Qaabab iyo luqado kale
Dukumeentigan waxaad ku heli kartaa luqado kale, far waaweyn, farta Braille-ka ama qaab aad doorbidayso, lacag la'aan. Kala xiriir Explore Health explorehealth@oha.oregon.gov ama 855-268-3767 (cod). Waxaan aqbalnaa dhammaan wicitaanada gudbinta.

Waraaqda Sharraxaadda Explore Health

Haddii aad ka heshay ogaysiis Explore Health kaasi oo tilmaamaya inaad u baahan tahay inaad soo dirto dokumentiyo aad ku xaqiijinayso macluumaadka codsigaaga **oo** adiguna aadan haynin wax ka mid ah dokumentiyada ku qoran ogaysiiska, waxaad u gudbin kartaa waraaq qoraal ah Explore Health si aad ugu sharraxdo sababta aadan u heli karin dokumentiyada la codsaday. Fadlan isticmaal foomkan si aad ugu bixiso sharraxaaddaada qoran ee ku aaddan macluumaadka maqan hoos:

☐ Xaaladda barnaamijka/barnaamijyada caafimaadka dadwaynaha (sida, dheefaha Oregon Health Plan (OHP), Medicare, ama VA)

☐ Dakhliga sanadkii

☐ Wax kale (tus., xaqiijinta xaaladda diiwaangelinta sida Hindidada Ameerikaanka ama Dhaladka Alaska, oo xaqiijinaya dhacdo nololeed, dhimasho)

Dhammaystir Tallaabada 1 iyo kaliya Lifaaq kasta oo foomkan ah si aad u hesho macluumaadka kaa maqan. Fadlan ku dar dhammaan macluumaadka la xiriira ee daruuriga u ah taageeridda sharraxaaddaada si aad xaqiijiso xaaladda caysanaanta.

Tallaabada 1-aad: Macluumaadka xiriirka

Ku bixi macluumaadka xiriirka ee Codsadaha Muhiimka ah codsigaaga Explore Health.

Aqoonsiga codsiga: _____

Waxaad ka heli kartaa lambarkan xagga sare ee waraaqda aad ka heshay Explore Health ama akoonkaaga onlaynka ah.

Magaca (Magaca Hore, kan Dhexe, kan Dambe): _____

Taariikhda Dhalashada (bb/mm/ssss): _____

Iimeylka: _____

Lifaaqa A: Barnaamijka/barnaamijyada caafimaadka dadwaynaha

Dhammaytir qaybtan haddii aad u baahan tahay inaad xaqiijiso xaaladda diiwaangelintaada ee barnaamij caafimaad dadwayne.

Hadda ma leedahay Medicare Part B (Caymis Caafimaad), laakiin aadan u qalmin Medicare Part A-ga bilaa lacagta ah (Caymiska Isbitaalka)? ☐ Haa ☐ Maya

Haddii ay haa tahay, taariikhdee ayey Part B-gaagu bilaabmay (bb/mm/ssss)? _____

Miyaad horey u lahayd cayminta Medicare Part A? ☐ Haa ☐ Maya

Haddii ay haa tahay, taariikhdee ayey Part A-gaagu dhammaaday (bb/mm/ssss)? _____

Ma lahayd Medicare naafonimado darteed, laakiin aadan hadda ka diiwaangashanayn? ☐ Haa ☐ Maya
Haddii ay haa tahay, taariikhdee ayaa caymiskaaga Medicare dhammaaday (bb/mm/ssss)? _____

Waligaa ma ku heshay caymiska caafimaadka TRICARE? ☐ Haa ☐ Maya

Haddii ay haa tahay, taariikhdee ayuu TRICARE-kaagu dhammaaday (bb/mm/ssss)? _____

Weligaa ku lahayd caymis caafimaad Peace Corps? ☐ Haa ☐ Maya

Haddii ay haa tahay, taariikhdee ayuu caymiskaagu dhammaaday (bb/mm/ssss)? _____

Weligaa ma ku lahayd caymis caafimaad Department of Veterans Affairs? ☐ Haa ☐ Maya

Haddii ay haa tahay, taariikhdee ayuu caymiskaagu dhammaaday (bb/mm/ssss)? _____

Ku dar oo ku lifaaq bogagga ugu badan ee daruuri ah, oo sharrax sababta aadan u diri karin dokumentiyada la codsaday adigoo ku xaqiijinaya xaaladdaada caymiska hoos:

Lifaaqa B: Dakhliga Sanadkii

Dhammaystir qaybtan haddii aad u baahan tahay inaad xaqiijiso dakhliga qoyskaaga ee sanadkii.

Qoraal muhiim ah: Dakhliga sanadkii ee aad galiso waxa waajib ah inuu waafaqo dakhliga aad ku sheegtay codsigaaga Explore Health. Haddaysan iswaafaqsanayn, fadlan wax ka beddel codsigaaga Explore Health.

