June 2017

Dear valued member:

Each year, Minuteman Health (MHI) is required by state and federal laws and national accreditation standards to notify you about certain rights and services available to you as a member. We’d also like to take this opportunity to provide you with other helpful information on your Minuteman Health membership.

I. MHI Contact Information and Service Hours
II. MHI’s In-Plan Providers
III. Utilization Management Decisions
IV. Utilization Management Contact Information
V. Women’s Health & Cancer Rights Act of 1998; Annual Notice of Rights
VI. MHI’s Quality Management Program and Information about Program Progress
VII. Member Rights and Responsibilities
VIII. Inquiries and Grievances
IX. External Appeal Process
X. Race, Ethnicity and Language Data Collected by MHI
XI. How We Protect Your Privacy
XII. MHI Case Management
XIII. MHI Disease Management
XIV. MHI 24-Hour Nurse Line
XV. How to get Information about your MHI Plan
XVI. Understanding Your Benefits - The Explanation of Coverage (EOC)
XVII. Pharmacy Management Procedures and the Drug Formulary, Including Updates
XVIII. Information about Translations Services and TYY Services for Hearing Impaired

Please review this information at your earliest convenience. As always, we are here to help answer your questions. If you need assistance or would like a copy of the information listed above, please call the Member Services Team at 855-644-1776, Monday through Friday from 8am until 6pm.

Sincerely,

[Signature]

Judy Tasker
Director of Operations
I. MHI CONTACT INFORMATION & SERVICE HOURS

For Member Service
- Call the MHI Member Services Team at 855-644-1776, Monday through Friday from 8am until 6pm.

For Medical Care
- Contact your In-Plan Primary Care Provider’s office at the number listed in the MHI In-Plan Provider Directory.
- MHI requires all In-Plan PCPs to provide or make appropriate arrangements to assure coverage 24 hours a day, 7 days a week. Please talk to your In-Plan PCP’s staff to find out their office hours and how they handle care after normal business hours.

For Emergency Care
- Go to the nearest emergency room or dial 911.

For Care Coordination
- Call MHI Health Services at 855-644-1776 (choose prompt 1, then prompt 3), Monday through Friday from 8am until 5pm.
- Our clinical case managers will work directly with you and your care team to assist in coordinating the care that you need.

If you need to submit a claim
- Contact the MHI Member Services Team at 855-644-1776, Monday through Friday from 8am until 6pm.

II. MHI’S IN-PLAN PROVIDERS

In-Plan Providers are part of the Minuteman Health provider network. To find an In-Plan Provider:
- Call the MHI Member Services Team.
- Visit the online In-Plan Provider Search tool at www.minutemanhealth.org.
- Call the Member Services Team to order a hardcopy of the In-Plan Provider directory.

To learn more about the education, training, experience and board certification of licensed physicians please visit the

New Hampshire Board of Registration in Medicine website.

III. UTILIZATION MANAGEMENT DECISIONS

- To encourage open clinical dialogue between MHI In-Plan Providers and our members, In-Plan Providers are free to communicate with members regarding their treatment options, including medication treatment options, regardless of benefit coverage limitations.
- UM decision-making is based only on appropriateness of care and service, and existence of coverage.
- The organization does not specifically reward providers or other individuals for issuing denials of coverage.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

IV. UTILIZATION MANAGEMENT CONTACT INFORMATION

- Contact the MHI Member Services Team at 855-644-1776, Monday through Friday from 8am until 6pm.
- The Member Services Team can answer general inquiries about utilization management (UM) decisions. For example, they can confirm whether a Prior Authorization request has been approved for coverage.
- If you need assistance directly from UM review staff, the Member Services Team will transfer your call to the appropriate UM department. For example, you may speak with UM review staff in Health Services or Pharmacy Services.
- UM review staff are available at least eight hours a day during normal business hours, Monday through Friday from 9am until 5pm.

V. WOMEN’S HEALTH & CANCER RIGHTS ACT OF 1998; ANNUAL NOTICE OF RIGHTS

If your plan covers mastectomies, and if you are receiving benefits under the plan in connection with a mastectomy, you have the right to receive coverage of:
- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
• Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

In accordance with the above, MHI provides coverage based on what you and your attending physician determine to be appropriate for you. If your plan requires deductibles, coinsurance or copayments for other benefits under the plan, these requirements may apply to the above procedures to the same extent that they apply to other benefits.

