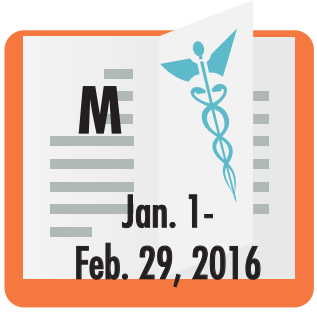
DHS-7205-ENG 10-15

Annual health-plan selection for 2016

Medical Assistance (MA) and MinnesotaCare

Health-plan-selection letters are mailed

Deadline to select your health plan.



Opportunity to change your health plan.

In some counties, the plans available in 2016 will be different from the plans available in 2015.
No one will lose coverage as a result of this change.

Key dates

- **Sept.-Oct. 2015:** Health-plan-selection letters are mailed
- **Oct. 20, 2015:** If you have not received a letter in the mail, please contact the Minnesota Health Care Programs member Help Desk
- **Dec. 11, 2015:** Deadline to select your health plan for 2016
- **Jan. 1-Feb. 29, 2016:** Opportunity to change your health plan, for any reason

Why is my health plan changing?

The statewide health plan contracts changed for 2016. In some counties, the health plans available in 2016 will be different from the plans available in 2015. **No one will lose coverage as a result of this change.** If your current plan will not be available in 2016, you need to select a new health plan. If you do not choose a plan, a plan will be chosen for you so that you do not lose coverage.

What is annual health-plan selection?

If you are a Minnesota Health Care Programs (MHCP) member who gets health care through a health plan, each fall you have the chance to choose a new health plan for the next year if more than one is available in your area. (Annual health-plan selection used to be called "open enrollment.")

How do I select a new health plan?

Follow the instructions in the health-plan-selection letter that you get in the mail. You can select a health plan by completing and returning the form that comes with your letter or by contacting DHS **at the number listed below**.

What if I'm enrolled in Senior Care Plus (MSC+), Minnesota Senior Health Options (MSHO) or Special Needs BasicCare (SNBC)?

The health plan changes for 2016 do not affect Minnesota Senior Care Plus (MSC+), Minnesota Senior Health Options (MSHO) or Special Needs BasicCare (SNBC). The changes affect only Medical Assistance (MA) and MinnesotaCare.

What if I need an interpreter?

- The Minnesota Health Care Programs Member Help Desk provides free interpreter services.
- Your county or tribal office can also help you with interpreter services.

Contact us

Minnesota Health Care Programs Member Help Desk

- 651-431-2670 or 800-657-3739 (free interpreter services are available)

For more information about changing health plans, visit **www.mn.gov/dhs/health-plan-selection**

651-431-2670 / 800-657-3739

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

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.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

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 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.

LB3-0001 (3-13)

ADA5 (12-12)

This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency’s ADA coordinator.