Minnesota Health Care Programs
PO Box 64984
St. Paul, MN 55164-0984

08/20/15

WKR ID: PWMCARE SVC LOC: 001
JOHANNA Q PUBLIC-PERSON
444 LAFAYETTE ROAD N
APT 5-N
SAINT PAUL, MN 55155-9999

ANNUAL HEALTH PLAN SELECTION

You can change your health plan each year. You can make this change for anyone listed below. You can choose one of the health plans listed on the back of this letter. In some counties, the health plan choices are different. Your current health plan may no longer be available.

IF YOUR CURRENT HEALTH PLAN IS NOT LISTED ON THE BACK OF THIS LETTER, YOU MUST CHOOSE A NEW HEALTH PLAN.

If your health plan is listed on the back of this letter and you want to keep the same health plan, you DO NOT have to do anything.

To change health plans, circle ONE of the health plans listed and mail this sheet back by December 11, 2015. If you need more information to make a choice, do not select a health plan. Return this sheet in the envelope provided, and information will be mailed to you. We will send you information as soon as we get your request. You will need to make your health plan choice by December 11, 2015.

If you change plans, the new health plan will start on January 1, 2016.

If you keep your same health plan but want to change your clinic, call your health plan member services. The phone number is on the back of your health plan card.

Household members who can change health plans are:

Case Number: 99999999

Member ID	Member Name	Current Health Plan	Program
88888888	JOHANNA Q PUBLIC-PERSON	UCARE	MINNESOTACARE
77777777	JOSEPH Q PUBLIC-PERSON	UCARE	MINNESOTACARE

Sample

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ANNUAL HEALTH PLAN SELECTION- page 2

Case Number: 99999999

Health Plans In AITKIN County:

HEALTHPARTNERS
BLUE PLUS

☐ I cannot decide which health plan I want. Please send me more information.

What do I need to do now?

- If your health plan is listed above and you **DO NOT** want to change, you do not need to do anything.
- If your health plan is **NOT** listed above, you MUST choose a new plan by December 11, 2015. If your health plan is NOT listed above and you do not choose a new plan, you will be enrolled in the first plan listed above.
- To make your decision, you may want to contact your primary care clinic. Ask them if they are part of one of the health plans listed above.
- To change your health plan
  * circle **ONE** of the health plans listed above and return this sheet in the enclosed envelope

  or

  * call the Member Help Desk at 651-431-2670 or 1-800-657-3739.

How can I get more information?

You have the right to request the following information: your rights; benefits covered and how to get those services; cost sharing or copays; and the names, addresses, phone numbers and languages spoken by providers in your service area. If you would like this information, please check the box above and return in the enclosed envelope. If you want to get this health care information by email, please print your name and your email address below and return this sheet in the enclosed envelope.

Name (please print clearly):_____

Email address (please print clearly):_____

This information is available in alternative formats to individuals with disabilities by calling (651) 431-2670 or (800) 657-3739. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

Sample

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກໍາກັບການຊ່ວຍເຫຼືອ ຂອງທ່ານ ຫຼື ໂທຣໄປທີ່ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LB1-0001 (3-13)