VI. MHI’S QUALITY MANAGEMENT PROGRAM

MHI has a written Quality Management Program Description. This document provides information about the program. It also explains how the program is evaluated. If you would like more information about the program or program results, please contact the Member Services Team at 855-644-1776.

VII. MHI MEMBER RIGHTS AND RESPONSIBILITIES

MHI members have specific rights and responsibilities that form the basis of quality health care. We are pleased to share the MHI Member Rights and Responsibilities Statement, which tells you what you can expect of us and what we ask of you.

Member Rights
As a Member of MHI, you have certain rights. These are to:
• Receive information on MHI, its services, In-Plan Providers, policies, procedures and your rights and responsibilities. MHI will not release information that by law may not be given to Members or any third party. We will not disclose privileged information about In-Plan Providers.
• Be treated with respect and with recognition of your dignity and right to privacy.
• Participate in health care decisions with your doctor or other health care provider.
• Expect that your doctor or other health care provider will fully and openly discuss appropriate, medically necessary treatment options, regardless of the cost or benefit coverage. It does not mean that MHI covers all treatment options. If you are unsure about coverage, please contact the Member Services Team.
• Contact us with a grievance or complaint about MHI or an In-Plan Provider and make recommendations regarding MHI’s member rights and responsibilities policies. You will be free from restraint, interference, coercion, discrimination or reprisal if you voice a grievance or complaint or make a recommendation.
• Refuse a treatment, drug or other procedure recommended by your doctor or other health care provider as the law allows. Providers should tell you about any potential medical effects of refusing treatment.
• Select an In-Plan Primary Care Provider (PCP) who is accepting new patients. To find an In-Plan PCP, visit the online In-Plan Provider search tool at www.minutemanhealth.org or call the Member Services Team.
• Change your In-Plan PCP. You may choose any In-Plan PCP, except those who have notified MHI that they no longer accept new patients.
• Have access, during MHI’s business hours, to the Member Services Team, who can answer your questions and help resolve problems.
• Expect that your medical records and information on your relationship with your doctor will remain confidential, in accordance with state and federal law and MHI policies.
• Have access to any In-Plan Provider. Any referral to an In-Plan Provider shall not be unreasonably withheld pursuant to RSA 420-J:8, XIV.
• Be fully informed in your Explanation of Coverage (EOC) of your rights as a patient and of all procedures governing patient conduct and responsibilities required under New Hampshire law RSA 151:21

Member Responsibilities
As a Member of MHI, you have certain responsibilities. These are to:
• Provide, as much as possible, the information your providers need to care for you. This includes information on your present and past medical conditions, as you understand them, before and during any course of treatment.
• Follow the treatment plans and instructions for care that you have agreed on with your provider.
• Read MHI member materials to become familiar with your benefits and services. If you have any questions, please call the Member Services Team.
• Follow all MHI policies and procedures.
• Treat providers and MHI staff with the respect and courtesy that you would expect for yourself.
• Arrive on time for appointments or give proper notice if you must cancel or will be late.
• Understand your health problems, which is an important factor in your treatment, and participate in developing mutually agreed upon treatment goals to the extent possible. If you do not understand your illness or treatment, talk it over with your provider.
• Participate in decision-making on your health care.
• Inform MHI of any other insurance coverage you may have. This helps us process claims and work with other payers.
• Notify us of status changes (such as a new address) that could affect your eligibility for coverage.
• Help MHI and In-Plan Providers get medical records as needed. You agree that MHI may obtain and use any of your medical records and other information needed to administer the plan.
• Consider the potential effects if you do not follow your provider’s advice. When a service recommended by an In-Plan Physician is covered, you may choose to decline it for personal reasons. For example, you may prefer to get care from out-of-plan providers rather than In-Plan Providers. In these cases, MHI may not cover substitute or alternate care that you prefer.

VIII. INQUIRIES AND GRIEVANCES

If you are unhappy with MHI, or any care you receive, you should call MHI. You can ask MHI to reconsider:
• An action we have taken (or not taken)
• An MHI policy
• The absence of a policy you think we should have

These requests are called inquiries. We will respond to your inquiry and ask you if you are satisfied with our response. If you are not satisfied with our response, you may request a review of your complaint through the internal grievance process. Grievances can be oral or written. Procedures and timelines for the internal grievance process are in your EOC. MHI’s Complaints and Appeals Coordinator will help you with the grievance process.

