



[CASE-FNAME] [CASE-MI] [CASE-LNAME]

[CASE-STR-1]

[CASE-STR-2]

[CASE-CITY] [CASE-ST] [CASE-ZIP]

Melele Eo Eaurōk Kōn Injorōn eo Am ippān Med-QUEST Important Information About Your Med-QUEST Coverage

Aloha [INSERT CASE FIRST NAME],

Jino ilo April 2023 im maanlok ñan March 2024, ra eo an State of Hawai'i's Department of Human Services (DHS) Med-QUEST Division, enaj jino etale aolep keej ko an Medicaid. Leta in ej ñan kennanek iook bwe kwe im ro jet im rej membōr in Medicaid im rej jokwe ilo mweo imōm ej wōr wōt ami injorōn mae **[MONTH], [YEAR]**. Kwo naaj lo juon leta piiñ ilo mǎāl eo am ilo **[MONTH-1], [YEAR]** ñe kwonaj jino kōkǎāle pepa eo am.

Ñe kwojjab aikuji iJORōn eo jen QUEST (Medicaid), kūrtoK kōm ilo 1-800-316-8005, (TTY/TDD 711).

Kwomaroñ kōmmāne men kein ñan am bojak ñan renewal eo am:



Kōkǎāli melele ko kōn wāwen am naj tōbar iook, elañe ewōr oktak ko– Lale bwe aolep ien en wōr ibben Med-QUEST atreej in mǎāl eo am, email, ak wāwen ko jet ñan ad kūr ak tōbar iook.. **Wāwen eo ebidodo tata ñan am ripot tok ñe ewōr oktak in nōmba in talboon ak wāwen ko ñan ad tōbar kwe ej ilo am kūrtoK kōm ilo nōmba eo itulikin Health Plan membership card eo am.** Kwomaroñ bar etal ñan medquest.hawaii.gov ñan am jelǎ wāwen am maroñ kaju tōbar Med-QUEST.



Kōbbellok im lali aolep leta ko am jen Med-QUEST – Med-QUEST enaj mǎāl e waj juon lōta piiñ me ej kōmelele ilo dipdikin kōn injorōn eo am ibben Medicaid. Leta in enaj kalikar waj elañe Med-QUEST ear maroñ kōkǎāle Medicaid eo am ak emaroñ kennanek kwe bwe Med-QUEST ej aikuji bar jet melele ko jen iook ñan kōkǎāle ñe kwo teru ilo Medicaid.



Karerlok pepa in renewal eo – Elañe Med-QUEST ej aikuji elōñlok melele ko, kwonaj lo juon pepa in renewal epiiñ ilo **[MONTH-1], [YEAR]**.

Ilowan kwonaj lo Handbook eo an ro rej bed iumin QUEST.

Komool im kejbārok mour im injorōn eo am!

[CASE NUMBER]