

# Tau txais khoom nuj sua plig \$75



## Tom qab kev ntsuam xyuas me yuam

### Saib xyuas koj kev noj qab haus huv

Hauv 1 – 12 lub lim tiam tom qab yug me nyuam, Mus ntsib koj tus kws kho mob kom paub tseeb tias koj zoo tu qab lawm. Koj los kuj tuaj yeem nug tau lus nug thiab sib tham txog ntawm qhov koj hnov zoo li cas los sis cov kev txhawj xeeb uas koj muaj.

Mus kuaj koj kiag los sis kuaj raws kev tham hauv xov tooj 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 pom zoo rau koj tau nrog koj tus kws kho mob tham hauv xov tooj hauv tsev, koos pis taws los sis xov tooj ntawm tes.

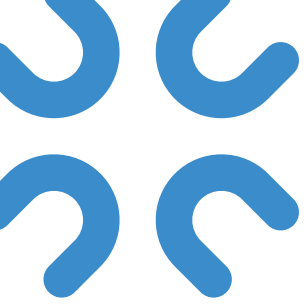
#### Cov Lus Tswj thiab Cov Zwj Ceeb

- Tswj ciam ib daim npav ua khoom plig rau ib zaug cev xeeb tub ntawm cov neeg koom hauv UCare
- Tus koom nrog yuav tsum tau tso npe rau ib qho phiaj xwm ntawm UCare phiaj xwm no nyob rau hnub uas mus cuag kws kho mob/kuaj mob no: Phiaj Xwm UCare Ib Leeg thiab Cov Yim Neeg, Phiaj Xwm UCare Ib Leeg thiab Tsev Neeg Hauv M Health Fairview, Phiaj Xwm UCare Connect (SNBC), UCare Connect + Medicare (HMO D-SNP), Phiaj Xwm Them Nyiaj Kev Pab Kho Mob Ua Ntej (PMAP) los sis MinnesotaCare (MnCare)
- Peb yuav xa cov ntaub ntawv uas ua tsis tiav thiab tsis tsim nyog tau txais rov qab
- UCare muaj cai tsis lees cov npav ua khoom plig rau txhua qhov paus ntsis

#### TSEEM CEEB: Cov tswv cuab uas muaj cev xeeb tub tuaj yeem tau txais cov txiaj ntsig fab kev noj qab haus huv ntxiv.

- Cov tswv cuab ntawm cov phiaj xwm UCare Connect, UCare Connect + Medicare, PMAP los sis MnCare yuav tsum tiv tauj koj tus neeg ua hauj lwm hauv cheeb tsam nroog, MinnesotaCare los sis MNSure kom sai li sai tau thaum koj paub tias koj cev xeeb tub lawm MinnesotaCareCov tswv cuab ntawm cov phiaj xwm UCare Connect, Connect + Medicare, PMAP los sis MnCare yuav tsum tiv tauj koj tus neeg ua hauj lwm hauv cheeb tsam nroog, MinnesotaCare MNSure kom sai li tau thaum paub tias cev xeeb tub lawm lawmCov tswv cuab ntawm cov phiaj xwm UCare Connect, Connect + Medicare, PMAP los sis MnCare yuav tsum tiv tauj koj tus neeg ua hauj lwm hauv cheeb tsam nroog, MinnesotaCare MNSure kom sai li tau thaum paub tias cev xeeb tub lawm
- Cov tswv cuab ntawm UCare Cov Phiaj Xwm Rau Ib Tug Neeg thiab Tsev Neeg los sis UCare Cov Phiaj Xwm Rau Ib Tug Neeg thiab Tsev Neeg uas muaj M Health Fairview yuav tsum tiv tauj MNSure kom sai li sai tau thaum uas koj paub tias koj lub cev xeeb tub lawm lawm

**Los kawm paub txog lwm cov peev txheej txog cev xeeb tub, hu rau Chaw Muab Kev Pab Cuam Tus Neeg Qhua** tau ntawm tus nab npawb nyob rau tom qab ntawm koj daim ntawv txheeb xyuas tus tswv cuab (ID) ntawm UCare los sis mus saib hauv [ucare.org/healthwellness](https://www.ucare.org/healthwellness).



# \$75 khoom nuj sua plig

## Tom qab kev ntsuam xyuas me yuam

Caw siv tus cwj mem los kob dub. Yuav tsum ua kom tiav txhua qhov.

### Yuav tsum sau kom tiav los ntawm tus koom nrog:

UCare tus tswv cuab tus nab npawb ID \_\_\_\_\_

Tus tswv cuab hnuv yug \_\_\_\_\_

Tus tswv cuab lub npe \_\_\_\_\_

### Thov qhia rau peb tias yuav xa khoom nuj sua plig mus rau qhov twg:

Lub npe xa ntawv \_\_\_\_\_ Tus xov tooj \_\_\_\_\_

Chaw nyob xa ntawv \_\_\_\_\_

Lub Nroog, Lub Xeev, Tus Zip \_\_\_\_\_

Hnuv kuaj xyuas hauv xyoo 2022 \_\_\_\_\_

Hnuv yug ntawm tus me nyuam mos \_\_\_\_\_

Qhov no puas yog ib qho kev cuag kws kho mob hauv xov tooj?  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?  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)*

Pub li 4 – 6 lub lim tiam rau kev xa qhov khoom nuj sua plig. Cov kev mus ntsuam xyuas mob uas tau ua tiav rau xyoo 2022. Xa rov qab hauv lub hnab ntawv uas kaw cia los sis xa ntawv pais xab nis mus rau:

ATTN HELATH PROMOTION  
UCARE  
PO BOX 52  
MINNEAPOLIS, MN 55440-9682

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U4385 (05/2022)



**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.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်, ကိးဘဉ် လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

**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 contact any of the following four 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:

U.S. Department of Health and Human Services'  
Office for Civil Rights  
200 Independence Avenue SW  
Room 515F  
HHH Building  
Washington, DC 20201  
Customer Response Center: Toll-free: 800-368-1019  
TDD 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 believe 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
- 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

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. After we get your complaint, 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 the outcome 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

### **UCare Complaint Notice**

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

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

You can file a complaint and ask for help in 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)