If MHI has denied your clinical appeal and you do not agree with MHI’s decision, you can ask for an external appeal. The External Appeal Process is outlined in the next section.

IX. EXTERNAL APPEAL PROCESS

If MHI has denied your clinical appeal and issued a Final Adverse Determination, you can ask for a non-MHI, external appeal. To do so, you need to contact the New Hampshire Insurance Department (NHID) Commissioner’s office for assistance. MHI will provide you with the necessary filing forms when it notifies you of its final decision. You can also obtain the necessary forms by calling NHID or accessing its website. Information on contacting NHID is at the end of this section. You must submit the request within 180 days after you receive MHI’s final decision on your appeal.

NHID will complete a preliminary review within seven days of receipt of your application to determine if your request is complete and eligible for external review. Requests that are accepted will be sent to an Independent Review Board (IRO) chosen by NHID.

Within ten days of receiving notice of the acceptance of the appeal, Minuteman must provide you and the IRO with all the information in Minuteman’s possession that is relevant to the appeal. If you would like, you or your representative will then have ten more days to submit new or additional information to the IRO.

At the end of this ten-day period, the record of the case will be closed and no new information may be submitted. The IRO will then have 20 days to review all of the information and documents received, and render a decision upholding or reversing the determination of the insurer.
Please note that you may also request an Expedited External Review if you would be significantly harmed by having to wait. You may request an expedited review by checking the appropriate box on the appeals request form, and by having your treating health care provider complete the certification form that is attached to the appeal request form. The insurance commissioner will immediately make a determination whether the request for expedited review meets eligibility requirements and will notify MHI. MHI will provide documentation to the independent review organization by telephone, facsimile or any other available expeditious manner. If the request for expedited external review is not complete, the insurance commissioner shall notify you immediately and attempt to obtain the information or documents to complete the request. Expedited external reviews must be completed as quickly as possible but in no event later than 72 hours.

How to contact the New Hampshire Insurance Department:

- Toll-free: 800-852-3416
- Fax: 603-271-1406
- Website: [www.nh.gov/insurance/consumers/appeals](http://www.nh.gov/insurance/consumers/appeals)
- Email: REQUESTS@INS.NH.GOV
- Address: Independent External Review
  New Hampshire Insurance Department
  21 South Fruit Street, Suite 14
  Concord, NH 03301

If you are in a self-funded plan, please contact MHI’s Member Services Team at 855-644-1776.

Final Adverse Determinations:

Remember, an external appeal is only available following a clinical appeal that is denied by MHI. This is called a “Final Adverse Determination.” An “adverse determination” is a decision by MHI, based upon a review of information provided, to deny, reduce, modify or terminate health care services for failure to meet the requirements of coverage based on medical necessity, appropriateness of health care setting and level of care or effectiveness. When the MHI formal internal grievance or appeal process is completed for an “adverse determination,” it becomes a “final” adverse determination.

X. RACE, ETHNICITY AND LANGUAGE DATA COLLECTED BY MHI

MHI may collect information about your race and ethnic background. We may use this information to identify possible issues that affect the care or treatment you receive. MHI will then be able to work with our In-Plan Provider community to address any issues.

The information we collect is designed for the purpose of data collection. It will not be used for determining eligibility, rating or claim payment. MHI keeps this information confidential according to our policies and state and federal law. These policies are outlined in the next section.

XI. HOW WE PROTECT YOUR PRIVACY

MHI is committed to protecting your privacy. We keep members’ protected health information (PHI) confidential according to our policies and applicable state and federal law, including the Health Insurance Portability and Accountability Act (HIPAA). MHI’s Notice of Privacy Practices contains more detailed information about MHI’s policies and practices regarding the collection, use and disclosure of your PHI. It also sets forth your rights with respect to your PHI. You can request a complete copy of MHI’s Notice of Privacy Practices by contacting the Member Services Team.

How does MHI protect my PHI?

MHI has detailed policies on confidentiality and protection of PHI. These policies apply to all oral, written and electronic information that we have about you. All MHI employees are required to protect the confidentiality of your personal information, including PHI. An employee may only access, use or disclose your information when he or she has an appropriate reason to do so. Each employee or temporary employee must sign a statement that he or she has read and understands these policies. Minuteman Health conducts annual training on confidentiality and privacy. Any employee who violates the policy is subject to discipline, which may include termination of employment.

