OMB No. 0938-1378
Expires: 12/31/2026

Providence
Medicare Advantage Plans

Foomka Codsiga Isdiiwaangelinta Medicare Advantage ee sanadka 2026

Yaa isticmaali kara foomkan?

Dadka leh Medicare ee raba inay ku biiraan Medicare Advantage Plan

Si aad ugu biirto qorshe, waa inaad:

- Noqotaa muwaadin Maraykanka ah ama si sharci ah ugu joogtaa gudaha Maraykanka.
- Ku nooshahay gudaha aagga adeegga qorshaha

Muhiim ah: Si aad ugu biirto Medicare Advantage Plan, waa inaad sidoo kale haysataa labadaba:

- Qaybta A ee Medicare (Caymiska Isbitaalka)
- Qaybta B ee Medicare (Caymiska Caafimaadka)

Goorma ayaan isticmaalaa foomkan?

Waxaad ku biiri kartaa qorshe:

- Inta u dhaxaysa 15ka Oktoobar–7da Diseembar sanad kasta (caymiska laga bilaabo 1da Janaayo)
- 3 bilood gudahooda markaad markii ugu horreysa hesho Medicare
- Xaaladaha qaarkood halkaasoo lagu oggol yahay inaad ku biirto ama beddesho qorshayaasha

Booqo **Medicare.gov** si aad wax badan uga ogaato oo ku saabsan goorta aad isku qori karto qorshe.

Maxaan u baahanahay si aan u buuxiyo foomkan?

- Lambarkaaga Medicare (lambarka ku yaal kaarkaaga midabka casaanka, caddaanka iyo buluugga ee Medicare)
- Cinwaankaaga joogtada ah iyo lambarkaaga taleefanka

Fiiro gaar ah: Waa inaad buuxisaa dhammaan shayada lagu muujiyey Qaybta 1. Shayada lagu muujiyey Qaybta 2 waa ikhtiyaari— caymiskaaga lama diidi doono kaliya sababtoo ah inaad ka buuxin weydo.

Maxaa dhacaya marka xiga?

Soo gudbi foomkaaga la buuxiyay oo saxiixan adigoo isticmaalaya mid ka mid ah saddexda ikhtiyaar ee hoos ku qoran. Marka ay ka shaqeeyaan codsigaaga ku biirista, waxay kula soo xiriiri doonaan.

01 Ku soo dir boostada:
Providence Medicare Advantage Plans
P.O. Box 5548
Portland, OR 97228-5548

02 Iskaan oo ku dir boggaga fakiska:
503-574-8653

03 Iskaan oo ku dir boggaga iimaylka:
provMedicare@providence.org

Sideen uga helaa caawimaad foomkan?

- Ka wac Providence Medicare Advantage Plans lambarka **503-574-6508** ama **1-855-234-2495 (TTY: 711)**.
- Ama, wac Medicare lambarka **1-800-MEDICARE** (**1-800-633-4227**). TTY: **1-877-486-2048**.
- **En español:** Llame a Providence Medicare Advantage Plans al **503-574-6508** or **1-855-234-2495/TTY: 711** o a Medicare gratis al **1-800-633-4227** y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

Shaqsiyaadka la tacaalaya hoy la'aanta

Haddii aad rabto inaad ku biirto qorshe laakiin aadan haysan deganaansho joogto ah, markaas Sanduuqa Xafiiska Boosta, cinwaanka hoyga ama rugta caafimaadka, ama cinwaanka meesha aad ka hesho boostada (tusaale ahaan, jeeggaga sooshal sekuuritiga) ayaa laga yaabaa in loo tixgeliyo cinwaankaaga joogtada ah ee deganaanshaha.

Xusuusinno:

- Haddii aad rabto inaad ku biirto qorshe inta lagu jiro xilliga dayrta isdiiwaangelinta furan (15ka Oktoobar–7da Diseembar), qorshuhu waa inuu helaa foomkaaga oo dhammaystiran taariikhda 7da Diseembar.
- Qorshahaagu wuxuu kuu soo diri doonaa biil ku saabsan lacag-bixinta qorshaha. Waxaad dooran kartaa inaad is-diiwaangeliso si lacag-bixintaada qaaliga ah looga jaro akoonkaaga bangiga ama faa'iidada Sooshal Sekuritiga ee billaha ah (ama Guddiga Hawlgabka Tareenka (Railroad Retirement Board)).

