

## Txoj hauv kev xaiv qhov kev saib xyuas kho mob qib raug.

Koj txoj phiaj xwm kho mob UCare suav nrog kev saib xyuas koj tau txais hauv ntau lub chaw saib xyuas kho mob sib txawv. **Qhov no yog txoj hauv kev xaiv.**

### Tus Kws Kho Mob Lub Chaw Hauj Lwm



#### Thaum twg uas ua tau, mus ntsib koj tus thawj kws kho mob.

Koj tus kws kho mob paub txog koj keeb kwm kev kho mob thiab paub txog txhua yam mob ntev uas tej zaum koj yuav muaj.

- Kev saib xyuas tiv thaiv - kev kuaj xyuas thiab tshuaj tiv thaiv kab mob
- Cov tsos mob tshiab los sis kev mob ntev ntev (tus mob ntev).
- Kev soj qab saib xyuas tom qab muaj mob los sis pw kho hauv tsev kho mob
- Kev tshwj hwm tshuaj

### Kev Pab Tswv Yim Hauv Oos Lais los sis Hauv Xov Tooj



#### Puas yog tsis paub meej tias koj xav tau dab tsi? Nug peb!

UCare muab cov kev pab tswv yim hauv oos lais thiab tus xov tooj hu dawb rau Tus Kws Tu Mob Tus Xov Tooj rau 24/7 cov lus qhia txog txoj hauv kev zoo tshaj los kho cov tsos mob uas koj muaj.

- **Kev pab tswv yim hauv oos lais:** Nkag mus rau koj tus tswv cuab tus as khauj thiab mus rau Lub Chaw Xa Ntawv los xa ntawv mus rau WebNurse
- Tus Kws Tu Mob Tus Xov Tooj: Hu rau tus nab npawb xov tooj nyob sab tom qab ntawm koj daim npav ID UCare

### Kev Saib Xyuas Ua Kom Xis Nyob



#### Rau cov kev xav tau yooj yim, feem ntau sim ib lub tsev kho mob yooj yim.

Cov no feem ntau nyob hauv cov khw muag tshuaj los sis cov khw muag khoom thiab tuaj yeem muab kev saib xyuas rau cov mob yooj yim xwm li:

- Ua daus no los sis tau khaub thuas
- Mob pob ntseg
- Mob caj pas
- Cov mob tawv nqaij me-me
- Cov tshuaj txhaj tiv thaiv kab mob
- Cov kev ua kib las fab lub cev

### Chaw Kho Mob Maj Ceev



#### Cov chaw kho mob xwm ceev muab kev pab tam sim rau cov tsis muaj xwm txheej ceev

Yog tias koj xav tau kev saib xyuas tam sim ntawd - tab sis koj tus mob tsis ua rau muaj kev phom sij txog txoj sia- lub tsev kho mob maj ceev uas koj cia li mus yam tsis tau teem caij tuaj yeem pab nrog:

- Cov kev raug mob thiab cov kev kis kab mob me
- Qib txha tawg thiab tu leeg
- Mob raub qaum
- Mob taub hau los sis mob hlwb

### Chav Xwm Txheej Ceev



#### Rau cov tsos mob uas ua rau muaj kev phom sij rau lub neej txoj sia, mus rau hauv koj lub tsev kho mob chav xwm txheej ceev.

Cov xwm txheej ceev tiag xav tau kev saib xyuas xwm txheej ceev. Koj chav xwm txheej ceev yog qhov chaw zoo tshaj plaws los pab nrog:

- Mob hauv siab, txog siav los sis tsis nco qab
- Muaj mob plawv nres, mob ntshav hauv lub hlwb, qaug dab peg los sis kab mob phom sij
- Kub hnyiab loj
- Raug mob hnyav
- Los ntshav loj

**Yog tias koj qhov xwm txheej zoo li yuav ua rau muaj kev phom sij rau lub neej, mus rau chav xwm txheej ceev los sis hu rau 911 tam sim ntawd.**

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.

ဟ်သုန်ဟ်သးဘန်တကွံ. ဝဲနမ့ၢ်လိန်ဘန်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်, ကိးဘန် လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တကွံ.

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

ໂປຣດຊາບ. 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.

## 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](mailto: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](mailto: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](mailto: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