MHI also includes confidentiality provisions in all contracts with In-Plan Providers. Finally, MHI
maintains physical, electronic and procedural safeguards to protect your information.

You may request a copy of Minuteman Health’s Notice of Privacy Practices from the MHI Member Services Team.

**How does MHI use and disclose my PHI?**

HIPAA and other laws allow or require us to use or disclose your PHI for many different reasons. MHI may use and disclose your information in connection with your treatment, the payment for your health care and our health care operations, including our quality and utilization management activities. We also can disclose your information to providers and other health plans that have a relationship with you for their treatment, payment and some limited health care operations. In addition, federal law allows or requires us to use or disclose your PHI to serve other purposes, such as for public health activities, or when we are required by law to disclose the information. We do not need your authorization for these purposes.

For other uses and disclosures of your information, we must get your written authorization. A written authorization request will specify the purpose of the requested disclosure, the persons or class of persons to whom the information may be given, and an expiration date for the authorization. If you do provide a written authorization, you generally have the right to revoke it.

**Will MHI disclose my PHI to anyone outside MHI?**

MHI may share your PHI in certain circumstances with your doctors, other health plans that have a relationship with you, certain governmental entities, individuals involved in your care, our affiliates and third party “business associates” (such as consultants and auditors) that perform various activities for us and individuals that you have authorized to receive information. For more information about how we use and disclose member information refer to our complete Notice of Privacy Practices at [http://www.minutemanhealth.org/members/members-forms-documents](http://www.minutemanhealth.org/members/members-forms-documents).

**Will MHI disclose my PHI to my employer?**

In general, MHI will release to your employer only enrollment and disenrollment information, information that has been de-identified so that your employer cannot identify you or summary health information. If your employer would like more specific PHI about you to perform plan administrative functions, we will either get your written authorization or we will ask your employer to certify that they have established procedures in their group health plan for protecting your PHI.

**Can I get a copy of my medical records?**

MHI does not provide medical care. Members receive care and treatment from providers based in their own facilities. Under New Hampshire law, you have a right to obtain a copy of your medical records. To obtain a copy, contact your health care provider directly.

You also have the right to see and get a copy of some of the records that MHI maintains such as your medical management records, and any other records that MHI uses to make decisions about you. Requests for access to copies of these records must be in writing and sent to the MHI Legal Department. Please provide us with the specific information we need to fulfill your request. We may charge a reasonable fee for the cost of producing and mailing the copies.

You are entitled to a copy of such records upon request. The charge for the copying of a patient’s medical records shall not exceed $15 for the first 30 pages or $.50 per page, whichever is greater; provided, that copies of filmed records such as radiograms, x-rays and sonograms shall be copied at a reasonable cost.

**XII. MHI CASE MANAGEMENT**

Registered Nurses in MHI’S Health Services Department provide case management. Our nurses work with your physician to help you navigate the complex health care delivery system. Our primary goal is to restore you to your highest possible level of function. This process is known as Case Management.

**What is Case Management?**

At MHI, our Case Managers:

- Identify patients with complicated illnesses, multiple risk factors and/or higher than average use of services
- Assess the opportunities to coordinate, manage and monitor the total care of a patient
• Identify and eliminate barriers to ensure that you get the best care available

The Case Manager is like a “coach” for the patient. We ensure optimal communication between all members of the health care team. Working closely with your physician, your Case Manager will:
• Explain your condition and answer your questions
• Help you navigate the health care system
• Develop a treatment plan for your care

Who is a candidate for Case Management?
Any member of MHI can be a candidate for Case Management. A member may be identified:
• By an In-Plan Physician
• By referral from an inpatient hospital stay
• By referral from the Health Management Team
• At a member’s request
If you are facing a major illness, a complex diagnosis or a chronic medical condition you will certainly benefit from Case Management services.

If you are facing a major illness, a complex diagnosis or a chronic medical condition you will certainly benefit from Case Management services.

How can we help?
The MHI Case Managers are here for you. You can call us when you or a member of your family is facing a difficult or complex medical situation. Please call 855-644-1776 and ask our Member Services Team to connect you with a Case Manager. Case Managers are available Monday through Friday from 8:00am until 5:00pm.