Qaybta 1 – Dhammaan meesha loo qoondeeyey ee boggan waa loo baahan yahay (haddii aan la calaamadin ikhtiyaari)

Dooro qorshaha aad rabto inaad ku biirto:

☐ Providence Medicare Dual Plus (HMO D-SNP) - $0 bishii kasta *Qorshahan wuxuu leeyahay shuruudo gaar ah oo isdiiwaangelin ah. Si aad ugu qalanto, waa inaad u qalantaa faa'iidooyinka buuxa ee Medicaid iyo Medicare.

La Codsaday Taariikhda Dhaqangalka ah ee Caymiska (Ikhtiyaari): ___ ___ /___ ___/___ ___
(waa inay bilaabataa bilowga bisha)

Magaca Koowaad | Magaca Dambe | Xarafka Koowaad ee Magaca Dhexe (Ikhtiyari)

__ __/__ __/__ __ __ __
Taariikhda Dhalashada (MM/DD/YYYY)

GALMO: ☐ Lab ☐ Dhedig

( ) -
Lambarka Taleefanka

Deganaansho Joogto Ah Cinwaanka Wadada (Ha qorin cinwaanka Sanduuqa PO. Fiiro gaar ah: Shaqsiyaadka la tacaalaya hoy la'aanta, Sanduuqa PO waxaa laga yaabaa in loo tixgeliyo cinwaankaaga joogtada ah ee deganaanshaha.):

Magaalada | Degmada (Ikhtiyaari) | Gobolka | Koodhka SIBKA

Cinwaanka Boostada, haddii uu ka duwan yahay cinwaankaaga joogtada ah (Sanduuqa PO waa la oggol yahay):

Cinwaanka Wadada

Magaalada | Gobolka | Koodhka SIBKA

Macluumaadkaaga Medicare:

__ __ __ __-__ __ __ __-__ __ __ __ | __ __/__ __/__ __ __ __ | __ __/__ __/__ __ __ __

Lambarka Medicare | Isbitaalka (Qaybta A) Taariikhda Dhaqan-galka ah (Ikhtiyaari) | Caafimaadka (Qaybta B) Taariikhda Dhaqan-galka ah (Ikhtiyaari)

Ka jawaab su'aalahan muhiimka ah:

Ma heli doontaa caymis kale marka lagu daro Providence Medicare Advantage Plans? ☐ Haa ☐ Maya

Shakhsiyaadka qaarkood ayaa laga yaabaa inay haystaan caymis kale, oo ay ku jiraan caymiska kale ee gaarka ah, TRICARE, caymiska faa'iidooyinka caafimaadka shaqaalaha Federaalka, faa'iidooyinka VA, ama barnaamijyada kaalmada dawooyinka ee Gobolka.

Haddii ay jawaabtu tahay "haa", fadlan sheeg caymiskaaga kale iyo lambarkaaga aqoonsiga (ID) ee caymiskan.

_____

Magaca caymiska kale

_____ _____

Lanbarka xubin ee caymiskan Lanbarka kooxeed ee caymiskan

Calaamadee dhammaan kuwa ku khuseeya. ☐ Caafimaad ☐ Aragga ☐ Ilkaha ☐ Qoraal dhakhtar

Ma ka isdiiwaangashan tahay barnaamijkaaga Medicaid ee Gobolka? ☐ Haa ☐ Maya

Haddii ay jawaabtu tahay "haa", fadlan bixi lambarkaaga Medicaid: _____

Ma haysaa faa'iidooyinka buuxa ee Oregon Health Plan (Medicaid)? ☐ Haa ☐ Maya

MUHIIM AH: Akhri oo saxiix hoos:

- Waa inaan hayaa labadaba Isbitaalka (Qaybta A) iyo Caafimaadka (Qaybta B) si aan ugu sii jiro Providence Medicare Advantage Plans.
- Marka aan ku biirayo Medicare Advantage Plan-kan, waxaan aqbalay in Providence Medicare Advantage Plans uu macluumaadkayga la wadaagi doonto Medicare, kaas oo u isticmaali kara si uu ula socdo isdiiwaangelintayda, si uu lacag u bixiyo, iyo ujeeddooyin kale oo uu oggol yahay sharciga Federaalka ee oggolaya ururinta macluumaadkan (fiiri Bayaanka Xeerka Asturnaanta hoos ku qoran). Jawaabtaada foomkan waa ikhtiyaari. Si kastaba ha ahaatee, ka jawaabi la'aanta waxay saameyn kartaa isdiiwaangelinta qorshaha dhexdiisa.
- Waxaan fahamsanahay in la isdiiwaangeli karo hal qorshe MA ah markiiba – iyo in isdiiwaangelinta qorshahan ay si toos ah u joojin doonto diiwaangelinteyda qorshe kale oo MA (ka-reebban ayaa khuseeya qorshayaasha MA PFFS, MA MSA).
- Waxaan fahamsanahay in marka caymiskayga Providence Medicare Advantage Plans uu bilaabo, waa inaan ka helaa dhammaan faa'iidooyinka daawada caafimaad iyo daawada dhakhtarku qoray Providence Medicare Advantage Plans. Faa'iidooyinka iyo adeegyada ay bixiso Providence Medicare Advantage Plans oo ku jira dukumeentigayga "Caddaynta Caymiska (Evidence of Coverage)" ee Providence Medicare Advantage Plans (sidoo kale loo yaqaan qandaraas xubin ama heshiiska macaamiisha) waa la dabooli doonaa. Midkoodna Medicare ama Providence Medicare Advantage Plans ma bixin doono faa'iidooyinka ama adeegyada aan la daboolin.
- Macluumaadka ku jira foomkan isdiiwaangelinta waa sax sida ugu wanaagsan ee aan u ogaaday. Waan fahamsanahay in haddii aan si ula kac ah u bixiyo macluumaad khaldan foomkan, diiwaangelintayda laga saari doono qorshaha.
- Waxaan fahamsanahay in saxiixayga (ama saxiixa qofka sharci ahaan loo oggolaaday inuu wakiil ka noqdo) ee codsigan macnaheedu yahay inaan akhriyay oo fahmay waxa ku jira codsigan. Haddii uu saxiixo wakiil idman (sida kor lagu sharaxay), saxiixani wuxuu caddaynayaa in:
  1. Qofkani waxa loo oggolaaday iyadoo la raacayo sharciga Gobolka inuu dhammaystiro isdiiwaangelintan, iyo
  2. Dukumeentiga oggolaanshahan waxaa la heli karaa marka ay codsato Medicare.

_____ ___ ___/___ ___/___ ___

Saxiixa **Taariikhda Maanta**

Haddii aad tahay wakiilka la oggol yahay, saxiix kor oo buuxi goobahan:

_____ _____

Magaca Cinwaanka

( ) - _____

Lambarka Taleefanka Xiriirka aad la leedahay qofka isdiiwaangelay

Qaybta 2 – Dhammaan meesha loo qoondeeyey ee boggan waa ikhtiyaari

Bixinta jawaabaha su'aalahaan waa doorashadaada. Caymiskaaga lama diidi doono kaliya sababtoo ah inaad ka buuxin weydo.

U sheeg Bixiyahaaga Daryeelka Aasaasiga ah (Primary Care Provider, PCP), rugta caafimaadka, ama xarunta caafimaadka:

_____

Haddii aadan bixinin PCP, mid ayaa lagu siin doonaa.

☐ Dooro sanduuqan haddii aad rabto inaad ku hesho macluumaadka luqadda Isbaanishka.

☐ Dooro sanduuqan haddii aad rabto inaad ku hesho macluumaadka luqadda Fiyatnaamiga.

☐ Dooro sanduuqan haddii aad rabto inaad ku hesho macluumaadka luqadda Ruushka.

☐ Dooro sanduuqan haddii aad rabto inaad ku hesho macluumaadka luqadda Shiinaha ee la Fududeeyey.

☐ Dooro sanduuqan haddii aad rabto inaad ku hesho macluumaadka luqadda Carabiga.

☐ Dooro sanduuqan haddii aad rabto inaad ku hesho macluumaadka luqadda Soomaaliga.

Mid dooro haddii aad rabto in aan kuugu soo dirno macluumaadka qaab la fahmi karo.

