaab takoor ah UCare. Waxaad xereyn kartaa cabasho oo aad weydiisan kartaa caawimaad si aad qof ahaan ugu xareyso cabashada ama boostada, taleefan, fakis, ama iimayl ahaan:

UCare

Ku: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Khadka Lacag-la'aan ah: 1-800-203-7225

TTY: 1-800-688-2534

Fakis: 612-884-2021

Iimayl: cag@ucare.org

Caawinta iyo Adeegyada Kaalmada: UCare Waxay ku bixisaa caawimo iyo adeegyo, sida turjubaano aqoon leh ama macluumaad qaabab la heli karo, lacag la'aan iyo waqti ku habboon si loo xaqiijiyo fursad siman oo lagaga qayb qaato barnaamijyadayada daryeelka caafimaadka. **Kala xiriir** UCare 612-676-3200 (cod ahaan) ama 1-800-203-7225 (cod ahaan), 612-676-6810 (TTY), ama 1-800-688-2534 (TTY).

Adeegyada Caawinta Luuqadda: UCare Waxay bixisaa dukumeenti la turjumay iyo tarjumaada luqadda lagu hadlo, lacag la'aan iyo hab ku habboon, marka adeegyada kaalmada luqaddu ay lagama maarmaan tahay si loo hubiyo in dadka ku hadla Ingiriisiga xaddidan ay si macno leh u helaan macluumaadka iyo adeegyadayada. **Kala xiriir** UCare 612-676-3200 (cod ahaan) ama 1-800-203-7225 (cod ahaan), 612-676-6810 (TTY), ama 1-800-688-2534 (TTY).

Cabashooyinka Xuquuqda Madaniga ah

Waxaad xaq u leedahay inaad soo xarayso cabashada takoorka haddii aad rumaysan tahay inay kuula dhaqmay qaab takoor ah UCare. Waxa kale oo aad si toos ah ula xidhiidhi kartaa mid ka mid ah wakaaladaha soo socda si aad u xarayso cabashada takoorka.

Waaxda Caafimaadka iyo Xafiiska Adeegyada Aadanaha ee Xuquuqda Madaniga (OCR)

Waxaad xaq u leedahay inaad soo xarayso cabashada OCR, hay'adaha, haddii aad tahay in lagu tilmaamo sababaha ah wax ka mid ah waxa soo socda:

- isir
- midab
- wadanka uu kasoo jeedo
- da'da:
- naafanimadooda
- sinjiga
- diinta (xaaladaha qaarkood)

Si toos ah ula xiriir OCR si aad u xarayso cabasho:

Office for Civil Rights
 U.S. Department of Health and Human Services
 Midwest Region
 233 N. Michigan Avenue, Suite 240
 Chicago, IL 60601
 Xarunta Jawaabta Macmiilka: Lacag-la'aanta: 800-368-1019 TDD
 Khadka bilaashka ah: 800-537-7697
 Iimeel: ocrmail@hhs.gov

Waaxda Minnesota ee Xuquuqaha Aadamiga ah (MDHR)

Minnesota gudaheeda, waxaad xaq u leedahay inaad cabasho u gudbisno MDHR haddii lagugu takooray mid ka mid ah kuwan soo socda:

- isir
- midab
- wadanka uu kasoo jeedo
- diinta
- caqiidada
- sinjiga
- qaabka galmada:
- xaalada guurka
- heerka caawimada dad waynaha
- naafanimadooda

La xiriir **MDHR** si toos ah si aad cabasho u gudbisno:

Minnesota Department of Human Rights
 540 Fairview Avenue North, Suite 201
 St. Paul, MN 55104
 651-539-1100 (codka)
 800-657-3704 (Khadka bilaashka ah)
 711 or 800-627-3529 (MN Relay)
 651-296-9042 (fakis)
Info.MDHR@state.mn.us (iimayl)

Waaxda Adeegyada Aadamaha ee Minnesota (DHS)

Waxaad xaq u leedahay inaad soo xarayso cabashada DHS, haddii aad rumaysan tahay in lagu takooray barnaamijyadaya daryeelka caafimaadka sababtoo ah wax ka mid ah waxa soo socda:

- isir
- midab
- wadanka uu kasoo jeedo
- diinta (xaaladaha qaarkood)
- da'da:
- naafanimada (ay ku jirto liidashada jidhka ama maskaxda)
- Jinsiga (ay ku jirto faalooyinka laga bixiyo jinsiga qofka iyo aqoonsiga sinjiga)

Cabashooyinka waa inay qornaadaan oo lagu soo xareeyo gudaha 180 maalmood laga bilaabo taariikhda aad ogaatay takoorka la tuhunsan yahay. Cabashada waa inay ka koobnaataa magacaga iyo cinwaanka oo faahfaahi takoorka aad ka cabanayso. Waanu dib u eegis ku samayn doonaa oo qoraal ahaan ayaan kugu ogaysiin doonaa haddii aanu awood u leenahay inaanu baadho iyo in kale. Haddii aanu oggolaano, waanu baadhi doonaa cabashada.

DHS ayaa qoraal ahaan kugu wargelin doono natiijada baadhitaanka. Waxaad xaq u leedahay inaad rafcaan ka qaadato haddii aadan ku raacsanayn go'aanka. Si rafcaan aad u qaadato waa inaad codsi qoran u soo dirtaa inaad hesho dib u eegida DHS natiijada baadhitaanka. Soo koob oo sheeg sababta aad u diiday go'aanka. Ku dar macluumaad dheeraad ah oo aadu malaynayso inay muhiim tahay.

Haddii aad cabasho usoo xarayso qaabkan, dadka u shaqeeya wakaalada ee lagu magacaabay cabashada kaama aar goosan karaan. Tan macnaheedu waxa weeye kuma ciqaabi karaan adiga qaabnaba inaad soo xaraysay cabasho awgeed. Ku soo xaraynta cabashada qaabkan kaama joojiso adiga raadinta tallaabooyinka kale ee sharci ama maamul.

La xiriir **DHS** si toos ah si aad u xarayso cabashada takoorka:

Iskuduwaha Xuquuqda Madaniga ahr

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040(cod) ama isticmaal adeega xidhiidhka dadka maqalka ka naafada ah