XIII. MHI DISEASE MANAGEMENT

Disease Management programs are provided by our Registered Nurses in MHI’s Health Services Department. Disease Management programs are based on nationally developed and accepted clinical guidelines.

What is Disease Management?
• Clinical outreach and recommendations are provided by our Registered Nurses if members are identified to have one of the following chronic conditions qualifying for Disease Management:
  o Asthma
  o CAD (heart disease)
  o COPD
  o Depression
  o Diabetes
  o Heart Failure
  o Hypertension
  o Maternity Management

Disease Management programs aim to provide resources, monitoring and clinical counseling to help members manage chronic conditions for optimal health status. Follow-up appointment reminders and consultation for following treatment plans may be incorporated.

How can we help?
The MHI Disease Managers are here for you. You can call us when you or a member of your family is facing a difficult or complex medical situation. Please call 855-644-1776 and ask our Member Services Team to connect you with a Disease Manager. Disease Managers are available Monday through Friday from 8:00am until 5:00pm.

You may also refer yourself for a Disease Management Program online at www.minutemanhealth.org on the Care Management page under the I’m a Member button. There is an online form where you can provide contact information for a nurse care manager to contact you.

XIV. MHI 24- HOUR NURSE LINE

MHI provides a Health Information Line that is staffed by licensed nurses and clinicians. MHI’s 24-Hour Nurse Line is available by telephone and through e-mail (response within 24 hours).

Interpretation services are available if you call into the 24-Hour Nurse Line by telephone. Using this service, you can become well-informed about wellness and prevention and make better use of covered services.
The MHI 24-Hour Nurse Line provides access to resources for answers to a broad range of health-related questions. For example, you can get:

- Advice about a sick child or family member
- Answers to medication questions, such as advice on how much medicine to give to a sick child
- Answers to questions about your health
- Help in deciding what level of care is most appropriate for your condition
- Help in deciding whether and where to go to seek care
- Help on how to apply self-care prior to a visit
- Information about pregnancy

To call the MHI Nurse Line:
Call the MHI Nurse Line at 866-389-7613. An experienced nurse will listen carefully to your concerns and give you information to help you choose the care that’s right for you.

To e-mail the MHI Nurse Line:
Access the 24-hour MHI Secure Nurse Line Messaging Center at:
http://minutemanhealth.org/members/secure-nurse-email. After entering the required information, click on the submit button. An experienced nurse will respond to your question within 24 hours.

XV. HOW TO GET INFORMATION ABOUT YOUR PLAN

At MHI, we continually review the coverage that we offer. We work with doctors, pharmacists and other clinical professionals to compare emerging medical technology with the services we already cover. We also look for ways to improve and simplify how we administer covered services.

To obtain a hardcopy of your EOC, ask questions about your coverage and covered services or get help finding an In-Plan Provider, please call the Member Services Team at 855-644-1776, Monday through Friday from 8am until 6pm.

XVI. UNDERSTANDING YOUR BENEFITS – THE EXPLANATION OF COVERAGE (EOC)

Did you know that you have access to a comprehensive description of all available benefits under your plan? This document is called the Explanation of Coverage (EOC). In it, you will find specific details on your plan, including covered services, excluded services, copayments or other charges that may be your responsibility, appeals and grievances, prescription drug coverage, enrollment and much more. The EOC also includes information about In-Plan Providers, how to obtain specialty care, behavioral health care services and hospital services. It explains how services are covered if using out-of-plan providers.

To access your EOC online, please follow these steps:

1. Sign in to your account by visiting www.minutemanhealthdirect.org and completing the login information.
2. At the top right-hand of your screen, choose “Your Health Plan.” This should make a drop-down menu appear.
3. Select “Plan Benefits.”
4. Click on “Member Handbook.” This will open your EOC.

If you need any help accessing your EOC online or would like to request a free hardcopy, please contact the Member Services Team at 855-644-1776.

XVII. PHARMACY MANAGEMENT PROCEDURES AND THE DRUG FORMULARY, INCLUDING UPDATES

- Your Prescription Benefit is based on the MHI Formulary, a list of prescription drugs covered by MHI. Please call the Member Services Team at 855-644-1776 or visit www.minutemanhealth.org for a copy of the MHI Formulary.
- MHI will provide you (or your employer if you are in a Group plan) with 60 days’ prior written notice before making substantive changes in the formulary. Changes can also be found on the Minuteman Health website at www.minutemanhealth.org.