☐ Qoraalka Braille ☐ Daabacaad weyn ☐ CD maqal ah ☐ CD xog

Fadlan kala xiriir Providence Medicare Advantage Plans lambarka **1-800-603-2340** ama **503-574-8000** haddii aad u baahan tahay macluumaad qaab la fahmi karo oo aan ahayn waxa kor lagu sheegay. Waxaan furnahay 8 subaxnimo ilaa 8 galabnimo 7 maalmood usbuucii, 1-da Oktoobar ilaa 31-ka Maarso, iyo 8 subaxnimo ilaa 8 galabnimo Isniin ilaa Jimce, 1-da Abriil ilaa 30-ka Sebteembar (Waqtiga Baasifigga).

Ma shaqaysaa?

☐ Haa ☐ Maya

Xaaskaaga ama ninkaaga ma shaqeeyaa?

☐ Haa ☐ Maya

_____

Cinwaanka limaylka

Shaqsiyaadka caawinaya qofka isdiiwaangeliyay buuxinta foomkan kaliya

Buuxi qaybtaan haddii aad tahay shaqsi (tusaale ahaan, wakiillo, dullaalo, la-taliyayaasha SHIP, xubnaha qoyska, ama dhinacyo kale oo saddexaad) caawinaya qofka isdiiwaangeliyay buuxinta foomkan.

Magaca

Xiriirka aad la leedahay Qofka Isdiiwaangeliyay

Saxiixa

Taariikhda

Lambarka Soo Saaraha Qaranka (Wakiilada/Dullaaliinta kaliya)

BAYAANKA XEERKA ASTURNAANTA

Xarumaha Adeegyada Medicare Iyo Medicaid (Centers for Medicare & Medicaid Services, CMS) waxay ururisaa macluumaad ka soo socda qorshayaasha Medicaresi ay ula socdaan isdiiwaangelinta ka faa'iidadaayaasha ee Qorshayaasha Medicare Advantage (MA), u hagaajiso daryeelka, iyo lacag-bixinta faa'iidooyinka Medicare. Qaybaha 1851 ee Xeerka Sooshal Sekuuritiga iyo 42 CFR §§ 422.50 iyo 422.60 ayaa oggolaanaya ururinta macluumaadkan. CMS waxaa laga yaabaa inay isticmaasho, shaaciso oo ay dhaafsankarto xogta isdiiwaangelinta ee faa'iidadaayaasha Medicare sida lagu qeexay Ogeysiiska Nidaamka Diiwaannada (System of Records Notice, SORN) "Medicare Advantage Prescription Drug (MARx)", Lambarka Nidaamka 09-70-0588. Jawaabtaada foomkan waa ikhtiyaari. Si kastaba ha ahaatee, ka jawaabi la'aanta waxay saameyn kartaa isdiiwaangelinta qorshaha dhexdiisa.

Marqaati U-qalmitaanka ee Muddada Isdiiwaangelinta

Caadi ahaan, waxaad iska-diiwaangelin kartaa qorshaha Medicare Advantage keliya inta lagu jiro Muddada Isdiiwaangelinta Sanadlaha ah laga bilaabo 15-ka Oktoobar ilaa 7-da Diseembar sannad kasta. Waxaa jira waxyaabo ka reeban oo kuu ogolaanaya inaad isdiiwaangeliso qorshe Medicare Advantage ka baxsan muddadan.

Fadlan si taxadar leh u akhri bayaannada soo socda oo calaamadee sanduuqa haddii bayaanku adiga ku khuseeyo. Marka aad calaamadeyso mid ka mid ah sanduuqyada soo socda waxa aad cadaynaysaa in, inta aqoontaada ah, inaad u qalanto Muddada Isdiiwaangelinta. Haddii aan marka dambe go'aamino in macluumaadkan aanu sax ahayn, waxaa laga yaabaa in lagaa saaro isdiiwaangelinta.