Xasuusnow: Waxa muhiim ah inaad galiso qiyaas dakhli oo sax ah codsigaaga Explore Health. Haddii dakhliga aad galisay codsigaagu uu ka yar yahay dakhliga aad ku sheegtay cashuurahaaga dhammaadka sanadka, waxa dhici karta inaad magdhawdo qaar ama dhammaan Kabka Caymiska Caafimaadka Billaha ah (Advance Premium Tax Credits, APTCs) ee aad isticmaashay markaad gudbinaysay cashuurtaada. Haddii dakhligaaga qiyaasta ah uu isbeddelo sanadka dhexdiisa, gali codsigaaga macluumaadkan isla markiiba.

Dakhliga Qoyska ee Qiyaasta ah (Xaddiga): $ _____

Sanadka (tus., 2027): _____

Ku dar oo ku lifaaq bogagga ugu badan ee daruuri ah, oo sharrax sababta aadan u diri karin dokumentiyada la codsaday adigoo ku xaqiijinaya dakhligaaga hoos:

Lifaaqa C: Wax Kale

Dhammaystir qaybtan haddii aad hesho nooc kale oo ah Arrinta Iswaafaqa Xogta (DMI) (tus., xaqiijinta xaaladda diiwaangelinta Hindida Ameerikaanka ama Dhaladka Alaska ahaan, kaasi oo xaqiijinaya dhacdo nololeed, dhimasho) una baahan sababta aadan u bixin karin caddaymaha la codsaday.

Ku dar oo ku lifaaq bogagga ugu badan ee daruuri ah, oo ku sharrax sababta aadan u diri karin dokumentiyada la codsaday hoos:

- Waan fahamsanahay in isbeddelada ku dhaca tirada dadka qoyskayga, cinwaanka, dakhliga ama faahfaahin kale laga yaabo inay saamayso u qalmitaankayga ama u qalmitaanka qoyskayga ee dheefo khaas ah. Waan fahamsanahay inaan haysto 30 maalmood inaan wargeliyo Explore Health haddii wax iska beddelaan macluumaadka codsigayga.

- Waan fahamsanahay in jawaabaha foomkan kaliya loo isticmaali doono in la ogaado haddii aan heli karo caymis ama caawimo maaliyadeed. Waxaan qirayaa Explore Health inay ka xaqiijin doonaan jawaabayga kayd-xogeedka Explore Health iyo kayd-xogeedyada fadaraalka ama gobolka. Waxaan oggolahay in macluumaadkayga ay dhici karto in loo isticmaalo hubinta faahfaahinta ku qoran codsigayga. Waxaan qirayaa inaan ka haysto oggolaansho cid kasta oo ku jirta codsigan si loogu isticmaalo macluumaadkooda ujeedadan.

- Waxaan saxiixay foomkan aniga oo og ciqaabta ka dhalan karta been-abuurka. Taasi waxay ka dhigan tahay, intii karaankayga ah, waxaan ka bixiyey jawaabo dhab ah, sax ah oo dhammaystiran dhammaan su'aalaha foomkan ku qoran. Waan ogahay sida uu dhigayo sharciga fadaraalku in haddaan bixiyo macluumaad been ah iyo/ama aan run ahayn la igu ciqaabi karo iyo/ama aan masuul ka noqon karo wixii aanan u qalmin ee la i siiyey.

Saxiixa Codsadaha Muhiimka ah: _____

Taariikhda Saxiixa (bb/mm/ssss): _____

Magaca oo Far Waawayn ah: _____

Tallaabada 2-aad: Ku gudbi foomkaaga dhammaystiran mid ka mid ah qaababka soo socda

Fadlan isugu gee dhammaan agabka iyo caddaymaha la xiriira hal PDF haddii aad soo galinayso akoonkaaga. Haddaad ku dirayso USPS, fadlan isugu gee dhammaan agabka iyo caddaymaha la xiriira hal galwarqadeed kuna dir boosta tasdiiqinta leh.

Fadlan ha dirin nuqulada asalka ah, ma jiraan dokumentiyo la haynayo in ka badan 60 maalmood waana la burburinayaa kadib marka la galiyo Degelka Codsadaha (Applicant Portal).

Onleenka	**Boostada**	**Fakiska**
Si degdeg looga hawlgalo, dokumentigan gali akoonkaaga onlaynka ah ee ExploreHealthOR.gov.	laga helo Documents Explore Health PO Box 191 Salem, OR 97308	888-705-8691

Explore Health: Oregon’s Health Insurance Marketplace
PO Box 191
Salem, OR 97308
855-268-3767 (Wicitaanada gudbinta waa la oggol yahay)
ExploreHealthOR.gov