XVIII. INFORMATION ABOUT TRANSLATION SERVICES & TYY SERVICES FOR THE HEARING IMPAIRED

To have this information read to you, call the Member Services Team. The Member Services Team
can answer your questions in English or Spanish. For all other languages, MHI uses an interpreter service. All translation services are FREE for members and are available by calling the Member Services Team at 855-644-1776, Monday through Friday from 8am until 6pm.

For those with partial or total hearing loss, please call our TTY Line at 800-439-2370 for help.
This is important information. You can call the MHI Member Services Team to have this information read to you. We can answer your questions in English or Spanish. For other languages, MHI uses an interpreter. Our hours are Monday through Friday from 8:00am to 6:00pm. Translation services are FREE for our members.

**English**

If you, or someone you are helping, have questions about Minuteman Health, you have the right to get help and information in your language at no cost. To speak with an interpreter, call (855) 644-1776.

**Arabic**

إذا كان لديك أنت، أو شخص ما تقدم له المساعدة، أي أسئلة حول Minuteman Health، بحق لك الحصول على المساعدة والمعلومات بلغتك دون أية تكلفة. للتحدث إلى مترجم فوري، اتصل على الرقم 1776-644.(855)

**Brazilian Portuguese**

Se você ou alguém que você esteja ajudando tem dúvidas sobre a Minuteman Health, você tem o direito de obter ajuda e informações no seu idioma sem nenhum custo. Para falar com um intérprete, ligue para (855) 644-1776.

**Canadian French**

Si vous, ou quelqu’un que vous aidez, avez des questions sur Minuteman Health, vous avez le droit d’obtenir de l’aide et une information dans votre langue et ce, gratuitement. Pour parler avec un interprète, appelez le (855) 644-1776.

**Greek**

Εάν εσείς ή κάποιος τον οποίο βοηθάτε έχει ερωτήσεις για τη Minuteman Health, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς κόστος. Για να μιλήσετε με έναν διερμηνέα, καλέστε το (855) 644-1776.

**Gujarati**

જો તમે અથવા તમે જેને મધ્યક રહી રહી હો તેવી વિડીટિયો મિનટમેન હેલ્થ (Minuteman Health) વિષે પ્રશ્ન કરી તો તમારી પાસે બનાવી મૂકી તમારી ભાષામાં મધ્યક અને ભાષાના મેળવવાની અધિકાર છે. દુભાષિયા સાથે બાલ્ય કરવા માટે (855) 644-1776 પર કોલ કરો.

**Haitian Creole**

Si ou menm, oswa yon moun ou ap ede, gen kesyon konsènan Minuteman Health, ou gen dwa pou jwenn ed ak enfòmasyon nan lang pa ou gratis. Pou pale ak yon entèprèt, rele (855) 644-1776.