- ☐ Anigu waxaan ahay cusub Medicare.
- ☐ Waxaan ka baxayaa caymiska loo-shaqeeyaha ama ururka taariikhda (geli taariikhda):____ ____ /____ ____/____ ____
- ☐ Waxaan dhawaan isbeddel ku sameeyay barnaamijkayga Extra Help-kayga ee aan ku bixinayo caymiska daawada dhakhtarku qoray ee Medicare (oo aan dhawaan helay Extra Help, isbeddel ku sameeyay heerka Extra Help, ama Extra Help lumay) taariikhda (geli taariikhda):____ ____ /____ ____/____ ____
- ☐ Waxaan isdiiwaangelinayaa inta lagu jiro Muddada Isdiiwaangelinta Sanadlaha ah (15-ka Oktoobar ilaa 7-da Diseembar)
- ☐ Waxaan isdiiwaangelinayaa inta lagu jiro Muddada Isdiiwaangelinta Gaarka ah (geli isdiiwaangelinta gaarka ah ee la isticmaalayo) _____
- ☐ Waxa aan ka isudiiwaangashanahay qorshaha Medicare Advantage waxaanan rabaa in aan isbeddel sameeyo inta lagu jiro Muddada Isdiiwaangelinta Furan ee Medicare Advantage (Medicare Advantage Open Enrollment Period, MA OEP) (1da Janaayo ilaa 31ka Maarso ama waxaan dhawaan iska-diiwaangeliyay qorshaha MA inta lagu jiro Muddada Doorashada Caymiska Bilowga ah).
- ☐ Waxaan dhawaan u guuray meel ka baxsan aagga adeegga qorshahayga hadda ama waxaan dhawaan uu guuray oo aan haystaa doorashooyin cusub oo ii diyaar ah. Waxaan u guuray taariikhda (geli taariikhda):____ ____ /____ ____/____ ____
- ☐ Si Dhawaan ayaa la iga sii daayay xabsiga. Waxaan la sii daayay taariikhda (geli taariikhda):____ ____ /____ ____/____ ____
- ☐ Waxaan dhawaan ku laabtay Mareykanka ka dib markii aan si joogto ah ugu noolaa meel ka baxsan Mareykanka Waxaan ku soo laabtay Mareykanka taariikhda (geli taariikhda):____ ____ /____ ____/____ ____
- ☐ Waxaan dhawaan helay xaaladdaada joogitaanka sharciga ah ee Maraykanka. Waxaan xaaladdaadan ku helay taariikhda (geli taariikhda):____ ____ /____ ____/____ ____
- ☐ Waxaan dhawaan isbeddel ku sameeyay Medicaid-kayga (oo aan dhawaan helay Medicaid, isbeddel ku sameeyay heerka kaalmada Medicaid, ama Medicaid lumay) taariikhda (geli taariikhda):____ ____ /____ ____/____ ____
- ☐ Waxaan ku jiraa Barnaamijka Caawinta Dawooyinka ee Gobolka oo u qalma, ama waxaan luminayaa caawimaad ka timid Barnaamijka Caawinta Dawooyinka ee Gobolka. Taariikhda ay isdiiwaangelintu bilaabatay (geli taariikhda):____ ____ /____ ____/____ ____ Luminta u-qalmitaanka ama taariikhda ogeysiinta, midka dambe ee labada (geli taariikhda):____ ____ /____ ____/____ ____
- ☐ Waxaan si dhowaan uga tagay barnaamijka PACE taariikhda on (geli taariikhda):____ ____ /____ ____/____ ____
- ☐ Waxaan u soo guurayaa, ku noolahay, ama aan dhawaan ka guuray Xarunta Daryeelka Muddada-Dheer (tusaale ahaan, hoyga kalkaalinta ama xarunta daryeelka muddada dheer). Waxaan u guuray/aan u guuri doonaa xarunta taariikhda (geli taariikhda):____ ____ /____ ____/____ ____ Waxaan ka guuray/aan ka guuri doonaa xarunta taariikhda (geli taariikhda):____ ____ /____ ____/____ ____

☐ Waxaan dhawaan si aan ikhtiyaari ahayn u lumiyay caymiskayga daawada dhakhtarku qoray ee la mid ah (caymis la mid ah kan Medicare). Waxaan waayey caymiskayga daawada taariikhda (geli taariikhda):___ ___ /___ ___/___ ___

☐ Qorshahaygu waxa uu joojinayaa qandaraaska uu kula jiro Medicare, ama Medicare waxa uu joojinayaa qandaraaska uu kula jiro qorshahayga (geli taariikhda):___ ___ /___ ___/___ ___

