

## Sida loo xusho heerka saxda ah ee daryeelka.

Qorshahaaga caymiska caafimaad ee UCare waxa uu daboolayaa daryeelka aad ka hesho goobo caafimaad oo badan oo kala duwan. **Halkaan waxaa ku yaala sida loo xusho.**

### Xafiiska Dhakhtarka



#### Mar kasta oo ay suurtoagal tahay, u tag dhakhtarkaaga daryeelka aasaasiga ah.

Dhakhtarkaagu wuxuu yaqaanaa taariikhdaada caafimaad wuxuuna ka warqabaa xaalad kasta oo soo jireen ah oo laga yaabo inaad qabto.

- Daryeelka ka-hortagga ah - baaritaannada iyo tallaalada
- Astaamaha cusub ama xaalado caafimaad ee soo jireenka ah (degdegga ah)
- Daryeelka daba-galka ah kadib marka lagaa soo daweyyo jirro ama kadib muddo aad isbitaal ku soo jirtay
- Maareynta daawada

### Talo-bixinta Khadka ama Taleefanka ah



#### Haddii aadan hubin daryeelka aad u baahan tahay? Na weydii annaga!

UCare waxay bixisaa talooyin onlayn ah iyo Khadka Taleefanka Kalkaalisada ee bilaashka ah oo 24/7 lagu bixiyo talooyin ku saabsan habka ugu wanaagsan ee lagu daweyyo astaan kasta oo aad qabto.

- Talo onlayn ah: Gal akoonkaaga xubinnimada oo tag qaybta Fariimaha Message Center si aad u dirto fariinta WebNurse
- Khadka Kalkaalisada: Wac lambarka oo ku yaala dhanka dambe ee kaarka aqoonsiga UCare

### Daryeelka Daaweynta Xannuunada Yaryar



#### Haddii waxa aad u baahan tahay ay yihiin wax fudud, oo caadi ah isku day aaditaanka rugta caafimaadka dhaawacyada yaryar lagu daweyyo.

Rugahan ayaa badanaa waxay yaalaan farmashiyeyaasha ama dukaamada tafaariiqda lagu iibiyo waxayna bixin karaan daryeelka xaaladaha caafimaad ee fudud sida:

- Hargabka ama ifilada
- Xaaladaha maqaarka ee aan darnayn
- Infekshanka dhegaha
- Tallaalka
- Cune xanuun
- Baaritaanada jirka ee isboortiska

### Daryeelka Degdega ah



#### Rugaha caafimaadka ee degdega ah waxay bixiyaan gargaar degdeg ah oo aan ahayn xaaladaha degdega ah

Haddii aad u baahan tahay daryeel degdeg ah - laakiin xaaladaada caafimaad aysan ahayn mid nafta halis gelinaysa - rugta daryeelka degdega ah ee socodka lagu tagi karo ayaa waxay kaa caawin kartaa:

- Dhaawacyada fudud iyo infekshinada
- Dhabar xanuunka
- Xanuunada muruqyada iyo kala-goosyada
- Madax-xanuunka

### Qolka gurmadka degdega ah



#### Xaaladaha caafimaad ee nafta halis gelinaysa, waxaad u aadaa qolka xaaladaha degdega ah ee isbitaalka.

Xaaladaha degdega ah ee dhabta ah waxay u baahan yihiin daryeel degdeg ah. ER-gaaga ayaa ah meesha ugu fiican ee lagaaga caawin karo:

- Xabad xanuunka, neefta oo kugu yeraata ama miyir-beelka
- Dhaawacyada aadka u daran
- Wadna-qabadka, istarooroga, suuxdinta ama infekshinada halista ah
- Dhiigbaxa culus
- Gubashooyinka waaweyn

**Haddii xaaladaadu u muuqato mid nafta halis galinaysa, aad ER ama wac 911 isla markiiba.**

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.

ဟ်သုန်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ် လီၤဝဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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