**Hindi**

अगर आपको या ऐसे किसी व्यक्ति को, जिसकी आप मदद कर रहे हैं, मिनटमैन हेल्थ (Minuteman Health) को लेकर कुछ पूछना है तो आपको अपनी भाषा में मुफ्त सहायता और जानकारी प्राप्त करने का अधिकार है। दुभाषियों के साथ बात करने के लिए (855) 644-1776 पर फोन करें।
<table>
<thead>
<tr>
<th>Language</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesian</td>
<td>Apabila Anda, atau orang yang sedang Anda bantu, memiliki pertanyaan tentang Minuteman Health, Anda berhak untuk mendapat bantuan dan informasi dalam bahasa Anda secara gratis. Untuk berbicara dengan salah seorang penerjemah lis, hubungi (855) 644-1776.</td>
</tr>
<tr>
<td>Italian</td>
<td>In caso di domande da parte vostra, o da parte di persone da voi assistite, in merito a Minuteman Health, avete il diritto di ricevere assistenza e informazioni nella vostra lingua senza alcun costo. Per parlare con un interprete, chiamare il numero (855) 644-1776.</td>
</tr>
<tr>
<td>Khmer (Cambodian)</td>
<td>ប្រសិនបើក្រុមហ៊ុនខ្មៅសុខភាពខ្មៅ ឬអ្នកក្រុមហ៊ុនសុខភាពខ្មៅបរមប័ត្រប្រាក់ដើម្បីកំពុងធ្វើការជួយ Minuteman Health ឬក្រុមហ៊ុនសុខភាពខ្មៅបរមប័ត្រប្រាក់ដើម្បីកំពុងធ្វើការជួយ, អាចទទួលខុសត្រូវប្រកួតខ្វះ (855) 644-1776។</td>
</tr>
<tr>
<td>Korean</td>
<td>귀하 또는 귀하를 돕고 있는 사람이 Minuteman Health(미니트맨 의료보험)에 대해 질문이 있으면, 귀하께서는 귀하의 언어로 도움과 정보를 무료로 받을 권리가 있습니다. 통역과 말씀하려면, (855) 644-1776으로 전화하십시오.</td>
</tr>
<tr>
<td>Laotian</td>
<td>ຖ້າທ່ານັ້ນ ກັບຄົນທ່ານຍັງມີຄໍາຖາມຍັງຢູ່ໃນລາຍການການຊ່ວຍເຫຼືອຢູ່ລົງທົ່ວການັ້ນໜ້າັ້ນໜ້າໝາຍຄົນທ່ານໂດຍຊາຍຄົນທ່ານລາຍການການຊ່ວຍເຫຼືອຢູ່ລົງທົ່ວການັ້ນໜ້າັ້ນໜ້າໝາຍ Minuteman Health, ແຕ່ມີບໍ່ຖືກຮູບຮຽບແບບສາຍເຫຼືອຢູ່ລົງທົ່ວການັ້ນໜ້າັ້ນໜ້າໝາຍຄົນທ່ານ, ຍ້າມິສາຍກ່ຽວກັບພາສາໜ້າໜ້າໝາຍຄົນທ່ານ (855) 644-1776.</td>
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<tr>
<td>Mexican Spanish</td>
<td>Si usted, o alguien a quien está ayudando, tiene preguntas sobre Minuteman Health, tiene derecho a obtener ayuda e información en su idioma sin ningún costo. Para hablar con un intérprete, llame al (855) 644-1776.</td>
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<tr>
<td>Nepali</td>
<td>यदि तपाई, वा तपाईले महत्वगत गर्ने कसैले, मिन्यटमन हेल्थ (Minuteman Health) वर ग्यानहरू भए, तपाईले कृनै खर्च बेग आफ्नो भाषामा सहयोग र जानकारी पाउने अधिकार हुन। कृनै दोभाषेसँग कुरा गर्न, ( 1776-644 (855) मा कल गरुँछौ।</td>
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<tr>
<td>Polish</td>
<td>Jeśli Ty, lub osoba której oferujesz pomoc, posiada pytania na temat programu Minuteman Health, przysługuje Ci prawo do pomocy oraz informacji w języku ojczystym bez poniesionych kosztów. Tłumacz jest dostępny pod numerem (855) 644-1776.</td>
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<tr>
<td>Russian</td>
<td>Если у вас или у лица, которому вы помогаете, есть вопросы о плане Minuteman Health, вы имеете право бесплатно получить помощь и информацию на вашем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону (855) 644-1776.</td>
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<tr>
<td>Language</td>
<td>Text</td>
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<tr>
<td>Serbo-Croatian</td>
<td>Ako vi ili neko kome pomažete, imate pitanja o Minuteman Health zdravstvenom planu, imate pravo da dobijete pomoć i informacije na svom jeziku bez ikakvih dodatnih troškova. Da biste razgovarali sa prevodiocem, nazovite (855) 644-1776.</td>
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<tr>
<td>Somali</td>
<td>Haddii adiga, ama qof aad caawinaysid, qabo su’aalo ku saabsan Minuteman Health, waxa aad xaq u leedahay inaad heshid caawimaad iyo macluumaad lagugu siyo luqaddaada kharash la’aan. Si aad ula hadashid turjubaan, wac (855) 644-1776.</td>
</tr>
<tr>
<td>Traditional Chinese</td>
<td>如果您或您正在幫助之人士對Minuteman Health存疑，您有權免費獲得母語援助和母語資訊。請致電(855) 644-1776聯絡口譯員。</td>
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<tr>
<td>Vietnamese</td>
<td>Nếu quý vị, hoặc người nào đó mà quý vị đang giúp đỡ, có các thắc mắc về Minuteman Health, thì quý vị có quyền nhận sự giúp đỡ và các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thống dịch viên, hãy gọi (855) 644-1776.</td>
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