☐ Waxaa ii isdiiwaangaliyay qorshe Medicare (ama gobolkayga) waxaanan rabaa in aan doorto qorshe kale. Isdiiwaangelintayda qorshahaas waxa ay bilaabatay taariikhda (geli taariikhda):___ ___ /___ ___/___ ___

☐ Waxaa ii isdiiwaangaliyay Qorshaha Baahiyaha Gaarka ah (Special Needs Plan, SNP) laakiin waxa aan lumiyay u-qalmitaanka baahiyaha gaarka ah ee looga baahan yahay in aan ku jiro qorshahaas. Isdiiwaangelintaydu waa laga saaray SNP taariikhda (geli taariikhda):___ ___ /___ ___/___ ___

☐ Waxaan dhawaan helay ogaysiis go'aaminta xaq u lahaanshaha Medicare oo ku saabsan taariikh dhaqan-gal ah oo dib u dhacday. (Fadlan ku soo lifaaq koobiga ogaysiiskaaga xaq-u-lahaanshaha.) Waxaan la ii sheegtay taariikhda (geli taariikhda):___ ___ /___ ___/___ ___

☐ Waxaan saameeyay xaalad degdeg ah ama musiibo weyn (sida ay ku dhawaaqday Hay'adda Maaraynta Gurmadka Federaalka (Federal Emergency Management Agency, FEMA) ama hay'ad Federaal, Gobol ama dowlad hoose.)

Mid ka mid ah bayaannada kale ee halkan ayaa aniga i khuseeyay, laakiin ma aanan awoodin inaan sameeyo codsigayga isdiiwaangelinta sababo la xiriira musiibada. Magaca musiibada ee saameeyay:

_____

Muddada u-qalmitaanka ee la seegay sababo la xiriira musiibada: (tusaale ahaan, muddada isdiiwaangelinta bilowga ah, muddada isdiiwaangelinta sannadlaha ah, muddada isdiiwaangelinta furan, ama muddada isdiiwaangelinta gaarka ah).

_____

☐ Waxaan haystaa Medicare oo aan helay faa'iidooyinka Medicaid oo buuxa. Waxaan rabaa inaan ku biiro ama u beddelo qorshe isku-dubbarida caymiska u dhexeeya qorshayaasha daryeelka la maareeyo ee Medicare-kayga iyo Medicaid-kayga (oo loo yaqaan Dual Eligible Special Needs Plan (D-SNP) isku-dhafan).

Haddii aad u qalanto SEP-ga soo socda, wac Adeegga Macaamiisha ee 1-800-Medicare

- Laga saaray isdiiwaangelinta iyadoo la xiriirta ciqaab CMS
- Si ku filan looma ogeysiinin khasaaraha caymiska lagu darin karo
- Saamayn ay ku samaysay CMS waxay samaysay isbeddel weyn oo ku yimi shabakadda bixiyaha
- Ka isdiiwaangashan Qorshe si weyn ugu xadgudbay qandaraaskiisa
- Hayso xaalad aan caadi ahayn oo ka baxsan gacantaada taasoo kaa hor istaagtay inaad soo gudbiso codsi waqtiyeysan oo ah inaad iska diiwaan geliso Qorshe inta lagu jiro xilliga doorashada saxda ah
- Si khaldan suuqgeyntu waxay dhacday intii aad isdiiwaangelinaysay ama ka saaristaada diiwaangelinta Qorshe
- Isdiiwaangeliyay ama aan la isdiwaangelin Qaybta D sababtoo ah khalad shaqaale federaal ah

> Haddi aanay odhaahyadan midkoodna kugu khusayn ama aadan hubin, fadlan kala xiriir Providence Medicare Advantage Plans lambarka **1-800-603-2340** ama **503-574-8000** (Isticmaalayaasha TTY waa inay wacaan 711) si aad u hubiso haddii aad u qalanto inaad isdiiwaangeliso. Waxaan furnahay 8 subaxnimo ilaa 8 galabnimo 7 maalmood usbuucii, 1-da Oktoobar ilaa 31-ka Maarso, iyo 8 subaxnimo ilaa 8 galabnimo Isniin ilaa Jimce, 1-da Abriil ilaa 30-ka Sebteembar (Waqtiga Baasifigga).

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